



POLICY BRIEF

Strengthening Florida's Head Start System

2025–2026 State Needs Assessment

Overview

Florida is home to approximately 198,000 children under age five living below the federal poverty line, the primary eligibility threshold for Head Start services. In the 2025 program year, Florida's 57 Head Start programs and 71 Early Head Start programs served 39,802 children and pregnant women across 41 grant recipients, including 2,742 children experiencing homelessness, 431 in foster care, and more than 24,000 in families receiving SNAP benefits. Despite this commitment, Head Start's funded capacity declined nearly 7% over three years – from 42,743 slots in 2023 to 39,802 in 2025 – not because need has fallen, but because workforce shortages, funding constraints, and systemic gaps have made sustaining full enrollment increasingly difficult. The decline in Early Head Start slots is particularly consequential. Early Head Start serves children from birth through age three, the period of most rapid brain development, and Florida's funded EHS enrollment declined from 9,944 slots in 2023 to 9,473 in 2025, a loss of nearly 500 slots in just two years. Families who would have been served during those critical earliest years are now arriving at preschool-age Head Start programs without the developmental foundation that early intervention provides. It is reasonable to ask whether the behavioral complexity and developmental delays programs are managing in classrooms today are, in part, a downstream consequence of serving fewer families during the years when intervention would have had the greatest impact.

This policy brief draws from the 2025-2026 Florida HSCO State Needs Assessment and external national and state research to present the current landscape across four priority areas: Workforce Stability, Mental Health Services, Disabilities Identification and Services, and Homelessness. The data tells an important story, but it doesn't fully capture what this consultant has observed working directly with Florida's Head Start programs: staff who are overwhelmed, underpaid, and still coming to work every day and how Directors manage crises on multiple fronts simultaneously. Family Services Workers (FSWs) hold families together with resourcefulness and commitment that no data system fully measures. In many respects, Head Start is working exactly as it was designed to, children are being prepared for school, families are being connected to resources, and lives are being changed. But the areas where the system is weak are not minor gaps at the edges. They are fractures at the foundation, and the children and families who fall into those fractures are among the most vulnerable in Florida. That is what this brief is about.

Key Statistics at a Glance

<p>17.5% Workforce Turnover</p>	<p>Annual staff turnover in Florida Head Start programs – nearly half of vacated positions went unfilled. Research estimates replacing one educator costs \$12,000 to \$25,000 depending on district size (Learning Policy Institute, 2024).</p>
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<p>11.6% Families Receiving Services</p>	<p>Florida’s rate vs. 14.0% national average. Florida has documented shortages across all six major behavioral health professions, with 36% of licensed professionals planning to leave the field within a year (USF FCBHW, 2025).</p>
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<p>6.5%/4.4% Disability ID Rates</p>	<p>Florida Head Start Preschool/Early Head Start disability identification rates - roughly half the national averages of 14.8% and 14.3%, despite identical developmental risk profiles nationally.</p>
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<p>2,742 Homeless Children Enrolled</p>	<p>For children experiencing homelessness in Florida Head Start programs in 2025 research shows 50% of homeless children under 4 have developmental delays, three to four times the rate of housed peers (National League of Cities, 2024).</p>
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PRIORITY AREA 1: WORKFORCE STABILITY & COMPENSATION

The Challenge

Florida’s early childhood workforce crisis is statewide, but Head Start programs face it under uniquely constrained conditions. Unlike VPK providers or school district pre-K programs, Head Start programs in Florida receive no state funding supplement, operating entirely on federal dollars. Compounding this, federal Head Start Performance Standards require programs to secure a non-federal match, equal to 20% of their federal award. Programs must meet this match through allowable non-federal sources, such as volunteer hours, donated space, in-kind goods and services, and private philanthropic contributions. While federal dollars can support outreach and volunteer recruitment efforts that help bring in these resources, they cannot be used for direct fundraising activities such as employment development staff or organizing fundraising events. This means that cultivating the private philanthropic dollars that often make up significant share of non-federal match falls entirely outside what the federal grant can support, placing an additional burden on leadership and governing boards to sustain those donor relationships independently.

The wage gap is stark. Nationally, early childhood educators earn a median wage of \$13.07 per hour, far below the \$31.80 median for elementary and middle school teachers and the \$22.92 median across all U.S. occupations (UC Berkeley Early Childhood Workforce Index, 2024). In Florida, the average preschool teacher earns \$28,350 annually (\$13.63/hour), with entry-level wages as low as \$22,290. The 2024 Workforce Index found that 97% of other occupations pay more than early educators, and that early educator poverty rates are 5.7 times higher than those of K–12 teachers.

The consequences are clear in Florida’s 2025 data: 1,905 Head Start staff departed during the program year, but only 1,036 positions were filled, a 46% replacement gap. Of the 1,030-education staff who left, 204 cited higher compensation elsewhere. Research from the Federal Reserve Bank of Minneapolis

(2022) confirms the direct relationship: centers paying under \$10/hour see annual turnover of 23.1%, while those paying \$25+/hour see turnover of just 7.5%.

Replacing a single educator costs an estimated \$12,000 to \$25,000 depending on district size (Learning Policy Institute, 2024). With 869 unfilled or unreplaced positions statewide, Florida's Head Start programs are absorbing millions in annual turnover costs – in recruiting, onboarding, and lost institutional knowledge. But the most significant hidden costs may not appear in any budget line at all.

What is less visible in turnover data, but well recognized by program directors, is the toll of secondary traumatic stress. Educators who work daily with children carrying significant trauma histories, without adequate mental health backup or consistent consultation support, are themselves absorbing the weight of that exposure. Many programs invested in trauma-informed care training during the COVID-19 pandemic, and most report offering supports such as Employee Assistance Programs, mental health strategies, and designated safe spaces for staff. In practice, however, these supports are inconsistently available and inconsistently used, and the gap between what programs say they offer and what staff experience is wider than program-level data reflects.

Part of what makes this gap so difficult to measure is that staff rarely name secondary traumatic stress as their reason for leaving. Many come from the very communities their programs serve, they have intimate knowledge of families, neighborhoods, and local needs that cannot be replicated by an outside hire. Leaving is not a simple career decision for them, and many fear that candor about their reasons could black list them if they ever want to return to the field. The result is that programs lose not only a trained educator but a trusted community member, and the data show a resignation, not a crisis. The true cost of that loss is invisible in any turnover report.

Beyond compensation, focus groups with program directors identified increasing behavioral complexity in classrooms as a growing driver of burnout, leading experienced teachers to leave the profession entirely, not just for higher pay. Florida's September 2026 minimum wage increase to \$15/hour, while benefiting entry-level staff, is also creating wage compression that erodes pay differentials for credentialed and experienced educators, one of the key incentives programs have historically used to reward longevity. Average annual salary increases across all Head Start positions dropped sharply to 1.3% in 2025, down from 4.5% in 2023, meaning most staff are experiencing real compensation declines when inflation is factored in.

When real wages decline while classroom demands intensify, the competition for qualified staff becomes increasingly one-sided. In practice, public school systems hold structural advantages that Head Start programs simply cannot match: benefits packages in which the district covers employee premiums, union protections that provide job security and grievance processes, and the option for teachers to spread their salary across twelve months, providing summer income stability that most Head Start programs cannot offer. These are not marginal differences. For an educator weighing two offers, they are often decisive.

Perhaps most striking is a pattern that programs across Florida know well but that rarely appears in workforce data: Head Start frequently funds staff through tuition assistance to earn their bachelor's degrees, investing directly in their professional development, only to see those newly credentialed educators move to public school systems where compensation and benefits better reflect their new qualifications. While this pattern has not been formally studied or systematically tracked, it is widely reported by Head Start program administrators across Florida and reflects a structural dynamic consistent with national research on Head Start workforce turnover. Head Start is, in effect, serving as a training ground for the broader early childhood and K-12 workforce, absorbing the cost of professional

development while other systems absorb the benefit. The result is a workforce pipeline that consistently loses its most qualified candidates to a better-resourced system, not because Head Start programs aren't committed to their staff, but because the structural incentives point elsewhere. Strengthening federal investment in Head Start is precisely what would allow programs to close the compensation gap, retain highly qualified educators they develop, and fulfill the program's mission without continuing to subsidize the workforce pipeline of other systems.

What Programs Are Doing

- Sign-on bonuses (~\$1,000) distributed at 6 months and 1 year of service
- Longevity pay after 3 years and annual cost-of-living adjustments
- Comprehensive benefits packages covering premiums and deductibles
- Structured 30/60/90-day onboarding, mentorship pairings, and weekly orientations
- Staff wellness initiatives: Employee Assistance Programs, monthly well-being days, and Devereux Adult Resilience Survey (DARS) tools

Approximately 9 out of 10 programs are investing in staff wellness, and more than half have built job-embedded training pathways. A Virginia pilot offering \$1,500 bonuses reduced lead teacher turnover from 30% to 14%, demonstrating that targeted retention investments yield measurable results (First Five Years Fund, 2022). These program-level innovations are meaningful and insufficient alone.

What Is Needed

- Federal funding increases enabling Head Start compensation to be competitive with public pre-K and K–12 roles
- Expanded Teacher Education and Compensation Helps (T.E.A.C.H.) scholarship access and credentialing pathways through higher education partnerships
- Increased behavioral health specialist support at the classroom level to reduce educator burnout
- Structured career pathways that position Head Start as a destination profession, not a stepping stone

PRIORITY AREA 2: MENTAL HEALTH SERVICES

The Challenge

Florida faces a well-documented behavioral health workforce crisis that directly limits Head Start programs' ability to meet their federal mental health obligations. According to the University of South Florida's Florida Center for Behavioral Health Workforce (2025), Florida has a documented shortage across all six major behavioral health professions: over 3,500 licensed clinical social workers, nearly 3,000 psychiatric mental health nurse practitioners, approximately 1,500 licensed psychologists, and over 1,000 each of licensed marriage and family therapists, licensed mental health counselors, and psychiatrists. More than half of Americans live in mental health professional shortage areas, and the situation is worse in Florida, according to the U.S. Department of Health and Human Services.

Head Start programs are required by the Head Start Program Performance Standards (HSPPS) to provide mental health consultation and referral as a core component of comprehensive care. But the system into which they are making referrals is structurally insufficient. A 2025 retention survey of 330 licensed mental health professionals in Florida found 36% planned to leave the field within the year, and 48% reported feeling burned out (USF Florida Center for Behavioral Health Workforce, 2025), further

shrinking an already inadequate workforce. Current appointment wait times for mental health services range from three weeks to six months depending on location and specialty.

The data that follow reflects a system that is failing to meet need, but the numbers alone don't capture what that failure looks like inside a Head Start classroom. In practice, when a teacher or FSW identifies a child who needs mental health support and makes a referral, the path forward is rarely straightforward. Parental consent is required before any evaluation can occur, and many families, particularly those navigating poverty, housing instability, or language barriers, don't fully understand what is being asked of them or why. For families without insurance, the cost of private mental health care is simply out of reach. And even when a family is willing and able to engage, the pool of licensed mental health providers with specialized training in serving children under age five is extremely limited in Florida. General mental health providers are scarce; infant and early childhood specialists are more scarce still.

The consequence plays out daily in Head Start classrooms across the state. Children's behavioral challenges are intensifying, young children threatening teachers, throwing furniture, destroying classroom environments, and the educators responsible for managing those situations are doing so without access to qualified behavioral health specialists. Teachers and center staff are left to handle escalating crises on their own, often without training, backup, or support. When behavior becomes severe enough to endanger other children, the program faces another layer of risk: Florida's Department of Children and Families can cite a center for licensing violations when children in their care are being hurt or placed at risk. Head Start programs are caught in an impossible position, legally obligated to serve children with complex behavioral needs, required by HSPPS to provide mental health consultation, and facing a behavioral health workforce shortage that has left programs across the country – Florida included – without the providers needed to fulfill that obligation. This is not a failure of the Head Start model. It is a failure of the behavioral health infrastructure surrounding it.

Underlying many of these behavioral challenges is trauma. The children Head Start serves, those experiencing homelessness, poverty, family instability, and adverse childhood experiences, often arrive in classrooms with nervous systems that have been shaped by chronic threat and stress. What looks like defiance or aggression is frequently a trauma response. Most Florida Head Start programs use Conscious Discipline as their primary social-emotional framework, and many invested in trauma-informed care training for staff during the COVID-19 pandemic. But a framework and a training are not the same as a fully resourced trauma-informed system. Without consistent access to mental health consultants who can coach teachers in real time, those frameworks can only go so far, and the gap between what Conscious Discipline teaches and what a child in acute trauma crisis requires is one that teachers are currently bridging alone. Closing that gap requires not only stronger behavioral health infrastructure, but deeper collaboration among the full range of partners engaging with vulnerable families at the local level. When Head Start programs, child welfare agencies, mental health providers, pediatric health systems, and community-based organizations are working in parallel rather than in concert, the children and families who need the most coordinated support are the ones who fall through the cracks.

Percentage of Head Start Families and Staff Receiving Key Support Services: Florida vs. National Head Start Average, 2025

Metric	Florida 2025	National Avg.	Gap
Families receiving mental health services	11.6%	14.0%	– 2.4 pts
Families receiving emergency/crisis intervention	18.9%	26.6%	– 7.7 pts
Families receiving research-based parenting curriculum	36.8%	39.2%	– 2.4 pts

Staff receiving mental health consultation	65.2%	Not reported	—
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More than one in three eligible direct-service staff, approximately 1,444 educators and home visitors, did not receive mental health consultation support in 2025. In some school district-operated programs, focus groups reported zero-tolerance disciplinary policies have at times resulted in the suspension or expulsion of children under five, practices in direct conflict with HSPPS requirements. The National Academy of Medicine has estimated that investing in prevention and early mental health intervention could save as much as \$1 trillion per year nationally in healthcare and productivity costs (Steinberg Institute, 2017). Untreated mental illness alone costs the U.S. economy \$282 billion annually.

Only 22% of pregnant women enrolled in Early Head Start received mental health interventions and follow-up – not because programs failed to identify need, but because Florida’s behavioral health infrastructure lacks the capacity to deliver timely services. This gap is especially concerning given the well-established link between maternal mental health and infant social-emotional development.

What Programs Are Doing

- Utilizing the Center for Autism and Related Disabilities (CARD) for Autism Spectrum Disorder (ASD) related staff support as diagnoses increase (328 children with ASD in Florida Head Start programs in 2025)
- Hosting structured monthly meetings for staff and families to collaboratively address challenges
- Pursuing Infant Mental Health Endorsement credentials for staff, despite significant cost and funding barriers
- Leveraging mental health consultation services for real-time classroom guidance where consultants are available

What Is Needed

- State-level investment in early childhood mental health workforce development, particularly for infant and early childhood specialists
- Expanded community-based mental health capacity in rural and underserved regions, including through telehealth models
- Dedicated funding to sustain mental health consultation partnerships for Head Start programs statewide
- Strengthened Mental Health and Health Services Advisory Committees with meaningful participation from physicians, psychiatrists, and psychologists
- Policy-level coordination aligning school district disciplinary practices with HSPPS for children under five
- Removal of funding barriers preventing county-operated program staff from pursuing the Infant Mental Health Endorsement

PRIORITY AREA 3: DISABILITIES IDENTIFICATION & SERVICES

The Challenge

Early identification of developmental delays and disabilities is one of the most consequential investments Florida can make in its children’s long-term outcomes. Nationally, research estimates that 13–20% of children under three have delays or disabilities whose development could improve with early intervention services, yet only 6.4% of children under three received any early intervention services over a 12-month period in the median state (Prenatal-to-3 Policy Impact Center, 2023). Florida’s disability identification rates for Head Start programs are approximately half the national average, pointing to systemic failures in the referral, evaluation, and eligibility pipeline.

Nationally, 14.8% of children across all Head Start programs hold an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP). In Florida, only 6.5% of Head Start Preschool children and 4.4% of Early Head Start children are identified. This is not a reflection of lower developmental need. The Research and Development (RAND) Corporation’s analysis of rigorous early childhood program evaluations found that well-designed programs consistently produce benefits that exceed their costs and that the earlier intervention begins, the greater the return. For children with autism specifically, one evidence-based early intervention program fully offset its delivery costs within two years due to reductions in downstream service use (Journal of the American Academy of Child and Adolescent Psychiatry, 2017).

Metric	FL HSP (2025)	FL EHS (2025)	National (2024)
Disability identification rate	6.5%	4.4%	14.8%
Gap to national average	– 8.3 pts	– 9.9 pts	—
Below federal 10% threshold	Yes	Yes	No
Children with IEP / IFSP	1,793	413	117,332

In 2025, 4,670 children were referred for Individuals with Disabilities Education Act (IDEA) evaluations, a 14% increase from 2023, but 39% did not receive an evaluation. Among unevaluated children: 883 remain in pending status (meaning a referral was made and the evaluation process initiated, but no determination has yet been reached), 374 involved parent refusal (often driven by transportation barriers and limited awareness), and 376 were redirected to Response to Intervention (RtI) rather than formal evaluation, more than double the 174 reported in 2023. Research also shows significant racial inequities in early intervention access: Black children identified as likely eligible for services were five to eight times less likely to receive them than White children by 24 months of age (Prenatal-to-3 Policy Impact Center, 2023).

The number of children redirected to RtI rather than formal IDEA evaluation has more than doubled since 2023, raising concerns that children are being diverted from services they are legally entitled to receive.

The evaluation and identification process is further complicated by the intersection of trauma, behavior, disability, and implicit bias, and this intersection is where Florida's most vulnerable children are most at risk of falling through the cracks entirely.

Children's behavior can be influenced by a disability or developmental delay, a health condition, or trauma at home and these causes are not always distinguishable from one another without careful, individualized assessment. A child with an unidentified allergy may present with severe behavioral dysregulation that disappears entirely once the allergen is removed. A child living in a home with domestic violence may exhibit hypervigilance and emotional explosions that look identical to symptoms of a developmental disorder. When behavior is attributed to family circumstances rather than investigated as a potential disability or health condition, or when a health condition is missed because behavior overshadows everything else, the child receives neither the disability services nor the mental health support they need.

Most alarmingly, the children most likely to fall through these cracks are poor children of color. National data from the U.S. Department of Education's Civil Rights Data Collection (2023) show that Black preschool children represent 17% of enrollment but 31% of out-of-school suspensions, nearly twice their enrollment rate. Research consistently demonstrates that this disparity is not driven by differences in children's actual behavior, but by differences in how adult decision-makers perceive and respond to that behavior. When a child's behavior is extreme, when a child is throwing furniture, threatening teachers, or creating safety risks in a classroom, that behavior overshadows everything else. For families navigating these systems, access to timely evaluation and services can vary across Florida's 67 counties, adding another layer of inequity to an already uneven landscape.

In school board-operated Head Start programs, this dynamic is particularly acute. When school board disciplinary policies take precedence over the Head Start Program Performance Standards, children can be expelled from the program entirely, losing access not just to early education but to the health, mental health, nutrition, and family support services that Head Start provides as a comprehensive package. These are children who, once expelled, are unlikely to be served by any other system. They do not graduate to a different program. They simply disappear from the service landscape at the age of three or four, at the moment when intervention would have the greatest impact on their long-term trajectory. Children who are expelled or suspended from preschool are as much as ten times more likely to drop out of high school, face academic failure, and experience incarceration than those who are not (Yale University Child Study Center, 2005). Head Start's own performance standards explicitly prohibit expulsion except as a last resort, requiring programs to document every step taken to support a child's continued participation. When school board rules override those standards, those protections disappear.

Focus groups identified long Local Education Agency (LEA) evaluation timelines, driven by high caseloads, not program delays, as the most persistent barrier. Geographic variability compounds the problem: Early Steps (Part C) provider access is limited or absent in some Florida counties. Speech/language impairments (1,808 children) and developmental delay (1,455 children) are the two largest disability categories identified in Florida Head Start programs, precisely the categories where timely identification and intervention have the strongest evidence base for improving school readiness outcomes.

What Programs Are Doing

- Screening every enrolled child within 45 days of enrollment as required by HSPPS
- Referring children to LEAs and Early Steps and providing interim individualized support while evaluations are pending
- Documenting developmental observations to inform referrals and support classroom adaptations
- Engaging families to build understanding and reduce barriers to evaluation participation

What Is Needed

- Increased LEA evaluation capacity to reduce wait times and pending backlogs, particularly in rural counties
- Strengthened Memorandum of Understanding (MOU) between Head Start programs and local LEAs to improve referral pathways and timelines
- Expanded Early Steps (Part C) provider availability in counties with limited or no service access
- Close monitoring of RtI assignment trends to ensure children are not diverted from formal IDEA evaluations
- Development of a Disabilities micro-credential for Head Start teachers without state teaching certification
- Targeted family outreach to address transportation barriers and build awareness of early intervention benefits

PRIORITY AREA 4: SERVING CHILDREN AND FAMILIES EXPERIENCING HOMELESSNESS

The Challenge

Family homelessness in the United States has reached crisis levels. Housing and Urban Development (HUD) 2024 Annual Homeless Assessment Report found that nearly 150,000 children experienced homelessness on a single night in January 2024, a 33% increase over 2023 and the largest single-year increase of any age group. Families with children saw the highest increase of any population category: 39% more people in families experienced homelessness compared to the prior year, the second consecutive year of dramatic increase. These figures significantly undercount the true scale: public schools identified 1.4 million students experiencing homelessness in the 2022–23 school year, as most homeless families with young children are doubled-up with relatives, in motels, or in other situations not captured by HUD point-in-time counts (Schoolhouse Connection, 2024).

Florida ranks third in the nation for total homelessness, with approximately 31,000 individuals experiencing homelessness on any given night in 2024 (Florida Council on Homelessness, 2024). Florida's median rent increased 30% in just three years, from \$1,187 in December 2020 to \$1,545 in December 2023, creating affordability pressures driving family displacement. Between 2022 and 2023, the number of homeless families with children in Florida grew by 21.6%, and foreclosure filings statewide rose approximately 19% between 2023 and 2024, signaling continued housing instability risk (Florida Council on Homelessness, 2025).

Research by the National League of Cities (2024) found that 50% of homeless children under age four have developmental delays – three to four times the rate among housed peers. According to Harvard's Center on the Developing Child, homelessness in early childhood exposes children to "toxic stress" that can disrupt the brain's critical early development.

Children experiencing homelessness face compounding risks that make early childhood intervention both more critical and more difficult to deliver. Research consistently links housing instability to elevated Adverse Childhood Experiences (ACEs): children living below the federal poverty line are five times more likely to experience four or more ACEs than those in financially stable households. These

children are also more likely to experience instability in childcare arrangements, which disrupts caregiver attachment and negatively affects cognitive development.

For children experiencing homelessness, trauma is not a history, it is often the present. A family moving between shelters, fleeing domestic violence, or navigating a parent's substance use is not recovering from a crisis; they are living inside one. The developmental consequences for young children in those circumstances are immediate and compounding: disrupted routines, chronic stress responses, attachment disruption, and the cognitive and emotional effects of living in a state of ongoing threat.

Head Start's Family Service Workers (FSW) are often the most consistent adult relationship these families have outside their immediate household. In practice, FSWs function as case managers, actively identifying resources, making referrals to homeless shelters and domestic violence programs, helping families access counseling, and holding regular case management meetings to track each family's needs, goals, and progress. All of this is documented and reported through the Program Information Report (PIR), making Head Start one of the few early childhood systems that formally tracks family outcomes alongside child outcomes. When resources don't exist in the community, FSWs don't stop, they call agencies outside the community, research public transportation options, help families locate documentation, and work to identify informal support networks through friends or family. When a child's attendance falls because a family is in acute crisis, FSWs work to address the root cause while also making temporary modifications to schedule requirements to ensure the child doesn't lose their enrollment slot.

What this means is that Head Start is absorbing the case management function that the broader social service system is not consistently providing and doing it with FSWs who are themselves often members of the communities they serve, carrying their own intimate knowledge of local needs and, in many cases, their own exposure to the same stressors affecting the families on their caseloads. The emotional weight of that work, without sufficient clinical support, is substantial. And it is largely invisible in any data system that counts referrals made but not the human cost of making them.

In Florida's Head Start programs, 2,742 enrolled children were experiencing homelessness in 2025, yet this represents only a fraction of the need. According to data from Schoolhouse Connection and Poverty Solutions at the University of Michigan (2025, using 2022-2023 school year data), an estimated 35,787 children ages three and under are experiencing homelessness in Florida – yet only 3.34% are enrolled in any early childhood program. This means the vast majority of Florida's youngest homeless children are entirely outside the reach of the early childhood systems designed to serve them, with Head Start representing one of the few programs actively seeking them out. These children are disproportionately represented among chronically absent enrollees: chronic absenteeism affects 55.6% of Head Start Preschool children and 64.5% of Early Head Start children statewide, with rates even higher among the most mobile families. For children experiencing homelessness, the barriers to consistent attendance, frequent moves, transportation loss, health crises, family instability, are structural, not motivational. And they intersect directly with the mental health and disability identification gaps documented in this brief: the children most in need of developmental screening and behavioral support are the same children whose housing instability makes sustained engagement with evaluation and service systems most difficult.

What Programs Are Doing

- Active outreach in high-poverty and high-instability communities to identify eligible families not connected to traditional enrollment pathways
- FSWs who build sustained relationships, monitor attendance, and conduct proactive outreach when absences emerge

- The Family Partnership Agreement process, through which staff and families develop shared plans to address housing instability, transportation, and other barriers
- Basic needs referrals connecting families to emergency housing resources, food assistance, utility support, and crisis stabilization services
- Partnerships with housing authorities, social service agencies, and health systems to provide wraparound support beyond the classroom
- State-level coordination with the McKinney-Vento State Coordinator and Regional Navigators; national participation in the National Association for the Education of Homeless Children and Youth Early Childhood Advisory

What Is Needed

- Strengthened coordination between Head Start programs and McKinney-Vento liaisons in local school districts to ensure service continuity as families move
- Expanded partnerships with housing authorities, shelters, and community organizations to improve outreach and enrollment pipelines for homeless families
- Increased investment in Family Services Workers, the primary mechanism through which homeless families stay connected to Head Start services
- Flexible program models, including home-based and family child care options, that accommodate the mobility and unpredictable schedules of families experiencing housing instability
- Cross-system data sharing agreements to improve identification of children experiencing homelessness not yet enrolled in any early childhood program
- State-level investment in housing stability supports for families with young children, recognizing that housing instability is itself a direct driver of poor early childhood outcomes

IMPLICATIONS FOR POLICY & INVESTMENT

A Connected Crisis

The four priority areas documented in this brief are deeply interconnected. Workforce instability undermines a program’s ability to provide consistent mental health consultation, disability support, and family outreach. Mental health provider shortages fuel classroom behavioral crises that drive educator burnout and turnover. Disability identification backlogs leave children without services during the most critical developmental window. And for children experiencing homelessness, all of these challenges converge: they are the most likely to need comprehensive services and the least likely to be able to access them consistently without intentional, sustained support.

The consequences of inaction are not abstract. They are already unfolding and they compound.

More children will enter Florida's kindergartens unprepared, not because they lacked potential, but because the programs designed to reach them in the earliest years could not sustain the workforce needed to serve them. The academic expectations facing today's kindergartners are vastly different from what was required a generation ago. Children who arrive without foundational social-emotional skills, language development, and school readiness are not simply behind, they are entering a system that will struggle to catch them up while simultaneously moving forward. The gap that opens in kindergarten without quality early childhood intervention does not close easily, and for children already navigating poverty, homelessness, trauma, or unidentified disability, it often does not close at all.

The workforce crisis in Head Start does not stay inside Head Start. When early childhood programs cannot retain qualified staff, the ripple extends across the entire childcare system. Fewer programs can

operate. Fewer slots are available. And when families cannot find or afford childcare, they face an impossible set of alternatives: leaving children with unqualified supervision, leaving them alone at ages far too young, or leaving the workforce entirely. For most Florida families, two incomes are not a lifestyle choice, they are a financial necessity. Rent, utilities, groceries, transportation: these cannot be covered on one income in today's economy. When childcare disappears, parents cannot work. When parents cannot work, poverty deepens. The childcare system is not a social service at the margins of Florida's economy. It is infrastructure, as essential to economic participation as roads and utilities.

There is also a longer demographic consequence that is rarely named in policy discussions: when childcare is unaffordable and inaccessible, adults delay or forgo having children altogether. Florida cannot address its long-term workforce and economic needs while making it structurally impossible for families to raise children.

The current political environment makes this urgency sharper, not softer. There are voices in today's policy landscape that question the value of publicly funded early childhood programs, that suggest mothers should be home with their children, that Head Start and childcare subsidies are expendable. That perspective does not account for the economic reality that most Florida families are living. It does not account for the kindergarten teacher receiving a child who has never held a crayon, never sat in a circle, never learned to regulate their emotions in a group setting, and who is now expected to keep pace with peers who had two years of quality early childhood education. And it does not account for what the research in this brief makes unambiguous: that investment in the earliest years produces returns that no other point in the education system can match. The question facing Florida's policymakers is not whether early childhood investment is worthwhile. The evidence settled that long ago. The question is whether Florida will act while the window is still open, or whether it will wait until the consequences of inaction are too large and too entrenched to reverse.

Florida's Head Start system is not failing. It is working at the limits of its available resources to serve the state's most vulnerable children and families. The data make clear that sustaining and expanding that work requires systemic investment — not program-level adjustments alone.

Alignment with Federal and State Priorities

The findings of this brief align directly with Office of Head Start (OHS) national priorities and HSCO's strategic plan:

- Workforce gaps align with OHS Priority Area 4 (workforce development) and HSCO's priority to expand high-quality workforce development opportunities.
- Mental health gaps align with OHS Priority Area 2 (state system partnerships) and HSCO's priority to align early care and education services across agencies.
- Disability identification gaps align with OHS Priority Area 3 (reaching children with greatest need) and HSCO's priority to coordinate with school systems to improve evaluation and service pipelines.
- Homelessness aligns with OHS Priority Area 3 and HSCO's priority to collaborate with state systems, including McKinney-Vento, to serve the most vulnerable families prenatally through age five.

The Florida HSCO, in partnership with the Florida Head Start Association (FHSA) and state agency partners, including the Florida Department of Education Division of Early Learning, the Department of Children and Families, Early Steps (Part C), Local Education Agencies (LEAs), McKinney-Vento

Coordinators, and community mental health providers, is uniquely positioned to lead the cross-system coordination and investment needed to close these gaps.

RESOURCES

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