



**RESOLUTION OF THE
NAVAJO NATION BOARD OF EDUCATION**

Relating to Education; Supporting and Approving the 2024-2025 Navajo Head Start School Year 2024-2025 Annual Report

WHEREAS:

1. The Navajo Nation Board of Education (hereinafter the “Board”) is the education agent in the Executive Branch for the purposes of overseeing the operation of all schools serving the Navajo Nation. 10 N.N.C. § 106 (A). The Board carries out its duties and responsibilities through the Department of Diné Education (hereinafter the “Department”). 10 N.N.C. §106 (G)(3).
2. The Department is the administrative agency within the Navajo Nation with responsibility and authority for implementing and enforcing the educational laws of the Navajo Nation. 2 N.N.C. §1801(B); 10 N.N.C. §107(A). The Department is under the immediate direction of the Navajo Nation Superintendent of Schools, subject to the overall direction of the Board. 10 N.N.C. §107(B).
3. The Navajo Head Start (“NHS”) Program, which is located within the Department of Diné Education as approved by the Department’s Plan of Operation, Resolution No. GSCMY-19-07. The NHS also is funded by a grant from the Office of Head Start, Administration of Children and Families (ACF), under the terms of the Head Start Act, 42 U.S.C. §9801 *et seq.*, and applicable regulations. The Navajo Nation is named the grantee and is responsible for ensuring compliance with the Head Start Act and performance standards in delivering the services to Navajo children and their families.
4. The Board acknowledges the Navajo Head Start Policy Council Resolution NHSPC-11-03-2020 supporting and approving the 2024-2025 Navajo Head Start Comprehensive Community Assessment (attached as “**EXHIBIT A**”).

NOW THEREFORE BE IT RESOLVED THAT:

1. The Navajo Nation Board of Education hereby supports and approves the 2024-2025 Navajo Head Start Comprehensive Community Assessment (attached as “**EXHIBIT A**”).
2. The Navajo Nation Board of Education hereby directs and empowers the Assistant Superintendent of Head Start to take any actions deemed as necessary and proper to carry out the purposes of this resolution.

DEPARTMENT OF DINÉ EDUCATION

Post Office Box 670 · Window Rock, Arizona, 86515 · Phone (928)871-7475

NAVAJO NATION BOARD OF EDUCATION

Nadine M. Chatto, **President** · Freda Nellis, **Vice President** · Andrea K. Thomas, **Secretary**

Members: Dr. Henry Fowler · Joan A. Gray · Emerson John
Spencer W. Willie · Sharon A Toadecheenie · Dr. Pauletta White
Claudia Edgewater-Russell, **(A) Superintendent of Schools**

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Board of Education of the Navajo Nation at a duly called meeting at Window Rock, Arizona (Navajo Nation) at which a quorum was present, motioned by Eugene Badonie and seconded by Dr. Pauletta White and that the same was passed by a vote of 7 in favor; 0 opposed; 0 abstained, this 13th day of November 2025.



Nadine Chatto, President
Navajo Nation Board of Education



NAVAJO HEAD START

DEPARTMENT OF DINE EDUCATION



EXHIBIT

A

DR. BUU NYGREN, *President*
RICHELLE MONTOYA, *Vice-President*

DR. ROLANDA BILLY
Delegated Assistant Superintendent of Head Start

NHSPC-10-03-2025

RESOLUTION OF THE NAVAJO HEAD START POLICY COUNCIL

SUPPORTS AND APPROVES NAVAJO HEAD START'S SCHOOL YEAR 2024-2025 ANNUAL REPORT

WHEREAS:

1. Pursuant to Resolution No. HEHSCAP-08-19, the Health, Education and Human Services Committee of the Navajo Nation Council approved the Plan of Operation for the Navajo Head Start. The Navajo Head Start is situated under the Executive Branch of the Navajo Nation government within the Department of Diné Education and Navajo Nation Board of Education serves as the Governing Body for Navajo Head Start; and
2. Pursuant to 45 CFR 1301—*Program Governance* and section 642(c)(2)(B) of the *Head Start Act*, the Navajo Head Start Policy Council is a duly elected and constituted Head Start Policy Council and an authorized entity of the Navajo Nation government; and
3. Pursuant to 45 CFR 1303.10-12 – *Administrative Requirements*, Navajo Head Start must observe standards of organization, management, and administration that will ensure that all program activities are conducted in a manner consistent with the purposes of the Head Start Act; and
4. Pursuant to 45 CFR 1302.102(b)(2)-Achieving program goals, each year the program must collect and analyze data to monitor progress toward the program's goals and identify strengths and/or corrections; and
5. Pursuant to 45 CFR 1302.102(d)(2)-Achieving program goals, Reports, a program must submit; Annually a program must publish and disseminate a report that complies with section 644(a)(2) of the Act and includes a summary of a program's most recent community assessment, as described in §1302.11(b); and
6. The Navajo Head Start program provides a learning environment of early childhood developmental experiences for children to provide a greater degree of social competence through collaborative efforts with parents, communities, and local resources; and
7. The Navajo Head Start Policy Council has the best interest of the Navajo Head Start program and will continue in providing quality services to children and families by strengthening program operations, monitoring and partnerships.



NAVAJO HEAD START
DEPARTMENT OF DINE EDUCATION



DR. BUU NYGREN, *President*
RICHELLE MONTOYA, *Vice-President*

DR. ROLANDA BILLY
Delegated Assistant Superintendent of Head Start

NOW, THEREFORE BE IT RESOLVED:

The Navajo Head Start Policy Council Supports and Approves the Navajo Head Start's School Year 2024-2025 Annual Report

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Navajo Head Start Policy Council at a duly called meeting via teleconference in which a quorum was present and that it was passed by vote of 1 in favor, 0 opposed, 0 abstained, on this **23rd** day of **October 2025**.



Linda M. Yazzie, President – Pro Temp
DoDE—Navajo Head Start Policy Council

Navajo Head Start



2024-2025
Annual Report

Our Vision

K'é yá'át'éhígíí, na'nitin bidziilígíí,
saad baahózhóonii, nihiyázhí,
nihe'awée' nooséhígíí yee át'ée
dooleeł



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Annual Report Executive Summary

Navajo Head Start, Program Year 2024-2025

The 2025 Annual Report reflects Navajo Head Start’s commitment to delivering high-quality early childhood education while also serving as a stabilizing force for families and communities across the Nation. The data presented across Sections A–C highlights not only enrollment and staffing, but also the broad spectrum of health, education, and family services that sustain our children’s development and well-being.

Section A: Enrollment & Demographics

- **Funded Enrollment:** 1,350 slots (822 Center-Based; 528 Home-Based), demonstrating strong capacity to serve diverse community needs.
- **Age Distribution:** The program primarily serves 3- and 4-year-olds (800+ combined), the critical pre-K years for school readiness.
- **Eligibility:** The majority of families qualify through documented needs (SNAP, TANF, income-based). SNAP was the most common documentation, highlighting reliance on federal supports.
- **Continuity & Transition:** Roughly 25% of children were enrolled for a second year, while 32% transitioned into kindergarten, ensuring continuity into the K–12 system.
- **Attendance:** Chronic absenteeism remains a challenge, with over 60% of chronically absent children staying enrolled. This indicates family commitment despite attendance barriers.
- **Race, Ethnicity & Language:** Enrollment is overwhelmingly American Indian/Alaska Native (980+ children), with English dominant at home, though 35 families report use of Native languages—highlighting cultural continuity as a strength.

Key Insight: Enrollment is strong, with clear family commitment. Attendance challenges suggest systemic barriers (transportation, health, socio-economic stress) that require targeted intervention.

Section B: Program Staff & Qualifications

- **Total Staff:** 281, with 110 current or former Head Start parents employed — a testament to community investment.
- **Education Levels:** 47 teachers hold bachelor’s or higher degrees, while many assistant teachers hold associate degrees. However, 24 teachers and 38 assistants lack formal qualifications, with only 15 enrolled in programs to meet standards.
- **Diversity & Language:** Nearly all staff are American Indian/Alaska Native, and 79 are proficient in Native languages, ensuring cultural alignment in classrooms.
- **Turnover:** 51 staff left during the year, mainly due to retirement/relocation and higher compensation elsewhere. While manageable, turnover in teaching positions poses continuity risks.

Key Insight: Staff are deeply rooted in the community, but credential gaps and turnover point to the need for sustained professional development and competitive compensation strategies.

Section C: Child and Health Services

- **Health Insurance & Care:** Nearly all children had health insurance at both enrollment and year-end, with 881 enrolled in Medicaid/CHIP. Access to continuous health care rose to 1,016 children by year-end.
- **Medical Services:** Preventive care compliance improved significantly (479 → 783 children up-to-date).
- **Chronic Conditions:** 56 children were diagnosed with conditions, most commonly vision problems (41) and asthma (10). Nearly all received treatment.
- **Nutrition & BMI:** Most children were at a healthy weight (453), though overweight (160) and obesity (213) remain concerns requiring nutrition and activity interventions.
- **Immunizations:** The percentage of fully immunized children rose (588 → 661), though some children remain behind due to delays or exemptions.

Key Insight: Access to health services improved across the board, though obesity trends and chronic conditions suggest long-term wellness planning is needed.

Section C: Oral Health

- **Access to Care:** 1,009 children had access to continuous dental care by year-end, up from 950.
- **Preventive & Treatment Services:** 601 children received preventive care, with 154 diagnosed for treatment needs and 78 receiving treatment.
- **Barriers:** The main reasons for lack of treatment were parent scheduling/attendance and children leaving the program. Medicaid acceptance and provider availability were not primary barriers this year.

Key Insight: Preventive dental care is consistent, but family engagement and follow-through are critical to ensuring treatment completion.

Section C: Mental Health & Disabilities Services

- **Mental Health Support:** 80 staff accessed consultation, supporting classroom climate and behavioral strategies.
- **IDEA Evaluations:** 119 children were referred, with 52 determined eligible for special education services.
- **Disabilities Services:** 97 preschool children had active IEPs, with most diagnosed for speech/language (32) or developmental delay (64). Nine infants/toddlers received Part C early intervention services.
- **Service Delivery:** The majority of identified children received special education services (92/96 eligible), indicating strong follow-through with LEAs.

Key Insight: Disabilities identification and service coordination remain a strength. Continued partnerships with LEAs and tribal health providers are essential to sustaining support.

Section C: Family & Community Partnerships

- **Families Served:** 940 families; 60% two-parent households, 40% single-parent households.
- **Education Levels:** Nearly half of parents/guardians (457) are high school graduates; 361 hold higher education or training beyond high school.

- **Employment:** Employment improved modestly from 535 → 569 families over the year, reflecting progress in family self-sufficiency.
- **Assistance Programs:** Heavy reliance on WIC (380 families) and SNAP (500 families) underscores ongoing food insecurity.
- **Family Engagement:** 743 families accessed at least one support service. High engagement in parenting curriculum (333), transition support (310), and nutrition education (531) illustrates alignment with family needs.
- **Father Engagement:** Over 200 fathers participated actively in program activities, strengthening family involvement.
- **Homelessness & Housing:** 10 families experiencing homelessness were supported, with 3 gaining housing. Foster care involvement was limited but significant (19 children in care; 6 referrals from welfare agencies).

Key Insight: Families are highly engaged, and view Head Start as a trusted partner. Strength lies in holistic services (nutrition, parenting, transitions), while challenges remain in addressing poverty, food insecurity, and housing instability.

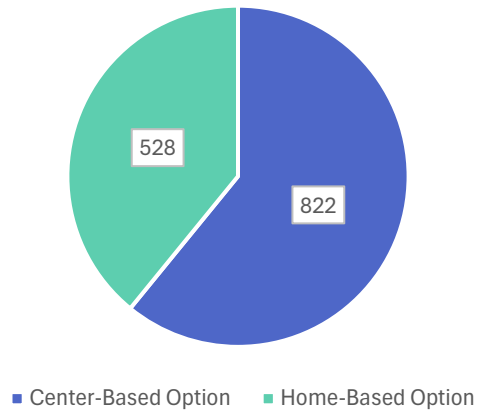
Conclusion

The 2025 data confirms Navajo Head Start’s dual role: a provider of early education and a stabilizing force for families. Enrollment and family engagement remain strong, staff are deeply connected to the community, and access to health and developmental services continues to expand. Challenges in staff qualifications, attendance, child obesity, and persistent socio-economic barriers remind us that the program is not just about preparing children for school — it is about strengthening families and sustaining the Nation’s future.

With continued investment in staff development, family services, and health partnerships, Navajo Head Start is positioned to meet these challenges head-on and set the standard for tribal early childhood education programs nationwide.

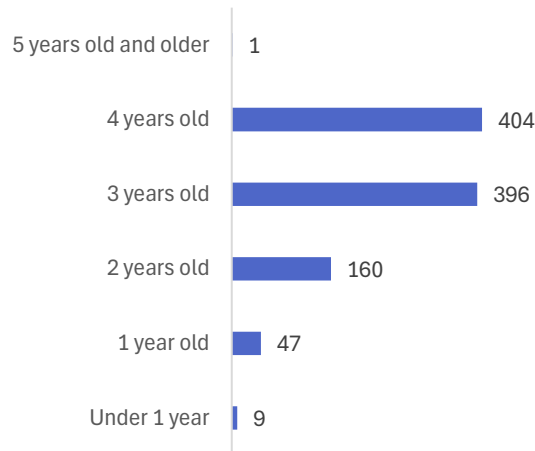
Section A | Program Information

Funded Enrollment by Program Option



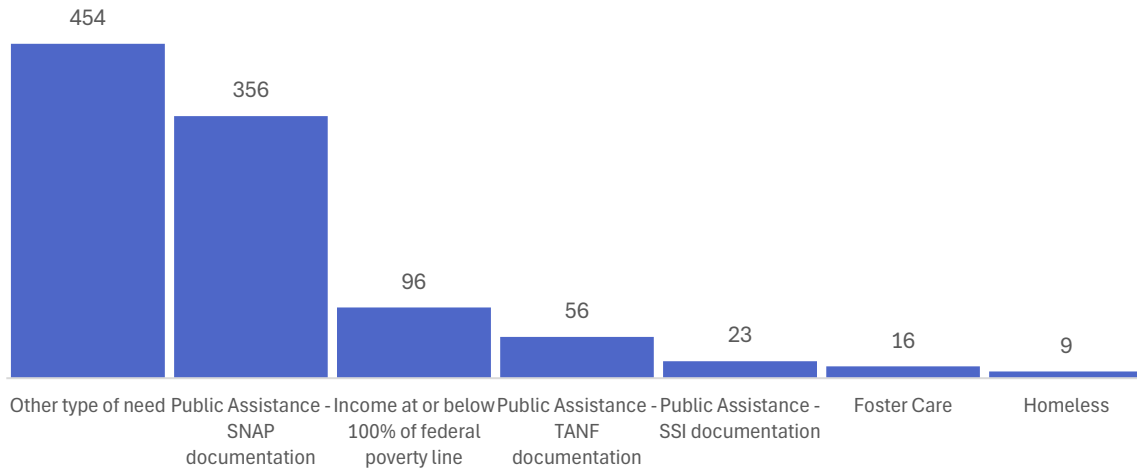
Enrollment is split between 822 children in center-based services and 528 in home-based options. The strength is strong center-based capacity, aligning with program design. However, the home-based proportion indicates significant reliance on alternative settings, which may require additional family engagement supports. This balance suggests flexibility but also highlights a need to ensure home-based services maintain the same quality outcomes as center-based learning.

Children by age



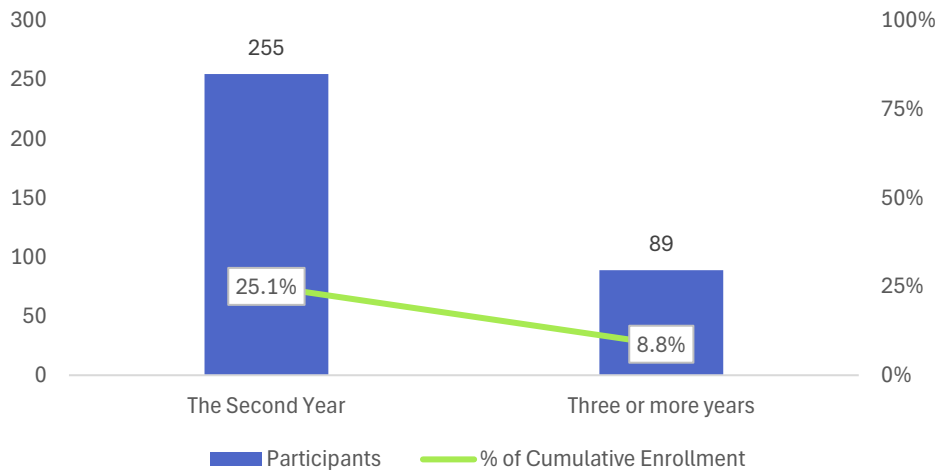
The largest enrollment groups are 3-year-olds (396) and 4-year-olds (404), aligning with Head Start's Pre-K focus. Strength lies in effectively serving the core age range. However, relatively small numbers of children under age 3 (216 combined across under 1, 1, and 2 years old) indicate that Early Head Start or infant-toddler needs may be underserved. This suggests an opportunity for expanded programming to support earlier intervention and school readiness.

Primary type of documentation used for determining eligibility



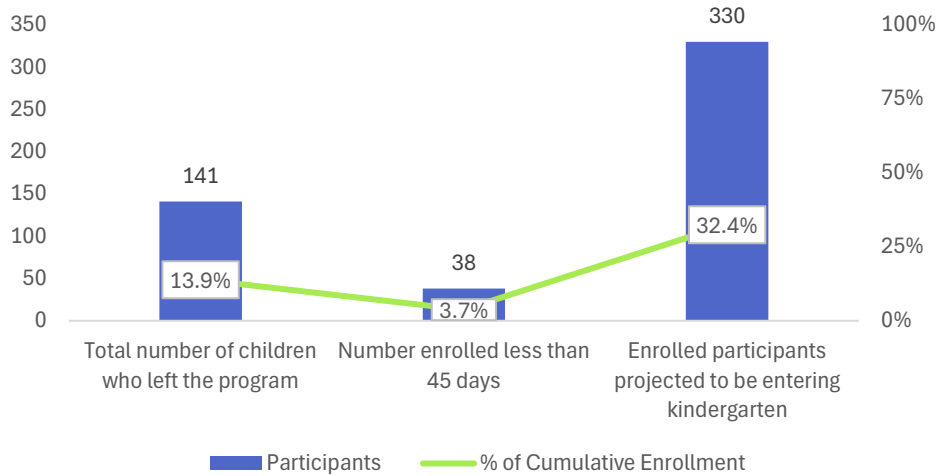
Most children qualify through “other type of need” (454) and SNAP documentation (356), showing reliance on public assistance criteria for access. This concentration supports streamlined enrollment but may exclude families with less conventional documentation. The relatively small numbers qualifying through TANF, SSI, foster care, or homelessness highlight potential outreach needs for the most vulnerable populations. This suggests that while the program is reaching many at-risk families, expanding identification pathways could strengthen equity.

Prior Enrollment



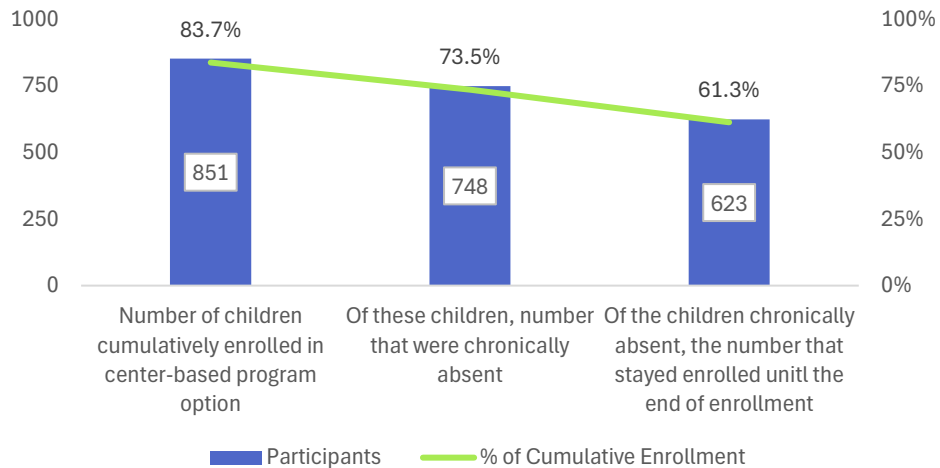
About a quarter of children (25.1%) are in their second year, with 8.8% enrolled for three or more years. This shows program loyalty and stability for families who choose to stay. However, if too many slots are filled by repeat enrollees, it may limit access for new families seeking Head Start services. Overall, retention is a positive indicator, but it requires careful monitoring to balance returning children with new enrollees.

Transition and Turnover



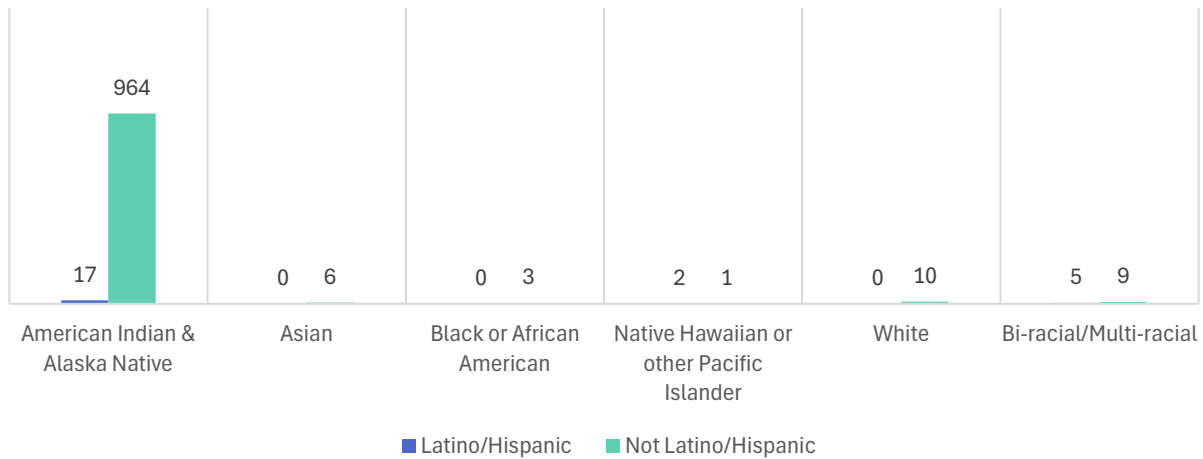
330 children (32.4%) are projected to transition into kindergarten, demonstrating program effectiveness in preparing children for school. At the same time, 141 children (13.9%) left the program and 38 (3.7%) were enrolled less than 45 days, suggesting some turnover challenges. The strong transition rate is a strength, but early exits may reflect barriers to sustained participation. Continued family engagement and support are needed to reduce attrition.

Attendance



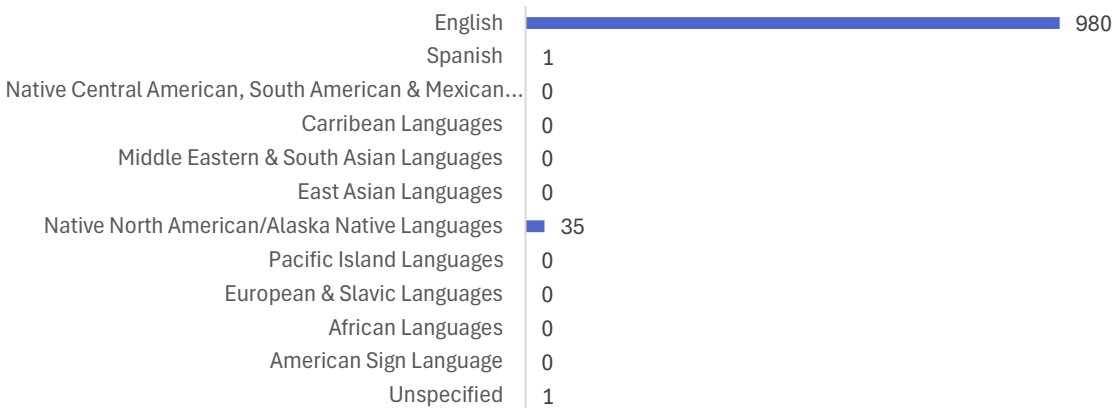
Attendance remains a key concern, with 851 children cumulatively enrolled in center-based programs but only 623 (61.3%) remaining consistently through enrollment despite chronic absenteeism. While participation is strong overall, high absenteeism weakens the impact of the program and risks compliance issues. This highlights the need for targeted strategies to improve attendance, including family outreach, transportation solutions, and attendance incentives.

Race and Ethnicity



The overwhelming majority of children identify as American Indian & Alaska Native (981 combined across Latino/Hispanic and Not Latino/Hispanic categories), reflecting the community served. Smaller representation exists for White (10), Bi-racial/Multi-racial (14), Asian (6), and Black or African American (3). This shows strong alignment with community demographics, also emphasizes the importance of culturally responsive programming for Native populations.

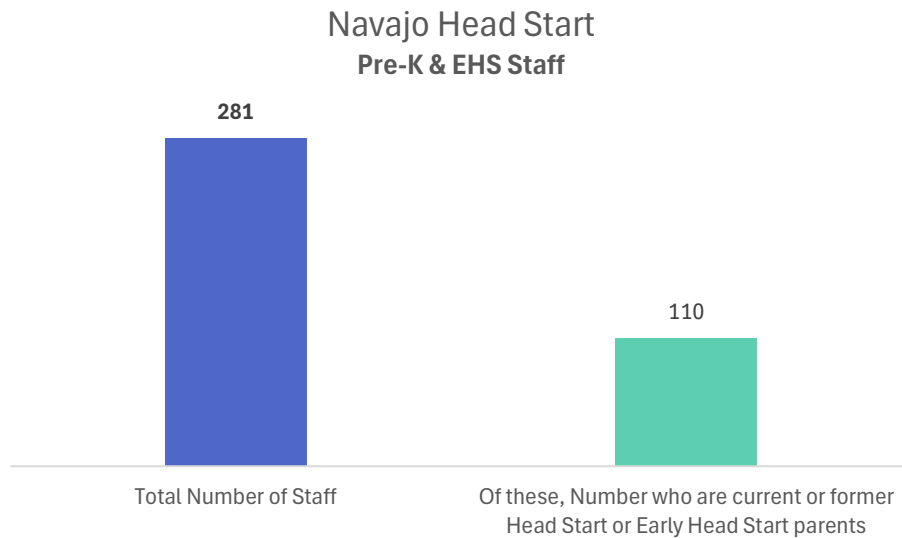
Primary Language of family at home



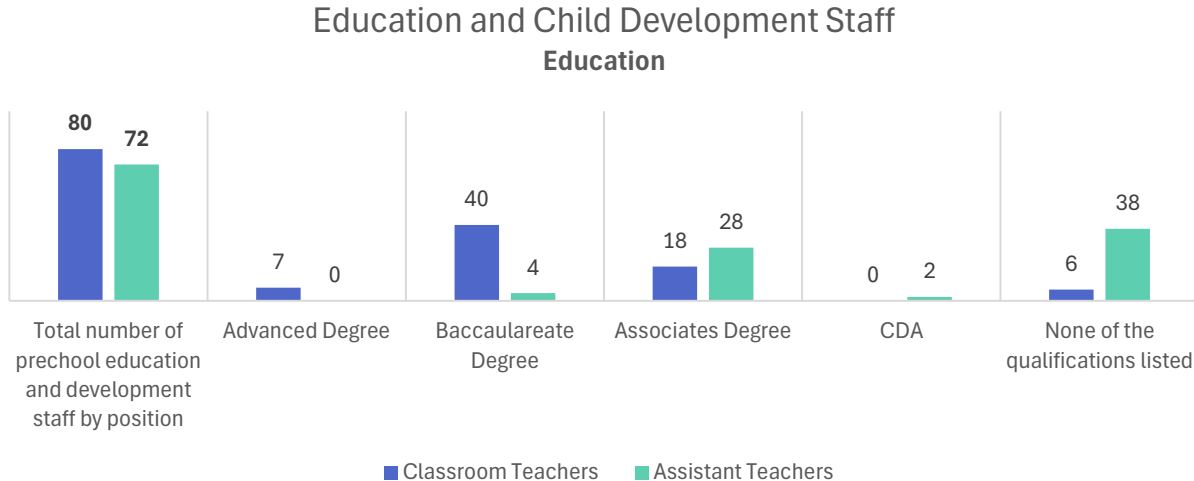
English dominates as the primary language (980), with 35 families reporting Native North American/Alaska Native languages and 1 family reporting Spanish. Strength lies in strong English proficiency for program delivery. However, the presence of Native languages highlights a need to incorporate cultural and linguistic supports to preserve heritage and foster inclusivity. Continued bilingual and bicultural engagement strategies will be important for family partnership.

Section A reveals a program that is successfully serving its core Pre-K population with a strong balance of center- and home-based options. The majority of families qualify through public assistance, reflecting high community need. While program retention and kindergarten transitions are positive indicators, chronic absenteeism and some early exits highlight areas for improvement. Demographics underscore the program’s alignment with its Native community, with opportunities to strengthen infant-toddler services, diversify eligibility pathways, and support bilingual and cultural engagement. Collectively, these trends show a program rooted in community needs but with clear opportunities for targeted growth and refinement.

Section B | Program Staff and Qualifications

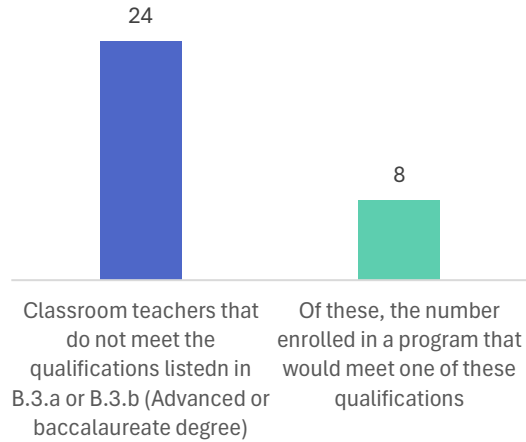


The program employs 281 staff, with 110 being current or former Head Start/Early Head Start parents. This shows strong community integration, as many staff bring firsthand experience with the program. The strength is deep cultural and community alignment. The challenge is ensuring this parent-driven workforce also meets professional standards for qualifications and compliance.



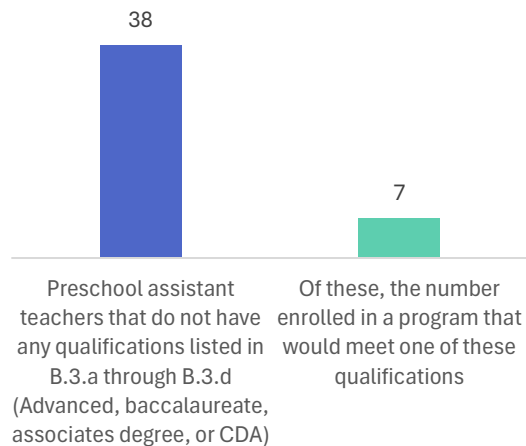
Among 152 education staff, 47 hold bachelor's or advanced degrees, and another 46 have associate degrees, reflecting a qualified core workforce. However, 44 staff have no qualifications listed, raising concerns about classroom readiness. This imbalance highlights strengths in degree-holding teachers, but weaknesses in maintaining consistent credentialing across all staff. Ensuring pathways for qualification completion is essential for compliance and quality.

Classroom Teachers



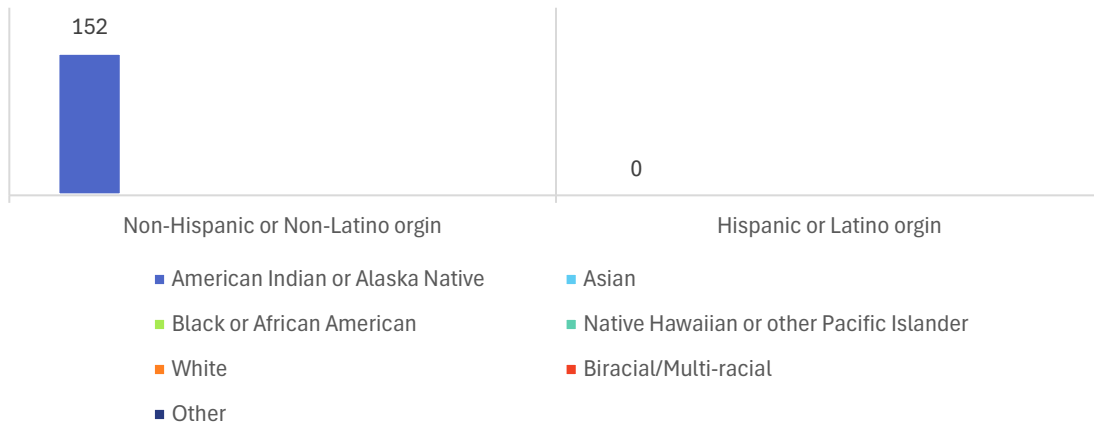
24 classroom teachers currently do not meet the minimum requirement of a bachelor’s or advanced degree, with 8 enrolled in programs to address this gap. The strength is that a portion of teachers are actively working toward qualifications, but the immediate weakness is the number of classrooms led by staff not yet credentialed to required standards. This poses compliance risks and underscores the urgency of supporting teacher development pipelines.

Classroom Assistant Teachers



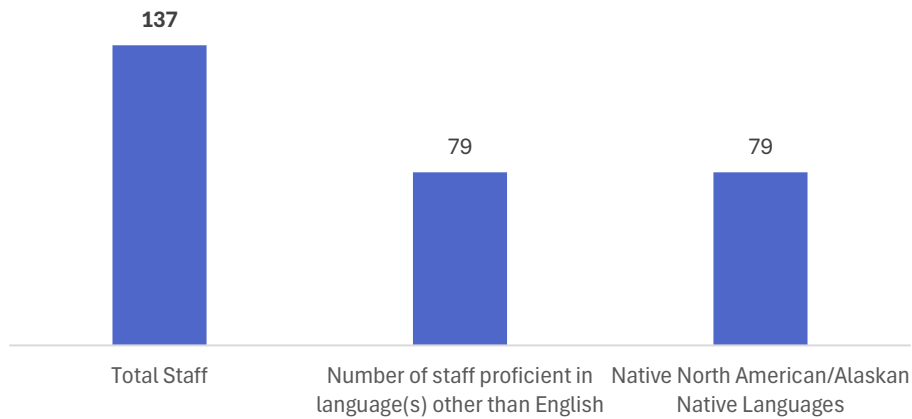
38 assistant teachers lack required qualifications (associate degree, CDA, or higher), with 7 enrolled in programs to gain credentials. This indicates a significant portion of paraprofessionals entering classrooms without formal preparation. While enrollment in programs is promising, the current gap highlights the need for structured professional development and recruitment strategies to ensure assistants are adequately trained for instructional support.

Education and Child Development Staff Race & Ethnicity



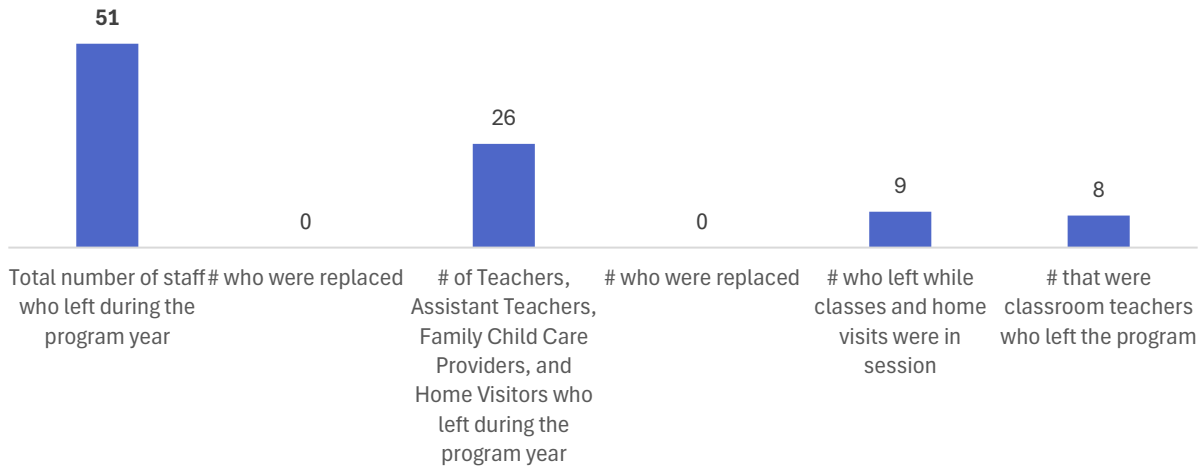
All 152 education staff identify as American Indian & Alaska Native and non-Hispanic. The strength is strong cultural representation and alignment with the children served. The weakness is a lack of racial or ethnic diversity among staff, which may limit exposure to broader perspectives. However, cultural alignment is a critical strength for trust and effectiveness within this community context.

Education and Child Development Staff Language Proficiency



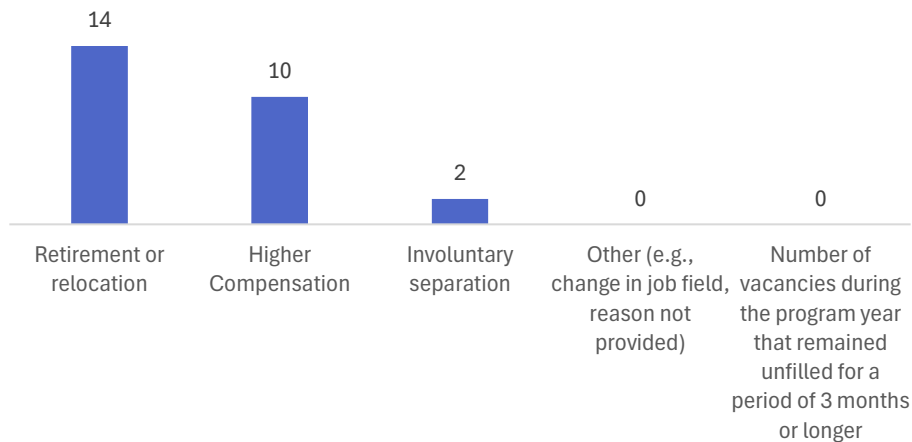
Of 137 staff, 79 report proficiency in a language other than English, specifically Native North American/Alaska Native languages. This is a strength for cultural preservation and direct engagement with families. Weakness may arise if bilingual capacity is not formally integrated into curriculum or family supports. This trend suggests a unique opportunity to strengthen cultural identity while supporting language development.

Staff Turnover



51 staff members left during the program year, with 26 being teachers, assistant teachers, or direct service providers. None were formally replaced within the same year, which may indicate turnover is timed or clustered around program cycles. The strength is limited disruption during active sessions, as only 9 left mid-year. The weakness lies in the overall volume of instructional staff turnover, which impacts stability and increases the need for workforce planning.

Education and Child Development Staff Turnover Reasons

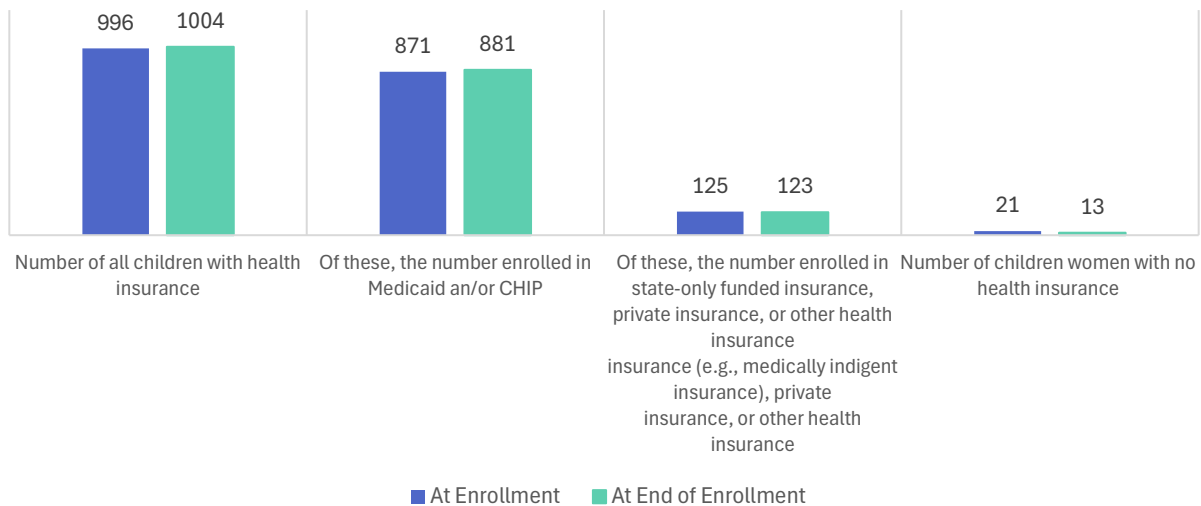


The primary reasons for staff separation were retirement/relocation (14) and higher compensation (10). Only 2 were involuntary separations. This suggests most turnover is voluntary and linked to external opportunities or natural career transitions. The strength is low involuntary turnover, which reflects staff stability. The weakness is competitiveness — higher compensation elsewhere is pulling talent out. This signals the need for retention strategies, including pay scales, career pathways, and incentives.

Section B highlights a workforce that is deeply connected to the community, with 110 staff being current or former Head Start parents and the majority identifying as American Indian & Alaska Native. Strengths include cultural alignment, a strong base of degree-holding teachers, and staff language proficiency that supports bilingual engagement in Native languages. Weaknesses center on qualification gaps, with 24 classroom teachers and 38 assistant teachers not yet meeting minimum credential requirements, creating compliance and instructional challenges. Staff turnover is moderate, primarily voluntary and tied to retirement or compensation, but it disproportionately affects instructional roles. Overall, the program demonstrates strong community integration and cultural grounding but requires focused investment in credentialing pathways, professional development, and retention strategies to stabilize and strengthen instructional quality.

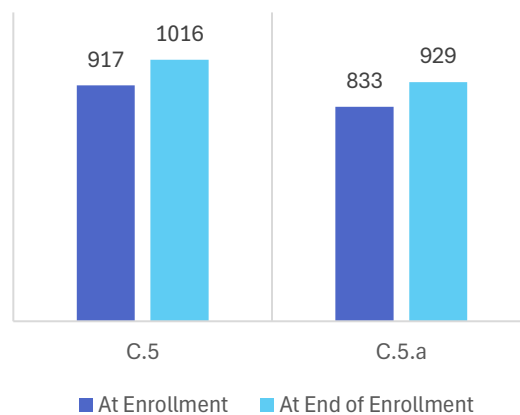
Section C | Health Services

Health insurance - children



Nearly all children were insured both at enrollment (996) and at the end of enrollment (1004). Medicaid/CHIP enrollment accounted for the majority (871 rising to 881). Only 13 children were without insurance by year-end, down from 21. This shows strong coverage and effective outreach, though uninsured cases highlight the need for continued vigilance to ensure full enrollment.

Accessible health care - children

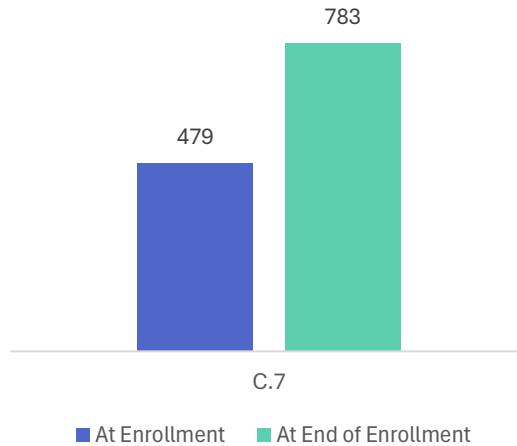


At enrollment, 917 children had continuous, accessible health care, increasing to 1,016 by year-end. Of these, 833 grew to 929 accessing care through Indian Health Service, Tribal, or Urban Indian Health programs. Strength lies in strong increases across both categories, ensuring more children are connected to consistent care. Weaknesses may remain in geographic or logistical barriers that prevent universal access.

C.5 | Number of children with an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care.

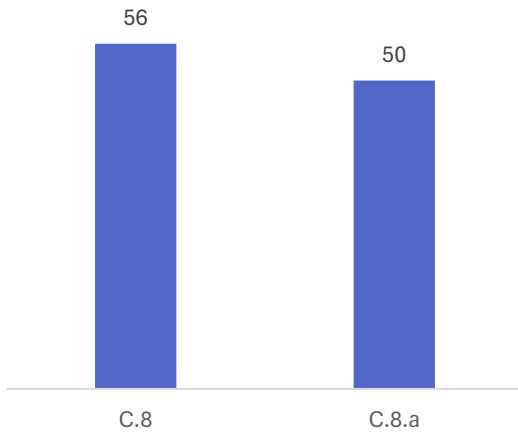
C.5.a | Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility.

Medical services - children

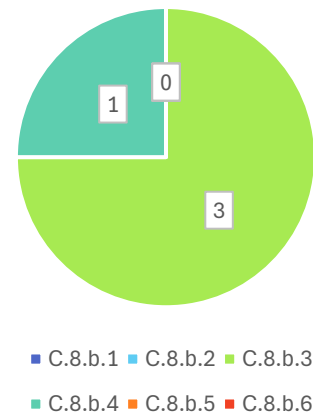


The number of children up to date on preventive care rose from 479 at enrollment to 783 by year-end. This represents a major gain in well-child care compliance, showing effective coordination with providers and family follow-through. Weakness lies in the initial low baseline, suggesting more frontloaded interventions could improve readiness at enrollment.

of Children Diagnosed with a Chronic Condition



Primary Reason child did not receive medical treatment



56 children were diagnosed with chronic conditions, with 50 receiving treatment. Primary reasons for non-treatment included parental follow-through (3) and children leaving the program (1). Strength lies in treatment coverage for the majority of cases. Weakness is in family follow-up, which remains a consistent barrier. Proactive case management could reduce these gaps.

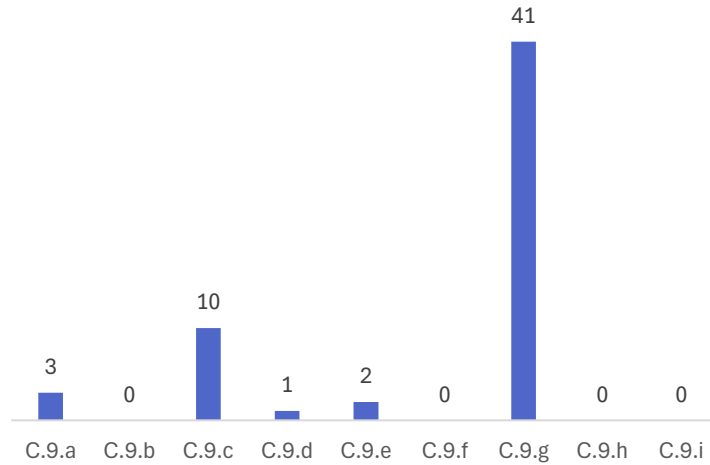
C.7 | Number of children who are up-to-date on a schedule of age-appropriate preventative and primary health care, according to the relevant state's EPSDT schedule for well child care.

C.8 | Number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed.

C.8.a | Of these, the number who received medical treatment for their diagnosed chronic health condition.

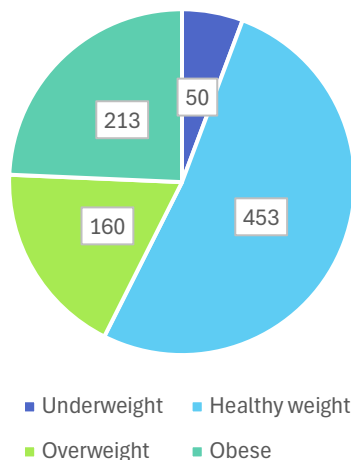
C.8.b.1 | No medical treatment needed, **C.8.b.2** | No health insurance, **C.8.b.3** | Parents did not keep/make appointment, **C.8.b.4** | Children left the program before their appointment date, **C.8.b.5** | Appointment is scheduled for future date, **C.8.b.6** | Other

Diagnosed Chronic Conditions



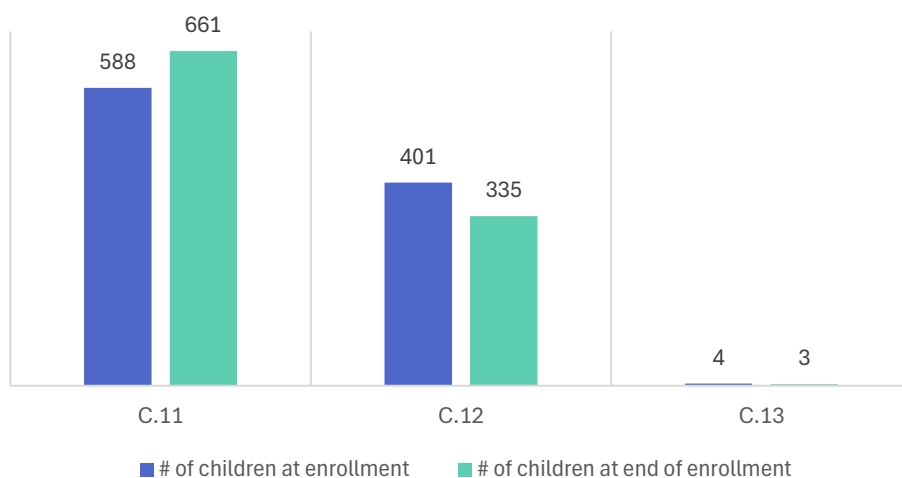
Asthma (10 cases) and vision problems (41 cases) are the leading chronic conditions, followed by smaller counts for autism, seizures, and hearing problems. Strength is early identification across multiple health categories. Weakness lies in the disproportionately high vision-related issues, suggesting screening and corrective services should remain a priority.

BMI



The majority of children (453) are at a healthy weight. However, 373 children fall into overweight (160) or obese (213) categories, and 50 are underweight. Strength is that most children fall within a healthy range, but the high prevalence of obesity underscores the need for nutrition and physical activity initiatives. The underweight count also suggests monitoring of food security or other health factors.

Immunization services - children



588 children were up to date on all immunizations at enrollment, rising to 661 by year-end. 401 were partially up to date at enrollment, with 335 remaining so at the end, showing progress but not full compliance. Exemptions remained minimal (4 at enrollment, 3 by year-end). This reflects steady improvement, but continued attention to follow-through and outreach is necessary to ensure all children are fully immunized.

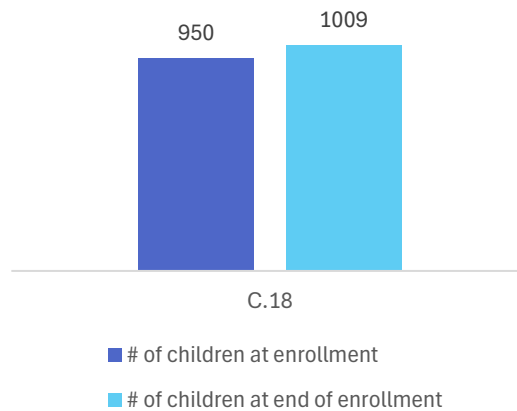
Section C | Health Services, shows substantial progress in children’s health access, preventive care, and treatment. Nearly universal insurance coverage was achieved, with notable increases in accessible care through Tribal and IHS providers. Preventive care compliance rose sharply, and most children with chronic conditions received treatment. However, barriers like parental follow-through and children leaving the program still limited full coverage. Health trends highlight high rates of vision problems and concerning levels of obesity, requiring targeted interventions. Immunization rates improved, though not all children reached full compliance. Overall, health services are strengthening, but nutrition, family engagement, and continued medical coordination remain critical areas for growth.

C.11 | Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age

C.12 | Number of children who have been determined by a health care professional to have received all immunizations possible at this time but who have not received all immunizations appropriate for their age

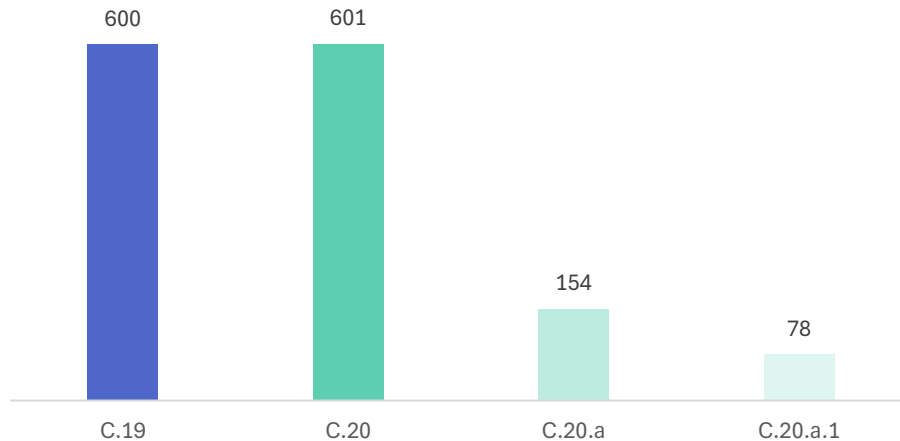
C.13 | Number of children who meet their state's guidelines for an exemption from immunizations

Accessible dental care - children



Children with ongoing access to dental care increased from 950 at enrollment to 1,009 by year-end. This steady gain shows effective family support and provider coordination. The strength is broad coverage, though a small number remain without consistent access, underscoring the need for ongoing outreach and monitoring.

Oral Health Preventive Care



600 children received preventive dental care during the year, and 601 completed a professional oral examination. Of those examined, 154 were diagnosed as needing treatment, and 78 ultimately received it. This demonstrates strong baseline preventive services but highlights treatment follow-through gaps. The strength is high preventive coverage; the weakness lies in ensuring treatment completion for diagnosed needs.

C.18 | Number of children with continuous, accessible oral care provided by an oral health care professional which includes access to oral health preventive care and oral treatment

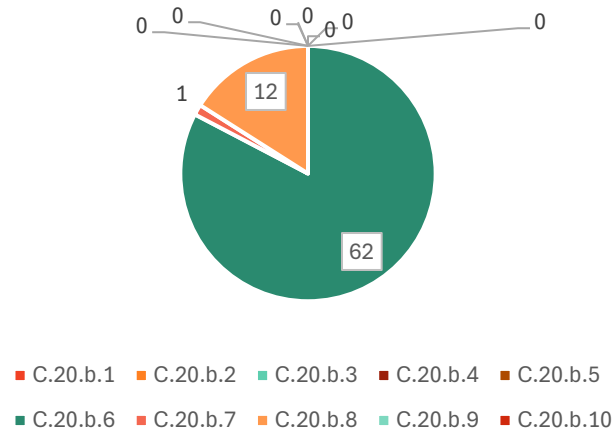
C.19 | Number of children who received oral health preventive care during the program year

C.20 | Number of all children who have completed a professional oral examination during the program year

C.20.a | Of these, the number of children diagnosed as needing oral treatment during the program year

C.20.a.1 | Of these, the number of children who received oral treatment during the program year

Reasons for not receiving dental treatment



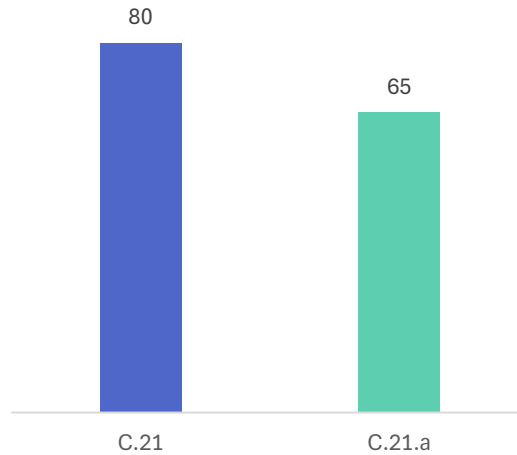
Of the children needing treatment but not receiving it, the most frequent reasons were parents not keeping appointments (62) and children leaving the program before appointments (12). Only isolated cases cited transportation or insurance barriers. This indicates the majority of barriers are behavioral or scheduling, rather than systemic. The strength is minimal structural barriers; the weakness is parental follow-through, which directly impacts children’s oral health outcomes.

Section C | Oral Health demonstrates significant progress in connecting children to dental care, with both access and preventive care rising through the program year. Preventive exams were nearly universal, though only half of diagnosed treatment needs were fully addressed. Barriers were primarily family-related (missed appointments, program exits), not provider availability. Overall, oral health services are strong in preventive care but require stronger parent engagement and follow-up systems to ensure children complete necessary treatment.

C.20.b.1 | Health insurance doesn't cover oral treatment, **C.20.b.2** | No oral care available in local area, **C.20.b.3** | Medicaid not accepted by dentist, **C.20.b.4** | Dentists in the area do not treat 3- to 5-year-old children, **C.20.b.5** | Dentists in the area do not treat children below age, **3C.20.b.6** | Parents did not keep/make appointment, **C.20.b.7** | Children left the program before their appointment date, **C.20.b.8** | Appointment is scheduled for future date, **C.20.b.9** | No transportation, **C.20.b.10** | Other

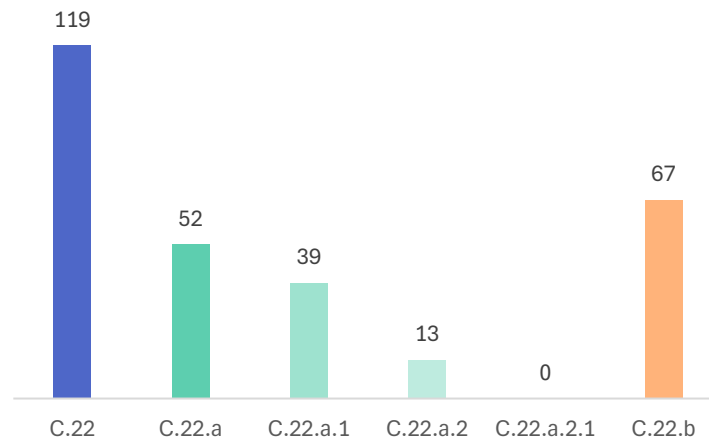
Section C | Mental Health & Disabilities Services

Mental Health Consultation



80 staff accessed mental health consultation services, with 65 receiving direct support through observation and consultation. This shows strong integration of mental health into classrooms and family support. The strength is accessibility of services for staff; the weakness is that not all referrals translated into consultation, which may leave some staff unsupported.

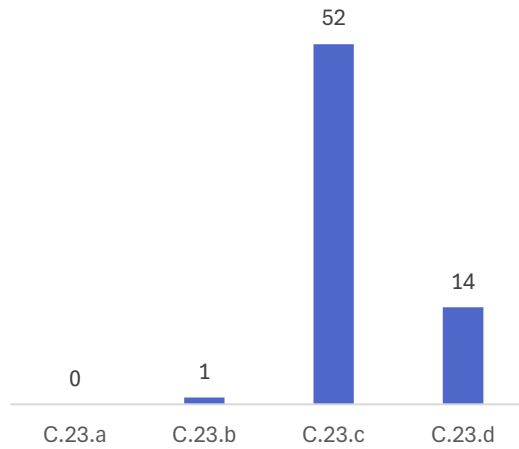
IDEA eligibility determination



119 children were referred for IDEA evaluations; 52 received evaluations. Of those, 39 were found eligible, 13 were not, and 67 did not receive evaluations. This highlights a bottleneck in the referral-to-evaluation pipeline. Strength is in active referral efforts; the weakness is the high percentage of referrals not evaluated, leaving many children without clarity on eligibility.

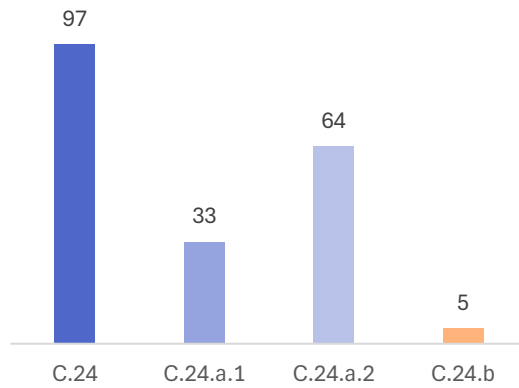
C.22 | The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Act (IDEA) during the program year, **C.22.a** | Of these, the number who received an evaluation to determine IDEA eligibility, **C.22.a.1** | Of the children that received an evaluation, the number that were diagnosed with a disability under IDEA, **C.22.a.2** | Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA, **C.22.a.2.1** | Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individual learning plan or supports described under Section 504 of the Rehabilitation Act, **C.22.b** | Of these, the number who did not receive an evaluation to determine IDEA eligibility

IDEA eligibility



Among evaluated children, 52 were confirmed eligible for services, 14 had other determinations, and only one case involved parental refusal. Strength lies in the program’s ability to secure services for eligible children. Weakness is the number still pending or not fully evaluated, pointing to challenges with agency responsiveness or system delays.

Preschool disabilities services

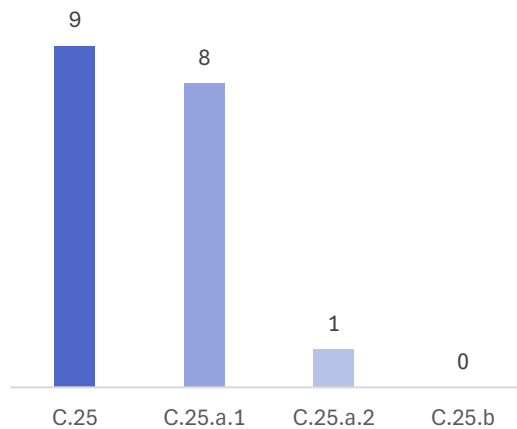


97 children were served with IEPs during the program year, including 33 identified prior to the year and 64 during. Only 5 eligible children did not receive services. This demonstrates strong collaboration with LEAs and delivery of special education services. The weakness is the small number of eligible children who are not yet receiving services, which must be closed.

C.23.a | The responsible agency assigned to Response to Intervention (RTI), | **C.23.b** | Parent(s) refused evaluation, **C.23.c** | Evaluation is pending and not yet completed by responsible agency, **C.23.d** | Other, **C.24** | Number of children enrolled in the program who has an Individualized Education Program (IEP), at any time during the program year, indicating they were determined to be eligible by the LEA to receive special education and related services under IDEA

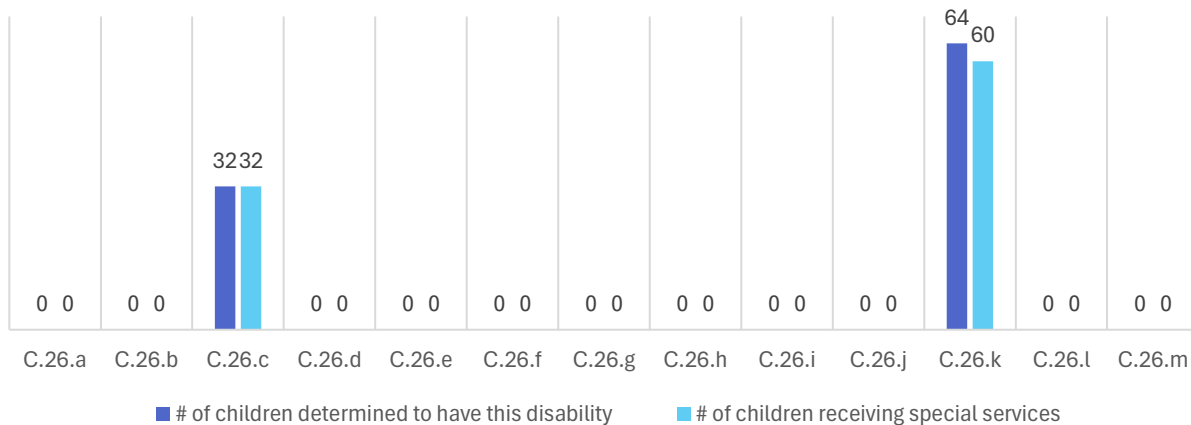
Of these, the number who were determined eligible to receive special education and related services: **C.24.a.1** | Prior to this program year.**C.24.a.2** | During this program year.**C.24.b** | Of these, the number who have not received special education and related services.

Infant and toddler Part C early intervention services



9 infants and toddlers were served under Part C early intervention, with 8 receiving services and 1 pending. This shows effective support for the youngest children. The weakness is the small scale, which may indicate under-identification or limited referrals for infants/toddlers.

Preschool primary disabilities

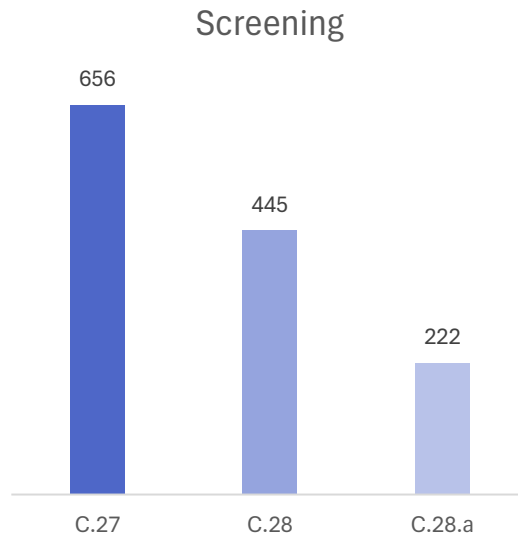


Speech and language impairments (32) and developmental delays (64) are the most common disabilities, with nearly all children in these groups receiving services. Strength lies in effective identification and service provision for high-prevalence disabilities. Weakness is the absence of identified cases in other disability categories (autism, emotional disturbance, hearing impairments), which may reflect under-identification rather than absence.

C.25 | Number of children enrolled in the program who had an Individualized Family Service Plan (IFSP), at any time during the program year, indicating they were determined eligible by the Part C Agency to receive early intervention services under IDEA, **C.25.a.1** | Prior to this program year, **C.25.a.2** | During this program year, **C.25.b** | Of these, the number who have not received early intervention services under IDEA, **C.26.a** | Health impairment (i.e., meeting IDEA definition of "other health impairment"), **C.26.b** | Emotional disturbance, **C.26.c** | Speech or language impairments, **C.26.d** | Intellectual disabilities, **C.26.e** | Hearing impairment, including deafness, **C.26.f** | Orthopedic impairment, **C.26.g** | Visual impairment, including blindness, **C.26.h** | Specific learning disability, **C.26.i** | Autism, **C.26.j** | Traumatic brain injury, **C.26.k** | Non-categorical/development delay, **C.26.l** | Multiple disabilities (excluding deaf-blind), **C.26.m** | Deaf-blind

Section C | Mental Health & Disabilities Services shows a program actively identifying and supporting children with disabilities. Strengths include strong staff access to mental health consultation, effective IEP implementation for most eligible children, and comprehensive support for speech/language and developmental delays. Weaknesses lie in the referral-to-evaluation pipeline, where many children remain unevaluated, and potential under-identification in categories beyond speech and developmental delays. Overall, the program demonstrates solid compliance and strong service delivery, but strengthening agency collaboration, accelerating evaluations, and expanding early screening will ensure no child falls through the cracks.

Section C | Education and Development Tools



A large number of newly enrolled children completed required developmental, sensory, and behavioral screenings within the 45-day window, demonstrating strong compliance with federal guidelines. The identification of children needing follow-up assessments reflects both the effectiveness of early detection and the continuing need for targeted supports. This ensures that children at risk for developmental delays are not overlooked and that timely interventions can be applied.

Section C | Educational and Development Tools:

Navajo Head Start implements a comprehensive suite of curricula and observation tools tailored to different service settings:

- Center-based programs utilize Creative Curriculum, offering a structured, research-based framework that balances academic readiness with social-emotional development.
- Family Child Care Services employ Positive Indian Parenting, aligning culturally responsive practices with family strengths and traditions.
- Home-Based programs also use Creative Curriculum, ensuring consistency while adapting to the home environment.
- Parental skill-building is reinforced through Positive Indian Parenting, fostering intergenerational knowledge transfer and cultural grounding.
- Classroom and home visit observations (HS Pre-K only) are conducted using the CLASS tool, focusing on teacher-child interactions as a key lever for improving learning outcomes.

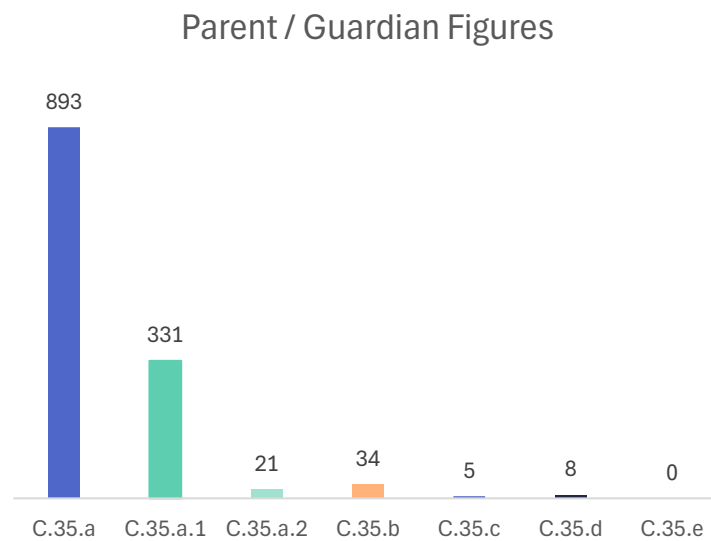
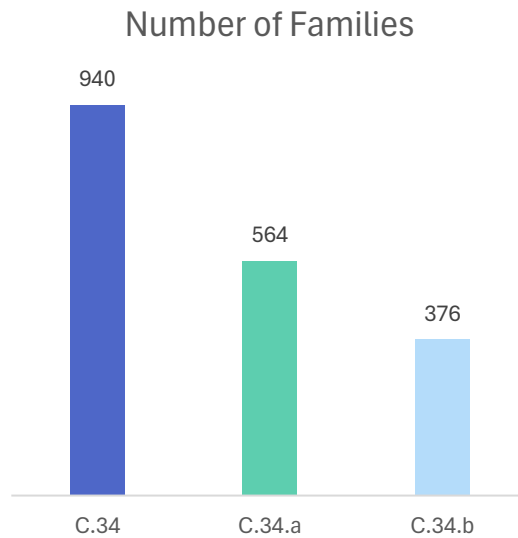
Strengths: The program shows high rates of compliance with screenings and integrates culturally relevant curricula that strengthen both academic and family engagement outcomes.

Weaknesses: While screenings are timely, the number of children flagged for further evaluation highlights the need for sustained monitoring and strong referral partnerships.

Outcomes: By embedding culturally resonant tools and ensuring early screening, the program positions itself to close readiness gaps while reinforcing family involvement in education.

C.27 | Number of all newly enrolled children since last year's PIR was reported, **C.28** | Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported, **C.28.a** | Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability

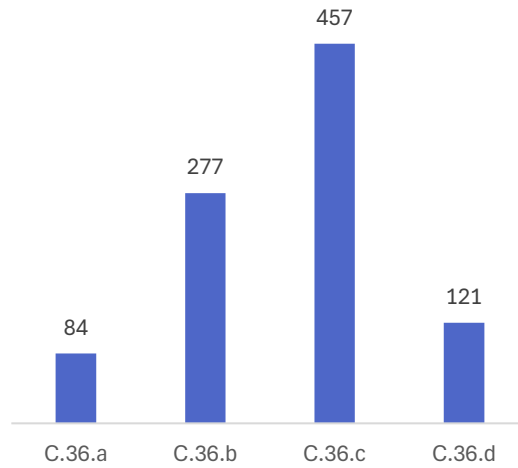
Section C | Family & Community Partnerships



Navajo Head Start served 940 families, with the majority being two-parent households (564), though 376 were single-parent families. The vast majority of children live with their parent(s) (893), while smaller numbers are with grandparents (34), relatives (5), or foster parents (8). This indicates that while traditional parental guardianship is predominant, kinship care and foster placements play a smaller but notable role.

C.34 | Total number of families, **C.34.a** | Of these, the number of two-parent families, **C.34.b** | Of these, the number of single-parent families, **C.35.a** | Parent(s) (e.g., biological, adoptive, stepparents), **C.35.a.1** | Of these, the number of families with a mother only (biological, adoptive, stepmother), **C.35.a.2** | Of these, the number of families with a father only (biological, adoptive, stepfather), **C.35.b** | Grandparents, **C.35.c** | Relative(s) other than grandparents, **C.35.d** | Foster parent(s) not including relatives, **C.35.e** | Other

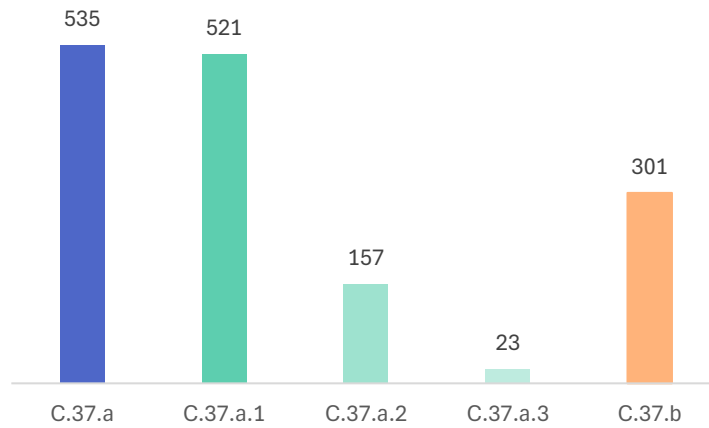
Parent / Guardian Education



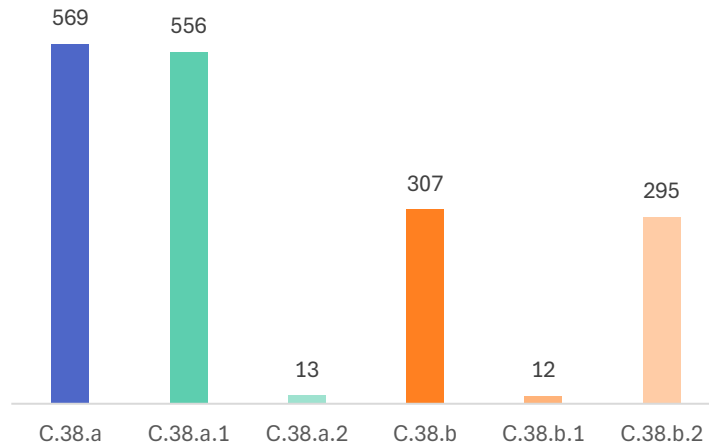
Parents and guardians are distributed across education levels, with the largest group being high school graduates/GED holders (457). Another 277 reported some college or vocational school, while 121 had less than high school education. A smaller proportion (84) hold a bachelor's or advanced degree. This mix suggests opportunities for targeted family literacy, GED programs, and career training to elevate household stability.

C.36.a | An advanced degree or baccalaureate degree, **C.36.b** | An associate degree, vocational school, or some college, **C.36.c** | A high school graduate or GED, **C.36.d** | Less than high school graduate

Employment, Job Training, and School *At Enrollment*



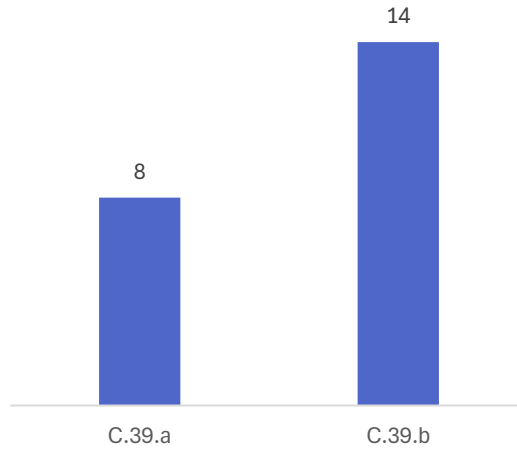
Employment, Job Training, and School *At End of Enrollment*



At enrollment, 535 families had at least one parent employed, in training, or in school, while 301 families reported no engagement. By year-end, participation increased slightly to 569 families engaged in work/training/school, while 307 remained unemployed or inactive. This stability — with modest growth in employment — suggests that while Head Start supports parental workforce development, barriers remain for a significant portion of families.

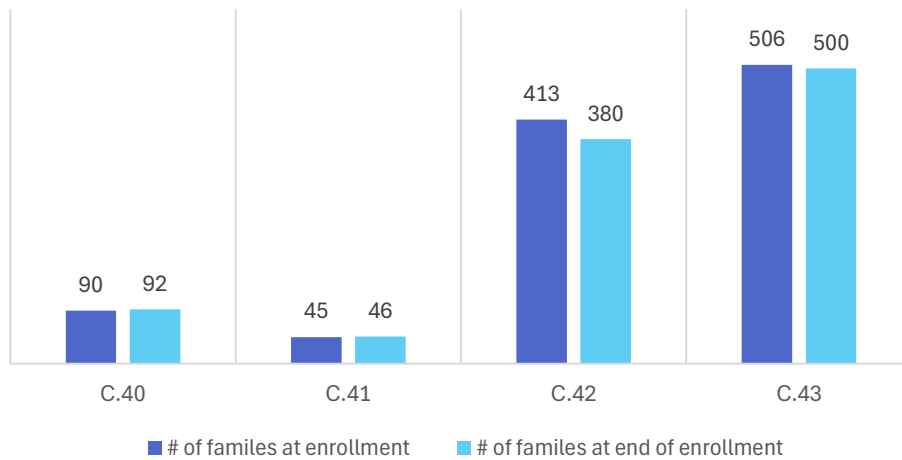
C.37.a | At least one parent/guardian is employed, in job training, or in school at enrollment, **C.37.a.1** | Of these families, the number in which one or more parent/guardian is employed, **C.37.a.2** | Of these families, the number in which one or more parent/guardian is in job training (e.g., job training program, professional certificate, apprenticeship, or occupational license, **C.37.a.3** | Of these families, the number in which one or more parent/guardian is in school (e.g., GED, associate degree, baccalaureate, or advanced degree), **C.37.b** | Neither/No parent/guardian is employed, in job training, or in school at enrollment (e.g., unemployed, retired, or disabled), **C.38.a** | At least one parent/guardian is employed, in job training, or in school at end of enrollment, **C.38.a.1** | Of these families, the number of families that were also counted in C.37.a (as having been employed, in job training, or in school at enrollment), **C.38.a.2** | Of these families, the number of families that were also counted in C.37.b (as having not been employed, in job training, or in school at enrollment), **C.38.b** | Neither/No parent/guardian is employed, in job training, or in school at end of enrollment (e.g., unemployed, retired, or disabled), **C.38.b.1** | Of these families, the number of families that were also counted in C.37.a, **C.38.b.2** | Of these families, the number of families that were also counted in C.37.b

Military Service



A small number of families (8 active-duty, 14 veterans) highlight a unique subset of families with service backgrounds, who may benefit from targeted veteran and active-duty resources.

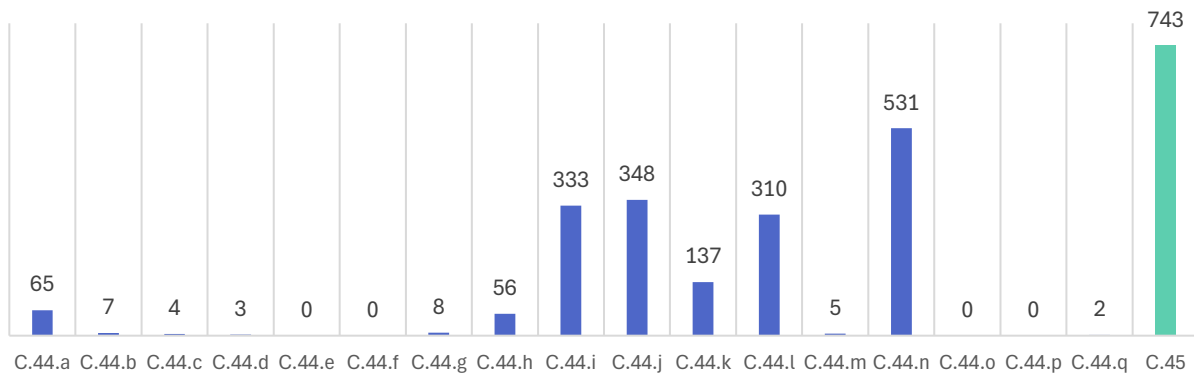
Federal or Other Assistance



Many families rely on public assistance programs. SNAP (506 to 500 families) and WIC (413 to 380 families) remain the most heavily used. TANF (90 to 92) and SSI (45 to 46) show minimal changes. Overall, reliance on assistance underscores ongoing economic vulnerability, though the consistency also reflects stability in benefit access.

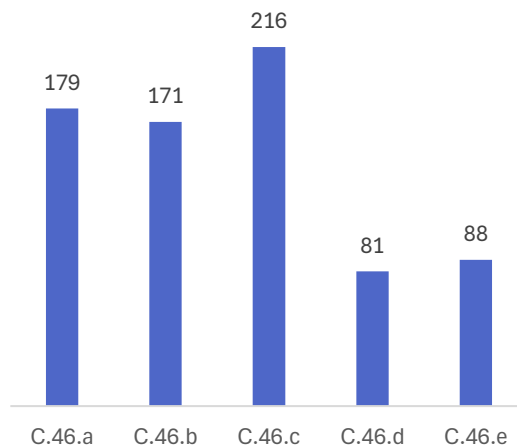
C.39.a | At least one parent/guardian is a member of the United States military on active duty, **C.39.b** | At least one parent/guardian is a veteran of the United States military, **C.40** | Total number of families receiving any cash benefits or other services under the Federal Temporary Assistance to Needy Families (TANF) Program, **C.41** | Total number of families receiving Supplemental Security Income (SSI), **C.42** | Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), **C.43** | Total number of families receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps

Family Outcomes



Families engaged in a range of services, from emergency/crisis intervention (65) to nutrition education (531). The strongest areas of impact were in parenting curriculum (333), health/nutrition education (348/531), and transition supports (310). The high number of families (743) counted in at least one service reflects strong engagement. However, areas like housing assistance (7) and mental health services (3) show underutilization or access challenges.

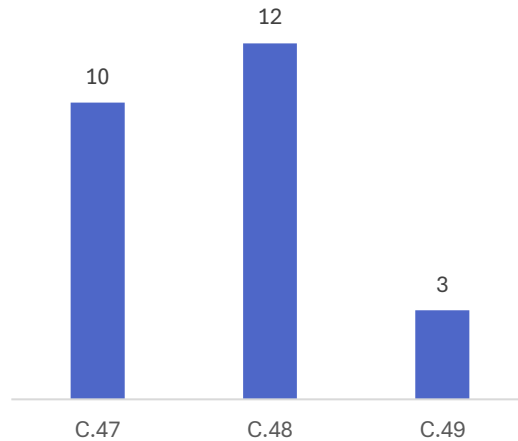
Father engagement



Fathers were actively engaged across multiple areas: 216 participated in child development experiences, while 179 were involved in family assessments and 171 in goal setting. Though historically harder to reach, the numbers show Head Start’s success in creating father-inclusive programming.

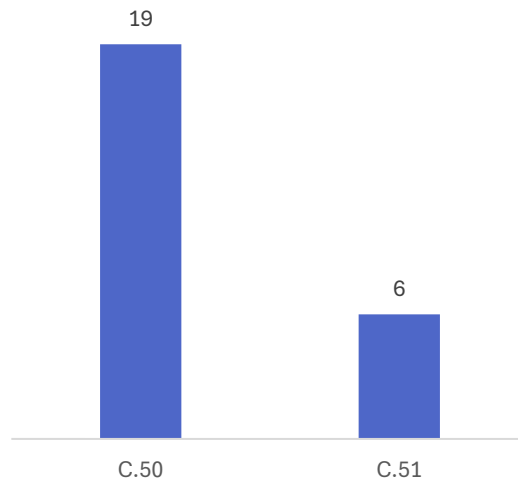
C.44.a | Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter), **C.44.b** | Housing assistance (e.g., subsidies, utilities, repairs), **C.44.c** | Asset building services (e.g., financial education, debt counseling), **C.44.d** | Mental health services, **C.44.e** | Substance misuse prevention, **C.44.f** | Substance misuse treatment, **C.44.g** | English as a Second Language (ESL) training, **C.44.h** | Assistance in enrolling into an education or job training program, **C.44.i** | Research-based parenting curriculum, **C.44.j** | Involvement in discussing their child's screening and assessment results and their child's progress, **C.44.k** | Supporting transitions between programs (i.e., EHS to HS, HS to kindergarten) **C.44.l** | Education on preventive medical and oral health, **C.44.m** | Education on health and developmental consequences of tobacco product use, **C.44.n** | Education on nutrition, **C.44.o** | Education on postpartum care (e.g., breastfeeding support), **C.44.p** | Education on relationship/marriage, **C.44.q** | Assistance to families of incarcerated individuals, **C.45** | Of these, the number of families who were counted in at least one of the services listed above, **C.46.a** | Family assessment, **C.46.b** | Family goal setting, **C.46.c** | Involvement in child's Head Start child development experiences (e.g., home visits, parent-teacher conferences, etc.), **C.46.d** | Head Start program governance, such as participation in the Policy Council or policy committees, **C.46.e** | Parenting education workshops

Homelessness Services



A small but significant group of families faced homelessness (10 families; 12 children). Encouragingly, 3 families acquired housing during the year, demonstrating effective support, though continued emphasis on housing stability remains critical.

Foster care and child welfare



A total of 19 enrolled children experienced foster care placement during the program year, while 6 children entered the program through direct referrals from child welfare agencies. Although the numbers are relatively small compared to overall enrollment, they represent some of the most vulnerable participants. The referral data highlights collaboration with external agencies, suggesting that Head Start is seen as a stabilizing support system for children navigating child welfare involvement. This underscores the program's role as both an educational provider and a community safety net.

C.47 | Total number of families experiencing homelessness that were served during the enrollment year, **C.48** | Total number of children experiencing homelessness that were served during the enrollment year, **C.49** | The number of families experiencing homelessness that acquired housing during the enrollment year, **C.50** | Total number of enrolled children who were in foster care at any point during the program year, **C.51** | Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency

Section C | Family & Community Partnerships paints a full picture of the families served and the ways the program builds capacity, support, and resilience:

- **Family Structures & Guardianship:** Out of 940 families, the majority are two-parent households (564), but a substantial portion are single-parent families (376). Most guardians are biological parents, though grandparents and foster parents also play a meaningful role.
- **Education & Employment:** Parent education skews toward high school completion or GED (457), but a strong segment has some college or higher (361). Employment and job training outcomes improved modestly over the program year, with more families engaged in the workforce by the end of enrollment (569 vs. 535 at entry).
- **Military & Assistance Programs:** Families with military ties (22 total) bring unique strengths and challenges. Meanwhile, federal assistance programs remain critical, especially WIC (413 to 380 families) and SNAP (506 to 500 families).
- **Family Services & Outcomes:** The most utilized services included parenting curriculum (333), nutrition education (531), and support for child transitions (310). Collectively, 743 families accessed at least one major service, demonstrating strong program engagement.
- **Father Engagement:** Fathers were active, with 216 participating in child development activities and others engaging in assessments, goal setting, and governance roles.
- **Homelessness & Housing Instability:** 10 families experiencing homelessness were supported, with 3 successfully acquiring housing during the year. This is a critical area where the program served as a bridge to stability.
- **Foster Care & Child Welfare:** While only a small proportion of children (19 foster placements, 6 child welfare referrals) were directly tied to the system, these cases highlight the program's importance as a partner in child protection and stability.

This section demonstrates that the program is not just delivering education, it's functioning as a cornerstone of community resilience. Families rely on the program for stability, resources, and empowerment, from parenting skills to employment pathways. Strengths lie in service utilization and father engagement, while challenges remain in supporting families facing housing instability, lower levels of parental education, and navigating child welfare.

Conclusion

Taken together, the data reflects a program deeply embedded in its community, balancing cultural alignment with the demands of federal compliance. Strengths are evident in family engagement, workforce rootedness, and expanding access to health and educational services. At the same time, persistent challenges—credentialing gaps, chronic absenteeism, evaluation delays, and family stability concerns—underscore where focused investment will yield the greatest impact. The assessment confirms that Navajo Head Start is not only delivering education but also serving as a stabilizing force for families and a driver of community resilience. By building on these strengths while strategically addressing areas of need, the program is well positioned to continue advancing outcomes for children, families, and the community as a whole.

Financial Services

BUDGET and EXPENDITURES

Navajo Head Start was awarded \$29,060,807.10 for Fiscal Year 2024 in federal funds.

Fiscal Year 2024

FEDERAL FUNDS	\$24,507,587.00
FEDERAL FUNDS C/O from FY'21	\$ 4,553,220.10
STATE – NM ECECD	\$ 1,388,900.00
NAVAJO NATION- IMMERSION	\$ 30,802.00
NAVAJO NATION – HEAD START	\$ 1,250,000.00
NAVAJO NATION – CASH MATCH 20%	\$ 5,581,425.00
TOTAL	\$37,311,934.10

Sources of Non-Federal Share

Navajo Head Start is required to provide 20% of total grant award amount as the non-federal share. NHS's non-federal share is comprised of \$5,581,425.00 Cash Match funding allocation from the Navajo Nation. Per Navajo Code Title 10, NHS does receive funding from Navajo Nation for Tribal language culture preservation and revitalization for Immersion and funding for facilities upkeep. In addition, NHS receives NM ECECD funds for NM Pre-K students.

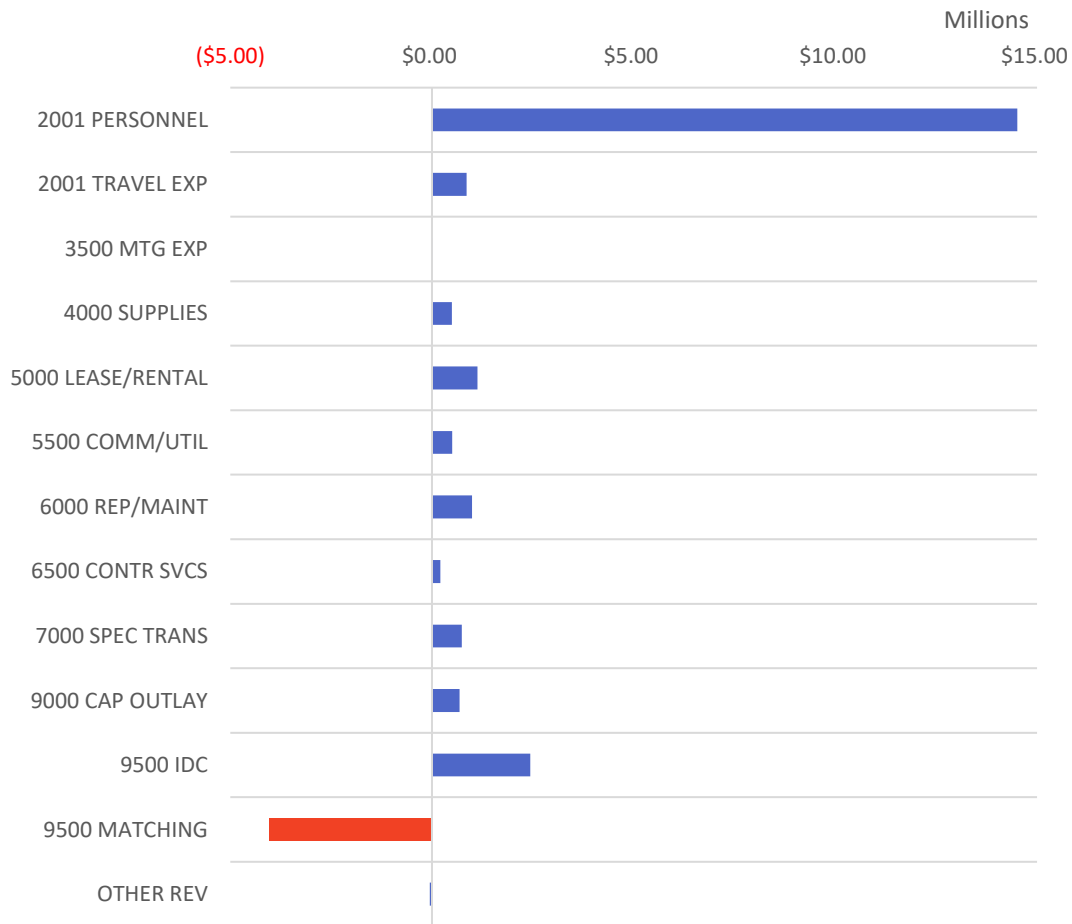
NM ECECD – Pre-K	\$1,388,900.00
Navajo Nation Immersion	\$ 30,802.00
Navajo Nation Head Start	\$1,250,000.00
TOTAL	\$2,669,702.00

NOTE: Attached are detailed expenditures and budget balances for each grant.

FY'24 HS PROGRAM OPERATIONS

CATEGORY	AMOUNT
2001 PERSONNEL	\$14,509,399.24
2001 TRAVEL EXP	\$859,858.26
3500 MTG EXP	\$7,706.41
4000 SUPPLIES	\$496,840.38
5000 LEASE/RENTAL	\$1,128,911.33
5500 COMM/UTIL	\$503,080.27
6000 REP/MAINT	\$993,947.83
6500 CONTR SVCS	\$206,403.64
7000 SPEC TRANS	\$737,921.51
9000 CAP OUTLAY	\$682,086.56
9500 IDC	\$2,439,503.70
9500 MATCHING	(\$4,025,231.08)
OTHER REV	(\$55,588.00)
Grand Total	\$18,484,840.05

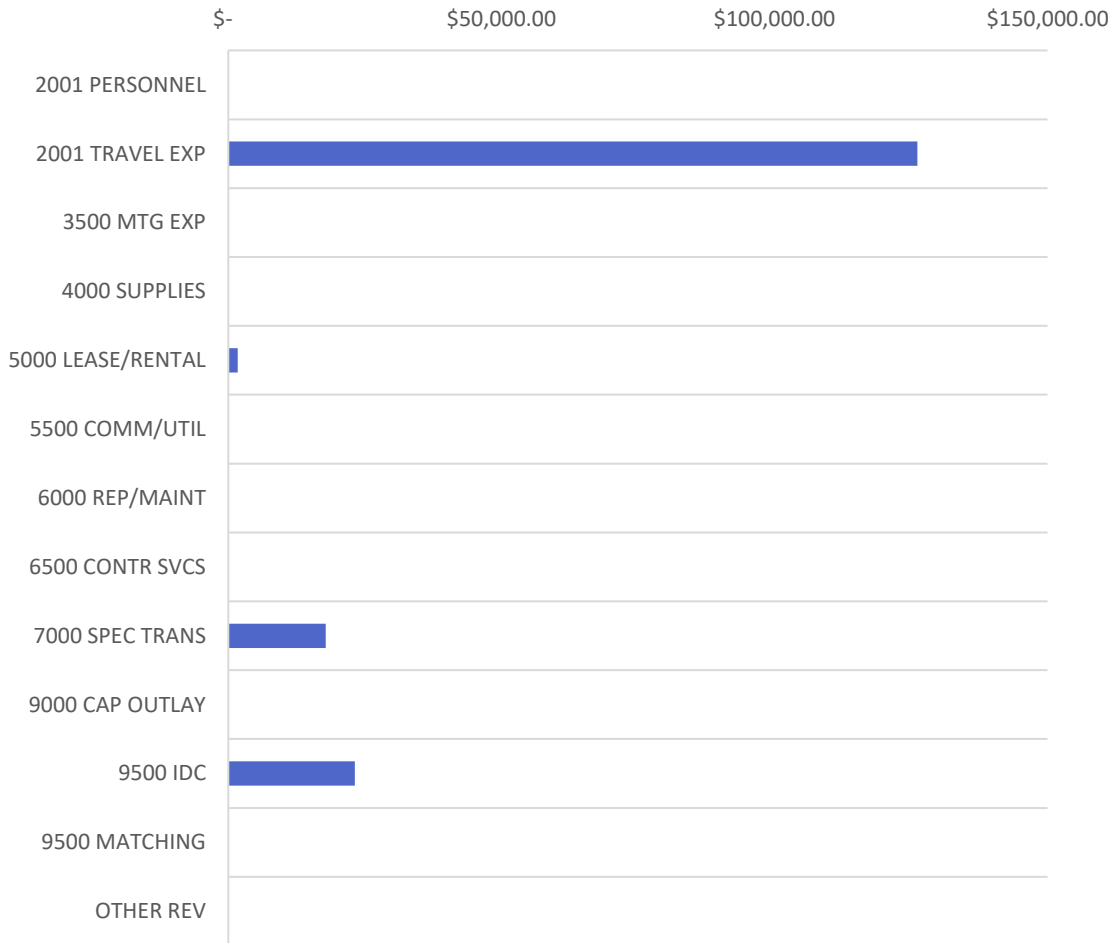
FY'24 HS PROGRAM OPERATIONS



FY'24 HS T & TA

CATEGORY	AMOUNT
2001 PERSONNEL	\$0.00
2001 TRAVEL EXP	\$126,161.11
3500 MTG EXP	\$0.00
4000 SUPPLIES	\$0.00
5000 LEASE/RENTAL	\$1,710.00
5500 COMM/UTIL	\$0.00
6000 REP/MAINT	\$0.00
6500 CONTR SVCS	\$0.00
7000 SPEC TRANS	\$17,811.00
9000 CAP OUTLAY	\$0.00
9500 IDC	\$23,163.46
9500 MATCHING	\$0.00
OTHER REV	\$0.00
Grand Total	\$168,845.57

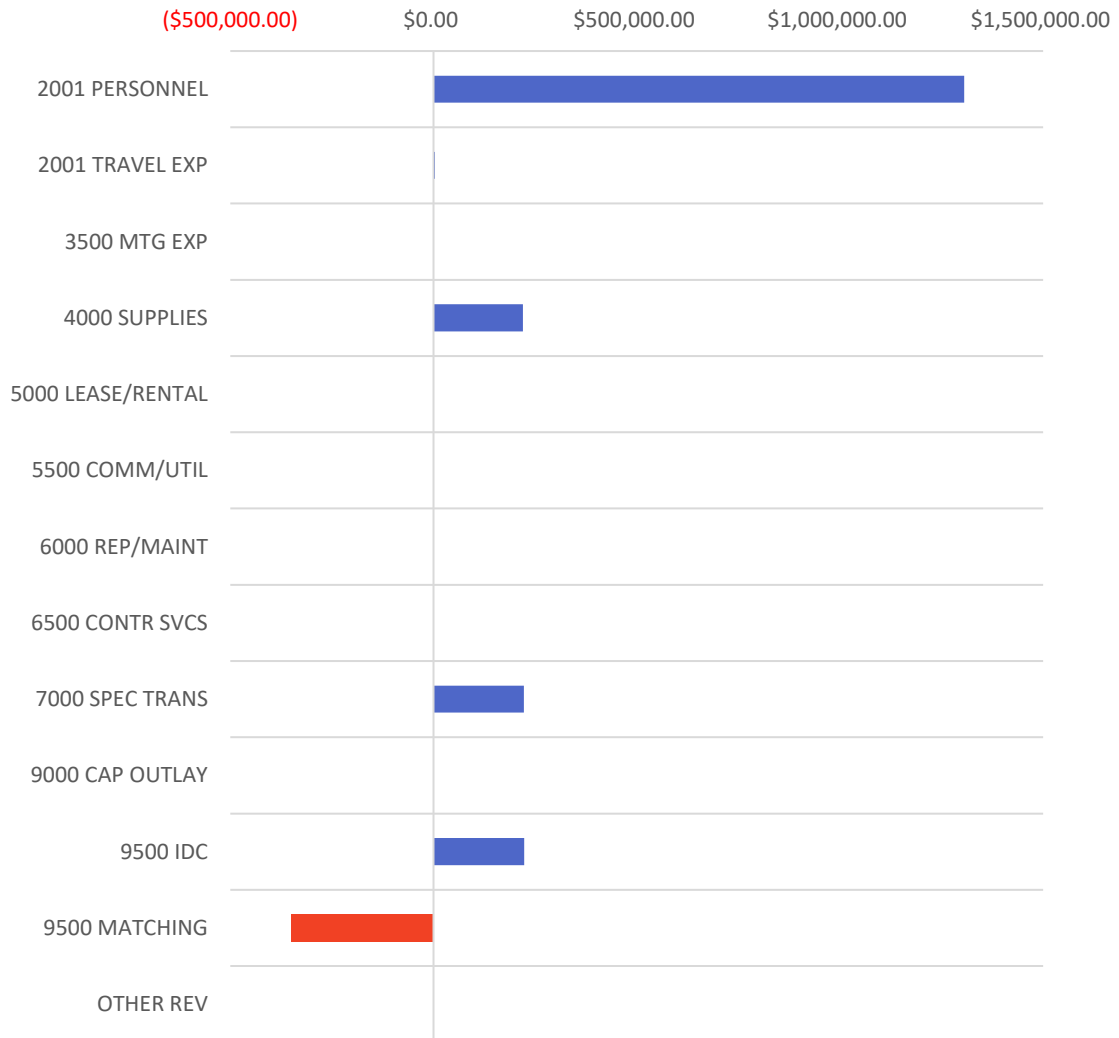
FY'24 HS T & TA



FY'24 EHS PROGRAM OPERATIONS

CATEGORY	AMOUNT
2001 PERSONNEL	\$1,306,145.54
2001 TRAVEL EXP	\$3,665.67
3500 MTG EXP	\$0.00
4000 SUPPLIES	\$220,237.46
5000 LEASE/RENTAL	\$1,012.30
5500 COMM/UTIL	\$0.00
6000 REP/MAINT	\$0.00
6500 CONTR SVCS	\$0.00
7000 SPEC TRANS	\$221,997.18
9000 CAP OUTLAY	\$0.00
9500 IDC	\$222,988.99
9500 MATCHING	(\$350,611.63)
OTHER REV	\$0.00
Grand Total	\$1,625,435.51

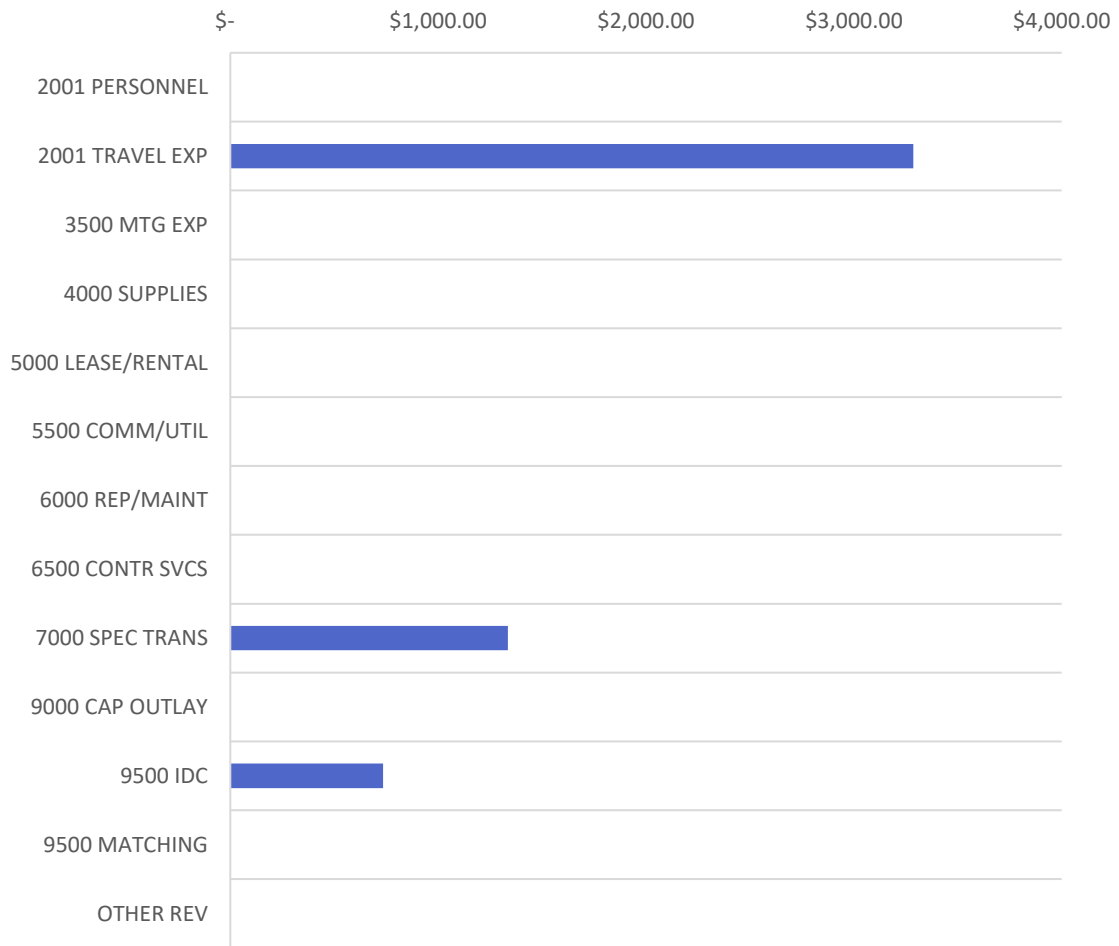
FY'24 EHS PROGRAM OPERATIONS



FY'24 EHS T & TA

CATEGORY	AMOUNT
2001 PERSONNEL	\$ -
2001 TRAVEL EXP	\$3,285.62
3500 MTG EXP	\$ -
4000 SUPPLIES	\$ -
5000 LEASE/RENTAL	\$ -
5500 COMM/UTIL	\$ -
6000 REP/MAINT	\$ -
6500 CONTR SVCS	\$ -
7000 SPEC TRANS	\$1,335.00
9000 CAP OUTLAY	\$ -
9500 IDC	\$ 734.68
9500 MATCHING	\$ -
OTHER REV	\$ -
Grand Total	\$5,355.30

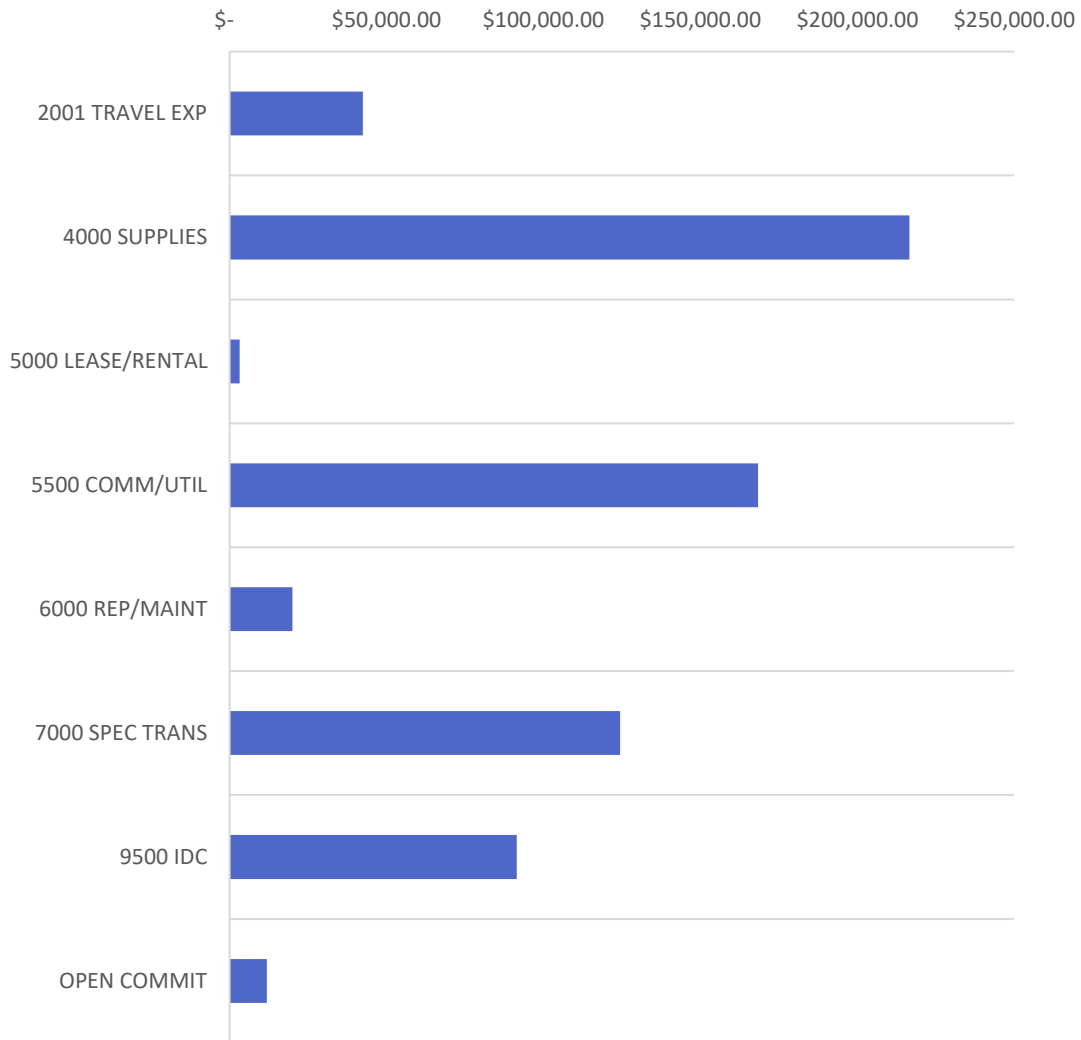
FY'24 EHS T & TA



FY'25 NM ECECD: PRE-K

CATEGORY	AMOUNT
2001 TRAVEL EXP	\$42,476.79
4000 SUPPLIES	\$216,654.69
5000	
LEASE/RENTAL	\$3,222.40
5500 COMM/UTIL	\$168,353.09
6000 REP/MAINT	\$19,985.93
7000 SPEC TRANS	\$124,460.24
9500 IDC	\$91,449.35
OPEN COMMIT	\$11,810.50
Grand Total	\$678,412.99

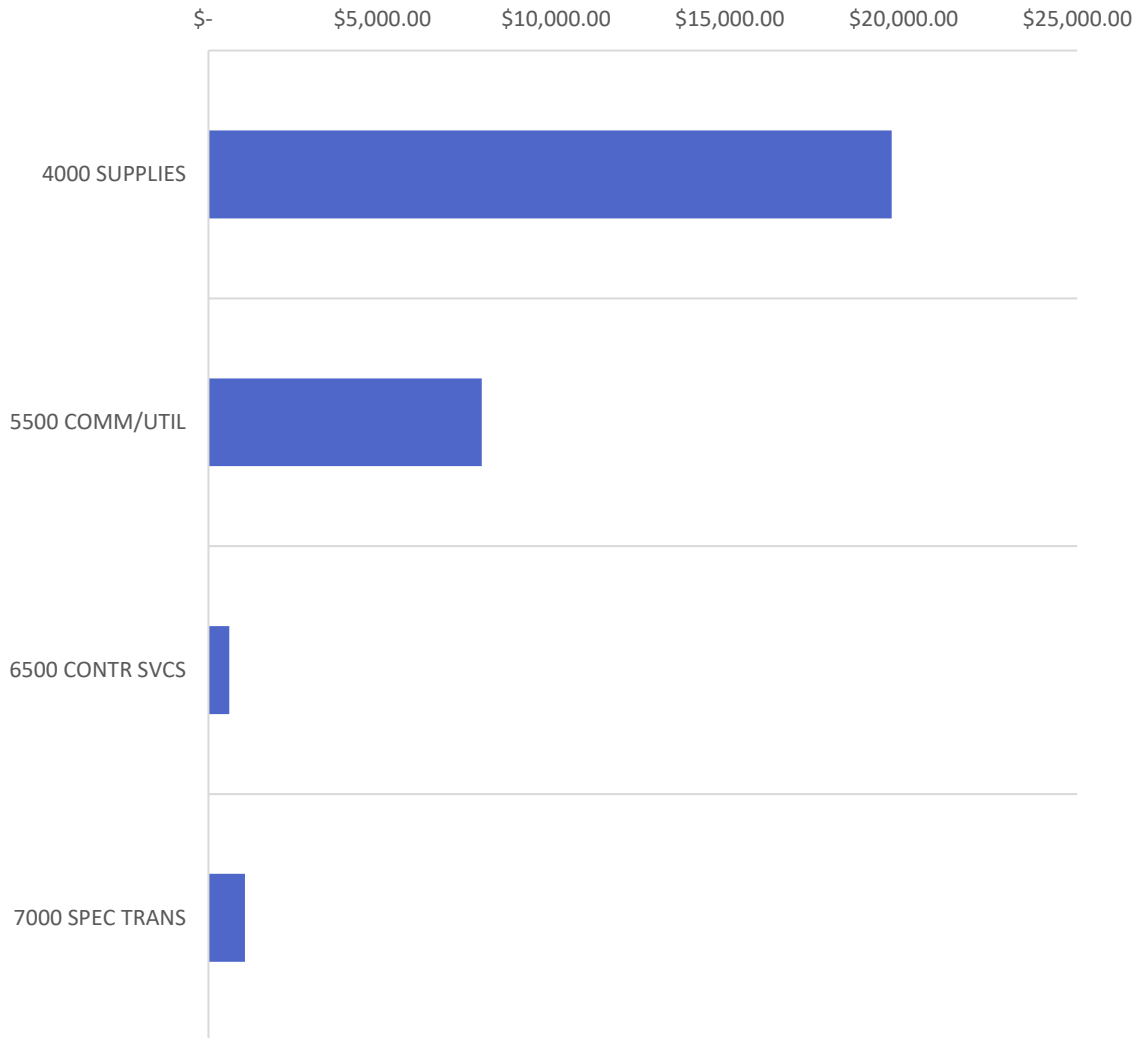
FY'25 NM ECECD: PRE-K



DINÉ LANGUAGE IMMERSION

CATEGORY	AMOUNT
4000 SUPPLIES	\$19,658.79
5500 COMM/UTIL	\$7,861.26
6500 CONTR SVCS	\$600.00
7000 SPEC TRANS	\$1,048.68
Grand Total	\$29,168.73

DINÉ LANGUAGE IMMERSION



FY'24 NAVAJO HEAD START ANNUAL FINANCIAL REPORT

OHS GRANT - 3/01/2024-2/28/25														
	REVISD BUDG	2001	3000	3500	4000	5000	5500	6000	6500	7000	9000	9500	9500	
		PERSONNEL	TRAVEL EXP	MTG EXP	SUPPLIES	LEASE RENTAL	COMM UTIL	REP MAINT	CONTR SVCS	SPEC TRANS	CAP OUTLAY	MATCHING	IDC	OTHER REV
														TOTAL EXP
														BUDG BALANCE
K240507 FY'24 HS PROGRAM OPERATIONS	21,717,921.18	14,509,399.24	859,858.26	7,706.41	496,840.38	1,128,911.33	503,080.27	993,947.83	206,403.64	737,921.51	682,086.56	(4,025,231.08)	2,439,503.70	18,484,840.05
K240508 FY'24 HS T & TA	196,579.00		126,161.11		1,710.00					17,811.00			23,163.46	168,845.57
K240509 FY'24 HS T & TA	34,709.00		3,285.62							1,335.00			734.68	5,355.30
K250510 FY'24 EHS PROGRAM OPERATIONS	2,558,377.82	1,306,145.54	3,665.67	7,706.41	220,237.46	1,012.30		993,947.83	206,403.64	221,997.18	682,086.56	(350,611.63)	222,988.99	1,625,435.51
	24,507,587.00	15,815,544.78	997,970.66	7,706.41	717,077.84	1,131,633.63	503,080.27	993,947.83	206,403.64	979,064.69	682,086.56	(4,375,842.71)	2,686,390.83	20,284,476.43
														4,223,110.57

CARRY OVER FUNDS (from 2021)														
	REVISD BUDG	2001	3000	3500	4000	5000	5500	6000	6500	7000	9000	9500	9500	
		PERSONNEL	TRAVEL EXP	MTG EXP	SUPPLIES	LEASE RENTAL	COMM UTIL	REP MAINT	CONTR SVCS	SPEC TRANS	CAP OUTLAY	MATCHING	IDC	TOTAL EXP
														BUDG BALANCE
K240544 FY'24 HS PROGRAM OPERATIONS	4,300,595.42				422,196.88		78,731.58				1,021,342.86			1,522,271.32
K240545 FY'24 HS T & TA	74,836.00		4,967.90							17,790.50				22,758.40
K240546 FY'24 HS T & TA	15,424.00													0.00
K250547 FY'24 EHS PROGRAM OPERATIONS	162,364.68				140,581.48									140,581.48
	4,553,220.10	0.00	4,967.90	0.00	562,778.36	0.00	78,731.58	0.00	0.00	17,790.50	1,021,342.86			1,685,611.20
FEDERAL FINANCIAL REPORT	29,060,807.10											(4,375,842.71)		21,970,087.63
														7,090,719.47

FY'25 NHS-NM ECECD- PRE-K													
	REVISD BUDG	3000	4000	5000	5500	6000	7000	9500	OPEN	TOTAL EXP	BUDG BAL		
		TRAVEL EXP	SUPPLIES	LEASE RENTAL	COMM UTIL	REP MAINT	SPEC TRANS	IDC	COMMIT				
K253001 FY'25 NM ECECD- PRE-K	1,388,900.00	42,476.79	216,654.69	3,222.40	168,353.09	19,985.93	124,460.24	91,449.35	11,810.50	678,412.99	710,487.01		

FY'24 DINE LANGUAGE IMMERSION													
	REVISD BUDG	4000	5500	6500	7000	TOTAL EXP	BUDG BAL						
		SUPPLIES	COMM UTIL	CONTR SVCS	SPEC TRANS								
109007 DINE LANGUAGE IMMERSION	30,802.00	19,658.29	7,861.26	600.00	1,048.68	29,168.73	1,633.27						

FY'24 HEAD START PROGRAM													
	REVISD BUDG	6000	6500	TOTAL EXP	BUDG BAL								
		REP MAINT	CONTR SVCS										
109019 HEAD START PROGRAM	1,250,000.00	198,163.45	33,560.06	231,723.51	998,276.49								

