

FLORIDA HEAD START STATE COLLABORATION OFFICE 2025-2026 STATE NEEDS ASSESSMENT



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INTRODUCTION

Florida is home to hundreds of thousands of young children whose earliest years are shaped by poverty, housing instability, limited access to health care, and other compounding risk factors that research consistently links to long-term disparities in education, health, and economic opportunity. The window between birth and age five is the most critical period of brain development in a child's life – and it is also the period during which many of Florida's most vulnerable families have the fewest resources and supports to draw on. Ensuring that children in this window have access to high-quality comprehensive early childhood services is not simply a program priority, it is a statewide imperative.

Head Start and Early Head Start exist to meet that imperative. As federally funded programs operating in communities across Florida, Head Start and Early Head Start provide eligible children and families with early childhood education, health, nutrition, mental health, disability, and family support services – delivered together, under one model, with federal standards ensuring quality and accountability. The Head Start Collaboration Office (HSCO), located within the Florida Department of Education's (FLDOE) Division of Early Learning (DEL) and funded by the Office of Head Start (OHS), serves as the bridge between Head Start programs and Florida's broader early childhood system. HSCO's role is to build the partnerships, alignment, and policy coordination needed to ensure that Head Start programs can deliver on their mission – and that the children and families they serve are connected to the full continuum of services available across the state.

Key elements of the Act include:

- **School Readiness:** Ensures children are prepared for kindergarten by promoting cognitive, social, emotional, and physical development.
- **Comprehensive Services:** Requires programs to provide education, health, dental, mental health, nutrition, and parent involvement services.
- **Parental Engagement:** Mandates strong parent involvement in program governance and decision-making.
- **Head Start Program Performance Standards (HSPPS):** Establishes measurable standards for program quality and child outcomes.
- **Monitoring and Accountability:** Requires ongoing federal monitoring, program self-assessments, and use of data for continuous improvement.
- **Collaboration and Coordination:** Encourages partnerships with other early childhood systems, such as childcare, education, and health providers.

The 2025-2026 Florida HSCO State Needs Assessment examines the current landscape of need facing Florida's young children and families, the extent to which Head Start programs are meeting that need, and the systemic barriers – in workforce, mental health, disability services, and attendance – that must be addressed to ensure programs can fully fulfill their mission. The findings presented in this report are grounded in the federal and state data, the 2025 Program

Information Report (PIR) data, the 2026 Florida Head Start Association (FHSA) and HSCO Compensation and Benefits Study, and structured focus groups with Head Start Directors, Disabilities Services staff, and Mental Health staff across Florida.

HSCOs operate under annually established priority areas that strategically guide their efforts to strengthen and support Head Start programs across the state.

1. Collaborate with state systems to align early care and education services and supports for children and families prenatally to age 5.
2. Work with state efforts to collect and use data on early childhood programs to guide decision-making and improve child and family outcomes.
3. Support the expansion of and access to high-quality workforce and care development opportunities for staff.
4. Coordinate with school systems to ensure continuity and alignment across programs, as appropriate.

The priorities were established June 26, 2023.

Data Collection and Methodology

The data for the 2025-2026 Florida HSCO State Needs Assessment leverages a multifaceted approach to data collection, drawing from a range of sources and employing both quantitative and qualitative research methods. Incorporating best practices, this comprehensive assessment ensures the inclusion of diverse perspectives, enhancing the accuracy and relevance of its findings. By synthesizing data from various inputs, HSCO aims to create an in-depth understanding of community needs that will inform effective program strategies and interventions. Below is an overview of the methods used to collect data for this assessment:

1. Primary Data Collection from HS Grant Recipients

Direct input was collected from Florida Head Start Preschool/Early Head Start grant recipients through a series of structured focus groups to ensure that findings are grounded in the current experiences of those implementing services. Focus groups were conducted with Head Start Directors, Disabilities staff, and Mental Health staff to capture diverse perspectives across leadership and specialized service areas.

These facilitated discussions provided in-depth qualitative insights into workforce recruitment and retention, disability services capacity, mental health needs, and cross-system challenges. By engaging program leaders and content area experts directly, the process strengthened the reliability and relevance of the findings and ensured that statewide themes reflect operational realities across Florida's Head Start programs.

2. Secondary Data from Reports and Public Datasets

To supplement the focus group data, publicly available datasets and reports were also analyzed to provide broader context and support data triangulation. These included resources from:

- US Census Bureau
- Florida Head Start Association
- Office of Head Start
- Florida Health Charts

These secondary sources offer critical demographic, economic, educational, and health-related insights that impact families served by Head Start programs across Florida. This combined data collection approach enables HSCO to develop a thorough and representative needs assessment that aligns programs and services with the actual conditions and priorities of the communities served. By using both direct feedback and broad demographic data, HSCO ensures that planning and implementation are rooted in evidence, authenticity, and community voice.

Executive Summary

Head Start is a federally funded early childhood program that promotes school readiness for children from low-income families by providing comprehensive educational, health, nutritional, social, and emotional services. Head Start programs focus on the most vulnerable children, prioritizing children living below the federal poverty level, children in foster care, children and families who are experiencing homelessness, and those eligible to receive public assistance services from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Supplemental Security Income (SSI). Designed to serve pregnant women and children from birth to age five, including children with disabilities, Head Start supports the healthy development of young children while strengthening family well-being and engagement. Programs actively involve parents in their child's learning and in program governance, creating a two-generation approach that strengthens both child outcomes and family stability. Through a network of local agencies operating under national performance standards, Head Start ensures that children and families receive high-quality services that support early learning, health, and long-term success.

The Florida HSCO located within the FLDOE DEL plays a critical role in aligning Head Start programs with state and local early childhood systems. Funded by OHS, HSCO works to build strategic partnerships across education, health, and social service sectors to ensure that children and families receive coordinated, comprehensive services. Through cross-agency collaboration, data-informed decision-making, and policy alignment, HSCO helps integrate Head Start into Florida's broader early childhood system and promotes improved outcomes for children and families statewide.

FHSA serves as a statewide nonprofit organization dedicated to supporting and advocating for Head Start programs across Florida. FHSA provides leadership, professional development opportunities, and policy advocacy to strengthen program quality and sustainability. By working closely with local, state, and federal stakeholders, the association helps ensure that Head Start programs remain responsive to the evolving needs of Florida's most vulnerable children and families.

Assessing the Ongoing Need for Head Start in Florida

Florida's youngest children face significant and well-documented challenges. Approximately 198,000 children under five in Florida live below the federal poverty line – the threshold that defines eligibility for Head Start services. Poverty in early childhood is not simply a financial condition; it is associated with elevated exposure to adverse childhood experiences, limited access to health care and nutrition, and reduced school readiness. These are the conditions that Head Start was designed to address, and they are conditions that remain widespread across Florida today.

Florida's early childhood service landscape has contracted at precisely the moment when need remains high. Voluntary Prekindergarten enrollment has declined 3.3% over the last 3 years, Head Start funded capacity dropped nearly 7% over the same period, representing a loss of

nearly 3,000 slots. These declines do not reflect reduced need – they reflect the workforce shortages, funding constraints, and operational pressures that are limiting the ability of programs to serve eligible children. The gap between the number of children who need comprehensive early childhood services and the number who can access them continues to widen.

Head Start’s Response: Reaching Florida’s Most Vulnerable Children

Within this landscape, Head Start programs serve as a critical and irreplaceable resource. Florida’s 128 Head Start Preschool and Early Head Start programs provided 39,802 funded enrollment slots during the 2025 program year, serving children and families who face the greatest barriers to accessing early childhood services. Of the children enrolled, 2,742 were experiencing homelessness, 431 were in foster care, and the overwhelming majority qualified through poverty or public assistance – including 24,079 children in families receiving SNAP benefits. These are children who may be invisible to or unable to access other early childhood programs. Head Start’s outreach model, comprehensive eligibility support, and family-centered approach are specifically designed to find and serve these families.

Head Start’s model goes beyond early education. Programs provide coordinated health, dental, mental health, nutrition, disability, and family support services – addressing the full range of factors that shape a child’s development and a family’s stability. With 37,769 volunteers statewide, 20,393 dual language learners served, and 852 Family Services Workers who supported families through barriers to participation, Florida’s Head Start system reflects both the depth of need and the depth of program commitment across the state.

What the Data Reveal

The findings of this assessment identify both the strengths of Florida’s Head Start system and the systemic barriers that limit its ability to fully meet the need. Four priority areas emerge from the data:

The workforce supporting Florida’s Head Start programs is under sustained pressure. A 17.5% turnover rate, a 46% vacancy replacement gap, and wages that fall below comparable roles in public education reflect a structural compensation challenge that cannot be resolved at the program level alone. Programs are doing what they can – investing in wellness, building career pathways, and using creative recruitment strategies – but federal funding constraints mean that systemic solutions require advocacy and investment at the federal level.

Mental health needs among children and families are growing, while the statewide infrastructure to meet those needs remains insufficient. Provider shortages, limited community mental health capacity, and underfunded consultation systems mean that programs are consistently doing more with less – and that children and families with the most complex needs are not always able to access the services they require.

Disability identification rates in Florida’s Head Start programs are approximately half the national average, reflecting a breakdown in the evaluation and eligibility pipeline. Long Local Education Agency (LEA) timelines, geographic disparities in provider availability, and changes to state eligibility processes are leaving children without the individualized services they are entitled to receive.

Across all three of these priority areas, a consistent pattern emerges: Florida’s Head Start programs are identifying need, responding with the tools available to them, and filling gaps that the broader system has not closed. This is evident in the attendance data as well – where chronic absenteeism, affecting more than half of enrolled children in some program types, reflects the real-life barriers families face, and where Head Start’s Family Services Workers, are actively working to identify and address those barriers through outreach, referrals, and the Family Partnership Agreement process. Head Start is not simply a classroom program. It is a family support system, and the data in this assessment reflect both the depth of that commitment and the systemic investment needed to sustain it.

Moving Forward

These findings make clear that Florida’s Head Start system is not failing – it is working hard within structural constraints that require statewide solutions. HSCO, in partnership with FHSA and state partners, is well positioned to lead the cross-system coordination and investment needed to close the gaps this assessment identifies. The sections that follow examine each priority area in depth, grounding the findings in data and centering the voices of the program staff and leaders closest to the work.



Florida's Urban and Rural County Classifications: A Framework for Strategic Planning

Florida is comprised of 67 counties that vary significantly in population density, economic activity, and access to services. Based on classifications used by the U.S. Office of Management and Budget (OMB) and reflected in U.S. Census geographic designations, counties are categorized as either part of a Metropolitan Statistical Area (MSA) or a nonmetropolitan area. Metropolitan statistical areas include counties anchored by an urban center with a population of 50,000 or more and surrounding counties that are economically and socially connected to that urban core. Nonmetropolitan areas include micropolitan statistical areas, which are centered around urban clusters with populations between 10,000 and 49,999, as well as rural counties that fall outside both metropolitan and micropolitan classifications. These designations provide an important framework for understanding geographic differences in population distribution, service access, workforce availability, and infrastructure across the state.

Florida currently contains multiple metropolitan regions that include the state's largest population centers, while a smaller number of counties are classified as micropolitan or rural. Counties commonly identified as nonmetropolitan include Calhoun, Dixie, Franklin, Gilchrist, Glades, Gulf, Hamilton, Hardee, Holmes, Jefferson, Lafayette, Liberty, Madison, Taylor, Union, Wakulla, and Washington. Communities in these areas often experience greater challenges related to transportation access, health care availability, broadband connectivity, and workforce recruitment.

Understanding the distribution of metropolitan and nonmetropolitan counties is critical for statewide planning efforts. For programs such as Head Start and Early Head Start, these classifications help identify geographic disparities in access to early childhood services and support targeted strategies to ensure that children and families in rural and underserved areas receive equitable access to comprehensive early learning, health, and family support services.



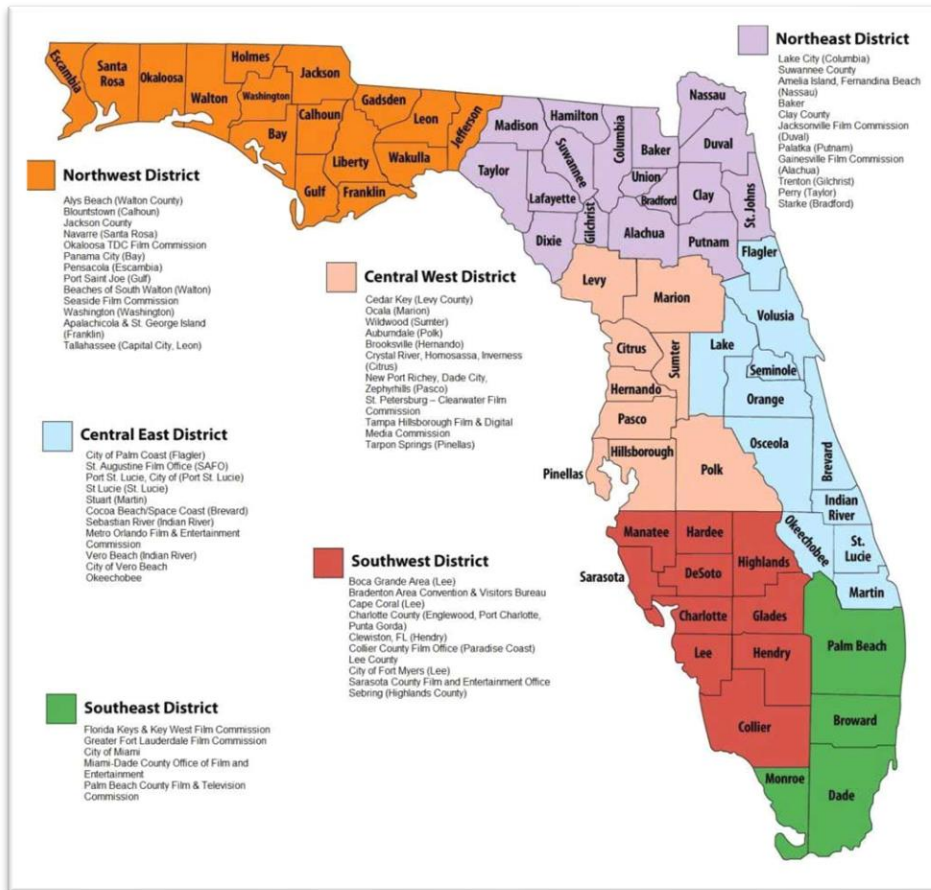
Profile of Florida Head Start Programs

Florida Grant Recipients

Florida's young children and families need early childhood services that are accessible across diverse communities – urban and rural, coastal and inland, agricultural and suburban. Florida's Head Start grant recipients are structured to meet that geographic and demographic diversity. Programs operate locally, embedded in the communities they serve, and are designed to respond to the specific needs of children and families in their service areas. Through high-quality early learning, comprehensive health services, disability support, and family engagement programming, Florida's 41 Head Start grant recipients deliver services that reach children and families who may have few other options for comprehensive early childhood support.

In addition to providing direct services, Florida's Head Start grant recipients must navigate ongoing workforce shortages, rising mental health needs among children and staff, and increasing demand for specialized disability services. Programs operate within complex and evolving state and federal systems while maintaining safe, inclusive, and developmentally appropriate environments. Despite these challenges, grant recipients remain committed to ensuring that eligible children and families receive coordinated, equitable, and high-quality services that support children's healthy development and prepare them for success in school and beyond.

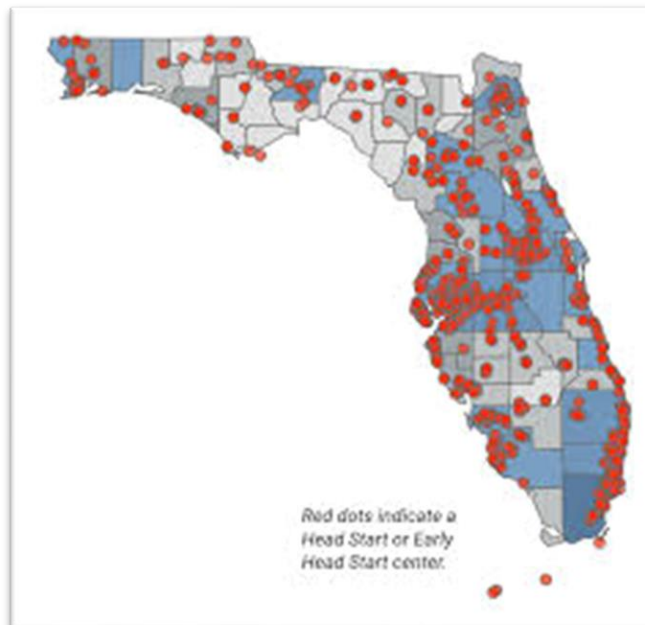
Undergirding all of this is one of the most rigorous federal oversight and accountability frameworks in American early childhood education. Every Head Start grantee is subject to regular federal monitoring, mandatory reporting requirements, and compliance reviews against the HSPPS. These requirements cover child safety, program quality, health, education, family services, and fiscal management. Child safety is foundational to these standards. Programs are required to maintain safe environments, conduct comprehensive background checks on all staff, implement written safety policies and procedures, and report any incident involving child safety directly to the Office of Head Start. This framework of transparency and accountability is not incidental to Head Start's mission; it is central to it. When safety concerns are identified, the Office of Head Start responds with retraining, corrective action, and strengthened requirements. This is a program that holds itself accountable to the children and families it serves, and that uses evidence, including independent reviews of its own performance, to continuously improve.



Head Start Grant Recipients in Florida:

1. Boys and Girls of North Central Florida
2. Capital Area Community Action Agency, Inc.
3. Children First, Inc.
4. Children's Home Society of Florida
5. Collier County Florida School District
6. Community Action Program Committee, Inc.
7. Community Coordinated Care for Children, Inc.
8. Early Education and Care, Inc.
9. Early Learning Coalition of Miami-Dade/Monroe, Inc.
10. Early Learning Coalition of Palm Beach County, Inc.
11. East Coast Migrant Head Start Project
12. Eckerd Youth Alternatives, Inc.
13. Economic Opportunities Council of Indian River County, Inc.
14. Episcopal Children's Services, Inc.
15. Florida State University
16. Hillsborough County
17. Jackson County School District

18. Kids Incorporated of the Big Bend
19. Le Jardin Community Center, Inc.
20. Lutheran Services Florida, Inc.
21. Martin County School District
22. Miami-Dade County
23. Mid Florida Community Services, Inc. dba You Thrive Florida
24. Monroe County School District
25. North Florida Child Development, Inc.
26. Orange County
27. Pasco County Board of Public Education
28. Redlands Christian Migrant Association (RCMA)
29. Santa Rosa County School District
30. School Board of Brevard County
31. School Board of Broward County
32. School Board of Charlotte County
33. School Board of Gadsden County
34. School Board of Lee County
35. School Board of Polk County
36. St. John's County School Board
37. Step Up Suncoast, Inc.
38. Suwannee Valley Community Coordinated Child Care, Inc.
39. The Agricultural & Labor Program, Inc.
40. Tri-County Community Council, Inc.
41. United Way of Miami-Dade, Inc.



Program Information

Florida’s Head Start landscape includes a total of 128 programs operating across the state. Of these Early Head Start programs represent the largest share (69), followed closely by Head Start Preschool programs (55), indicating a strong emphasis on serving infants, toddlers, and pregnant women alongside preschool-age children. Migrant and Seasonal programs account for a smaller portion of the total, with two Head Start Preschool and two Early Head Start programs specifically designed to meet the unique needs of migratory agricultural families. There are currently no American Indian and Alaska Native (AIAN) Head Start programs operating in Florida. Overall, the distribution reflects a diversified service structure with a significant investment in early intervention and comprehensive early childhood services statewide.

Program Types	# of Programs
Total	128
Head Start Preschool	55
Early Head Start	69
Migrant and Seasonal Head Start Preschool	2
Migrant and Seasonal Early Head Start	2
AIAN Head Start Preschool	0
AIAN Early Head Start	0

Office of Head Start, Program Information Report (PIR) 2025

Head Start programs in Florida are operated by a variety of community-based and public organizations. The majority of programs (82) are administered by private or public nonprofit organizations, reflecting the strong role of nonprofit agencies in delivering early childhood services. Community Action Agencies and local school systems each operate 21 programs, demonstrating continued partnerships between Head Start and established community service networks as well as public education systems. A smaller number of programs (4) are operated by government agencies. No programs in Florida are currently operated by charter schools, for-profit organizations, or tribal governments. This distribution highlights the collaborative structure of Florida’s Head Start system, with nonprofit organizations and community-based agencies playing a central role in providing services to children and families.

Agency Types	# of Programs
Community Action Agency	21
Government Agency	4
Charter School	0
Private/Public For-Profit	0
Private/Public Non-Profit	82
School System	21
Tribal Government or Consortium (AIAN)	0

Office of Head Start PIR 2025

This diversity of agency types is not incidental – it reflects Head Start’s intentional design as a community-rooted program. By operating through nonprofits, community action agencies, school systems, and government agencies, Head Start programs are embedded in the institutional

networks that already serve low-income families across Florida. This structure allows programs to leverage existing relationships, share resources, and coordinate services in ways that a single-agency model could not. It also means that when families need support beyond what Head Start provides directly, programs are well-positioned to make warm, trusted referrals to partner organizations.

The majority of Florida’s Head Start programs (76) are directly operated by grantees with no delegate agencies, indicating a predominantly centralized service delivery structure. However, 46 programs function as delegate agencies, and a small number of grantees both directly operate programs and delegate services (4) or maintain only central office oversight without directly operating sites (2). Overall, the data reflects a mixed governance model, with most services delivered directly by grantees while still maintaining a notable delegate presence in the state’s Head Start system.

Agency Descriptions	# of Programs
Delegate Agency	46
Grantee that delegates all of its programs	0
Grantee that directly operates program(s) and has no delegates	76
Grantee that directly operates programs and delegates service delivery	4
Grantee that maintains central office staff only and operates no program(s) directly	2

Office of Head Start PIR 2025

Program Schedules

Families across Florida have different work schedules, childcare needs, and logistical constraints. Head Start’s program schedule requirements are designed to ensure that children receive sufficient time to benefit from the program while allowing grantees the flexibility to structure services in ways that work for the families in their communities. The minimum hour requirements established by the HSPPS represent a floor, not a ceiling – and many Florida programs exceed them by offering extended day or full-year programming in response to local need.

Nationally, Head Start programs operate through four federally recognized program options: center-based, home-based, family child care (FCC), and locally designed program options. Each option is designed to meet different family needs and community contexts. Florida’s program option distribution – which is heavily weighted toward center-based services (38,116 slots) with a smaller home-based (674 slots) and FCC (552 slots) components – reflects the predominantly urban and suburban character of most Florida communities. Nationally, center-based programs similarly represent the largest share of enrollment, though the proportion of home-based and FCC slots varies significantly by state. Florida’s relatively small home-based and FCC components may represent an opportunity to expand access in rural and underserved communities where families may have difficulty accessing center-based programs.

Head Start Preschool

Head Start Preschool center-based programs must provide at least 1,020 hours of planned class operations per program year. This requirement is typically implemented through a school-year schedule operating approximately five days per week for about six hours per day, although programs may be structured differently to meet community needs. The goal of the minimum hour requirement is to ensure children receive consistent, high-quality early learning experiences that support school readiness. Across Florida, Head Start Preschool programs also leverage a blend of federal and state funding to provide wraparound care for 2,773 preschool children, expanding access to full-day, comprehensive services for working families.

Early Head Start

Early Head Start center-based programs must provide a minimum of 1,380 hours of planned class operations annually. These programs generally operate year-round to meet the needs of families with infants and toddlers, particularly working families who require consistent childcare and development support services. Across Florida, Early Head Start programs similarly blend federal and state funding to provide wraparound care for 803 infants and toddlers, ensuring access to extended services that support early development and family stability.

Other Program Options

Programs offering home-based or family child care program options follow different service requirements. Home-based services typically include weekly home visits and regular group socialization activities, while family childcare settings provide comprehensive services within licensed home-based early learning environments. Regardless of the program option, all models are designed to provide consistent engagement, individualized support for children and families, and services aligned with the Head Start Early Learning Outcomes Framework.

The availability of multiple program options – center-based, home-based, and FCC – is a meaningful strength of the Head Start model. Not every family can access a center-based program. For families in rural communities, families with young infants, or families whose work schedules or transportation barriers make center attendance difficult, home-based and FCC options provide a pathway to comprehensive services that would otherwise be out of reach. Florida’s home-based and FCC programs serve a smaller but critically important population of children and families, and the flexibility to convert slots between program options allows grantees to align their service model with shifting community need over time.

Programs may exceed the minimum service duration requirements by offering extended day or full-year programming, particularly in communities where families need additional care to support employment, education, or training. This reliance on extended and blended service models underscores the demand for full-day, full-year programming and demonstrates how Head Start programs have been leveraging available resources to meet the needs of working families across the state.

Comprehensive Services

Early childhood poverty does not arrive in a single dimension. Families navigating economic hardship are often simultaneously managing housing instability, health challenges, limited access to mental health support, and barriers to employment and education. A program that addresses only one of these dimensions – providing early education but not health screenings or childcare but not family support – cannot fully meet the needs of the children and families it serves. Head Start’s comprehensive services model is built on the recognition that children’s development and family stability are inseparable, and that effective early childhood intervention must address both.

Family engagement is a central component of the Head Start model. Programs actively partner with families to support children’s learning and development while also encouraging parents and caregivers to participate in program activities and shared governance structures, including Policy Councils. This two-generation approach promotes both positive child outcomes and increased family well-being.

Head Start programs also connect families to essential community resources such as housing assistance, employment and job training opportunities, income support programs, and financial education. Mental health and behavioral health services are an important part of this model. Programs work to identify developmental, emotional, or behavioral concerns early and provide access to mental health consultants or referrals to community-based providers when additional support is needed. Early identification and intervention help children develop social-emotional skills and address challenges that may impact learning.

Health services are integrated throughout the program. Children receive developmental and health screenings, including vision, hearing, dental, and nutrition assessments, with follow-up care and referrals when concerns are identified. Head Start also ensures inclusive services for children with disabilities by providing individualized supports and inclusive learning environments. Federal regulations require that at least 10 percent of total enrollment be made available to children with identified disabilities.

Programs also focus on supporting successful transitions as children move from Early Head Start to Head Start and from Head Start into kindergarten. Transition planning helps children and families adjust to new learning environments while promoting continuity in education and care.

The breadth of Head Start’s comprehensive model is reflected in the research base documenting its outcomes. Studies have found that Head Start participation is associated with higher rates of high school graduation and college attendance, particularly among children from the most economically disadvantaged families. Research has documented lower rates of criminal justice involvement in adulthood among Head Start participants compared to peers who did not participate. Head Start’s health services have been associated with improved immunization rates, increased access to dental care, and earlier identification of developmental delays and disabilities, outcomes with lifelong consequences. And Head Start’s two-generation approach has been linked to improvements in maternal employment, educational attainment, and family economic stability. These outcomes reflect what Head Start is designed to produce: not simply

short-term academic gains, but the stable, supported, healthy foundation that allows children to develop fully and families to thrive. Measuring Head Start's value by test scores alone would be like measuring a hospital's value by how quickly patients leave the waiting room. The outcomes that matter most – a child whose developmental delay was caught at age three, a family that found housing stability, a parent who entered the workforce – are the outcomes Head Start is built to achieve.

Together, these comprehensive services reflect Head Start's integrated approach to supporting children and families by addressing educational, health, and family needs that influence school readiness and long-term success.

Eligibility

Head Start Preschool and Early Head Start programs are designed to serve the children and families who need comprehensive early childhood support most. Federal eligibility criteria prioritize families living at or below the federal poverty line, those receiving public assistance such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Supplemental Security Income (SSI), and children in foster care or experiencing homelessness – populations facing the greatest barriers to accessing quality early childhood education and family services. Up to 10% of enrollment may be filled by children from families whose incomes fall between 100% and 130% of the federal poverty line or who have other documented needs, ensuring programs can respond to community context while maintaining their core mission. Understanding who Florida’s Head Start programs are serving is essential to assessing whether resources are reaching the families with the greatest need and to identify gaps in outreach and enrollment across the state.

Eligibility data indicate that most children and pregnant women served by Florida’s Head Start Preschool and Early Head Start programs qualify based on economic hardship and participation in public assistance programs. A total of 26,664 participants is eligible through public assistance programs, including 24,079 receiving SNAP, 947 receiving SSI, and 396 receiving TANF. An additional 13,363 children qualify based on family incomes at or below 100% of the federal poverty line. Programs also serve families experiencing significant instability, including 2,742 children experiencing homelessness and 431 children in foster care. Smaller numbers of participants qualify through other documented needs (1,508) or through family incomes between 100% and 130% of the federal poverty line (815). Overall, these data demonstrate that Florida’s Head Start programs primarily served families facing substantial economic challenges and vulnerability, reinforcing the program’s role in supporting children most at risk of adverse developmental and educational outcomes.

Primary Type by Eligibility	# of Children/Pregnant Women
Income at or below 100% of federal poverty line	13,363
Public Assistance	26,664
TANF (part of Public Assistance)	396
SSI (part of Public Assistance)	947
SNAP (part of Public Assistance)	24,079
Foster Care	431
Homeless	2,742
Eligibility based on other type of need, but not counted above	1,508
Incomes between 100% and 130% of the federal poverty line, but not counted above	815

Office of Head Start PIR 2025

These eligibility data tell an important story about who Florida’s Head Start program are reaching – and why that reach matters. The families represented in these numbers are not simply low-income; they are families navigating overlapping vulnerabilities that research consistently

links to adverse developmental outcomes. Children experiencing homelessness face disrupted routines, chronic stress, and limited access to health care. Children in foster care carry trauma histories that require skilled, relationship-based support. Children in families receiving public assistance are often one crisis away from deeper instability. Head Start is designed to serve these children and families specifically – and the eligibility data confirm that Florida’s programs are doing exactly that.



Enrollment

Florida has hundreds of thousands of young children who are eligible to receive comprehensive early childhood services but are not receiving them. Funded enrollment slots across Head Start, School Readiness (SR), and Voluntary Prekindergarten (VPK) represent only a fraction of the children who qualify – and as enrollment has declined across multiple programs in recent years, the gap between eligible children and available services has grown wider. Understanding Florida’s enrollment landscape requires looking beyond the numbers of children being served to the numbers who are not – and understanding what Head Start’s enrollment model does differently to reach the families with the greatest need.

Across Florida’s early childhood system, DEL reported that in FY 2024-2025, 210,786 children were served through the SR program, and 153,132 children were enrolled in VPK. These programs play a critical role in supporting working families and expanding access to early learning. Head Start complements these efforts by focusing specifically on children and families with the highest levels of need, including those experiencing poverty, homelessness, disabilities, and other risk factors. Together, these programs form a broader early learning system designed to support children across a range of needs, with Head Start serving as a critical component in reaching those who may require more intensive, comprehensive services.

Florida Early Childhood Enrollment by Program Participation Type (FY 2024-2025)

Program	Children Served	Providers
School Readiness	210,786	6,919
Voluntary Prekindergarten	153,132	6,292
Head Start Preschool/Early Head Start	39,802	128 grantees

Department of Early Learning

SR and VPK serve important roles in Florida’s early childhood system, but they are not designed to fully address the complex, overlapping needs of the state’s most vulnerable children and families. SR subsidizes childcare for working families, and VPK provides part-day prekindergarten for four-year-olds – but neither program includes the comprehensive two-generation model of health, mental health, disability, nutrition, and family support services that Head Start provides. For families navigating homelessness, poverty, disability, or chronic family stress, Head Start is not simply one option among many, it is often the only program equipped to address the full range of their needs.

The enrollment trends across Florida’s early childhood system tell a concerning story. At a time when the need for comprehensive early childhood services remains high – and in many communities growing – the capacity to deliver those services is contracting. VPK enrollment declined 3.3% between 2022 and 2025. Head Start lost nearly 7% of funded capacity over the same period, a loss of nearly 3,000 slots. SR has remained relatively stable but has not grown to absorb unmet need. These declines do not reflect reduced demand, they reflect the workforce shortages, funding constraints, and operational pressures that are preventing programs from filling and sustaining available slots. The children who would have been served by those 3,000 lost Head Start slots did not stop needing services. They simply stopped being served.

Enrollment Trends and Program Capacity

Florida's Head Start programs operated with less federally funded capacity than at any point in the past three years, not because need declined, but because structural constraints made it increasingly difficult to sustain full enrollment. Funded enrollment declined from 42,743 in 2023 to 40,539 in 2024 and 39,802 in 2025, a loss of nearly 3,000 federally funded slots over three years. The 2026 FHSA and HSCO Compensation and Benefits Study found that nearly one-third of programs (31%) applied to reduce their funded enrollment during this period, a significant increase from 16% in 2023, due to workforce shortages and operational constraints that made it impossible to fill and staff available slots. The practical consequence is that more children go unserved in communities where Head Start may be the only program equipped to meet their needs comprehensively, even as eligibility and demand remain high.

Trends in Early Childhood Program Participation in Florida (FY 2022-2025)

Program	2022-2023	2023-2024	2024-2025	Change Over Time
School Readiness	209,986	212,062	210,786	↔ Stable (+0.4%)
Voluntary Prekindergarten	158,408	155,275	153,132	↓ -3.3%
Head Start/Early Head Start	42,743	40,539	39,802	↓ -6.9%

Department of Early Learning

Even when these programs are combined, a significant number of income-eligible children across Florida remain unserved. According to the 2024 ACS 5-year Estimate from the US Census, 1,126,349 children under 5 live in Florida, and 198,408 children under age five in Florida are below the federal poverty line – the primary eligibility threshold for Head Start. The combined capacity of SR, VPK, and Head Start does not come close to meeting that need, and the declining enrollment trends documented above mean the gap is widening, not closing. Every slot lost represents a child who may not receive the early intervention and comprehensive support that Head Start is designed to provide.

Participation trends across Florida's early childhood programs reflect a shifting landscape, not a reduction in need. These declines do not indicate decreased demand, as programs across the state reported increasing numbers of eligible children and families seeking services. Head Start programs continued to operate within a complex and evolving early childhood system while balancing workforce challenges, funding constraints, and community needs.

Head Start's enrollment model reflects a deliberate commitment to reaching the children and families who are hardest to serve, not simply the easiest to enroll. Programs actively conduct outreach in communities experiencing high rates of poverty, homelessness, and family instability. Eligibility workers and Family Services Workers help families navigate the enrollment process, gather required documentation, and understand what the program provides.

In many communities, grantees adapted their service models, converting slots between program options or blending funding streams, to better align with local demand and maximize access for the families who need services most. This flexibility and community responsiveness is a meaningful strength of Florida's Head Start system and reflects grantees' ongoing commitment to meeting families where they are.

The scale of SR and VPK enrollment reflects the breadth of Florida's early childhood system – but breadth is not the same as depth. Head Start's value lies not in the number of children served but in the comprehensiveness of what is provided to each child and family. For children experiencing homelessness, developmental delays, or family crises, a part-day prekindergarten program or a childcare subsidy is not sufficient. Head Start's integrated model – combining early education with health, mental health, disability, nutrition, and family support services delivered by a team of trained staff, is designed for exactly these children. In Florida, where 2,742 enrolled children are experiencing homelessness, 431 are in foster care, and the majority qualify through poverty or public assistance, Head Start is not a supplement to the early childhood system. It is its most intensive and comprehensive component.

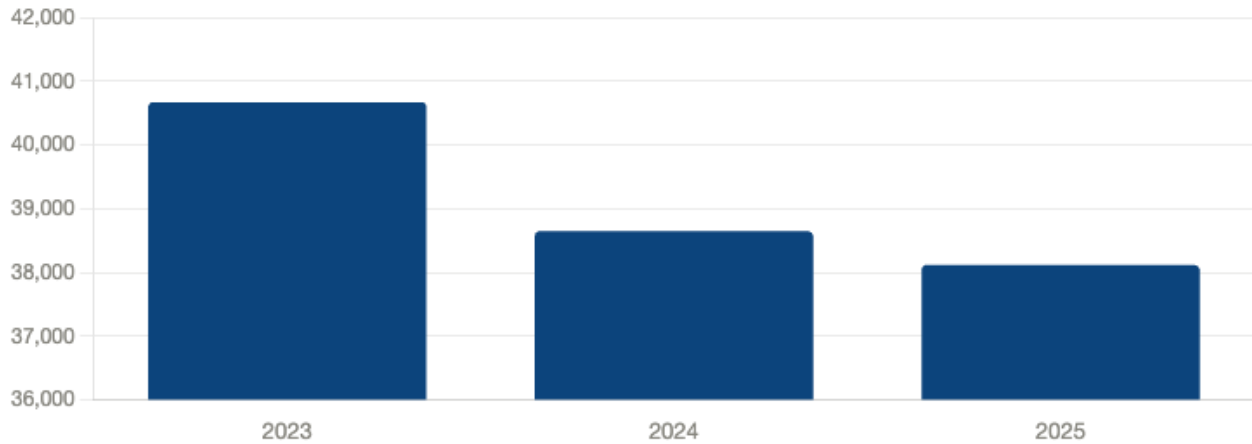
The federal structure that makes Head Start possible is also what makes it irreplaceable. Unlike programs whose scope and eligibility may vary with available funding, Head Start's federal framework guarantees a consistent floor of comprehensive services, safety protections, and family supports for the most vulnerable children in every community it serves. A child in rural Florida with limited state early childhood investment receives the same core protections, developmental screenings, and family services as a child in a well-resourced district – because federal standards, not local budget decisions, define what Head Start must provide. This consistency is not bureaucratic overhead. It is the mechanism through which equity is delivered to the families and communities where access to early childhood services has been limited.

Enrollment by Program Option

	Total	Center-Based	Home-Based	FCC	Pregnant Women
2023	42,743	40,673	792	578	206
2024	40,539	38,645	688	572	216
2025	39,802	38,116	674	552	220

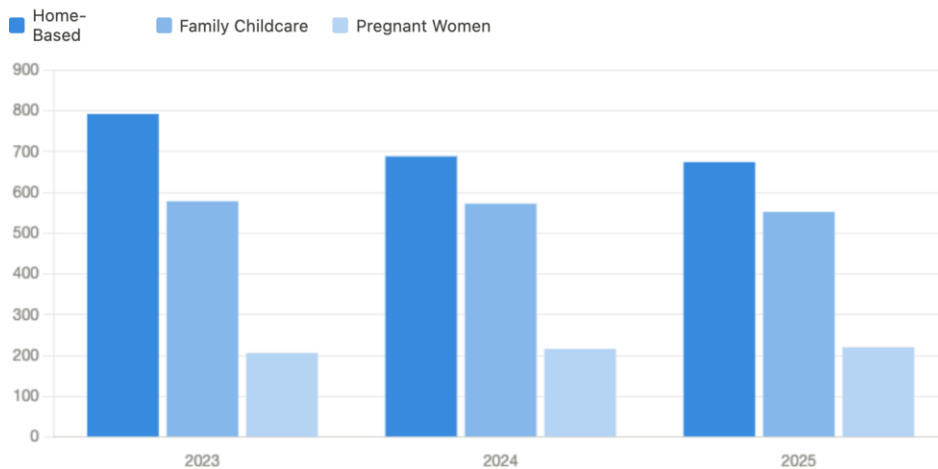
Office of Head Start PIR 2025

Center-Based Enrollment



Home-Based, Family Childcare, and Pregnant Women Enrollment

Home-based enrollment has declined notably over the three years (about a 15% drop), and Family childcare has also decreased slightly. In contrast, Pregnant Women enrollment has been slowly and steadily increasing.



Childcare Partner Capacity

PIR play an important role in expanding access to Head Start Preschool and Early Head Start services in Florida. According to the 2025 OHS PIR, a total of 3,848 center-based funded slots are located within childcare partner sites. When all program options at partner sites are included, center-based, locally designed, and family child care, total funded enrollment at CCPs reaches 4,400 children. These partnerships allow Head Start programs to collaborate with community-based childcare providers to increase the availability of high-quality early learning opportunities for infants, toddlers, and preschool-aged children across multiple service models. By leveraging existing childcare infrastructure, CCPs help programs meet community needs, expand service capacity, and provide families with more flexible and accessible early childhood education options.

Funded Slots at Childcare Partner (CCP) 2025

Funded Slots at CCP	# of Slots
Total Number of Slots at a CCPs (only center-based)	3,848
Total Funded Enrollment at CCPs (all program options)	4,400

Office of Head Start 2025

Childcare partnerships also reflect Head Start's broader strategy for meeting community need within constrained resources. By co-locating services within existing childcare infrastructure, programs can extend their reach without the cost of building or leasing new facilities — making it possible to serve more children in more communities, particularly in areas where dedicated Head Start sites may not be available or accessible to families.

Race and Ethnicity

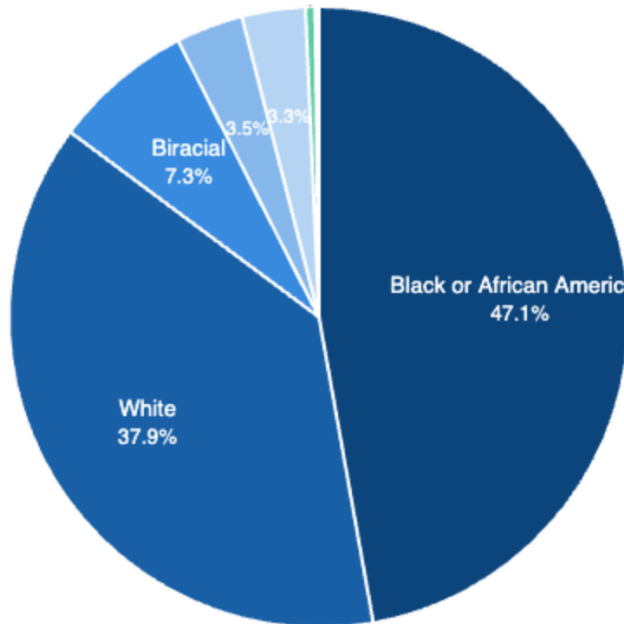
The racial and ethnic composition of children served by Florida's Head Start programs reflects the diversity of the communities these programs support. According to the 2025 PIR, the largest group of children served are Black/African American (47.1%), followed by White children (37.9%). Children identified as biracial or multi-racial represent 7.3% of enrollment, while 3.5% are categorized as other races and another 3.5% have unspecified race or ethnicity. Smaller percentages include Asian children (0.5%), American Indian or Alaska Native children (0.1%), and Native Hawaiian or Pacific Islander children (0.1%). Additionally, 38.6% of all enrolled children identify as Hispanic or Latino across racial groups. These data highlight the important role Head Start programs play in serving racially, ethnically, and linguistically diverse families across Florida.

Race/Ethnicity of Children Served in Florida 2025

Race/Ethnicity	Percentage of Cumulative Enrollment
American Indian/Alaska Native	0.1%
Asian	0.5%
Black or African American	47.1%
Native Hawaiian/Pacific Islander	0.1%
White	37.9%
Biracial/Multi-racial	7.3%
Other	3.5%
Unspecified Ethnicity or Race	3.5%
Hispanic/Latino (all races)	38.6%

Office of Head Start PIR 2025

■ Black or African American 47.1%
 ■ White 37.9%
 ■ Biracial/Multi-racial 7.3%
 ■ Other 3.5%
 ■ Unspecified 3.3%
■ Asian 0.5%
■ Amer. Indian/Alaska Native 0.1%
■ Native Hawaiian/Pacific Islander 0.1%



Source: OHS PIR 2025 (cumulative enrollment). Note: Hispanic/Latino is reported separately as an ethnicity across all racial groups and is not included as a slice.

Languages Spoken at Home and Dual Language Learners 2025

Language data further demonstrate the diversity of families served. While English remains the primary language for the majority of families (27,297), a substantial number of children come from homes where Spanish is spoken (13,325). Additional linguistic diversity is represented through Caribbean languages (3,626), Native Central American, South American, and Mexican languages (481), and smaller populations speaking Middle Eastern, South Asian, European, Slavic, African, and Pacific Island languages. Florida served 20,393 Dual Language Learners, representing a significant portion of the enrolled population. This underscores the importance of bilingual staff, culturally responsive curricula, translation services, and professional development focused on language acquisition and family engagement.

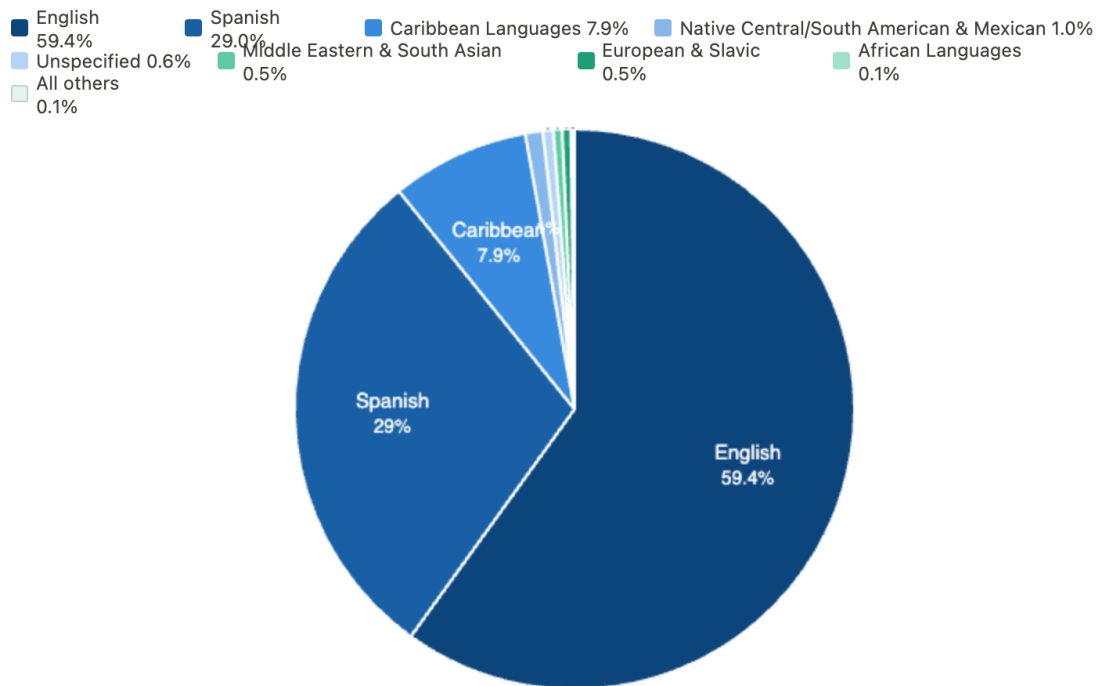
Languages at Home 2025

Primary Language of Family At Home	# of Children/Pregnant Women
English	27,297
Spanish	13,325
Native Central American, South American, & Mexican Languages	481
Caribbean Languages	3,626
Middle Eastern & South Asian Languages	222

Native North American/Alaska Native Languages	0
Pacific Island Languages	3
European & Slavic Languages	213
African Languages	33
American Sign Language	26
Other	10
Unspecified	256
Dual Language Learners	20,393

Office of Head Start PIR 2025

Taken together, Florida's enrollment data reflect a Head Start system that is working hard to reach the state's most vulnerable children and families within a landscape of declining capacity and growing need. The diversity of children served, racially, linguistically, and by risk factor, demonstrates that programs fulfilled their core mission of prioritizing those who need comprehensive early childhood services most. Sustaining and strengthening that capacity will require addressing the workforce, funding, and systemic barriers documented throughout this assessment, and ensuring that Head Start remains a well-resourced, well-supported cornerstone of Florida's early childhood system.



Source: OHS PIR 2025. Note: Native North American/Alaska Native Languages and Pacific Island Languages each represent fewer than 10 families and are grouped with other small language groups. Languages with zero enrollment are excluded.

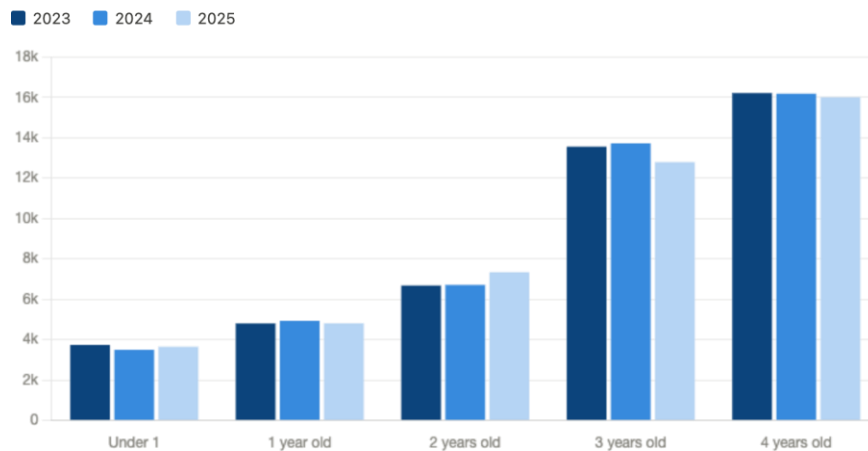
Cumulative Enrollment by Age 2023-2025

	Less than 1	1 year old	2 years old	3 years old	4 years old	5 years old	Pregnant Women
2023	3,737	4,801	6,677	13,551	16,205	9	612
2024	3,495	4,929	6,706	13,715	16,172	3	523
2025	3,643	4,803	7,334	12,782	15,997	433	531

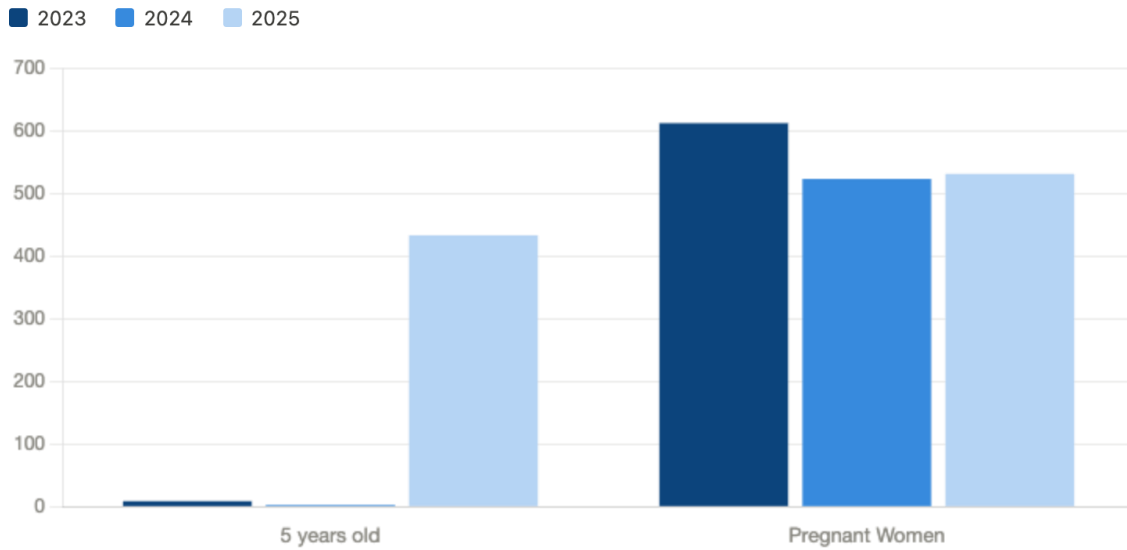
Office of Head Start PIR 2023-2025

Cumulative enrollment reflects the total number of children and pregnant women served by a program throughout the entire program year, including children who enrolled, left, and were replaced by new enrollees — and therefore exceeds funded enrollment figures. Enrollment by age in Florida's Head Start Preschool and Early Head Start programs show a consistent concentration in the preschool age range, with some notable shifts between 2023 and 2025. Four-year-olds represent the largest share of cumulative enrollment in all three years, with 16,205 children in 2023, 16,172 in 2024, and 15,997 in 2025. Three-year-olds follow as the second largest group, though their numbers declined from 13,551 in 2023 to 12,782 in 2025. Together, children aged three and four continue to make up the majority of total enrollment, reflecting Head Start's core focus on kindergarten readiness. Among younger children, two-year-old enrollment increased from 6,677 in 2023 to 7,334 in 2025, suggesting modest growth in Early Head Start toddler services. Infant enrollment has remained relatively stable, with children under age one numbering 3,737 in 2023 and 3,643 in 2025. One-year-old enrollment has also held steady, ranging from 4,801 to 4,929 across the three years. Notably, enrollment of five-year-olds increased sharply from 9 in 2023 and 3 in 2024 to 433 in 2025, reflecting an uptick in children who remained enrolled beyond preschool age. Services to pregnant women through Early Head Start declined from 612 in 2023 to 523 in 2024 before recovering slightly to 531 in 2025.

Cumulative Enrollment by Age (0-4) 202-2025



Cumulative Enrollment by Age (5-year-olds and pregnant women) 2025



Note: The significant increase in 5-year-old enrollment in 2025 may reflect a program or reporting change.



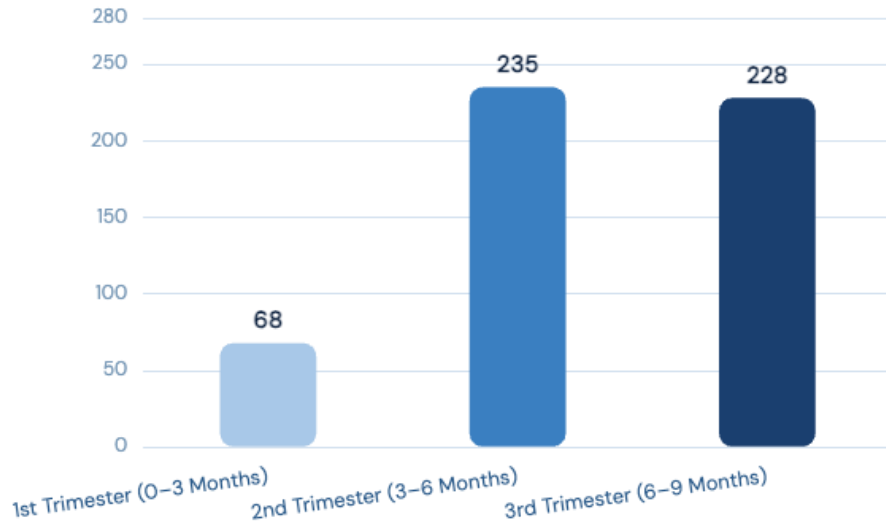
Prenatal Health – Pregnant Women (EHS Programs) 2025

Trimester of Pregnancy in which Enrolled	# of Pregnant Women in the Florida
1 st Trimester (0-3 Months)	68
2 nd Trimester (3-6 Months)	235
3 rd Trimester (6-9 Months)	228

Office of Head Start PIR 2025

Enrollment data for pregnant women participating in Early Head Start programs in Florida indicate that most expectant mothers are enrolled during the middle and later stages of

pregnancy. Of the 531 pregnant women served, 235 enrolled during the second trimester and 228 enrolled during the third trimester, while only 68 women enrolled during the first trimester. This pattern suggests that many families connect with Early Head Start services after the early stages of pregnancy. Increasing outreach and referral efforts to reach expectant mothers earlier in pregnancy could provide greater opportunities for programs to support prenatal health, connect families to medical care and nutrition services, and promote healthy birth outcomes for infants and families.



Attendance

For children living in poverty, experiencing homelessness, or navigating family instability, getting to school every day is not simply a matter of routine — it is a daily negotiation with the barriers that poverty creates. Transportation challenges, unpredictable work schedules, housing moves, health crises, and family stress can all interrupt a child's ability to attend consistently, regardless of how much a family values the program or wants their child to be there. Regular attendance is a critical factor in whether children receive the full benefit of Head Start Preschool and Early Head Start services — children who are chronically absent, defined as missing 10% or more of scheduled class days or home visits, are less likely to make the developmental and school readiness gains that the program is designed to support. But for Head Start programs, chronic absenteeism is understood first and foremost as a signal about family need — not a measure of program failure. Patterns of chronic absence reflect the underlying barriers that Head Start's comprehensive model is uniquely positioned to identify and address, and attendance data reveal where outreach and support efforts are most needed.

Absenteeism

Attendance and Absenteeism	# of Children
Children that were chronically absent	25,839
Of those children, the number that stayed enrolled until the end of enrollment	18,922
Head Start Preschool children that were chronically absent	55.6%
Early Head Start children that were chronically absent	64.5%
Migrant children that were chronically absent	67.9%

Office of Head Start PIR 2025

Attendance data from the 2025 PIR confirmed that the families enrolled in Florida's Head Start programs were navigating exactly the kinds of barriers that chronic absenteeism reflects. A total of 25,839 children were identified as chronically absent during the program year, a number that speaks not to disengagement but to the depth of need among the families Head Start serves. Critically, 18,922 of these children, 73%, remained enrolled through the end of the enrollment period. This retention rate is a meaningful indicator of program strength: families experiencing significant barriers stayed connected to Head Start even when consistent attendance was not possible, because the program continued to reach out, provide support, and maintain the relationship. Head Start programs did not lose these families. They held onto them.

Chronic absenteeism at this scale reflects the reality of serving Florida's most vulnerable families, families for whom transportation, housing, health, and economic instability are daily challenges. These are not barriers that families can resolve on their own, and they are not barriers that a traditional school model is designed to address. They are precisely the barriers that Head Start's comprehensive, family-centered model exists to meet. The data does not indicate that programs are failing to engage families, they indicate that the families Head Start serves face

extraordinary challenges, and that programs have worked actively to support them through those challenges while keeping children connected to services.

Chronic absenteeism rates also vary across program types in ways that reflect the specific circumstances of the populations served. Early Head Start programs, which serve infants and toddlers whose families often face greater logistical challenges around infant care and work schedules, show higher rates of chronic absence than Head Start Preschool programs. Migrant and Seasonal Head Start programs face the most significant attendance challenges of all, as families move frequently and children may be enrolled for shorter periods, making consistent attendance structurally difficult regardless of family intent or program quality. These differences underscore that chronic absenteeism in Head Start is not a uniform problem with a single solution. It reflects the diverse and complex circumstances of the families programs serve, and it requires differentiated, community-responsive strategies to address.

Supporting Families to Improve Attendance: Family Services and Wraparound Support

Head Start programs across Florida recognize that chronic absenteeism is rarely a matter of disengagement – it is most often a reflection of real-life barriers that families are navigating. Transportation challenges, unstable housing, health concerns, family work schedules, and other socioeconomic stressors can interrupt a child’s ability to attend consistently. Addressing these barriers is a core function of Head Start’s two-generation model, which positions the program not only as an early learning provider, but as a hub of family support and community connection.

A cornerstone of this approach is the work of the Family Services Workers who serve as the primary bridge between enrolled families and the resources and support they need. Family Services Workers build ongoing, trusting relationships with families throughout the program year, monitoring attendance patterns, conducting outreach when absences emerge, and working collaboratively with families to understand and address what is getting in the way. Their work is proactive rather than reactive: rather than waiting for chronic absenteeism to take hold, Family Services Workers engage families early and often to identify potential challenges before they disrupt attendance.

When attendance concerns arise, Family Services Workers connect families to a range of supports, which may include:

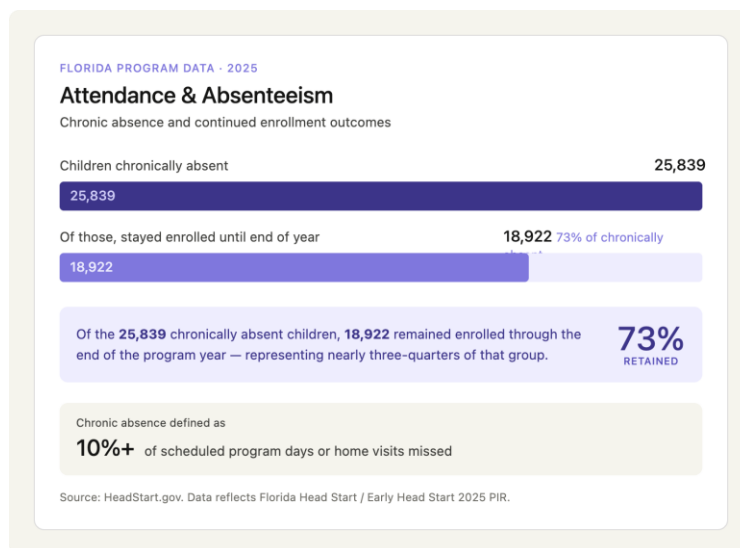
- Transportation assistance, such as identifying community transit options, coordinating with local providers, or helping a family problem-solve logistical barriers to getting their child to the program.
- Basic needs referrals, linking families to food assistance, utility support, emergency housing resources, clothing programs, and other community services that reduce household stress and allow parents to prioritize their child’s participation.
- Health and mental health resources, helping families access medical care, behavioral health services, or developmental screenings that may be contributing to attendance challenges

- Crisis support and stabilization, connecting families experiencing domestic instability, housing crises, or other acute stressors to appropriate community-based services so that children can return to consistent attendance as quickly as possible.

This work is grounded in Head Start’s Family Partnership Agreement process, a strengths-based, goal-setting framework through which families and program staff collaboratively identify priorities related to education, employment, health, housing, and family well-being. Attendance is naturally woven into this process: when a pattern of absence reflects an underlying family need or barrier, the partnership agreement becomes the vehicle through which the program and family develop a shared plan to address it.

Florida’s Head Start programs also leverage their connections to broader community networks, including local social service agencies, school districts, housing authorities, and health systems, to ensure that families have access to support that extends well beyond the classroom. This ecosystem of care reflects Head Start’s foundational commitment to the whole family: when families are stable and supported, children are better able to show up, engage, and benefit fully from the early learning and developmental services they are enrolled to receive.

Ultimately, Florida's chronic absenteeism data is not a story about Head Start falling short — it is a story about what it means to serve the state's most vulnerable children and families. The barriers that keep children from attending consistently are the same barriers that define the lives of the families Head Start prioritizes for enrollment. Addressing those barriers requires exactly the kind of proactive, relationship-based, whole-family support that Head Start's model provides, and continued investment in Family Services Workers, community partnerships, and family-facing resources is essential to ensuring that every enrolled child has the opportunity to consistently access and benefit from the comprehensive services Head Start is designed to provide. Florida's Head Start programs are not just attendance managers. They are family stabilizers, and the attendance data reflect both the scale of that challenge and the depth of that commitment.





Workforce

Florida's early childhood workforce crisis is not a Head Start problem; it is a statewide problem that Head Start programs are navigating within more constrained resources than any comparable sector. Across Florida, the demand for qualified early childhood educators, family support professionals, and specialized service staff far exceeds the supply. Low compensation, limited career advancement pathways, and the emotional demands of working with high-need populations have created chronic workforce shortages that affect every corner of the early childhood system. For Head Start programs, which operate entirely on federal dollars with no state funding supplement, these statewide pressures are compounded by a structural funding constraint that limits their ability to compete for the same pool of qualified candidates that public school systems and state-funded programs are recruiting from. The workforce data presented in this section reflects what it looks like when a program deeply committed to serving Florida's most vulnerable children is asked to do that work without the compensation infrastructure needed to sustain the people doing it.

Workforce Composition and Community Engagement

Head Start's workforce is not simply a staffing structure; it reflects the communities programs serve. Federal performance standards require that Head Start programs actively recruit staff who reflect the cultural, linguistic, and demographic backgrounds of enrolled families, recognizing that trusted relationships between staff and families are foundational to the program's effectiveness. In Florida, where enrolled families speak dozens of languages and represent diverse racial, ethnic, and cultural backgrounds, building and maintaining a workforce that can authentically connect with and support those families is both a federal requirement and a program strength.

Florida's Head Start Preschool and Early Head Start workforce reflects both a substantial staffing infrastructure and strong community engagement. Statewide, programs employed 10,890 Head Start Preschool and Early Head Start staff and 1,038 contracted staff, supporting

comprehensive early childhood services for children and families. Notably, 2,034 direct staff and 99 contracted staff are current or former Head Start parents, demonstrating the program’s longstanding role in developing leadership and career pathways within the communities it serves.

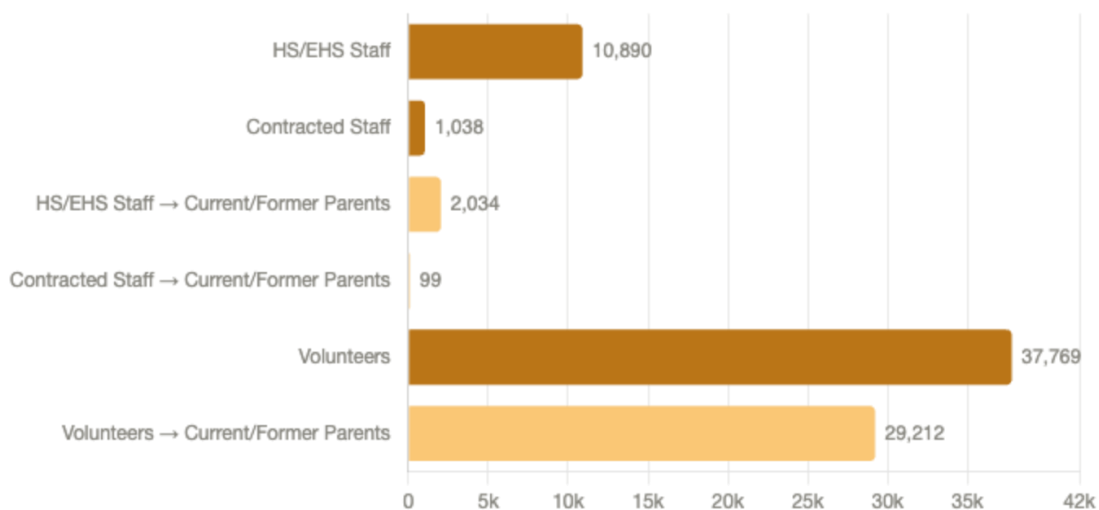
Volunteer participation is also significant. Florida programs reported 37,769 volunteers, including 29,212 current or former parents, highlighting strong family engagement and community involvement. This level of volunteer participation reflects the foundational Head Start principle of parent and community partnership and contributes to the program’s broader support network for children and families. On average, programs reflected approximately 3.5 volunteers for every staff member, illustrating the breadth of community support that supplements program services.

Staff and Volunteers

Head Start/Early Head Start staff	10,890
Contracted staff	1,038
Head Start/Early Head Start staff who are current or former parents	2,034
Contracted staff who are current or former parents	99
Volunteers	37,769
Volunteers who are current or former parents	29,212

Office of Head Start PIR 2025

■ Total ■ Current or former parents



Workforce Stability and Turnover

Workforce stability is not an administrative concern – it is a child development concern. For young children, particularly infants and toddlers, consistent relationships with caring adults are foundational to healthy social-emotional development. When teachers and home visitors leave,

children lose consistency. When vacancies go unfilled, classroom ratios are stretched, remaining staff carry heavier loads, and the quality of interactions that drive developmental gains is compromised. Florida's Head Start programs are experiencing workforce instability at rates that have real consequences for the children they serve, and those consequences are a direct result of statewide structural pressures that programs cannot resolve on their own.

Based on available data, Florida experienced a workforce turnover rate of approximately 17.5% among Head Start Preschool and Early Head Start staff during the program year (1,905 departures out of 10,890 staff). This rate aligns with broader early childhood workforce trends, which often exceed turnover levels in K–12 education and other public service sectors. The 2026 FHSA and HSCO Compensation and Benefits Study reports instructional staff turnover at a mean of 21.1% among participating programs, somewhat higher than the statewide PIR-based rate of 17.5%, reflecting differences in the populations surveyed and the methodology used to calculate turnover. Both figures point to the same underlying challenge: Florida's Head Start programs are losing staff at rates that exceed sustainable levels for high-quality early childhood programs. High turnover can disrupt relationships between teachers and children, reduce program continuity, and increase recruitment and training costs for programs.

It is important to understand what drives these departures. Of the 1,030 education staff who left during the program year, 204 left for higher compensation, a direct reflection of the wage gap between Head Start and comparable roles in public education and other sectors. An additional 151 left due to retirement or relocation, and 108 were involuntary separations. The largest category (541 departures attributed to other reasons) likely includes staff who left due to burnout, career changes, or personal circumstances shaped by the same economic pressures affecting the families programs serve. These are not failures of program culture or leadership. They are the predictable consequences of asking skilled professionals to do extraordinarily demanding work for wages that do not reflect the complexity or importance of that work.

Educational staff represent a particularly critical area of workforce instability. Programs reported 1,030 education staff departures during the program year, representing a significant loss of classroom experience and continuity. Among these departures:

- 204 staff left for higher compensation
- 151 left due to retirement or relocation
- 108 were involuntary separations
- 541 reported other reasons for leaving

Additionally, 208 education vacancies remained unfilled for three months or longer, indicating persistent staffing shortages that may disrupt classroom operations, increase workload for remaining staff, and affect program continuity for children and families.

Staff Turnover

	Head Start Preschool/Early Head Start staff	Contracted staff
Total # of staff who left during the program year	1,905	144
Of the above, # who were replaced	1,036	50
# of education staff who left during the program year	1,030	
Education: # who left for higher compensation	204	
Education: # who left for retirement or relocation	151	
Education: # involuntary separation	108	
Education: Other	541	
# of Education vacancies that remained unfilled for 3 months or longer	208	

Office of Head Start PIR 2025

Replacement Gap

Of the 1,905 staff who left their positions, only 1,036 were replaced during the program year. This represents a replacement gap of approximately 46%, meaning that nearly half of vacated positions were not immediately filled. Persistent vacancies can increase workload for remaining staff, contribute to burnout, and affect the consistency of services delivered to children and families. For the children in those classrooms, an unfilled vacancy is not an administrative data point, it is a disruption to the consistent, relationship-based care that early childhood development requires.

Focus group discussions with Head Start Directors reinforced and deepened the picture painted by the PIR data. Directors consistently described increasing behavioral challenges among children as a significant and growing driver of staff stress and turnover – one that goes beyond compensation alone. Educators reported feeling overwhelmed by the complexity of needs in their classrooms, particularly when children exhibit severe or persistent behavioral challenges without adequate intervention support. In several programs, these conditions have led experienced teachers to leave the profession entirely, not because of the pay, but because of the emotional and professional toll of working without sufficient behavioral health resources. Directors noted that while social-emotional frameworks such as Conscious Discipline are widely used, they do not fully address the range of behavioral needs programs are currently seeing, and that additional specialist support at the classroom level is needed.

Compensation and Workforce Retention

Compensation continues to be a significant factor affecting workforce recruitment and retention across Florida’s early childhood sector. Statewide, the average salary for a preschool teacher is approximately \$28,350 annually (\$13.63 per hour), with entry level wages as low as \$22,290 annually (\$10.72 per hour). Even senior-level preschool teachers average only \$29,890 annually (\$14.37 per hour), while top earners reach approximately \$43,450 annually (\$20.89 per hour). Florida employs approximately 26,600 preschool teachers statewide, yet teacher compensation ranks among the lowest nationally. Research consistently links low wages to higher turnover rates in early childhood education – studies show that teachers earning \$50,000 or more annually report significantly higher job satisfaction and lower turnover compared to lower-income peers. In addition to compensation, working conditions also influence retention. Factors such as benefits, workload, class size, teacher-to-child ratios, communication, and organizational culture significantly affect job satisfaction and workforce stability.

Florida Preschool Teacher Compensation Annual salary and hourly wage by experience level		
Teacher level	Annual salary	Hourly wage
Entry level	\$22,290	\$10.72/hr
Mid level	\$28,350	\$13.63/hr
Senior level	\$29,890	\$14.37/hr
Top level	\$43,450	\$20.89/hr

Source: CareerExplorer. Reflects statewide Florida averages for preschool teachers across all early childhood settings.

Florida’s preschool teacher compensation data reflect a statewide valuation of early childhood work that does not match its demonstrated importance. The research is unambiguous: the quality of early childhood education is determined primarily by the quality of the adults delivering it. Yet Florida’s compensation structure for early childhood educators, with average annual salaries below \$30,000 for most positions, send a different signal entirely. These are not wages that attract and retain the skilled, educated workforce that young children need and deserve. They are wages that reflect a longstanding underinvestment in early childhood as a profession, and they create the turnover and vacancy patterns documented throughout this section.

Despite structural constraints, Directors reported that Florida’s Head Start programs have developed creative and meaningful strategies to recruit and retain staff within their existing resources. Several programs have implemented sign-on bonuses, typically around \$1,000, distributed in stages at six months and one year, along with longevity pay after three years of service and annual cost-of-living adjustments. Some programs offer comprehensive benefits

packages in which employers cover both premiums and employee deductibles, a significant competitive advantage in a low-wage sector. Recruitment strategies include participation in job fairs, posting positions through HeadStart.gov, and leveraging word-of-mouth referrals within the communities' programs serve. On the retention side, structured onboarding systems, including 30-, 60-, and 90-day plans, mentorship and buddy systems pairing new hires with experienced staff and weekly orientation sessions, reflect a commitment to integrating new employees thoughtfully rather than simply filling vacancies. These program-level innovations demonstrate genuine resourcefulness, and they provide a strong foundation to build on as systemic funding and policy solutions are pursued.

Head Start Compensation: A Federal-Only Funded Constraint

Florida's Head Start program faces these same pressures, and an additional structural challenge: unlike VPK providers or school district pre-k programs, Head Start programs in Florida receive no state funding. They operate entirely on federal dollars, which means programs have no equivalent lever to pull when federal funding does not keep pace with rising costs or competing wages. The result is a structural compensation gap that program administrators cannot resolve through local adjustments alone.

The 2026 FHSA and HSCO Compensation and Benefits Study documents the consequences of this constraint. Meaning Full Time Enrollment (FTE) staffing across participating programs decreased by 10, from 187 in 2023 to 177 in 2025, continuing a multi-year contraction. Nearly one-third of programs (31%) have applied to reduce funded enrollment, up 15 points from 2023, a direct indicator that workforce shortages are affecting programs' ability to serve eligible children. The share of programs reporting staff increases more than doubled from 21% to 45% between 2023 and 2025, suggesting some stabilization, but 27% of programs still report staff decreases.

Florida's incremental minimum wage increases, culminating in a \$15 per hour requirement in September 2026, are reshaping compensation structures statewide. While these increases benefit entry-level staff, they are creating wage compression that erodes pay differentials for more experienced and credentialed employees, one of the key incentives programs have historically used to reward longevity and professional development. At the same time, the average annual salary increases across all Head Start positions dropped sharply to 1.3% in 2025, down from 4.5% in 2023, meaning that most staff are seeing real compensation declines when inflation is factored in.

Broader State Workforce Trends

Florida's Head Start workforce challenges are best understood not as isolated program problems but as the local manifestation of a statewide early childhood workforce crisis. The same forces that are driving turnover and vacancies in Head Start programs are operating across the entire early childhood and education sector, and in many cases, Head Start programs are competing directly with better-resourced systems for the same candidates. Understanding the statewide context is essential to understanding why program-level solutions, however creative and well-intentioned, are not sufficient to address what is fundamentally a structural problem.

Florida continues to experience critical shortages in Pre-K and primary education, with teacher vacancy rates remaining elevated and approximately 13.8% of teachers working outside their certification or training area. Approximately 40% of teachers leave the profession within their first five years, exceeding the national average. Contributing factors include burnout and increased job demands, workforce disruptions in recent years, limited career advancement opportunities, and a perceived lack of professional recognition.

These statewide shortages intensify competition for the same pool of qualified candidates that Head Start programs are recruiting from, placing programs at a structural disadvantage when they cannot match the compensation, benefits, or job security offered by public school systems.

Implications for the Head Start Workforce

Florida's Head Start workforce data do not describe a system that is failing its mission, they describe a system fulfilling its mission under conditions that make doing so increasingly difficult. The structural constraints facing Florida's Head Start programs require solutions at a level above any individual program or grantee, and the findings below make clear that programs are working at the limits of their available resources while the systemic solutions these efforts depend on have yet to materialize.

The workforce data presented in this section, drawn from both the 2025 PIR and the 2026 FHSA and HSCO Compensation and Benefits Study, paint a consistent picture of a workforce under significant and sustained pressure. Florida's Head Start and Early Head Start programs have real strengths to build on: strong parent staff pipelines, high volunteer engagement, and creative retention strategies that programs have developed in the face of limited resources. Per feedback from the Head Start programs, nearly 9 in 10 programs are investing in staff wellness, and more than half have built job-embedded training pathways that support both staff development and retention.

Directors described specific wellness initiatives that reflect this investment: monthly early release days dedicated to staff well-being, Employee Assistance Programs (EAP), access to mental health consultation for staff as well as children and families, and use of tools such as the Devereux Adult Resilience Survey (DARS) to help staff assess their well-being and connect with resources. Programs have also introduced wellness incentives tied to preventive health participation. These efforts reflect a workforce culture that takes staff sustainability seriously – and they are happening even as directors acknowledged that broader economic pressures, particularly the rising cost of living, continue to affect staff morale and financial stability in ways that programs alone cannot address.

These program-level efforts reflect genuine commitment and creativity in the face of significant constraints, but they cannot on their own offset structural forces that operate well beyond any individual program's control. A 21% instructional turnover rate, a 46% vacancy replacement gap, wages that fall below comparable roles in public education, and one-third of programs applying to reduce funded enrollment are not indicators of program failure. They are indicators of a funding and workforce infrastructure that has not kept pace with the complexity of need that Florida's Head Start programs are being asked to meet. The children and families served by

Head Start, Florida's most vulnerable, deserve a system built to fully support the programs serving them, and closing that gap requires action at the state and federal level, not just at the program level.

Addressing these challenges requires action at the system level, not just the program level. HSCO is uniquely positioned to support that work by strengthening partnerships with state higher education institutions to expand credentialing and T.E.A.C.H. scholarship access, advocating for federal funding that supports competitive Head Start compensation, facilitating alignment between Head Start wage structures and those of public pre-K and K–12 systems, and supporting programs in developing structured career pathways that make Head Start a destination profession rather than a stepping stone.

Mental Health

Florida faces a significant and well-documented early childhood mental health crisis. Young children across the state are experiencing increasing rates of social-emotional challenges, behavioral difficulties, and developmental concerns that have their roots in family stress, poverty, housing instability, and trauma exposure. Yet Florida's mental health system, particularly for children under five, lacks the workforce, infrastructure, and community-based capacity to adequately respond to that need. There are too few licensed mental health professionals trained to work with young children, too few providers willing to serve in early childhood settings at available reimbursement rates, and too few community-based mental health resources in many parts of the state. Head Start programs sit at the intersection of this unmet need and this inadequate system, serving the children and families most likely to need mental health support, in a state that has not built sufficient infrastructure to provide it.

Head Start programs are required by the Head Start Program Performance Standards (45 CFR Part 1302) to provide mental health services as a core component of comprehensive care. These requirements exist because early childhood mental health, the social, emotional, and behavioral well-being of children from birth through age five are foundational to school readiness, healthy development, and long-term outcomes. The Standards require programs to: (1) establish and maintain ongoing relationships with mental health consultants who are licensed or credentialed professionals; (2) use mental health consultants to provide direct consultation to classroom teachers, home visitors, and family child care providers to support children's social-emotional development and address behavioral concerns; (3) identify and refer children and families with mental health needs to community-based services; (4) connect families experiencing stress, depression, or other mental health challenges to appropriate supports; and (5) ensure that programs serving pregnant women provide mental health interventions and follow-up as part of prenatal care. Mental health consultation is a particularly critical requirement: programs must ensure that their education and child development staff have access to a mental health consultant who can provide observation, guidance, and coaching in real time. This is not simply a recommended best practice, it is a federal performance standard, and programs are expected to document and report mental health consultation activity annually through the PIR. The growing complexity of children's social-emotional and behavioral needs, as documented in Florida's Head Start programs, makes these requirements more important than ever.

Florida Head Start Mental Health Services: 2025 PIR Data Snapshot

The table below summarizes Florida's Head Start mental health service data from the 2025 PIR across four content areas: family access to mental health services, staff consultation coverage, childhood diagnoses, and mental health support for pregnant women. Where available, Florida's rates are compared to national benchmarks to provide context for how the state's programs are performing relative to the broader Head Start system. Florida's rate of families receiving mental health services – 11.6% compared to the national average of 14.0% - reflects not a lack of program effort, but the limited availability of mental health providers and community-based mental health infrastructure across many parts of the state. Similarly, the staff consultation rate of 65.2% reflects meaningful coverage given the well-documented shortage of licensed early childhood mental health consultants in Florida and underscores the need for greater investment

in the mental health workforce that programs depend on to support their staff and the families they serve.

Mental Health Service Area	# Served / Count	% / Rate
Families receiving mental health services	4,834	11.6% of families
National context — all programs (families receiving MH services)	102,226	14.0% of families
National context — EHS only (families receiving MH services)	30,188	15.2% of families
Staff receiving MH consultation (classroom teachers, home visitors, FCC providers)	2,701 of 4,145	65.2% of eligible staff
Children diagnosed with ASD	328	—
Children diagnosed with ADHD	128	—
Pregnant women receiving MH interventions & follow-up	117 of 531	22.0% of pregnant women

Office of Head Start PIR 2025

Mental Health Service Delivery in Florida Head Start Programs

Against this backdrop of statewide mental health systems insufficiency, Florida’s Head Start programs are providing mental health services, making referrals, supporting staff, and connecting families to whatever community resources are available. The data below should be read knowing that every number reflects programs doing what they can within a system that has not provided what they need.

Florida’s Head Start programs are meeting their federal obligations to provide mental health services, but the data make clear that the gaps in service delivery do not rest with programs. They rest with a statewide mental health system that lacks resources, workforce, and community-based infrastructure needed to adequately support Florida’s most vulnerable children and families. Florida’s 2025 PIR data reflect programs doing their best within a system that has not provided them the tools to fully meet the depth of need they encounter every day. Mental Health Services staff confirmed this directly in focus groups, describing a landscape in which waitlists for therapists routinely exceed provider availability, mental health professionals with specialized training in early childhood and infant mental health are scarce, and families in acute crisis frequently have few clear pathways to timely support.

Of the 41,556 families served by Florida Head Start and Early Head Start programs, 4,834, or 11.6%, received mental health services during the program year. This is below the national all-programs average of 14.0% and further below the national Early Head Start rate of 15.2%, gaps of 2.4 and 3.6 percentage points respectively. While the difference in rates may appear modest,

the context is critical: focus group participants consistently described families presenting with high levels of stress, anxiety, and depression, and a growing number of children with complex behavioral and social-emotional needs. In that environment a below-average service delivery rate signals that system capacity, not program effort or commitment, is the limiting factor. Florida's Head Start programs are not failing to prioritize mental health; they are operating within a state system that has not built sufficient mental health infrastructure to support the communities Head Start serves.

Mental health consultation data tells a similar story. Of 4,145 classroom teachers, home visitors, and family child care providers eligible to receive mental health consultation, 2,701 (65.2%) received assistance from a mental health consultant through observation and consultation during the program year. That means more than one in three direct-service staff, approximately 1,444 people working daily with young children, did not receive mental health consultation support. This gap is not a reflection of program indifference. It reflects the well-documented shortage of licensed and credentialed mental health professionals in Florida, particularly those with specialized training in early childhood and infant mental health, and the limited availability of consultants willing to serve in Head Start settings at federally restrained reimbursement rates. Focus group participants described teachers navigating severe behavioral challenges in classrooms, including situations in which children threatened others, struggles to distinguish complex behavioral concerns from suspected developmental disabilities, and experiencing significant burnout. In some school district-operated programs, participants reported that teachers may request the removal of children from classrooms when behaviors become difficult to manage. Focus group participants reported that in some school district-operated programs, zero-tolerance policies have at times resulted in suspensions or expulsions of children under five, practices that conflict with HSPSS. These practices represent a systemic misalignment between the early childhood mental health approach Head Start is required to provide and the disciplinary frameworks operating in some of the systems Head Start partners with, and addressing that misalignment requires policy-level coordination, not program-level. Mental health consultation is precisely the resource designed to support staff in these situations, and its uneven reach represents a critical gap in the broader support infrastructure programs depend on.

Focus group participants added important texture to this finding. Staff reported strong interest in obtaining the Infant Mental Health Endorsement, a credential that would meaningfully strengthen their capacity to support young children and families but described the cost of the endorsement and funding restrictions, particularly for county government-operated programs, as significant barriers to participation. This is a concrete and addressable workforce development gap: programs have staff who want to build their skills and are being prevented from doing so by structural funding constraints rather than lack of motivation or commitment.

Participants also described mixed and inconsistent relationships between Head Start grantees and local school districts – regardless of whether programs are operated by nonprofits, school districts, county governments, or community action agencies. These inconsistent partnerships affect coordination around behavioral supports, evaluations, and classroom placements in ways that ultimately fall on children and families. Additionally, Mental Health and Health Services Advisory Committees, which are intended to connect programs with medical and mental health professionals, were described as inconsistently effective, with some lacking meaningful

participation from physicians, psychiatrists, and psychologists. Strengthening these structures represents a relatively low-cost opportunity to improve the mental health infrastructure available to programs across the state.

Among specific populations, 328 children were diagnosed with Autism Spectrum Disorder (ASD) and 128 with Attention Deficit and Hyperactive Disorder (ADHD), conditions that often require intensive behavioral and mental health supports. Additionally, 117 of 531 pregnant women enrolled in Early Head Start programs (22.0%) received mental health interventions and follow-up, a service area that is critically important given the well-established links between maternal mental health and infant social-emotional development. The emergency and crisis intervention data are also notable: 7,870 Florida families (18.9%) received emergency/crisis intervention services, compared to a national average of 26.6% across all programs and 29.5% for Early Head Start programs. As with other service areas, this below average rate most likely reflects the limited availability of crisis mental health services in many Florida communities, not lower need – focus group participants described encountering families in acute crisis on a regular basis, with few clear pathways to connect them to timely support.

Taken together, these data reflect a fundamental mismatch between the mental health needs of Florida's most vulnerable children and families and the statewide infrastructure available to address them, a mismatch that Head Start programs are absorbing daily, with insufficient support. Florida's Head Start programs are not falling short of their mental health obligations because they lack commitment or effort. They are falling short of the full scope of need because Florida, like many states, has not built the mental health system that the children and families Head Start serves require. Closing these gaps will require state-level investment in early childhood mental health workforce development, expanded community-based mental health capacity in underserved regions, and dedicated funding streams that allow programs to access and sustain the consultation and referral partnerships their families need. HSCO and its partners are well-positioned to support and help build that infrastructure, and the data in this section make clear that the urgency of that work cannot be overstated.

Focus group participants also identified promising practices worth building on. Many programs rely on mental health consultation services that provide real-time guidance to teachers and staff navigating complex behavioral and social-emotional needs. Some grantees have begun utilizing the Center for Autism and Related Disabilities (CARD) as a resource for staff and program support, particularly as ASD-related demand increases. One program reported hosting monthly SOS meetings for staff and families, a structured space to discuss challenges and identify solutions collaboratively, as an example of how programs are creating support structures from within when external resources are unavailable. These innovations deserve recognition and replication, and HSCO is well-positioned to document and share these practices across the state network.

Florida vs. National Mental Health Service Comparison

Metric	Florida (2025 PIR)	National All Programs (2024 PIR)	National EHS Only (2024 PIR)
Families receiving mental health services	11.6%	14.0%	15.2%
Staff receiving MH consultation	65.2%	Not reported	Not reported
Families receiving emergency/crisis intervention	18.9% (7,870 families)	26.6%	29.5%
Families receiving research-based parenting curriculum	36.8% (15,278 families)	39.2%	47.7%

Office of Head Start PIR 2024-2025



Disabilities

Florida's young children face significant developmental risks. Poverty, prenatal stress, housing instability, limited access to health care, and exposure to adverse childhood experiences are all associated with elevated rates of developmental delay and disability, and all are disproportionately present in the communities Head Start serves. Early identification of developmental delays and disabilities is not simply a program obligation; it is one of the most consequential investments a state can make in its children's long-term outcomes. Research is unambiguous: children whose developmental needs are identified and addressed before age five have significantly better educational, social, and economic outcomes than those who are identified later or not at all. Florida's early childhood disability identification and intervention system, the network of LEAs, Part C agencies, evaluators, and service providers that programs depend on to complete the pipeline from screening to services, is under-resourced relative to the scale of need. Head Start programs are working within and around that inadequate system every day, identifying children, making referrals, and providing interim support while families wait for evaluations and services that the broader system has not made consistently available.

Early Identification: How Head Start Finds Children Who Need Support

In many Florida Communities, Head Start is the first, and sometimes only, system that systematically examines a child's development before kindergarten. Head Start's approach to disability identification begins long before a formal diagnosis is made. Every child enrolled in Head Start is required to receive a developmental screening within 45 days of enrollment using a valid, reliable screening tool. These screenings assess children across developmental domains (language and literacy, cognition, social-emotional development, physical development, and approaches to learning) and are designed to flag children who may need further evaluation. For many families, this screening is the first time anyone has systematically looked at their child's development. Early identification at this stage is critical. Children whose developmental delays or disabilities are caught and addressed before kindergarten have significantly better outcomes than those who are identified later.

When a screening raises a concern, Head Start programs are required by the HSPPS to refer the children with suspected disabilities to the appropriate organization (LEA or Part C provider). Program staff, including teachers, home visitors, and disability coordinators, work alongside families to understand what they are observing, explain what the screening results mean, and support families through the often complex process of seeking further evaluation. This family-centered approach is essential because a referral that a family does not understand or trust is a referral that does not lead to services.

Screenings, Interventions, and the Path to Early Support

Between initial screening and formal IDEA evaluation, Head Start programs use a range of observation and intervention tools to support children showing developmental concerns. Teachers and home visitors document behavioral and developmental observations over time, building a picture of a child's needs that informs both the referral process and the supports provided in the interim. Programs provide targeted classroom interventions, modify environments and instructional approaches, and engage families in home-based strategies – all while the formal evaluation process is underway or pending.

This interim support matters enormously because the evaluation process takes time. Families and programs often face extended waiting periods between referral and evaluation, and for children in that waiting period, the supports provided by Head Start staff may be the only structured early intervention they are receiving. The work Head Start does in the interim (documenting observations, adapting environments, engaging families, and providing targeted support) is not simply a placeholder. It is meaningful early intervention that can make a real difference in a child's developmental trajectory, regardless of what the formal evaluation ultimately determines.

This gap-filling role is not incidental to Head Start's mission; it is central to it. If the formal evaluation system is slow, under-resourced, or geographically inaccessible, Head Start staff do not stop supporting children. They document, observe, adapt their environments and instructional approaches, and engage families, providing the kind of individualized, relationship-based support that research shows make a meaningful difference in developmental outcomes, even before a formal diagnosis is in place. For many Florida children, the support they receive from Head Start staff during the evaluation waiting period may be the most intensive early intervention they experience.

Response to Intervention (RtI)

Response to Intervention (RtI) is a tiered framework used by schools and early childhood programs to identify and support children with learning and behavioral needs before or alongside the formal special education process. RtI operates in three tiers: universal supports provided to all children (Tier 1), targeted small-group interventions for children showing some concern (Tier 2), and intensive individualized supports for children with significant needs (Tier 3). The framework is designed to ensure that children receive help as soon as a need is identified, rather than waiting for a formal eligibility determination.

In the Head Start context, RtI can be a valuable tool for supporting children with mild to moderate developmental concerns. However, it is important to distinguish between RtI as a genuine early intervention support and RtI as a pathway that delays or diverts children from the Individuals with Disabilities Education Act (IDEA) evaluation process they are entitled to. When a LEA assigns a child to RtI rather than proceeding with a formal evaluation, that child may not receive the legally mandated assessment and services they need, and may arrive at kindergarten without an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP) in place. As documented below, the number of Florida Head Start children assigned to RtI by responsible agencies has more than doubled since 2023, a trend that warrants close monitoring.

A Critical Note on PIR Data and Service Timing

Before examining Florida's disability identification data, it is important to understand a structural feature of how that data is collected and what it can and cannot tell us. The data reported in the PIR represents services delivered within a defined program year reporting window. Because the PIR is submitted at a specific point in time, it does not capture all the children who are ultimately served. Children who are referred near the end of the program year, evaluated over the summer, or determined eligible after the PIR submission date will not appear in that year's disability service counts. Disabilities Services staff confirmed this directly in focus groups, noting that the number of children reported as not receiving evaluations in the PIR is influenced in part by the timing of reporting requirements rather than solely by service gaps. This means that PIR data consistently undercount the full scope of Head Start's disability identification and service activity. Florida's programs are identifying, referring, and supporting more children with disabilities than the PIR data alone reflect. These figures below should be understood as a floor, not a ceiling, of program activity in this area.

IDEA eligibility determination is the process through which children suspected of having a disability are referred for evaluation, assessed by the responsible agency, and found eligible for services under an IEP or IFSP, or determined ineligible. For Head Start Preschool and Early Head Start programs, this pipeline, from referral through evaluation to service delivery, is both a federal compliance obligation and a direct measure of whether children with developmental needs are getting the support they require. Every point at which a child exits the pipeline without receiving services represents a missed opportunity during the most critical window for intervention.

IDEA eligibility and service data from 2023 through 2025 reveal both growing demand for early identification and persistent barriers to completing the evaluation process. Referrals for IDEA evaluations increased each year, rising from 4,088 in 2023 to 4,321 in 2024 and 4,670 in 2025, a 14% increase over three years, reflecting the growing complexity of developmental needs documented throughout this assessment. Of the 4,670 children referred in 2025, 2,829 received an evaluation and 2,274, approximately 80% of those evaluated, were determined eligible for services under IDEA. An additional 104 children who were not found eligible under IDEA still received individualized supports under Section 504 of the Rehabilitation Act.

However, 1,841 children referred in 2025 did not receive an evaluation, representing 39% of all children referred. Among these, 883 remain in pending status, 374 involved parent refusal, 180

were assigned to RtI by the responsible agency, and 196 were attributed to other reasons. Focus group participants shed light on what drives these refusals. Families cited transportation challenges and long travel distances to service providers as primary barriers, along with limited understanding of disabilities and the benefits of early identification and intervention. These findings underscore that parent refusal is not simply a matter of disinterest, it often reflects logistical and informational barriers that targeted outreach and family education efforts can meaningfully address.

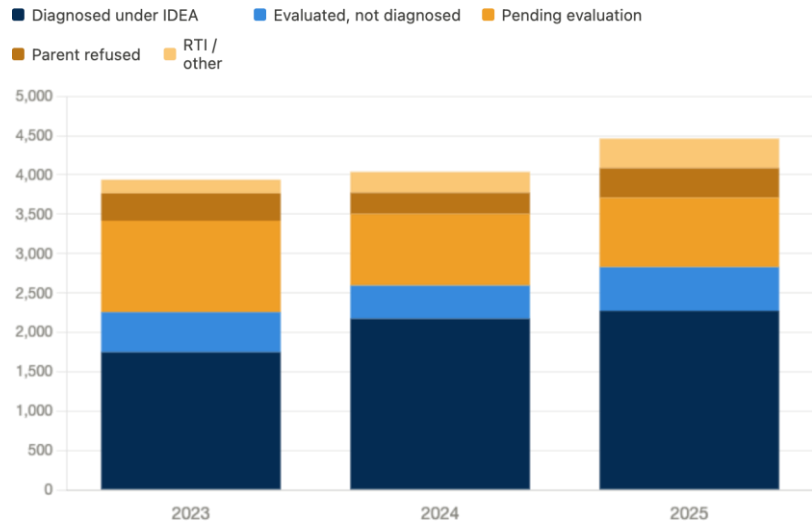
The pending backlog, while still substantial, has decreased from 1,163 in 2023 to 883 in 2025, an encouraging trend. Focus group participants provided important context for understanding both the backlog trend and the increase in RtI assignments. On the backlog, Disabilities Services staff described long timelines from referral to evaluation as one of the most persistent systemic challenges they face – driven not by program delays but by LEA staff carrying high caseloads that limit their ability to conduct screenings and evaluations in a timely manner. Agricultural Head Start programs face a compounding challenge: children are often enrolled for shorter periods, making it difficult to complete the full referral and evaluation process before the program ends, which contributes disproportionately to pending and incomplete cases in the PIR data. At the same time, the number of cases attributed to RtI and other reasons has more than doubled over the same period, from 174 in 2023 to 376 in 2025, suggesting that children are increasingly being redirected away from formal evaluation through alternative pathways. On the RtI trend, focus group participants noted that changes to preschool special education processes have affected how children qualify for disability services, resulting in fewer children meeting eligibility criteria under formal evaluation pathways-

Perhaps no finding in this section better illustrates the systemic nature of Florida’s disability identification challenges than the geographic variability documented in the focus group discussion. Disabilities Services staff emphasized that there is substantial inconsistency across the state in how disability referrals and services are handled by LEAs – differences in procedures, expectations, and available resources create uneven experiences for Head Start programs and families depending on their location. Access to Early Steps (Part C) services is limited in some areas, with some counties having few or no providers, creating major gaps in early identification and intervention for infants and toddlers. Participants also noted that programs now refer directly to LEAs, which positions Head Start and LEA staff as direct partners in the evaluation and referral process. While each Head Start and LEA relationship is unique and productive collaboration remains an ongoing goal, this direct partnership creates opportunities to strengthen communication, streamline referral pathways, and build the kind of working relationships that benefit children and families. These partnerships vary across the state, and continued investment in cross-system collaboration between Head Start programs and their local LEA partners is essential to ensuring that every child who needs an evaluation can access one in a timely manner – regardless of where their family lives.

IDEA Eligibility Determination

IDEA Eligibility	2023	2024	2025
Total # of children referred for an evaluation	4,088	4,321	4,670
Of these, # who received an evaluation	2,257	2,595	2,829
Of those who received an evaluation, # that were diagnosed with a disability under IDEA	1,749	2,174	2,274
Of those who received an evaluation, # that were not diagnosed with a disability under IDEA	508	421	555
Of these children # that still received individualized services and supports described under Section 504 of the Rehabilitation Act	99	80	104
Of the total # referred, the # who did not receive an evaluation	1,831	1,726	1,841
# of children who did not receive an evaluation due to parent refusal	346	268	374
# of children with pending evaluations	1,163	911	883
# of children who did not receive an evaluation due to other reasons	174	265	376

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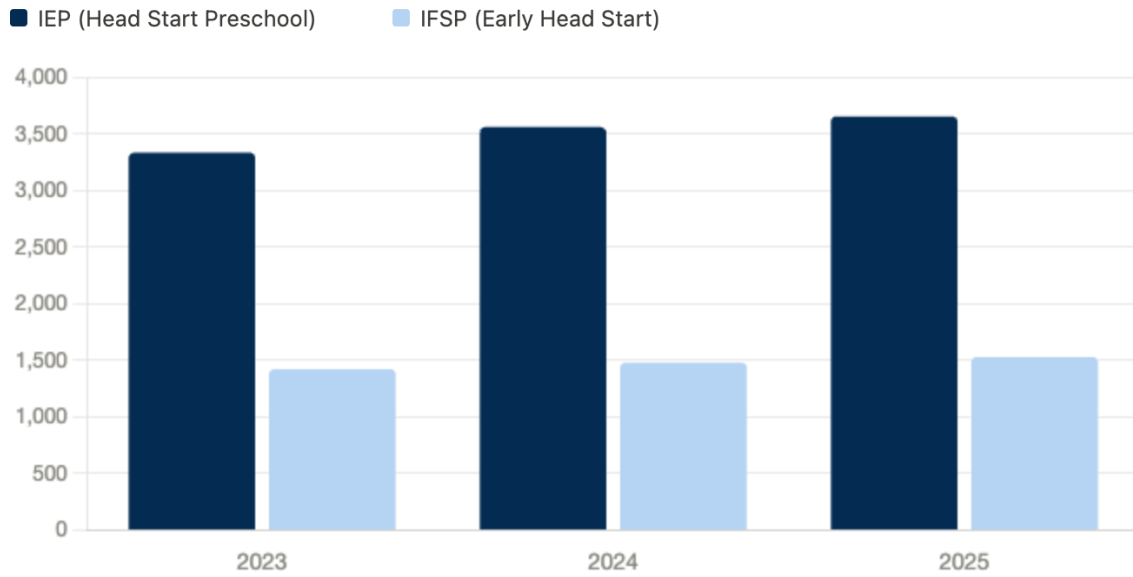
Source: OHS Florida PIR 2023–2025, C.22–C.23. Each bar represents total children referred. Segments show how referrals resolved. All programs combined.

Among children currently enrolled in Florida's Head Start and Early Head Start programs, 3,655 hold an IEP, indicating eligibility for special education and related services through their Local Education Agency, and 1,529 hold an IFSP, indicating eligibility for early intervention services through Early Steps (Part C). Both figures have grown steadily over the three-year period: IEPs increased from 3,335 in 2023 to 3,655 in 2025, and IFSPs increased from 1,421 to 1,529. Together, 5,184 children enrolled in Florida Head Start programs are receiving individualized disability services in 2025, a meaningful increase from 4,756 in 2023. These figures represent children who have successfully completed the referral and evaluation pipeline and are actively receiving services. They do not capture the considerably larger number of children who were referred but remain pending, whose evaluations are incomplete, or who have not yet been identified. The growth in IEP and IFSP holders over three years reflects both improved identification and expanding program capacity to serve children with disabilities and underscores the importance of continuing to strengthen the evaluation pipeline so that every child with a developmental need can access the individualized supports they are entitled to receive.

Disabilities Services – Head Start Programs

Disabilities Services	Program	2023	2024	2025
# of children enrolled in the program with an IEP	HSP	3,335	3,560	3,655
# of children enrolled in the program with an IFSP	EHS	1,421	1,479	1,529
Total	All Programs	4,756	5,039	5,184

Office of Head Start PIR 2023-2025



Source: OHS Florida PIR 2023–2025, C.24 (IEP) and C.25 (IFSP).

Florida vs. National Benchmark: Disability Identification

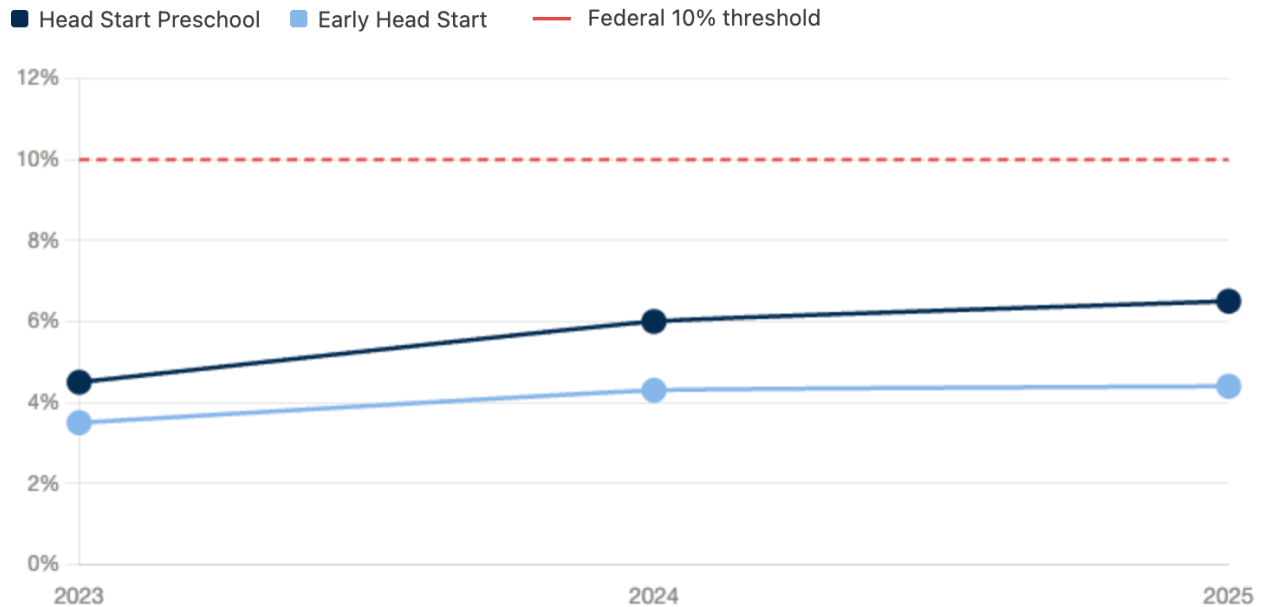
The most striking finding in Florida’s disability identification data is not the raw numbers, it is how far Florida’s identification rates fall below national averages, and what that gap reveals about the state of Florida’s early childhood disability identification system. Nationally, 14.8% of children across all Head Start programs, Head Start Preschool, Early Head Start, and Migrant and Seasonal programs combined, were identified with a disability and received services under an IEP or IFSP. For Early Head Start programs alone, the national identification rate was 14.3%, with 31,522 children holding an IFSP. By comparison, Florida’s Head Start Preschool programs identified disabilities in just 6.5% of enrolled children in 2025, and Florida’s Early Head Start programs identified disabilities in only 4.4%, representing gaps of 8.3 and 9.9 percentage points below the national averages, respectively. Florida’s identification rates are not simply below the federal 10% minimum enrollment threshold; they are approximately half the national average. This means that for every child Florida identifies with a disability, programs nationally are identifying roughly two. The federal 10% threshold represents a floor, not a target, and the national data make clear that programs across the country are serving children with disabilities at rates well above that minimum. The scale of this gap, persistent across both program types and across all three years of Florida PIR data reviewed in this assessment, points to systemic barriers in Florida’s referral, evaluation, and eligibility determination pipeline rather than a genuine absence of need. Children in Florida’s Head Start programs experience the same developmental risks and prevalence rates as children nationally; the difference lies in whether those needs are being identified and served. Closing this gap will require deliberate, coordinated action across the Florida Head Start State Collaboration Office, Local Education Agencies, Early Steps (Part C), and Head Start grantees to strengthen evaluation capacity, reduce wait times, and ensure that every child with a developmental need receives timely identification and access to services.

Florida vs. National Disability Identification Rate Comparison

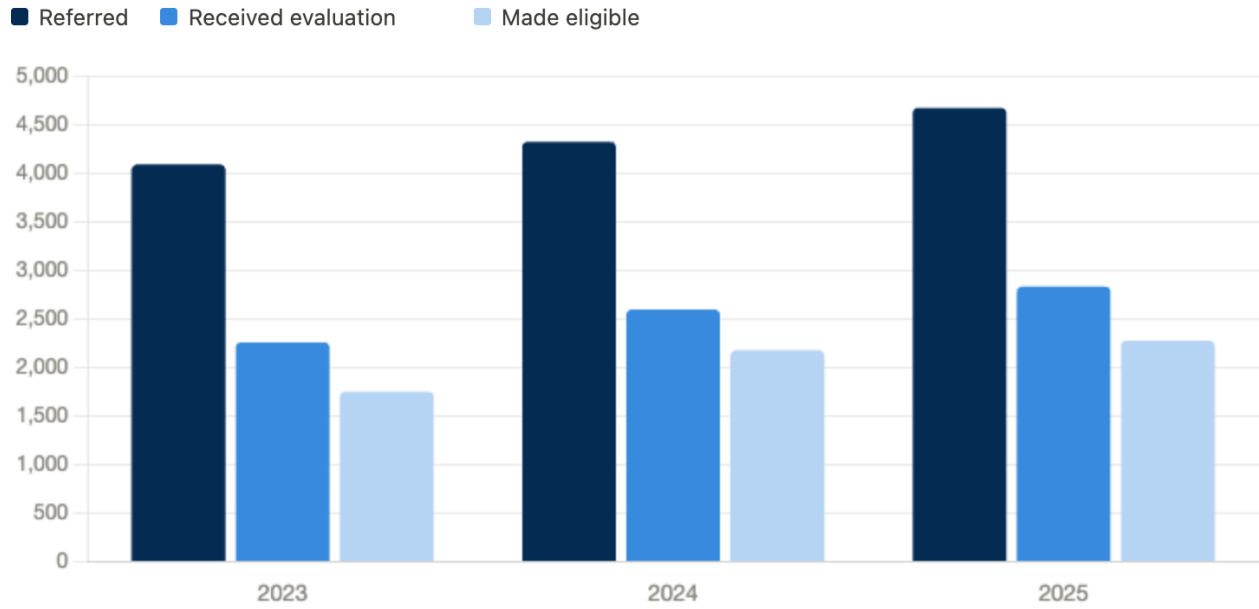
	FL Head Start Preschool (2025)	FL Early Head Start (2025)	National All Programs (2024)	National EHS Only (2024)
Funded Enrollment	27,365	9,473	774,832	187,966
Disability Identification Rate	6.5%	4.4%	14.8%	14.3%
Federal 10% Minimum Threshold	△ Below	△ Below	✓ Above	✓ Above
Gap to National Average	-8.3 pts	-9.9 pts	—	—
Children with IEP / IFSP	1,793 (IEP)	413 (IFSP)	117,332	31,522 (IFSP)

Office of Head Start PIR 2024-2025

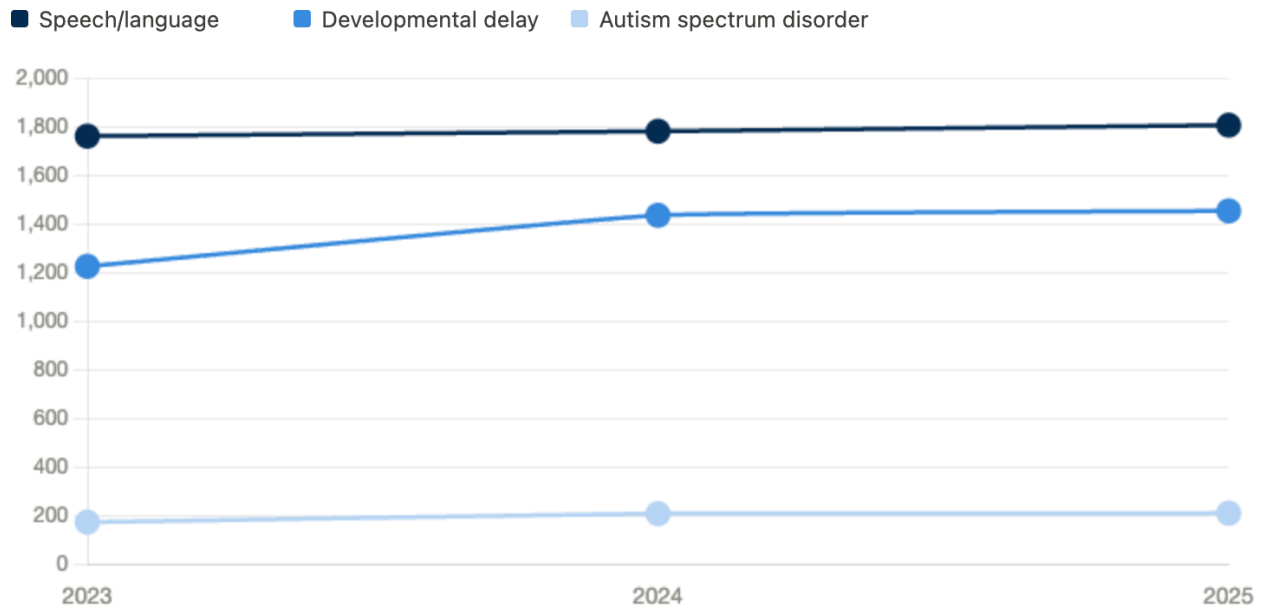
These numbers represent children, real children in Florida communities whose developmental needs exist whether or not they appear in an IEP or IFSP. The gap between Florida's identification rates and national averages is not a measurement artifact or a statistical anomaly. It is a reflection of a system that is not consistently finding, evaluating, and serving the children who need support. Head Start programs are identifying more children than these figures suggest, as the PIR timing note above makes clear, but they cannot complete the pipeline alone. Closing Florida's disability identification gap requires the full engagement of LEAs, Part C agencies, and state policymakers in building the evaluation capacity and service infrastructure that Florida's children are entitled to receive.



Source: OHS Florida PIR 2023–2025. Identification rate = children with IEP or IFSP as a percentage of funded enrollment.



Source: OHS Florida PIR 2023–2025, C.22–C.23. All Head Start, Early Head Start, and Migrant and Seasonal programs combined.



Source: OHS Florida PIR 2023–2025, C.26. Head Start Preschool and Migrant programs only. Top three categories shown.

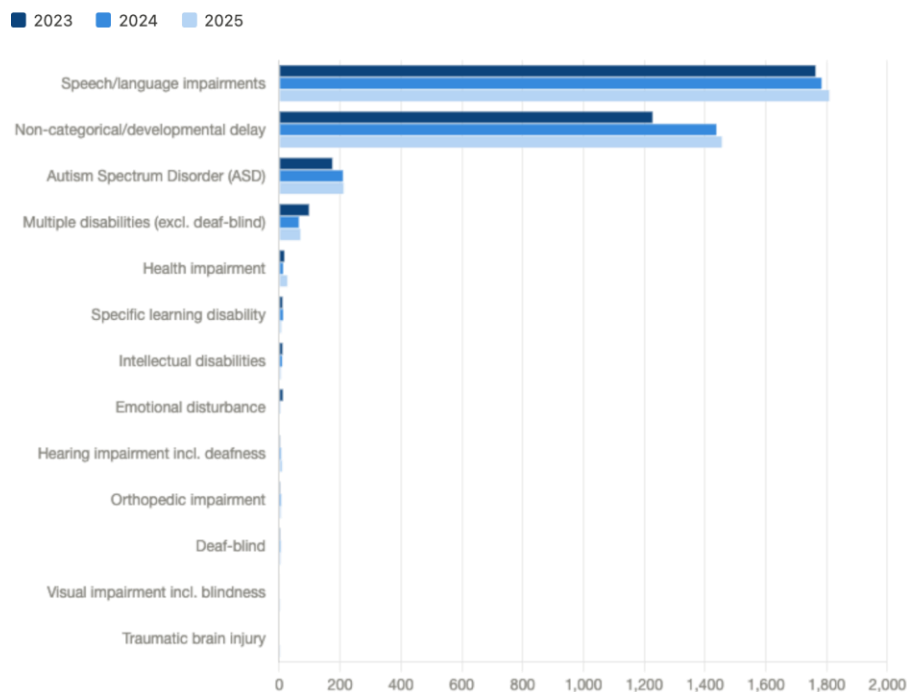
Primary Disabilities Categories – HS

The distribution of disability categories among identified children reflects both the developmental profile of the population Head Start serves and the types of concerns that Head Start’s universal screening process is most effective at flagging. Among children in Florida’s Head Start Preschool and Migrant programs who have been identified with a disability, speech and language impairments remain the most prevalent primary disability category, growing modestly from 1,763 children in 2023 to 1,808 in 2025. Non-categorical developmental delay is the second most common category and has grown more sharply, increasing from 1,227 in 2023 to 1,455 in 2025, a 19% increase over three years. Together, speech and language impairments and developmental delay account for the vast majority of identified disabilities, reflecting the developmental profile of the preschool population and the types of concerns most commonly flagged through early childhood screening. Autism Spectrum Disorder (ASD) is the third largest category and has grown steadily, from 174 children in 2023 to 211 in 2025, consistent with focus group findings describing increasing demand for ASD-related evaluations and services. Multiple disabilities declined from 97 in 2023 to 64 in 2024 before partially recovering to 69 in 2025, a pattern that may reflect variability in classification practices across programs. All remaining categories, including health impairment, hearing impairment, specific learning disability, intellectual disabilities, emotional disturbance, orthopedic impairment, visual impairment, traumatic brain injury, and deaf-blind, represent small numbers of children, though the consistent presence of these categories across all three years underscores the range and complexity of disability needs within the Head Start population. Notably, emotional disturbance dropped from 11 children in 2023 to zero in 2025, a trend worth monitoring given focus group reports of increasing behavioral challenges in classrooms that may not be captured under this classification.

Primary Disability Category(HSP and HSMHS)	2023	2024	2025
Speech/language impairments	1,763	1,783	1,808
Non-categorical/development delay	1,227	1,437	1,455
Autism Spectrum Disorder (ASD)	174	209	211
Multiple disabilities (excluding deaf-blind)	97	64	69
Health impairment	16	12	26
Hearing impairment, including deafness	1	5	9
Specific learning disability	10	12	6
Intellectual disabilities	10	9	5
Emotional disturbance	11	1	0
Orthopedic impairment	3	5	5
Visual impairment, including blindness	2	2	1

Traumatic brain injury	0	0	1
Deaf-blind	3	4	4

Office of Head Start PIR 2023-2025



Source: OHS Florida PIR 2023–2025, C.26. Head Start Preschool and Migrant programs only. All categories shown.

The distribution shown above reflects the developmental profile of Florida’s Head Start Preschool population and the types of concerns most identified through Head Start’s screening process. The concentration of identified disabilities in speech and language impairments and developmental delay underscores the importance of early screening and intervention. These are precisely the categories where timely identification and support have the strongest evidence base for improving school readiness outcomes. The steady growth across the three dominant categories also signals increasing demand on evaluation and service systems, making the pipeline delays and RtI trends documented earlier in this section all the more consequential for children who need timely access to support.

Focus group participants identified several concrete system-level needs that reinforce the data findings. Disabilities Services staff expressed interest in a Disabilities micro-credential for teachers who do not hold a state teaching certification – a targeted professional development pathway that could meaningfully strengthen classroom capacity to support children with disabilities without requiring a full degree program. Staff also emphasized the need for increased coaching support and modeling strategies to help teachers implement appropriate interventions for children with complex needs. Participants expressed strong interest in engaging Early Steps representatives in structured dialogue to improve coordination between Head Start programs and Part C services – a partnership that could reduce evaluation delays and strengthen continuity of support for children transitioning between service systems. These recommendations reflect a

workforce and system that is engaged, solutions-oriented, and ready to act when the right infrastructure and partnerships are in place.



Federal Priorities

The findings of this needs assessment are not simply a description of where Florida's Head Start programs stand today, they are a call to action grounded in federal priorities that recognize the systemic nature of early childhood challenges. The Office of Head Start establishes federal priority areas to guide state collaboration offices in focusing their planning, technical assistance, and systems-building efforts on the issues of greatest importance to the children and families Head Start serves. These priorities provide the framework for this assessment, ensuring that findings and recommendations are aligned with the national direction set by OHS and connected to the levers of change available at the state and federal level. It is important to note that as of the publication of this assessment, OHS has not issued updated federal priorities since 2024. The priority areas reflected here represent the most recently available federal guidance, and HSCO will monitor any future updates and adjust its planning and collaboration activities accordingly.

Office of Head Start Priorities

OHS has established five national priority areas that guide program improvement and strategic investment across all grantees.

- **Priority Area 1** focuses on child health and safety, emphasizing the need to reduce or eliminate risks of harm or environmental hazards for children in Head Start settings.
- **Priority Area 2** promotes partnerships with state systems to ensure that Head Start programs are fully integrated into broader early childhood, health, and human services systems, enhancing access and reducing duplication.

- **Priority Area 3** centers on reaching children and families with the greatest need, ensuring that services are targeted and equitably distributed in underserved and high-need communities.
- **Priority Area 4** addresses workforce development, advocating for competitive wages, strong benefits, and staff wellness initiatives to attract and retain highly qualified early childhood professionals.
- **Priority Area 5** focuses on strengthening program infrastructure to support high-quality service delivery through effective operations, data systems, and continuous quality improvement. Together, these priorities reflect a comprehensive and forward-looking vision for sustaining and elevating the Head Start model.

Florida HSCO Priority Areas

The HSCO focuses on strengthening connections between Head Start programs and state systems to improve services for children and families from prenatal through age five. Its priorities include:

- Align early care and education services across agencies.
- Support state efforts to collect and utilize data for informed decision-making, and
- Expand access to high-quality workforce development opportunities for early childhood professionals.
- Ensure smooth transitions and program continuity by coordinating with school systems, promoting alignment from early learning through elementary education.

Alignment of Priorities

The priorities of OHS and HSCO are closely aligned, and together they map directly onto the most pressing findings of this assessment. The workforce crisis documented in this report aligns with both OHS Priority Area 4 and HSCO's priority to expand workforce development opportunities. The disability identification gaps align with OHS Priority Area 3's focus on reaching children with the greatest need, and with HSCO's priority to coordinate with school systems to improve evaluation and service pipelines. The mental health system insufficiency aligns with OHS Priority Area 2's emphasis on state system integration and HSCO's priority to align early care and education services across agencies. This alignment is not coincidental, it reflects a shared recognition at the national and state level that the challenges facing Florida's Head Start programs are systemic, and that addressing them requires the kind of cross-sector collaboration and support that HSCO is uniquely positioned to lead.

Head Start Grant Recipients Focus Group Results

The following summaries present findings from three structured focus groups conducted with Head Start Directors, Disabilities Services staff, and Mental Health Services staff. Full methodology is described in the Data Collection and Methodology section of this report. Detailed findings from each focus group have been integrated throughout the relevant sections of this assessment – Workforce, Mental Health, and Disabilities – where they provide qualitative context for the PIR data and national benchmark comparisons.

Disabilities Services Staff Focus Group

Major themes identified through the focus group include:

- Delays and barriers in the referral-to-evaluation process
- Limited availability of disability and early intervention providers
- Inconsistent referral processes across LEAs
- Increased behavioral and developmental needs among children
- Staff stress, burnout, and capacity challenges
- Need for additional training and professional development
- Barriers to family participation in evaluation and services
- Limited Early Steps (Part C) service availability in some counties

While Head Start programs remain committed to serving children with disabilities in inclusive environments, system-level challenges continue to affect timely identification and service delivery. Addressing provider shortages, strengthening collaboration with LEA and Early Steps, expanding workforce training opportunities, and improving family awareness of disability services are priority areas for HSCO and its partners to pursue through cross-system collaboration and targeted investment.

Mental Health Services Staff Focus Group

Major themes emerging from the focus group include:

- Limited availability of mental health providers for young children
- Increasing behavioral and social-emotional needs among children
- Growing demand for autism-related services and support
- Classroom challenges related to severe behaviors
- High levels of stress and mental health needs among families
- Workforce development needs, including Infant Mental Health Endorsement
- Inconsistent collaboration with school districts and community partners
- Limited participation of medical and mental health professionals in advisory structures
- Emerging program strategies to support staff and families

Mental health needs among children and families served by Head Start programs are increasing, while access to specialized providers and system supports remains limited. Expanding the early childhood mental health workforce, strengthening partnerships with community providers, and increasing training opportunities for staff are priority areas for HSCO and its partners as they work to support a statewide mental health infrastructure that Florida's programs need.

Directors Focus Group

Major themes emerging from the Directors focus group include:

- Workforce recruitment and retention remain ongoing challenges
- Programs are implementing creative incentives and benefits to attract and retain staff
- Staff mental health and wellness are growing concerns
- Increasing behavioral challenges are affecting classroom environments and staff retention
- Programs need additional behavioral intervention supports
- Disability service availability varies significantly across communities
- LEA infrastructure and capacity issues affect service delivery
- Lack of alignment between state Pre-K systems and Head Start requirements creates administrative burdens

Workforce stability and staff well-being are central challenges affecting program operations across the state. While programs have implemented innovative strategies to recruit and retain staff, increasing classroom behavioral needs, limited access to specialized services, and system-level coordination challenges continue to impact program capacity. Addressing workforce support, expanding behavioral health resources, and improving alignment between state and federal systems are essential to strengthening program sustainability and service delivery across Florida.

Identified Themes

Focus groups conducted with Florida Head Start and Early Head Start program staff provided qualitative depth to the quantitative data presented throughout this assessment. Three structured focus groups were held with Head Start Directors, Disabilities Services staff, and Mental Health Services staff, capturing perspectives across leadership and specialized service areas. These conversations surfaced recurring themes that cut across program types, geographic regions, and agency structures, themes that reflect the operational realities of programs working daily to meet the needs of Florida's most vulnerable children and families. While individual programs vary in their resources, partnerships, and local context, the consistency of themes across focus groups strengthens confidence that the findings represent statewide patterns rather than isolated experiences. The themes below are presented as qualitative context for the data in this assessment and as a direct expression of the priorities, challenges, and strengths identified by the people closest to the work.

Theme 1: Limited Access to Specialized Providers

All three focus groups identified shortages of specialized providers as a significant barrier to serving children effectively.

Disabilities Focus Group

- Long timelines from referral to evaluation.
- Limited availability of professionals conducting evaluations.
- Few Early Steps / Part C providers in some counties.
- Families must travel long distances for services.

Mental Health Focus Group

- Waitlists for therapists exceed provider availability.
- Limited mental health providers specializing in young children.
- Lack of funding for ABA providers.
- Increasing ASD-related service demand.

Directors Focus Group

- Some programs reported limited access to disability services.
- Lack of available staff within LEAs affecting service delivery.

Emerging Pattern

There appears to be a statewide shortage of early childhood specialists, including:

- Developmental evaluators
- Mental health professionals

- ABA providers
- Early intervention providers

Theme 2: Increasing Behavioral and Developmental Needs

All focus groups reported increasing behavioral or developmental concerns among children.

Disabilities Focus Group

- Difficulty distinguishing severe behaviors from suspected disabilities.
- Increase in children presenting characteristics similar to ASD.

Mental Health Focus Group

- Increased threats or aggressive behaviors in classrooms.
- Growth in ASD-related needs.
- Severe behavioral challenges in classrooms.

Directors Focus Group

- Behavioral challenges contributing to staff stress and turnover.
- Need for intervention support beyond classroom management frameworks.

Emerging Pattern

Programs are seeing more complex developmental and behavioral needs among children than in previous years.

Theme 3: Workforce Stress and Burnout

All groups highlighted staff stress and burnout.

Disabilities Focus Group

- Teachers feeling overwhelmed.
- Coaches needing additional capacity to support teachers.

Mental Health Focus Group

- Staff needing additional training and emotional support.
- Family stress impacting classroom environments.

Directors Focus Group

- Teachers leaving due to classroom behavior issues.
- Cost of living affecting staff mental health.

- Programs implementing wellness initiatives.

Emerging Pattern

Supporting children with complex needs is increasing the emotional and professional demands on staff.

Theme 4: Training and Professional Development Needs

Participants consistently emphasized the need for expanded training and support for staff.

Disabilities Focus Group

- Need for disability micro-credentialing for teachers.
- Need for more modeling and coaching.

Mental Health Focus Group

- Strong interest in Infant Mental Health Endorsement.
- Cost barriers to obtaining certification.

Directors Focus Group

- Coaching and training seen as essential retention tools.
- Programs implementing structured professional development.

Emerging Pattern

Programs need expanded training pathways in early childhood mental health and disabilities.

Theme 5: Family Barriers to Services

Families face barriers that affect access to services.

Disabilities Focus Group

- Parents denying services.
- Lack of understanding of disabilities.
- Travel distances to providers.

Mental Health Focus Group

- Families experiencing high stress, anxiety, and depression.
- Some parents are reluctant to acknowledge developmental concerns.

Directors Focus Group

- Behavioral challenges linked to broader family stressors.

Emerging Pattern

Family stress, service access barriers, and limited awareness of developmental needs affect children's access to services.

Theme 6: System Coordination Challenges

Participants reported coordination issues between programs and external systems.

Disabilities Focus Group

- LEA caseloads affecting screening timelines.
- FDLRS is no longer involved in referral processes.
- Variation in referral processes across counties.

Mental Health Focus Group

- Mixed relationships with school districts.
- Inconsistent Health Services Advisory Committee participation.

Directors Focus Group

- Lack of alignment between state Pre-K systems and Head Start monitoring requirements.

Emerging Pattern

Programs must navigate multiple systems with inconsistent processes, which can delay services.

Implications for the Florida Head Start Collaboration Office

The findings of this assessment make clear that Florida's children and families need more than what any single program can provide, and that Head Start programs, however committed and resourceful, cannot close the gaps documented in this report on their own. Workforce shortages driven by structural under compensation, mental health system insufficiency, disability evaluation backlogs, and the growing gap between eligible children and available slots are all challenges that originate outside Head Start programs and require solutions at the systems level. This is precisely the space HSCO was designed to occupy. As the primary connector between Head Start programs and Florida's broader early childhood, health, and human services systems, HSCO is uniquely positioned to convene the partners, build the agreements, and coordinate the investments needed to address these challenges at the scale they require. The findings in this assessment are not a verdict on program performance; they are a roadmap for HSCO's work.

State Partners

Head Start programs cannot meet Florida's early childhood needs alone — and they are not designed to. The Head Start model is built on the premise that comprehensive, coordinated services require partnerships across systems. HSCO's role is to build and sustain those partnerships at the state level, ensuring that the agencies, organizations, and initiatives that shape Florida's early childhood landscape are connected to and aligned with the needs of Head Start children and families.

The HSCO works with a broad range of state and local partner organizations to coordinate and enhance early childhood systems for children from birth to age five and their families. These partnerships are essential in aligning services, improving access, and ensuring the comprehensive needs of children and families are met across health, education, and family support domains.

Key agency partners include the Florida Department of Education Division of Early Learning, which oversees statewide early learning initiatives, and the Florida Department of Children and Families, which provides critical child welfare and public assistance services. As the primary professional development organization for Florida's Head Start grantees, FHSA also provides leadership and collaboration to strengthen program quality and sustainability. HSCO also collaborates closely with Local Early Learning Coalitions, the Florida Department of Health, Florida KidCare, Children's Medical Services, and organizations such as the Florida Coalition Against Domestic Violence and state colleges and universities to expand access to health care, family supports, and adult education.

The HSCO maintains active partnerships with several systems that directly support children with disabilities and developmental needs. These include Early Steps, Florida's Part C early intervention program; the Florida Diagnostic and Learning Resources System (FDLRS), which provides support to students with disabilities and their families; and the Florida Inclusion Network (FIN), which supports inclusive practices across early childhood and K–12 settings. The HSCO also partners with Local Education Agencies (LEAs) and the Florida Department of Education's Bureau of Exceptional Education and Student Services (BEESS) to ensure inclusive and individualized supports for children with disabilities and collaborates with the McKinney-Vento State Coordinator and Regional Navigators to identify and serve children and families experiencing homelessness.

The HSCO participates in a number of state advisory bodies and cross-system collaborative groups that shape early childhood policy and practice across Florida. These include the Early Childhood Comprehensive Systems Prenatal-Three initiative, the Informal Career Pathway work group, The Children's Movement Early Learning Roadmap and System Transformation Group, the GO NAPSACC State Advisory, the Home Visiting Alliance, and the Healthy Families Florida Advisory. At the national level, the HSCO participates in the National Association for the Education of Homeless Children and Youth Early Childhood (NAEH CY) National Advisory, contributing Florida's perspective to federal policy conversations about homeless children and families in early childhood programs.

Together, these partnerships and advisory relationships ensure that Florida's Head Start programs are deeply embedded within the broader early childhood and social service landscape — connected to the systems, policies, and networks that shape how children and families access services across the state.

Head Start Collaboration Office Priorities

Priority Area #1: Collaborate with state systems to align early care and education services and support children and families prenatally to age 5.

Findings from the statewide data analysis and focus group discussions highlight the importance of strengthening coordination between Head Start programs and state early childhood systems serving children from the prenatal period through age five. Head Start programs in Florida provide services to more than 39,000 children and pregnant women annually, including families experiencing poverty, homelessness, foster care involvement, and other risk factors that require coordinated support across multiple service systems. These findings reinforce the critical role of the Head Start Collaboration Office in facilitating partnerships between Head Start grantees and key state agencies such as the Florida Department of Education – Division of Early Learning, Department of Health, Department of Children and Families, and Early Steps (Part C). Focus group participants also described challenges accessing specialized services such as disability evaluations, early intervention, and mental health providers, particularly in rural and underserved communities. Strengthening formal partnerships, referral pathways, and interagency communication can help ensure children and families receive timely and coordinated services across early childhood, health, and social service systems.

Priority Area #2: Work with state efforts to collect and use data on early childhood programs to guide decision-making and improve child and family outcomes.

The findings of this needs assessment demonstrate the value of data-driven decision-making in strengthening early childhood systems across Florida. Data from the PIR, census sources, and other statewide databases provide critical insight into enrollment trends, workforce stability, disability identification, and family demographics. At the same time, focus group participants emphasized the need for stronger data-sharing partnerships with state agencies, local education agencies, and community providers to better understand child outcomes and service gaps. For example, data show that thousands of children are referred for developmental evaluations each year, yet many referrals remain pending or incomplete due to system capacity challenges. Expanding statewide efforts to share and analyze early childhood data across agencies could help identify trends, improve coordination of services, and guide strategic planning to address unmet needs. The Head Start Collaboration Office is uniquely positioned to support these efforts by facilitating cross-agency data partnerships and promoting the use of shared data to improve outcomes for children and families.

Priority Area #3: Support the expansion of and access to high-quality workforce and career development opportunities for staff.

Workforce data included in this assessment highlight both the strengths and challenges within Florida's early childhood workforce. Head Start programs employ more than 10,000 staff statewide and benefit from strong community engagement, including significant participation from current and former Head Start parents working in programming and volunteering. However, persistent workforce shortages, low compensation levels, and high turnover rates continue to affect program stability and service delivery. Focus group participants reported

increasing stress among teachers due to rising behavioral needs among children and limited access to specialized supports. Participants also emphasized the need for expanded professional development opportunities in areas such as infant and early childhood mental health, disabilities services, and behavioral intervention strategies. These findings align directly with the HSCO's priority of strengthening workforce development pathways. By partnering with institutions of higher education, professional development initiatives such as T.E.A.C.H. and statewide training networks, the HSCO can help expand credentialing opportunities, support staff retention, and build a stronger early childhood workforce across the state.

Priority #4: Coordinate with local school systems to ensure continuity and alignment across programs as appropriate.

Ensuring smooth transitions between early childhood programs and the K-12 education system is essential for supporting children's long-term educational success. Findings from this needs assessment highlight the importance of strong coordination between Head Start programs and Local Education Agencies (LEAs), particularly in areas such as disability services, behavioral supports, and kindergarten transition planning. Focus group participants reported variability across school districts in referral processes, evaluation timelines, and collaboration with Head Start programs. In some communities, inconsistent communication between programs and school systems can delay access to evaluations or services for children with developmental needs. Strengthening formal agreements, such as memoranda of understanding between Head Start programs and school districts may improve coordination around screening, evaluation, data sharing, and transition planning. The HSCO can play a key role in convening cross-sector partners, promoting shared expectations, and supporting alignment between early childhood and K-12 systems to ensure continuity of services for children and families.

Appendix



Glossary

Center: An individual facility where center-based programming is provided. Grantees may operate more than one center.

Early Head Start: A program providing services to children ages 0-3 and pregnant women. Early Head Start programs must adhere to the Head Start Program Performance Standards.

Funded Enrollment: Total number of enrollees (children and pregnant women) the program is funded to serve.

Grant: The Office of Head Start (OHS) administers grant funding and oversight to the 1,600 public and private nonprofit and for-profit agencies that provide Head Start services in local communities. A grantee may be the recipient of more than one Head Start grant.

Grant Recipient: The organization that has the grant with the federal government for the administration of a Head Start or Early Head Start program. This organization may provide services directly or via partnerships with delegate agencies. The terms grantee and recipient can be used interchangeably.

Head Start: (a.) A federally funded program that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children, birth to 5 years of age, and their families. (This is a universal use of the term encompassing both Head Start Preschool and Early Head Start.) (b.) A program providing services to children ages 3-5. Head Start programs must adhere to the Head Start Program Performance Standards.

Policy Council: A required part of Head Start program governance; the Policy Council is composed of elected parents and community members. Per the Head Start Act, it is responsible for the direction of the Head Start program, including program design and

operation and long-term planning, goals, and objectives.

Program Information Report (PIR): An annual report completed and filed electronically at the end of each program year by every Head Start program in the nation, supplying data used by the Administration on Children, Youth, and Families (ACYF) to report to Congress and for program monitoring.

Program Option: Refers to Head Start, Early Head Start, Early Head Start-Child Care Partnerships, or Migrant & Seasonal Head Start programming. A center may offer more than one type of program.

Florida Head Start Grant Recipient Information

Grant Recipient	Counties Served	Program Option	Head Start Funded	Early Head Start Funded
Boys and Girls Club of North Central Florida	Taylor	Head Start Preschool and Early Head Start	54	40
Capital Area Community Action Agency, Inc.	Jefferson, Leon, Franklin	Head Start Preschool	378	0
Children First, Inc.	Sarasota	Head Start Preschool and Early Head Start	158	157
Children's Home Society of Florida	Orange, Osceola, Seminole, and Brevard	Early Head Start	0	234
Collier County Florida School District	Collier	Head Start Preschool	413	0
Community Action Program Committee, Inc.	Escambia	Head Start Preschool and Early Head Start	397	72
Community Coordinated Care for Children, Inc.	Orange, Osceola, and Seminole	Head Start Preschool and Early Head Start	0	192
Early Education and Care, Inc.	Bay and Franklin	Head Start Preschool and Early Head Start	391	196
Early Learning Coalition of Miami-Dade/Monroe, Inc.	Miami-Dade	Early Head Start	0	750
Early Learning Coalition of Palm Beach County, Inc.	Palm Beach	Early Head Start	0	270
Grow Early Learning (formerly East Coast Migrant)	Hamilton, Polk, Hardee, Manatee, St. Lucie, Palm Beach, and Okeechobee	Head Start Preschool and Early Head Start (Migrant)	556	402
Eckerd Youth Alternatives, Inc.	Hillsborough	Early Head Start	0	385

Economic Opportunities Council of Indian River County, Inc.	Okeechobee and Indian River	Head Start Preschool and Early Head Start	308	46
Episcopal Children's Services, Inc.	Alachua, Baker, Bradford, Citrus, Clay, Dixie, Duval, Gilchrist, Lake, Levy, Marion, and Nassau	Head Start Preschool and Early Head Start	2,430	1,016
Florida State University	Gadsden	Early Head Start	0	68
Hillsborough County	Hillsborough	Head Start Preschool and Early Head Start	3,107	367
Jackson County School District	Jackson	Head Start Preschool and Early Head Start	211	30
Kids Incorporated of the Big Bend	Leon, Jefferson, and Madison	Early Head Start	0	196
Le Jardin Community Center, Inc.	Miami-Dade	Early Head Start	0	240
Lutheran Services Florida, Inc.	Palm Beach, Duval, Okaloosa, and Pinellas	Head Start Preschool and Early Head Start	2,538	678
Martin County School District	Martin	Head Start Preschool	140	0
Miami-Dade County	Miami-Dade	Head Start Preschool and Early Head Start	6,310	1,458
Mid Florida Community Services, Inc. dba as You Thrive Florida	Hernando, Sumter, and Volusia	Head Start Preschool and Early Head Start	723	288
Monroe County School District	Monroe	Head Start Preschool	180	0
North Florida Child Development, Inc.	Gulf, Calhoun, Wakulla, and Madison	Head Start Preschool and Early Head Start	163	148
Orange County	Orange	Head Start Preschool	1,536	0

Pasco County Board of Public Education	Pasco	Head Start Preschool and Early Head Start	660	128
Redlands Christian Migrant Association (RCMA)	Gadsden, Marion, Putnam, Flagler, Lake, Hillsborough, Polk, Manatee, Hardee, DeSoto, Highlands, Indian River, Glades, Henry, Palm Beach, and Miami-Dade	Migrant Head Start Preschool and Early Head Start	1,644	308
Santa Rosa County School District	Santa Rosa	Head Start Preschool and Early Head Start	220	40
School Board of Brevard County	Brevard	Head Start Preschool	624	0
School Board of Broward County	Broward	Head Start Preschool and Early Head Start	2,003	96
School Board of Charlotte County	Charlotte	Head Start Preschool and Early Head Start	204	56
School Board of Gadsden County	Gadsden	Head Start Preschool	227	0
School Board of Lee County	Lee	Head Start Preschool and Early Head Start	720	160
School Board of Polk County	Polk	Head Start Preschool	942	0
St. John's County School Board	St. John's County	Head Start Preschool	135	0
Step Up Suncoast, Inc.	Manatee	Early Head Start	0	168
Suwannee Valley Community Coordinated Child Care, Inc.	Hamilton, Suwannee, Columbia, and Lafayette	Head Start Preschool and Early Head Start	197	168
The Agricultural & Labor Program, Inc.	Polk, Martin, and St. Lucie	Head Start Preschool and Early Head Start	759	188
Tri-County Community Council, Inc.	Walton, Jackson, and Holmes	Head Start Preschool and Early Head Start	125	40

United Way of Miami-Dade	Miami-Dade	Early Head Start	0	504
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Office of Head Start

Head Start Slots (Funded Enrollment) by County

County	Urban or Rural	EHS Slots	HSP Slots	Total Slots	Children in Poverty	Children Served
Alachua	Urban				2,426	
Baker	Rural				493	
Bay	Urban	215	401	616	1,673	344
Bradford	Rural				306	
Brevard	Urban	108	661	769	5,601	246
Broward	Urban	435	3,518	3,953	20,309	1,520
Calhoun	Rural				412	
Charlotte	Urban	79	213	292	1,092	105
Citrus	Urban				1,615	
Clay	Urban				1,885	
Collier	Urban	1,693	1,763	3,456	2,677	1,183
Columbia	Rural	281	250	531	1,259	145
DeSoto	Rural				869	
Dixie	Rural				398	
Duval	Urban	1,615	2,231	3,846	15,762	1,571
Escambia	Urban	149	500	649	472	15
Flagler	Rural				912	
Franklin	Rural				169	
Gadsden	Rural	99	241	340	1,410	131
Gilchrist	Rural				116	
Glades	Rural				215	
Gulf	Rural	181	204	385	167	185
Hamilton	Rural				250	
Hardee	Rural				742	
Hendry	Rural				937	
Hernando	Urban	364	646	1,010	1,782	99
Highlands	Rural				1,210	
Hillsborough	Urban	670	2,857	3,527	17,010	1,163
Holmes	Rural	59	151	210	194	64
Indian River	Urban	19	308	327	1,494	89
Jackson	Rural	44	231	275	1,001	51
Jefferson	Rural				230	
Lafayette	Rural				154	
Lake	Urban				3,788	
Lee	Urban	214	758	972	7,870	480
Leon	Urban	240	409	649	3,331	135
Levy	Urban				703	

Liberty	Urban				91	
Madison	Urban				316	
Manatee	Urban				2,976	
Marion	Urban				5,039	
Martin	Urban	292	371	663	1,571	152
Miami-Dade	Urban	4,497	5,280	9,777	35,111	4,767
Monroe	Urban	0	194	194	320	117
Nassau	Rural				1,018	
Okaloosa	Urban				2,815	
Okeechobee	Rural				1,066	
Orange	Urban	797	2,156	2,953	17,509	682
Osceola	Urban				4,149	
Palm Beach	Urban	827	1,841	2,668	14,276	1,531
Pasco	Urban	140	735	875	5,927	183
Pinellas	Urban	789	1,046	1,835	5,691	1,188
Polk	Urban	466	1,990	2,456	12,208	689
Putnam	Rural				1,782	
Santa Rosa	Urban	50	244	294	1,649	38
Sarasota	Urban	572	646	1,218	1,977	357
Seminole	Urban				2,955	
St. John's	Urban	0	158	158	1,416	61
St. Lucie	Urban				3,422	
Sumter	Urban				1,164	
Suwannee	Rural				393	
Taylor	Rural	43	70	113	510	81
Union	Rural	0	0	0	251	0
Volusia	Urban				6,058	
Wakulla	Rural				233	
Walton	Rural				1,162	
Washington	Rural				460	

FHSA Dashboard

Acronyms

Head Start Collaboration Office-HSCO
Florida Department of Education-FLDOE
Division of Early Learning-DEL
Office of Head Start-OHS
Head Start Program Performance Standards (HSPPS)
Florida Head Start Association (FHSA)
Supplemental Nutrition Assistance Program (SNAP)
Temporary Assistance for Needy Families (TANF)
Supplemental Security Income (SSI)
Local Education Agency (LEA)
Metropolitan Statistical Area (MSA)
American Indian and Alaska Native (AIAN)
School Readiness (SR)
Voluntary Prekindergarten (VPK)
Florida Diagnostic and Learning Resources System (FDLRS)
Florida Inclusion Network (FIN)Department of Education's Bureau of Exceptional Education
and Student Services (BEESS)
National Association for the Education of Homeless Children and Youth Early Childhood
(NAEHCY)
Childcare Partners (CCPs)
Program Information Report (PIR)
Family child care (FCC)
Full Time Enrollment (FTE)
Employee Assistance Program (EAP)
Devereux Adult Resilience Survey (DARS)
Autism Spectrum Disorder (ASD)
Attention Deficit and Hyperactivity Disorder (ADHD)
Response to Intervention (RtI)
Individuals with Disabilities Education Act (IDEA)
Individualized Education Plan (IEP)
Individualized Family Service Plan (IFSP)
Center for Autism and Related Disabilities (CARD)

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