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Head Start Collaboration Office

Reducing Federal Burden for Head Start Programs: A Florida Snapshot

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Head Start is a federally funded, locally implemented program that serves low-income children and families by promoting school readiness and providing comprehensive education, health, nutrition, disability, and family support services. Head Start programs support children and families by promoting economic self-sufficiency while recognizing and strengthening the role of parents as their child's first and most important teacher.

Head Start has undergone significant regulatory review in recent years through a series of Notices of Proposed Rulemaking (NPRMs). In November 2023, the Office of Head Start proposed the most extensive revisions to the Head Start Program Performance Standards (HSPPS) in nearly a decade, focusing on workforce compensation and benefits, staff wellness, mental health services, family engagement, and program quality improvements. These proposed changes were finalized in August 2024 through the *Supporting the Head Start Workforce and Consistent Quality Programming* rule, which established new requirements for wages, benefits, and other program operations.

In May 2026, the Administration for Children and Families (ACF) issued the NPRM *Restoring Flexibility to Support Head Start Program Access*, proposing the removal of several workforce-related requirements adopted in 2024, particularly those related to wages and benefits, with the stated goal of reducing costs and increasing local flexibility. Most recently, in August 2026, ACF released *Reducing Federal Burden for Head Start Programs*, a broader NPRM proposing to rescind and replace the 2024 HSPPS rule entirely, returning greater authority to local programs and states while reducing federal regulatory requirements (Administration for Children and Families, 2026a, 2026b; Federal Register, 2024).

All parts of the August 2026 NPRM are impactful, but for the purposes of this brief, the areas of homelessness, disabilities, mental health, dual language learners, ratio and group, size and duration of service will be reviewed. Each of these areas will review what current HSPPS are as well as the work that Florida Head Start programs have done in each of these areas, highlighting the potential impact if this work no longer occurred. Revisions to the administrative cap from 15% to 5%, family engagement, and how programs engage in their communities are interconnected to all other standards, building upon each other, forming the comprehensive, family focused program it is today. While the NPRM purports to promote flexibility and choice for programs, reducing the administrative cap may force programs to make choices that do not best support their children and families.

For more than six decades, Head Start has served communities across the nation, partnering with local stakeholders to design services that address the unique needs of children and families in each community. By connecting vulnerable and at-risk children and families with education, health, mental health, disability, and family support services, Head Start helps ensure children enter kindergarten healthy, prepared, and ready to learn. Head Start also ensures parents are

ready for kindergarten, and the HSPPS requiring programs to include parents in all parts of governance and decision making empowers parents.

Head Start programs embody the definition of flexibility and parent choice. It is why the federal to local model is so successful, allowing each program to meet the individual needs of their community, which they understand deeply due to their community needs assessments, connections to the community through the disability, mental health and health services they offer. There is no part of any Head Start program where parents are not asked to be active participants in their child's education. While the revisions to the role of parents and revisions to community needs assessments are not going to be directly addressed in this brief, it is not possible to detangle them from every HSPPS as they are all connected to create the whole of the program.

While definitions of "high-quality" early learning vary, several core characteristics are widely recognized as essential. These include engaging parents as their child's first teacher, providing ongoing professional development for educators, maintaining small group sizes that allow for individualized instruction, and ensuring children are physically and mentally healthy and ready to learn (Meek et al., 2026). The Head Start Program Performance Standards (HSPPS) reflect these principles and provide the framework that guides all Head Start programs nationwide.

The HSPPS establish consistent expectations for delivering high-quality, comprehensive services while allowing programs flexibility to address local needs. As a result, families across states and communities can expect access to a core set of services designed to support children's development and family well-being. This consistency ensures that families can access needed services with confidence, while recognizing that each family has unique strengths and circumstances.

The Florida Head Start Collaboration Office has produced a series of briefs, analyses, and reports examining key issues affecting Florida's Head Start programs. The 2025-2026 Head Start Collaboration Office Statewide Needs Assessment, along with the corresponding policy brief *Strengthening Florida's Head Start System*, explores the intersection of disabilities, mental health, and workforce retention within Florida's Head Start programs. *Florida Children Experiencing Homelessness: Landscape Analysis and Recommendations*, developed in partnership with SchoolHouse Connection, details the ways Florida's Head Start programs support children and families experiencing homelessness.

Florida: By the Numbers

Congress appropriates funding for Head Start each year, with federal funds awarded directly to local grantees, including public agencies, private nonprofit and for-profit organizations, and school districts that operate Head Start programs in their communities. In 2024, Florida received approximately $507 million in Head Start funding, making it the fourth highest-funded state in the nation, behind California, Texas, and New York (Office of Head Start, 2024). Florida's Head

Start programs employ more than 11,000 staff statewide, including over 2,000 employees who are current or former Head Start parents, reflecting the program's longstanding commitment to supporting family engagement and career pathways.

Funded enrollment has decreased over the last several years as programs request slot reductions due to workforce issues, increased costs of operations, and consistent flat funding, with minimal Cost of Living Adjustment (COLA).

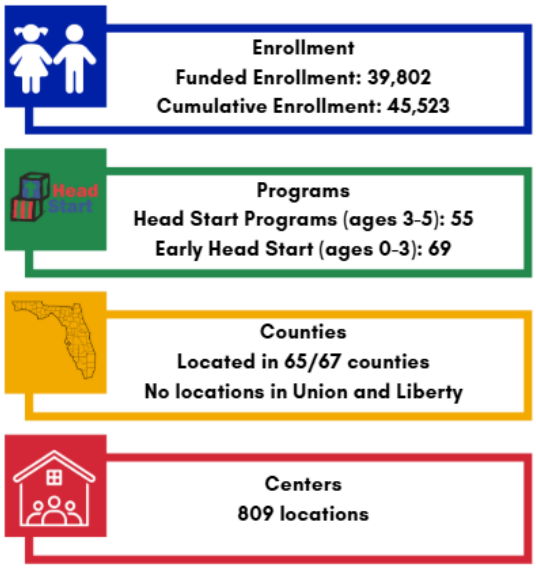
Post-Pandemic

Funded Enrollment

9% ↓

2021: 43,094

2025: 39,082



Homelessness

Homelessness and housing instability during early childhood are Adverse Childhood Experiences (ACEs) associated with developmental delays, poor health outcomes, and challenges that can persist into adolescence and adulthood (SchoolHouse Connection, n.d.). High-quality early learning programs can help mitigate these impacts while also enabling parents to pursue employment and secure stable housing. To support access, federal early childhood programs prioritize children experiencing homelessness and allow enrollment while families work to complete required health, safety, and eligibility documentation (SchoolHouse Connection, 2025).

Head Start uses the McKinney-Vento definition of homelessness, as required by the Head Start Act, to identify and enroll eligible children and families. Programs may allow families time to obtain documentation and, when records are unavailable, use self-attestation during the enrollment process. Families who are doubled up, frequently moving, or living in temporary housing often face challenges documenting their circumstances and may be reluctant to identify themselves as homeless. As a result, reaching eligible families frequently requires targeted outreach in high-poverty and high-mobility communities (Florida Head Start Collaboration Office, 2026).

Head Start programs leverage community needs assessments and local partnerships to identify and enroll vulnerable families. Relationships between Head Start Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) staff and Local Education Agency (LEA) McKinney-Vento liaisons are particularly important. These partnerships facilitate referrals between Head Start and K-12 systems, helping ensure that both younger and older siblings experiencing homelessness are connected to appropriate educational services. Such community-based strategies are critical to identifying and serving families experiencing homelessness.

Table Source: Adapted from *Proposed Head Start Rule Eliminates Critical Protections for Children Experiencing Homelessness: An In-Depth SHC Analysis*, SchoolHouse Connection, August 10, 2026

Current HSPPS Requirement	**Proposed NPRM Change**
Uses the McKinney-Vento definition of homelessness and includes the definition in regulation.	Removes the definition from the HSPPS and relies on the statutory definition in the Head Start Act.
Children experiencing homelessness are categorically eligible for Head Start. Programs may accept a broad range of documentation, including family self-attestation when other documentation is unavailable.	Retains categorical eligibility but eliminates self-attestation as sufficient documentation for eligibility.
Programs must actively recruit and identify children experiencing homelessness.	Eliminates explicit recruitment and identification requirements.
Programs must prioritize children experiencing homelessness through selection criteria.	Removes explicit prioritization requirements from the HSPPS.
Programs may reserve up to 3% of enrollment slots for children experiencing homelessness and children in foster care.	Eliminates reserved-slot authority.
Children experiencing homelessness may enroll and attend while records such as immunizations and birth certificates are being obtained.	Removes explicit regulatory protections that allow children to attend while required documents are being obtained.
Children experiencing homelessness are exempt from state immunization enrollment requirements during the documentation period.	Removes the exemption, allowing state requirements to apply.

Programs must help secure transportation when homelessness prevents regular attendance.	Removes the transportation assistance requirement.
Programs must coordinate with McKinney-Vento liaisons and providers serving families experiencing homelessness.	Removes explicit McKinney-Vento coordination requirements.
Community assessments must include data on children experiencing homelessness and consultation with McKinney-Vento liaisons.	Eliminates these specific community assessment requirements.
Programs must make efforts to maintain enrollment when a family experiencing homelessness moves or facilitate the child's transfer to another program.	Removes continuity of enrollment requirements.
Children experiencing homelessness must be served before over-income children under the 130% enrollment flexibility provisions.	Removes the regulatory language, although the statutory requirement remains.
Programs must report on how they are meeting the needs of children experiencing homelessness when using over-income enrollment flexibility.	Removes the regulatory provision as duplicative of statute; statutory reporting requirements remain.
Programs must report on how they are meeting the needs of children experiencing homelessness when using over-income enrollment flexibility.	Removes the regulatory provision as duplicative of statute; statutory reporting requirements remain.

Homelessness Services: Florida

SchoolHouse Connection and Poverty Solutions (2026) reported that 93,316 Florida PreK-12 students were identified as experiencing homelessness during the 2022-2023 school year with 35,787 children under age three, highlighting that homelessness remains a significant challenge for Florida's children and youth and the need for early intervention is critical. Nationally, Florida ranks third in the nation for overall homelessness, with approximately 31,000 individuals experiencing homelessness on any given night in 2024 (Florida Council on Homelessness, 2024). Despite increasing housing instability across the state, Florida Head Start programs have steadily increased enrollment of children and families experiencing homelessness over the past decade. Guided by the HSPPS, programs conduct targeted outreach, prioritize enrollment, and leverage strong community partnerships to identify and serve eligible families.

The *Florida Homelessness Landscape* report (SchoolHouse Connection, 2025) identified several key strategies used by Florida Head Start programs to recruit, enroll, and support families experiencing homelessness. Many of these practices are tied directly to current HSPPS requirements and are proposed for removal under the NPRM (SchoolHouse Connection, 2025).

- **Identify families early:** Programs use community needs assessments, enrollment interviews, discussions about living situations, staff training on McKinney-Vento requirements, and community outreach to identify children and families experiencing homelessness.
- **Build strong referral networks:** Programs partner with shelters, school districts, McKinney-Vento liaisons, Continuums of Care, faith-based organizations, and other community agencies to locate and refer eligible families.
- **Prioritize enrollment:** Many programs reserve up to 3% of enrollment slots for children experiencing homelessness and use referral and selection processes to connect families with services quickly. 74% surveyed programs reported utilizing reserved slots.
- **Coordinate with schools:** Programs work closely with school district homeless liaisons through referrals, memoranda of understanding (MOUs), information sharing, and joint training efforts to improve identification and enrollment.
- **Address barriers to participation:** Programs help families overcome challenges related to transportation, documentation requirements, attendance, health care access, and connections to community resources.
- **Provide comprehensive support:** Programs connect families to housing assistance, health services, school supplies, clothing, technology, tutoring, and other supports while building trusted relationships that encourage ongoing engagement.

Chronic absenteeism is a serious issue with long term impacts. Chronically absent pre-kindergarten students exhibited lower academic and behavioral kindergarten readiness and were more likely to remain chronically absent in subsequent grades, suggesting that improving attendance during the preschool years may support both school readiness and long-term educational outcomes (Ehrlich et al., 2018).

Attendance can be a challenge for children experiencing homelessness due to transportation barriers, frequent moves, and unstable living situations. Family Service Workers (FSWs) play a critical role in supporting these families by monitoring attendance, conducting outreach when absences occur, and helping families establish goals related to housing stability and self-sufficiency. FSWs also serve as case managers, connecting families to shelters, domestic violence services, counseling, and other community resources while coordinating ongoing support through regular case management meetings (Florida Head Start Collaboration Office, 2026).

These strategies directly support school readiness. When families achieve greater housing stability and economic security, parents are better positioned to focus on their children's development and learning.

Following the pandemic, enrollment of children experiencing homelessness continued to increase, suggesting that recruitment, identification, and enrollment practices required under the HSPPS have helped programs reach more eligible families. The below data demonstrates that Head Start programs not only identify and enroll vulnerable families but also provide the comprehensive supports necessary to improve housing stability, increasing positive long-term outcomes for young children. Post pandemic, numbers continue to grow even as funded enrollment decreased.

Table Source: Florida Head Start Association, *2025 Florida Program Information Report (PIR) Summary Report* (2021-2025).

Year	Children Eligible Due to Homelessness (A.13[d])	% Change from 2021	Families Acquiring Housing	% Change from 2021
2021	1,940	Baseline	436	Baseline
2022	2,010	+3.6%	429	-1.6%
2023	2,386	+23.0%	385	-11.7%
2024	2,729	+40.7%	443	+1.6%
2025	2,742	+41.3%	489	+12.2%

Policy Implications: In Florida, reducing requirements related to identifying and serving young children experiencing homelessness may result in more children entering kindergarten without access to the early learning, developmental, and family supports that help mitigate the effects of housing instability, potentially increasing academic, attendance, and support-service needs within the K-12 system. It may also impact families who will not be enrolled due to the removal of recruitment efforts to identify families, lack of connections to community partners and the removal of support around continuous enrollment. Further, chronic absenteeism is an issue across K-12 and the removal of support around continuous enrollment for families experiencing homelessness means the K-12 system will need to step into that gap.

Disabilities

Early identification and intervention are critical to improving outcomes for young children with

developmental delays and disabilities. The Head Start Act requires that at least 10% of enrolled children be children with disabilities eligible for services under the Individuals with Disabilities Education Act (IDEA), and many programs exceed this requirement (National Head Start Association, 2026).

For many families, Head Start serves as their first formal connection to the education system. Current Head Start Program Performance Standards (HSPPS) establish detailed requirements for developmental screening, referrals, family engagement, coordination with IDEA agencies, and individualized support while evaluations are pending. These requirements help ensure developmental concerns are identified early and that children and families are connected to needed services without delay (First Five Years Fund, 2026).

Research consistently demonstrates that early identification and intervention improve developmental outcomes, increase school readiness, reduce family stress, and provide children access to services during a critical period of brain development (Centers for Disease Control and Prevention [CDC], 2026). Delays in screening, referral, or evaluation can result in missed opportunities to address developmental concerns when intervention is most effective.

The 2026 NPRM proposes removing many of the detailed disability-related requirements currently contained in the HSPPS, including specific timelines for developmental screening, requirements for family support during the evaluation process, coordination with IDEA agencies, participation in Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP) planning, transition supports, and disability-focused professional development. While statutory protections under IDEA, the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act would remain in effect, the proposed rule would shift many implementation details from federal regulation to state and local decision making (FFYF, 2026)

Head Start's comprehensive service model is particularly important for children with disabilities because education, health, mental health, family engagement, and disability services are delivered through an integrated approach. National analyses identify developmental screenings, disability services, family engagement, and coordinated support systems as core components of the comprehensive services model that distinguishes Head Start from many other early childhood programs (FFYF, 2026)

Perhaps one of the most relevant areas in disabilities and mental health is the HSPPS that preclude suspension and expulsion. The U.S. Department of Health and Human Services and the Department of Education are specific acknowledgement that “stark racial and gender disparities exist in these practices, with young boys of color being suspended and expelled much more frequently than other children” (U.S. Department of Health and Human Services & U.S. Department of Education, 2014). Zeng et al. (2021) found that “5.4% of young children with disabilities had been either suspended or expelled, compared to 1.2% of children without disabilities,” which is a significant difference.

Table Source. Adapted from *Reducing Federal Burden for Head Start Programs* (Administration for Children and Families, 2026) and *Frequently Asked Questions: 2026 Head Start NPRM* (First Five Years Fund, 2026). Proposed changes remove many disability-specific procedural requirements from the HSPPS; however, protections and requirements established under IDEA, ADA, and Section 504 would remain in effect.

Current HSPPS Requirement	Proposed NPRM Change
Developmental screening must be completed within 45 days of enrollment. The Head Start Act does not explicitly require universal developmental screening.	Removes the federal screening timeline and specific screening requirements. Programs would follow broader statutory and legal requirements.
Programs must make prompt referrals for IDEA evaluations when concerns are identified.	Removes specific referral requirements.
Programs must support families through the evaluation and eligibility process.	Removes requirements for family support during evaluation and eligibility determination.
Programs must coordinate with IDEA agencies and participate in Child Find activities.	Removes specific coordination and Child Find requirements.
Programs must participate in IEP and IFSP development and implementation when requested by families.	Removes participation requirements from regulation.
Programs must provide individualized supports while IDEA eligibility is being determined.	Eliminates this specific requirement.
Programs must provide accommodations, environmental modifications, instructional adaptations, and supports to ensure full participation.	Removes detailed implementation requirements; ADA and Section 504 obligations remain.
Programs must help families understand IDEA timelines, evaluations, IEPs, IFSPs, and parent rights.	Removes family-support requirements related to IDEA processes and rights.

Programs must provide transition services for children moving from Early Head Start to Head Start and from Head Start to kindergarten.	Removes specific transition requirements.
Head Start prohibits expulsion and severely limits suspension.	Removes the federal prohibition on expulsion and limits on suspension.
Staff must receive disability-related training, coaching, and professional development.	Removes many federal training and coaching requirements.

Disability Services: Florida

Florida Head Start programs identify thousands of children each year for further developmental evaluation, helping ensure children receive needed services and supports before entering kindergarten. Through the required 45-day screening process, programs work to identify developmental concerns early and connect children and families to intervention services as quickly as possible. For many children, Head Start is the first setting in which developmental concerns are formally identified, making screening and referral practices essential to ensuring children access services during the years when intervention is most effective.

Head Start disability staff support families throughout the screening, referral, evaluation, eligibility, and transition processes, whether a child is moving from Early Head Start to Head Start or from Head Start to kindergarten. Although Florida's reported disability enrollment rates are below the national average, Program Information Report (PIR) reporting timelines may not fully capture children who are in the evaluation process and later determined eligible for services.

Florida Head Start programs work closely with Local Education Agencies (LEAs) and early intervention providers to create seamless pathways for children and families. However, long wait times for evaluations, shortages of intervention providers, and workforce challenges affecting both school districts and Head Start programs can delay access to services. These challenges make timely developmental screening and referral especially important, allowing classroom interventions and external evaluations to begin as early as possible (Florida Head Start Collaboration Office [HSCO], 2026).

An often overlooked aspect of this work is family engagement. Head Start staff spend significant time helping parents understand developmental concerns, navigate evaluation systems, and make informed decisions about services. This ongoing support is critical to ensuring children receive appropriate interventions and enter kindergarten prepared to succeed. The Florida Head Start Collaboration Office has consistently identified family support during the screening, referral,

evaluation, and eligibility process as a key component of effective disability services (HSCO, 2026).

Strategies routinely employed by Florida Head Start programs (HSCO, 2026):

- Providing individualized supports and interventions while evaluations are pending.
- Documenting developmental observations to inform classroom practices and support referrals.
- Partnering with families to build understanding of developmental milestones and the importance of early intervention.
- Coordinating with LEAs, Early Steps, and other service providers to facilitate evaluations and service delivery.
- Supporting families through transitions between Early Head Start, Head Start, and kindergarten.

The Florida Department of Education, Division of Early Learning (2024) CCDF plan does note that the Division of early Learning (DEL) does recommend against suspension and expulsion and supports Early Learning Coalitions (ELC) in creating their own policies in this area. There are several provisions required for CCDF providers through their provider contract and the Department of Children and Families (DCF) licensing requirements. These include informing families prior to the dismissal of a child(ren) and written disciplinary and expulsion procedures available for parents and/or guardians (Florida Department of Education, Division of Early Learning, 2024).

The graph below based on Florida PIR data demonstrates a steady increase in the number of children identified and served through IDEA-related supports. As more children are evaluated and determined eligible for special education and early intervention services, Head Start programs continue to serve as a critical entry point into the disability identification and service delivery system. The growth in IEPs, IFSPs, and IDEA eligibility determinations underscores the importance of maintaining strong screening, referral, evaluation, and family engagement practices that help ensure children receive needed services before entering kindergarten.

Table Source: Office of Head Start, *2025 Florida Program Information Report (PIR) Summary Report* (2021-2025).

Indicator	PIR Indicator	2021	2022	2023	2024	2025	Change (2021-2025)
Children receiving an IDEA evaluation	C.21(a) (2021-2022); C.22(a) (2023-2025)	1,806	2,304	2,257	2,595	2,829	**+56.6%**

Children determined eligible for IDEA services following evaluation	C.21(a)(1) (2021-2022); C.22(a)(1) (2023-2025)	1,348	1,786	1,749	2,174	2,274	**+68.7%**
Children with an IEP (Part B)	C.23 (2021-2022); C.24 (2023-2025)	3,090	3,199	3,335	3,560	3,655	**+18.3%**
Children with an IFSP (Part C)	C.24 (2021-2022); C.25 (2023-2025)	1,340	1,408	1,421	1,479	1,529	**+14.1%**
Children with Autism as the primary disability	C.25(i) (2021-2022); C.26(i) (2023-2025)	104	148	174	209	211	**+102.9%**

Note. Data includes only children who completed the evaluation process and were determined eligible for services under IDEA. Autism counts reflect children whose primary disability category was Autism under IDEA.

Policy Implications: Florida Head Start programs are identifying, evaluating, and serving increasing numbers of children with disabilities, helping connect children to IDEA services before they enter kindergarten. Reducing federal requirements related to developmental screening timelines, family support, and coordination with IDEA agencies could delay identification and intervention, resulting in more children entering Florida's K-12 system with unmet developmental needs and increasing demand for Exceptional Student Education (ESE) services and other school-based support. This can place a greater burden on ESE services including school psychologists and counselors in kindergarten. Further, protections under IDEA, ADA, and other civil rights laws would remain, programs could have greater discretion regarding exclusionary discipline practice, which is shown to disproportionately affect children with challenging behaviors and disabilities. As Florida's Head Start programs serve an increasing number of children receiving disability, mental health and homelessness services, this could result in more students being disconnected from comprehensive support services prior to kindergarten entry.

Mental Health

Mental health supports are a core component of Head Start's comprehensive services model and are designed to promote children's social-emotional development, strengthen family well-being, and support staff in creating positive learning environments. Through consultation, coaching, and collaboration with families, mental health professionals help programs address challenging behaviors early, build children's self-regulation skills, and reduce the need for exclusionary discipline practices.

Mental Health services support both children, families and staff and no one is required to utilize them just by nature of their existence. Mental Health consultation is required once a month and can take various forms. The Office of Head Start (2026) defines it as the following:

Child- or family-centered consultation: this model helps caregivers support a specific child or family.

Classroom consultation: this model supports all children in a class. An example could be talking with all the children about emotions, resilience and emotional self-regulation

Programmatic consultation: this model supports everyone in the program, including the staff. Examples of this may be looking at procedures around discipline and behavior, creating and supporting wellness activities, or helping to support a curriculum around emotional self-regulation and wellbeing.

The 2026 NPRM proposes removing several detailed mental health requirements currently contained in the Head Start Program Performance Standards (HSPPS), including requirements related to mental health consultation, program-wide mental health services, family support, and staff wellness initiatives. While programs would still be expected to support children's social-emotional development and comply with applicable federal laws, many of the specific federal requirements governing the frequency, scope, and implementation of mental health services would be eliminated, shifting greater responsibility to local programs and states to determine how these services are delivered. (Administration for Children and Families, 2026; First Five Years Fund, 2026).

Research consistently demonstrates that children's social-emotional development is closely linked to school readiness, academic success, attendance, and long-term well-being. For many children and families facing poverty, housing instability, trauma, family stress, or other adverse experiences, Head Start mental health services provide an important early support system before a child enters kindergarten. The consultation model also helps teachers build strategies for supporting children with challenging behaviors in classroom settings while maintaining safe and inclusive learning environments.

Table Source: Adapted from *Reducing Federal Burden for Head Start Programs* (Administration for Children and Families, 2026) and *Frequently Asked Questions: 2026 Head Start NPRM* (First Five Years Fund, 2026).

Current HSPPS Requirement	Proposed NPRM Change
Programs must maintain a program-wide approach to mental health and well-being that supports	Removes many of the specific federal requirements governing program-wide mental health services and supports.

children's social-emotional development, family well-being, and staff wellness.	
Programs must secure ongoing mental health consultation services and evaluate their mental health consultation approach annually.	Removes detailed requirements for mental health consultation and annual evaluation of consultation services.
Programs must ensure mental health consultation services are available at least monthly and coordinate with licensed mental health professionals when consultants are unavailable.	Removes specific federal requirements regarding the frequency and delivery of mental health consultation services.
Programs must provide support for children's social-emotional development and address behavioral and mental health concerns through screening, follow-up, and referrals.	Removes many of the detailed federal requirements governing screening, follow-up, and referral processes.
Programs must coordinate mental health, education, disability, health, and family engagement services and establish community partnerships that support access to care.	Removes specific requirements for multidisciplinary coordination and mental health partnerships.
Mental health consultants help staff address challenging behaviors and support positive classroom environments.	Removes detailed requirements describing the role of mental health consultants in classroom support.
Programs must use evidence-based strategies to prevent suspension and prohibit expulsion.	Removes the federal prohibition on expulsion and associated mental health consultation requirements related to exclusionary discipline.
Programs must support staff wellness through reflective practice, consultation, and other well-being initiatives.	Removes detailed federal requirements related to staff wellness and support.

Mental Health Services: Florida

The Florida Head Start Collaboration Office policy brief, *Strengthening Florida's Head Start System*, highlights the critical intersection of mental health, disabilities, and workforce retention (HSCO, 2026). Across Florida, many communities face shortages of behavioral health providers,

limiting access to services for young children and families. These shortages place additional responsibility on early childhood programs to identify concerns early and connect children and families to needed supports.

Florida Head Start programs serve children and families affected by homelessness, poverty, trauma, family instability, and chronic stress. These experiences can contribute to behavioral and social-emotional challenges that affect children's learning, classroom environments, and teacher well-being (HSCO, 2026). Focus groups conducted as part of the statewide needs assessment identified increasing behavioral complexity in classrooms as a significant contributor to workforce stress and burnout, with some experienced teachers leaving the profession due to the challenges of meeting children's needs, rather than solely for higher-paying positions (HSCO, 2026).

Current Head Start Program Performance Standards (HSPPS) require programs to maintain a coordinated approach to mental health services that support children, families, and staff. Through mental health consultation, classroom coaching, family support, and staff wellness initiatives, Head Start's comprehensive services model helps programs address behavioral concerns before they escalate and reduces reliance on exclusionary discipline practices. Mental health consultants work directly with teachers, families, and administrators to strengthen social-emotional development, build positive classroom environments, and support staff managing challenging behaviors (Office of Head Start, 2026).

Florida Head Start programs implement a variety of strategies to address children's behavioral health needs while supporting family engagement and workforce retention, including (HSCO, 2026):

- Pursuing Infant Mental Health Endorsement credentials despite significant cost and funding barriers.
- Facilitating structured meetings with staff and families to collaboratively address children's behavioral and social-emotional needs.
- Utilizing mental health consultation services to provide real-time coaching and support to classroom staff.
- Implementing reflective supervision and wellness practices to strengthen staff resilience and reduce burnout.
- Connecting children and families to behavioral health providers and community-based mental health resources when available.

The connection between mental health support and workforce retention is reflected in Florida workforce data. The *2026 Compensation & Benefits Study* found that annual turnover among instructional staff averaged 21.1%, compared to 16.6% among non-instructional staff (Whorton Research et al., 2026). Programs reported increasing behavioral and mental health concerns as major workforce challenges. In response, 87% of surveyed programs reported providing staff

wellness initiatives, and 69% reported utilizing Reflective Supervision to support staff managing complex classroom behaviors and family needs (Whorton Research et al., 2026).

As the 2026 NPRM proposes removing many detailed federal requirements related to mental health consultation, staff wellness, and coordinated mental health services, Florida's experience highlights the important role these supports play in promoting children's social-emotional development, strengthening family well-being, and sustaining a qualified early childhood workforce. In communities with limited access to behavioral health providers, Head Start mental health consultation often serves as one of the few readily available supports for children, families, and staff (FFYF,2026).

The graph below highlights trends in mental health staffing and services among Florida Head Start programs and provides additional context regarding the workforce and programmatic investments supporting children's social-emotional development and family well-being. Homelessness is included as it is a known ACE.

Table Source: Florida Head Start Collaboration Office (2026); Florida Head Start Association & Florida Head Start Collaboration Office, *2026 Compensation & Benefits Study*; Office of Head Start, *2025 Program Information Report (PIR) Summary Report*.

Indicator	PIR Indicator	2021	2022	2023	2024	2025	Change (2021-2025)
Families receiving mental health services	**C.44(d)** Family Services: Mental Health Services	4,079	5,421	4,473	4,393	4,834	**+18.5%**
Staff receiving mental health consultation	**C.21(a)** Number of classroom teachers, home visitors, and family child care providers receiving assistance from a mental health consultant	1,797	2,127	2,081	2,211	2,701	**+50.3%**
Children eligible due to homelessness	**A.13(d)** Primary Type of Eligibility: Homeless	1,940	2,010	2,386	2,729	2,742	**+41.3%**

Policy Implications: Florida Head Start programs are serving increasing numbers of children and families affected by homelessness, trauma, developmental concerns, and behavioral health challenges, while programs report growing teacher stress and burnout related to meeting these

complex needs. Reducing federal requirements related to mental health consultation and coordinated mental health supports may limit access to early intervention and classroom support, potentially increasing educator burnout and resulting in more children entering Florida's K-12 system with unmet emotional self-regulation, behavioral, and developmental needs that require additional school-based services and interventions. Further, the removal of these services may put additional stress on local community behavioral health partners. (HSCO, 2026; Administration for Children and Families, 2026).

Dual Language Learners

Nationally, approximately one-third of children under five years of age are Dual Language Learners (DLL), with even higher rates among children enrolled in Early Head Start and Head Start programs (Figueras-Daniel & Stephens, 2026). The HSPPS recognize that children learning English achieve stronger long-term academic outcomes when their home language is supported alongside English language development and when educators receive training in effective language acquisition strategies (Figueras-Daniel & Stephens, 2026).

The Head Start Act recognizes that accommodations need to be made for non-English proficient children and families, with staff training to ensure parents have met the needs of this specific group (Head Start Act, 2007).

Research demonstrates that supporting a child's home language while they learn English strengthens literacy development, academic achievement, and overall school readiness (National Head Start Association, 2026). Home language supports allow children to access educational content and actively participate in learning while developing English proficiency. Rather than replacing English instruction, the use of children's home languages ensures that learning continues uninterrupted as language skills develop (Figueras-Daniel & Stephens, 2026).

These practices align with the Science of Reading and other evidence-based approaches increasingly adopted by states, including Florida, which recognize the importance of building upon a child's existing language knowledge to support literacy development (Figueras-Daniel & Stephens, 2026).

Multilingualism is also associated with enhanced cognitive development, executive functioning, and self-regulation, particularly during the infant and toddler years (Zero to Three, 2023). Children from English-speaking families benefit as well, as language-rich environments that incorporate multiple languages promote cultural awareness and communication skills. Head Start further strengthens outcomes for DLLs by engaging families as partners in their children's learning and development. When programs communicate with families in a language they understand, parent engagement increases and family-school partnerships are strengthened, creating additional opportunities to support children's success both at home and in the classroom (National Head Start Association, 2026).

Table Source: Adapted from *Reducing Federal Burden for Head Start Programs* (Administration for Children and Families, 2026), *Frequently Asked Questions: 2026 Head Start NPRM* (First Five Years Fund, 2026), and *Head Start Snapshot: Comprehensive Services* (FFYF, 2026). While the NPRM removes many detailed dual language learner requirements from the HSPPS, programs would continue to be subject to applicable federal civil rights laws and statutory requirements related to serving enrolled children and families.

Current HSPPS Requirement	Proposed NPRM Change
Programs must recognize bilingualism and biliteracy as strengths and use research-based teaching practices to support dual language learners' language and literacy development (45 CFR §1302.31(b)(2)).	Removes explicit federal requirements related to dual language learner instructional practices and support for bilingualism and biliteracy.
Programs must provide culturally and linguistically responsive learning experiences that support both home language development and English language acquisition.	Removes detailed federal requirements governing how programs support home languages and English language development, allowing greater local discretion.
Federal regulations establish consistent national expectations for services provided to dual language learners across Head Start programs.	Shifts more authority to local programs and states, potentially increasing variation in how dual language learner services are implemented.
Programs are monitored for compliance with HSPPS education and child development requirements, including provisions related to dual language learners.	Compliance would be based on a substantially shorter set of federal requirements, with fewer prescriptive standards related to language and instructional practices.
Programs must communicate with families in a language they can understand and support meaningful family engagement.	Removes many detailed federal requirements related to culturally and linguistically responsive family engagement while maintaining broader statutory and civil rights obligations.
Programs must ensure curriculum and teaching practices are responsive to the linguistic backgrounds of enrolled children.	Removes specific federal expectations regarding language-responsive instructional practices.

Dual Language Learners: Florida

Florida is one of the most linguistically diverse states in the nation. According to the Migration Policy Institute (2026), “approximately 542,000 children ages 0-5 in Florida are DLL, representing 42% of all young children in the state and account for 47% of Florida’s young children living in low-income households.” Knowing that high-quality, comprehensive programs like Head Start can mitigate the effects of poverty makes this a particularly vulnerable group.

Florida's Head Start programs reflect this diversity. In 2025, Florida Head Start programs served more than 20,000 Dual Language Learners, demonstrating the significant role Head Start plays in supporting DLL children and families across the state (Office of Head Start, 2025).

Research consistently shows that DLL children benefit from high-quality early childhood programs that support both home language development and English acquisition. These supports contribute to language development, school readiness, and long-term academic success. The Migration Policy Institute notes that DLL children and families often face additional barriers to accessing early childhood services despite being a large share of the population most likely to benefit from them (Habben & Kim, 2025). When Head Start programs understand the needs of their communities through the community needs assessment and targeted outreach, they can help families successfully access early learning (National Head Start Association [NHSA], 2026).

Florida's Head Start programs serve many DLL children whose families may also experience other risk factors associated with educational disadvantage. The Migration Policy Institute found that DLL children in Florida are disproportionately likely to live in lower-income households and may face challenges accessing early learning, health, and social service systems. As a result, language-responsive services and family engagement strategies remain important components of supporting children's development and ensuring families can fully participate in their children's education (Habben & Kim, 2025).

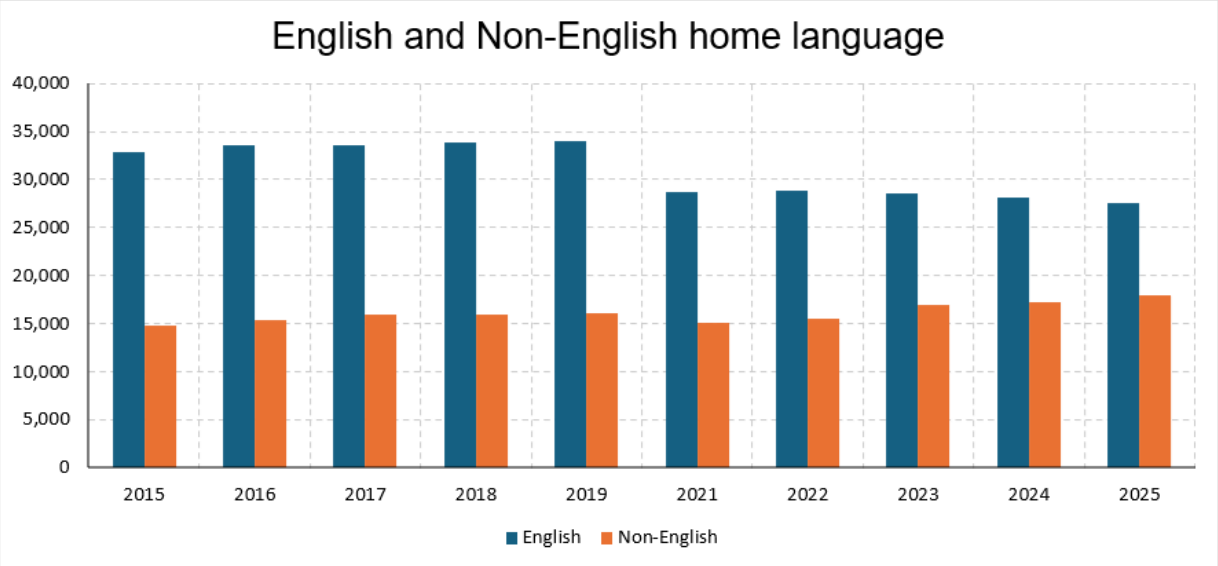
In 2025, just under 16,000 Head Start students were four years old (Office of Head Start, 2025). In Florida, students can enroll in Voluntary Pre-Kindergarten (VPK) if they are four years old prior to September 1. As Head Start programs blend and braid funding, providing extended learning for students and families, many Head Start students are also VPK students. In 2024-2025, the Florida Department of Education, Division of Early Learning (2025) reported that 72% of VPK students were “kindergarten ready,” based on the Florida Assessment of Student Thinking (FAST), an increase from 70% the prior year. It is not yet known the possible impact to this readiness score if Head Start students were to receive no supports in language and literacy in their home language during these formative years.

The number of DLL students enrolled in Florida Head Start programs has remained substantial

and continues to grow with a high 0f 39.5% in 2025. Current HSPPS requirements recognize bilingualism as an asset and support the use of children's home languages as part of the learning process. The proposed removal of these detailed requirements could have implications for how Florida programs support language development, literacy acquisition, and family engagement for DLL children and their families.

Table Source: Office of Head Start, *Florida Program Information Report (PIR) Summary Report* (2015-2025).

Year	English	Non-English	Total language responses	Non-English share
2015	32,915	14,794	47,709	31.0%
2016	33,627	15,372	48,999	31.4%
2017	33,563	15,999	49,562	32.3%
2018	33,859	15,978	49,837	32.1%
2019	33,967	16,131	50,098	32.2%
2021	28,635	15,029	43,664	34.4%
2022	28,786	15,505	44,291	35.0%
2023	28,527	16,962	45,489	37.3%
2024	28,095	17,306	45,401	38.1%
2025	27,527	17,997	45,524	39.5%



Policy Implications: Reducing requirements related to home-language support and DLL instructional practices could result in less consistent language development services across programs. This may leave more DLL children entering Florida's K-12 system with unmet language and literacy needs, requiring additional instructional supports and intervention services

in the early grades. It could impact VPK FAST scores if literacy and learning are impacted without best practice supports to help children in English language acquisition.

Further, birth-five is a critical window to connect and partner with families, and eliminating these opportunities will place more burden on the K-12 system.

Ratio and Group Size

The HSPPS establishes specific requirements for staff-child ratios and maximum group sizes that are generally lower than those required under Florida child care licensing regulations. As shown in the table below, Head Start classrooms operate with smaller groups and more adults per child than many other early childhood settings. For two-, three-, and four-year-old classrooms, Florida ranks among the states with the highest allowable staff-to-child ratios under licensing standards (Healy & Barnett, 2026).

While state child care licensing standards establish minimum requirements to ensure children's health and safety, Head Start was designed to provide a more intensive early learning experience for children and families with the greatest needs. Head Start programs do not charge families fees and serve children and families who often experience poverty, homelessness, disabilities, developmental delays, trauma, and other complex challenges. As Meek et al. (2026) note, if state licensing standards establish the minimum conditions necessary to keep children safe, Head Start standards focus on what is needed to improve children's health, well-being, development, and learning outcomes.

Research consistently associates smaller class sizes and lower staff-child ratios with stronger teacher-child interactions, increased opportunities for individualized instruction, higher-quality classroom environments, and improved child outcomes. For children with additional developmental, behavioral, or social-emotional needs, lower ratios also provide greater opportunities for observation, intervention, family engagement, and service coordination (Meek et al., 2026).

Head Start is built on the consistency established through the HSPPS, ensuring that children and families receive a comparable level of service regardless of where they live. The 2026 NPRM proposes removing the federal ratio and group size requirements currently contained in the HSPPS, providing programs greater flexibility to determine classroom staffing levels and rely on state licensing standards (Administration for Children and Families, 2026). As a result, classroom experiences could vary significantly across states and communities, reducing the consistency that has historically characterized Head Start programs.

Lower staff-to-child ratios are a defining component of the Head Start model because they support individualized instruction, developmental screening, family engagement, disability services, and the delivery of comprehensive supports. These practices are especially important

for children experiencing homelessness, disabilities, developmental delays, trauma, or other risk factors. Increasing classroom ratios or group sizes, while simultaneously reducing other comprehensive service requirements, could place additional strain on educators who are already working to address increasingly complex child and family needs. In this context, the proposed changes raise important questions about both program quality and workforce sustainability in Florida Head Start programs.

Table Source: Florida Legislature. (2024). *Florida Statutes § 402.305, Licensing standards; child care facilities; U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (2025). Head Start Program Performance Standards (45 C.F.R. Part 1302*

Age Group	HSPPS Staff-Child Ratio	HSPPS Max Group Size	Florida DCF Ratio
Birth to 12 months	1:4	8	1:4
13 to 17 months	1:4	8	**1:6**
18 to 23 months	1:4	8	**1:6**
24 to 35 months	1:4	8	**1:11**
3-year-olds	1:10	17	**1:15**
4-year-olds	1:10	20	**1:20**
5-year-olds	1:10	20	**1:25**

Policy Implications: Administrative cap reductions could push Head Start programs to increase ratios if space allows and meets the Department of Children and Families (DCF) required 35 square foot/child for indoor space. If Head Start programs must increase classroom ratios to align more closely with Florida licensing standards, teachers may have less time to provide individualized instruction, developmental supports, and family engagement for children experiencing homelessness, disabilities, behavioral challenges, and other risk factors. Larger group sizes may also contribute to educator stress and burnout, potentially increasing workforce turnover and resulting in more children entering Florida's K-12 system with unmet academic, social-emotional, and developmental needs that require additional intervention and support services. (Healy & Barnett, 2026; Administration for Children and Families, 2026).

Duration of Service

The 2026 NPRM proposes removing the HSPPS duration of service requirements for both Head Start and Early Head Start programs. For Head Start preschool programs, the proposal would return to the minimum requirements established in the Head Start Act rather than the current federally prescribed annual hour requirements. For Early Head Start, the NPRM would eliminate the requirement that center-based programs provide at least 1,380 annual hours of service and instead rely on the statutory language requiring "early, continuous, intensive, and comprehensive" services (FFYF, 2026).

Under the current HSPPS, children in Head Start and Early Head Start programs across the country are guaranteed a minimum level of service duration regardless of where they live. The proposed rule would provide greater local flexibility in determining schedules and service duration. As a result, one Head Start program could choose to operate for a shorter part-day schedule while another nearby program could continue offering a full-day model, potentially creating greater variation in services available to children and families.

Duration of service is closely connected to family stability and school readiness. Longer service hours can support working families while providing children with additional opportunities for learning, developmental screening, health services, and family engagement. As Florida Head Start programs increasingly serve children experiencing homelessness, disabilities, and other risk factors, changes to duration requirements may have implications for both family access and the consistency of services available across communities.

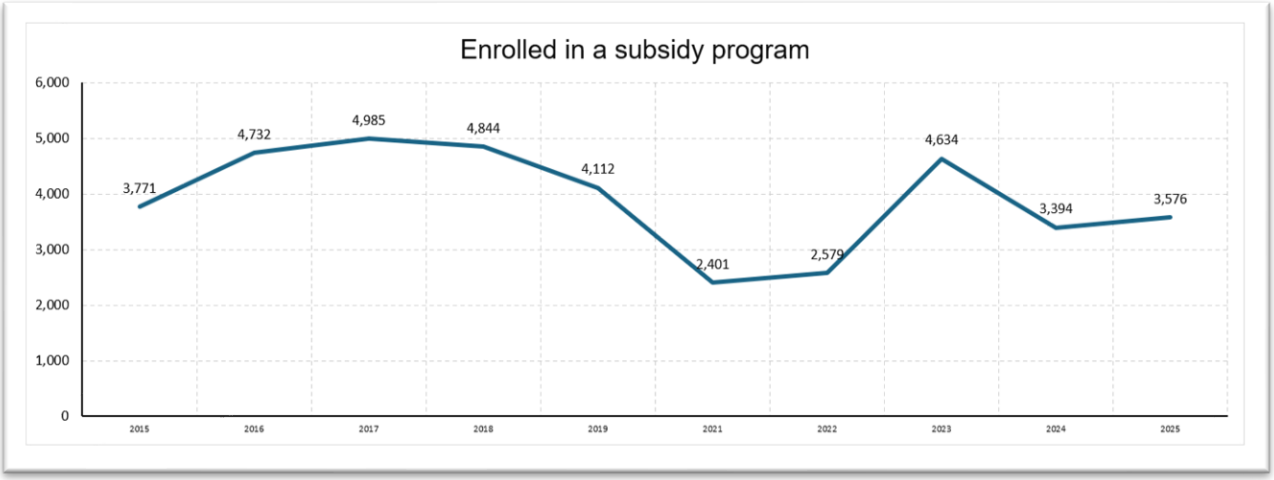
Table Source: First Five Years Fund, *Frequently Asked Questions: 2026 Head Start NPRM* (2026)

Current HSPPS Requirement	Proposed NPRM Change (2026)
Head Start center-based programs must provide a minimum of 1,020 annual hours of planned class operations for preschool children.	Removes federal duration of service requirements and provides greater local flexibility in determining schedules and service duration.
Duration requirements are federally prescribed and monitored as part of HSPPS compliance.	Local programs would have increased discretion over service schedules rather than adhering to federally specified annual-hour requirements.
Programs must meet minimum annual service-hour requirements unless an approved waiver is granted.	Eliminates specific federal minimum-hour requirements, reducing federal oversight of program duration.

Early Head Start center-based programs must provide at least 1,380 annual hours of planned class operations for infants and toddlers.	Eliminates the federal 1,380-hour requirement for Early Head Start programs.
Duration requirements support full-working-day and year-round services for families needing extended care.	Programs would have greater flexibility to determine service duration and schedules based on local priorities and resources.

Duration of Service: Florida

In 2024-2025, 3,576 Florida Head Start children received Child Care Development Fund (CCDF) School Readiness subsidies, a figure that remains well below total Head Start enrollment (Office of Head Start, 2025). In addition, Florida's School Readiness program maintained an average monthly waitlist of 14,164 children, limiting the availability of subsidized care for families who may need additional services to accommodate work schedules (Florida Department of Education, Division of Early Learning, 2025). The data below shows inconsistent enrollment in subsidized child care over a ten-year period and percentage of change. Head Start PIR (2025) indicates that roughly 72% of all families enrolled in Head Start meet the CCDF work/school requirement, however it is not clear if other CCDF requirements are met.



Year	Florida Count	% Change from Previous Year
2015	3,771	Baseline
2016	4,732	+25.5%
2017	4,985	+5.3%
2018	4,844	−2.8%
2019	4,112	−15.1%

2021	2,401	**−41.6%** *(from 2019; 2020 not reported)*
2022	2,579	+7.4%
2023	4,634	+79.7%
2024	3,394	−26.8%
2025	3,576	+5.4%

Changes to Head Start duration requirements could create additional challenges for working families. If programs reduce service hours, some parents may need to secure supplemental child care to maintain employment. Head Start programs can work to make families eligible for CCDF; however, the continued presence of a substantial waitlist suggests that many communities may have limited capacity to absorb additional demand. As a result, reductions in Head Start service duration could have ripple effects beyond individual programs, increasing pressure on Florida's broader early learning system

Policy Implications: Florida's early learning system currently has limited excess capacity. While Head Start provides extended-day services to many working families, only 3,576 Head Start children received School Readiness subsidies in 2025, and the School Readiness program maintained an average monthly waitlist of more than 14,000 children. If programs reduce service duration under the flexibility proposed in the NPRM, some families may seek additional subsidized care that is not currently available in their communities. As a result, changes to Head Start duration requirements may have effects that extend beyond Head Start programs and into Florida's broader early care and education system. Further, concerns around workforce are also a consideration, with both a loss of Head Start staff, local community partners that work with Head Start and job loss for parents due to loss of care.

Conclusion

This brief provides information on the proposed changes while highlighting the successes and progress achieved across the state within the framework of the HSPPS. Alignment between CCDF and Head Start is complex, but while they both engaged in the care of children, they are fundamentally different models. Child care is invaluable, creating business owners across the state who provide CCDF services to thousands of children, caring for, educating and preparing them for kindergarten. While many children will be successful with this level of care, there are children and families who need more, and Head Start steps in that gap. Head Start outcomes are

not the result of a single program component, but rather the coordinated framework established through the HSPPS.

Florida's data demonstrates that Head Start programs identify and serving increasing numbers of children experiencing homelessness, connecting more children to IDEA evaluations and services, expanding mental health supports, and reaching a growing population of DLL students. These accomplishments did not occur in a vacuum nor by chance. They are able to happen within the structure of the current HSPPS, which were designed to ensure that children facing the greatest barriers to success receive comprehensive, coordinated, and individualized support.

Policymakers need to consider the broader questions:

1. What will the impact be on Florida's children, schools, and communities with the breadth of the HSPPS revisions?
2. How will the K-12 local school districts, health and behavioral health systems, housing organizations, and other community partners step in to fill the gap of these services, before entry to kindergarten?
3. One of Head Start's greatest strengths is its ability to combine local flexibility with a consistent commitment to comprehensive services and family partnership and choice. How does this proposed rule impact flexibility and choice, the two things that NPRM purports to encourage?

While the breadth of these revisions is vast, Florida's Head Start community looks forward to collaborating with federal partners to preserve the comprehensive, high-quality services that have long been the foundation of Head Start's success.

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