FLORIDA HEAD START STATE COLLABORATION OFFICE
2024-2025 STATE NEEDS ASSESSMENT

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INTRODUCTION

Head Start Collaboration Offices (HSCOs) are state-level entities funded by the Office of Head Start (OHS) to support coordination and alignment between Head Start programs and other early childhood systems in each state. Their primary role is to build partnerships that enhance access to comprehensive services for low-income children and families, improve service integration, and support the overall quality and continuity of early childhood education. HSCOs are the bridge-builders between Head Start and state systems – working to align policies, streamline services, and advocate for the needs of Head Start children and families within broader early learning initiatives.

The Head Start Act is the federal law that authorizes the Head Start and Early Head Start programs, which provide comprehensive early childhood education, health, nutrition, and family support services to low-income children from birth to age five and their families. Originally enacted in 1965, and most recently authorized in 2007, the Head Start Act serves as the legal foundation ensuring that vulnerable children and families receive high-quality, equitable early learning opportunities.

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.
- Performance Standards: 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.

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 2024-2025 Florida Head Start State Collaboration Office (FHSSCO) 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, FHSSCO 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's Head Start and Early Head Start grant recipients to ensure that findings are grounded in the current experiences of those implementing services. SurveyMonkey was used to distribute, collect, and aggregate survey responses. To encourage broad participation, the Florida Head Start Association (FHSA) was designated during the kick-off meeting to lead follow-up efforts with non-respondents. This follow-up was completed by the FHSA Executive Director, who sent multiple mass email reminders to all grantees and directly contacted those who had not yet completed the survey. These targeted efforts significantly enhanced the reliability and inclusiveness of the data by expanding representation and ensuring that a wide range of perspectives were captured.

2. **Secondary Data from Reports and Public Datasets**
   To supplement survey 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

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 FHSSCO 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, FHSSCO 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 offering educational, health, nutritional, social, and emotional support services. Designed for children from birth to age five, including those with disabilities, Head Start emphasizes comprehensive development and actively involves parents in their child's learning and in program decision-making. The program operates through local agencies and is guided by national performance standards to ensure quality, equity, and positive outcomes for children and families.

The Florida Head Start State Collaboration Office (FHSSCO), located within the Florida Department of Education's Division of Early Learning, plays a critical role in aligning Head Start programs with state and local early childhood systems. Funded by the Office of Head Start, FHSSCO works to build strategic partnerships with agencies across education, health, and social services to ensure low-income children and families receive coordinated, high-quality services. The office supports the integration of early learning programs by promoting data-driven decision-making, advancing Head Start and K-12 systems. Through its leadership, FHSSCO enhances the effectiveness of early childhood services in Florida and supports systemic improvements that directly impact child and family outcomes across the state.

The Florida Head Start Association (FHSA) is a statewide, nonprofit membership organization dedicated to advocating for and supporting Head Start programs across Florida. FHSA serves as a unified voice for Head Start by promoting high-quality early childhood education, advancing public policy, and providing professional development opportunities for staff, families, and community partners. The association works closely with local, state, and federal stakeholders to strengthen program effectiveness and ensure the needs of Florida's most vulnerable children and families are prioritized. Through leadership, collaboration, and advocacy, FHSA helps programs navigate regulatory requirements, build capacity, and elevate the impact of Head Start services throughout the state.

A Tomas Consulting was engaged by the Florida Head Start State Collaboration Office and the Florida Head Start Association to lead the development of the 2024–2025 State Needs Assessment. The firm coordinated all phases of the assessment process, including survey design and distribution, data collection through SurveyMonkey, stakeholder follow-up, data analysis, and report development. This collaborative effort ensured a comprehensive, objective, and data-driven approach to identifying the needs of Head Start and Early Head Start programs across the state.

Assessing the Ongoing Need for Head Start in Florida

1,341,817 children under 6	238,339 (18%) children under 6 living in poverty	27% of children under 6 are eligible for public assistance
94,266 children experiencing homelessness	10,382 children in foster care	

FHSA, 2023 ACS 5-Year Estimate

How are Head Start Programs Addressing Community Needs?

45,020 Funded Enrollment (Slots)	32,349 Head Start Children	12,671 Early Head Start Children
506 Pregnant Women	45,020 Children Served Under 6 Living in Poverty	2,729 Children Served Experiencing Homelessness
	486 Children Served in Foster Care	
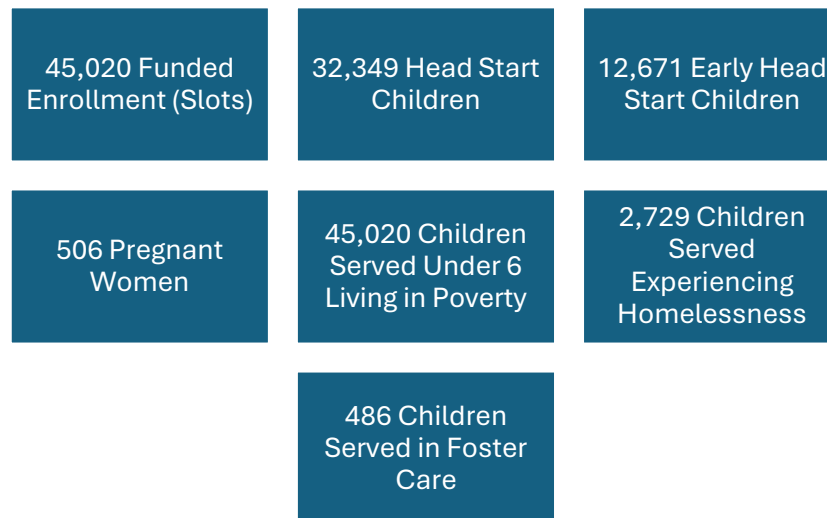
FHSA, 2023 ACS 5-Year Estimate

Key Findings in Each HSCO Federal Priority Area

<u>Priority Area 1: Collaborate with state systems to align early care and education services and supports for children and families prenatally to age 5.</u>

Opportunities

- Strengthen collaboration with refugee services, military family support agencies, and rural-serving organizations.
- Expand consistent service models across counties for children with disabilities.

Recommendations

- Develop structured communication frameworks between Head Start and underutilized state agencies.
- Provide training on systems alignment and referral protocols across counties.

How Florida HSCO Can Support

- Facilitate state-level memorandums of understanding with key agencies (e.g., Refugee Services, mental health).
- Convene cross-sector leadership meetings to address service delivery gaps.

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.

Opportunities

- Leverage widespread ChildPlus use for consistent data tracking and benchmarking.
- Expand formal data-sharing partnerships with LEAs, universities, and healthcare providers.

Recommendations

- Provide technical assistance on how to establish data-sharing agreements compliant with FERPA/HIPAA.
- Support grantees in using developmental and program assessment data to inform services.

How Florida HSCO Can Support

- Develop a template and guidance for data-sharing agreements.
- Offer training on data interpretation and application for continuous improvement.

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

Opportunities

- Address staffing challenges by expanding apprenticeship and scholarship opportunities.
- Promote consistent staff-to-family ratios and professional development access.

Recommendations

- Increase access to staff wellness supports and behavioral health training.
- Identify and replicate successful staff recruitment/retention practices statewide.

How Florida HSCO Can Support

- Expand SSCBT and similar professional development initiatives.
- Coordinate with the T.E.A.C.H. program and community colleges to increase credential pathways.
- Provide staffing toolkits to help programs meet the 1:40 ratio.
- Develop relationships with state/community colleges and technical centers.

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

Opportunities

- Increase the number of programs with formal MOUs and cross-training with local education agencies.
- Support smoother transitions for children with disabilities and dual language learners.

Recommendations

- Promote universal adoption of MOUs outlining transition procedures and record sharing.
- Improve coordination around transportation and services for homeless Pre-K children.
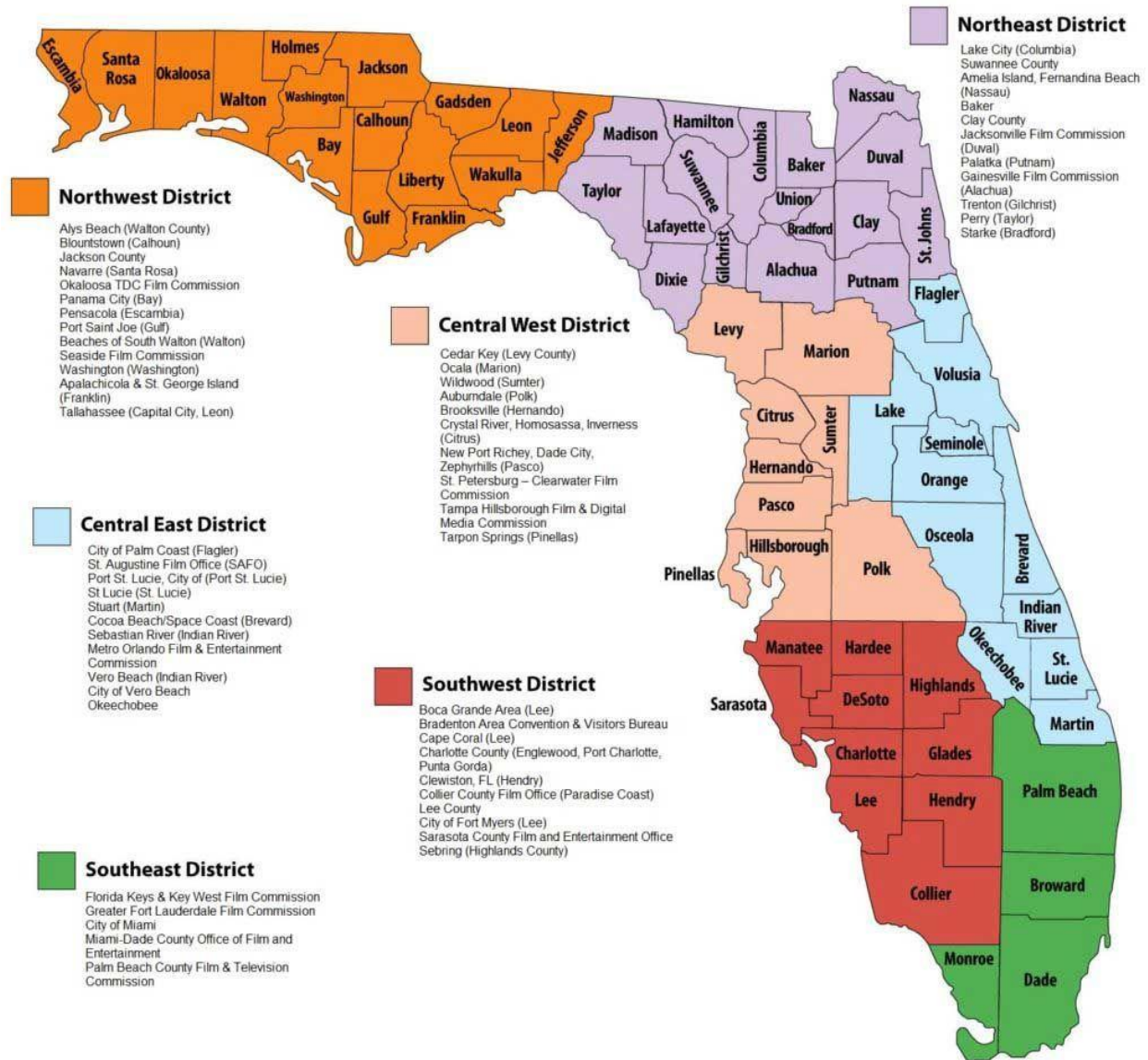
How Florida HSCO Can Support

- Provide model MOU templates and convene joint training with LEA liaisons.
- Advocate for policy flexibility around enrollment timelines for children experiencing homelessness.
- Facilitate conversations between HS grantees and school district liaisons on inclusion and transition planning.

Profile of Florida Head Start Programs

Florida Grant Recipients

Florida Head Start programs operate at the local level to support young children from low-income families in building a strong foundation for school success. These programs foster children's growth by providing high-quality early learning experiences, comprehensive health services, and support for family well-being. Florida's Head Start grant recipients deliver services through center-based classrooms, home-based visits, and family childcare settings. Across the state, grant recipients are committed to ensuring that eligible children and families receive safe, relevant, and developmentally appropriate services that prepare children not only for school, but for lifelong success.

Northwest District

Alys Beach (Walton County)
Blountstown (Calhoun)
Jackson County
Navarre (Santa Rosa)
Okaloosa TDC Film Commission
Panama City (Bay)
Pensacola (Escambia)
Port Saint Joe (Gulf)
Beaches of South Walton (Walton)
Seaside Film Commission
Washington (Washington)
Apalachicola & St. George Island (Franklin)
Tallahassee (Capital City, Leon)

Northeast District

Lake City (Columbia)
Suwannee County
Amelia Island, Fernandina Beach (Nassau)
Baker
Clay County
Jacksonville Film Commission (Duval)
Palatka (Putnam)
Gainesville Film Commission (Alachua)
Trenton (Gilchrist)
Perry (Taylor)
Starke (Bradford)

Central West District

Cedar Key (Levy County)
Ocala (Marion)
Wildwood (Sumter)
Auburndale (Polk)
Brooksville (Hernando)
Crystal River, Homosassa, Inverness (Citrus)
New Port Richey, Dade City, Zephyrhills (Pasco)
St. Petersburg – Clearwater Film Commission
Tampa Hillsborough Film & Digital Media Commission
Tarpon Springs (Pinellas)

Central East District

City of Palm Coast (Flagler)
St. Augustine Film Office (SAFO)
Port St. Lucie, City of (Port St. Lucie)
St Lucie (St. Lucie)
Stuart (Martin)
Cocoa Beach/Space Coast (Brevard)
Sebastian River (Indian River)
Metro Orlando Film & Entertainment Commission
Vero Beach (Indian River)
City of Vero Beach
Okeechobee

Southwest District

Boca Grande Area (Lee)
Bradenton Area Convention & Visitors Bureau
Cape Coral (Lee)
Charlotte County (Englewood, Port Charlotte, Punta Gorda)
Clewiston, FL (Hendry)
Collier County Film Office (Paradise Coast)
Lee County
City of Fort Myers (Lee)
Sarasota County Film and Entertainment Office
Sebring (Highlands County)

Southeast District

Florida Keys & Key West Film Commission
Greater Fort Lauderdale Film Commission
City of Miami
Miami-Dade County Office of Film and Entertainment
Palm Beach County Film & Television Commission

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. Orange County
9. Early Education and Care, Inc.
10. Early Learning Coalition of Miami-Dade/Monroe, Inc.

11. Early Learning Coalition of Palm Beach County, Inc.
12. East Coast Migrant Head Start Project
13. Eckerd Youth Alternatives, Inc.
14. Economic Opportunities Council of Indian River County, Inc.
15. Episcopal Children's Services, Inc.
16. Florida State University
17. Hillsborough County
18. Jackson County School District
19. Kids Incorporated of the Big Bend
20. Le Jardin Community Center, Inc.
21. Lutheran Services Florida, Inc.
22. Martin County School District
23. Miami-Dade County
24. Mid Florida Community Services, Inc.
25. Monroe County School District
26. North Florida Child Development, Inc.
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 Charlotte County
32. School Board of Gadsen County
33. School Board of Lee County
34. School Board of Polk County
35. St. John's County School Board
36. Step Up Suncoast, Inc.
37. Suwannee Valley Community Coordinated Child Care, Inc.
38. The Agricultural & Labor Program, Inc.
39. Tri-County Community Council, Inc.
40. United Way of Miami-Dade, Inc.

Cumulative Enrollment

In the 2023–2024 program year, Florida's Head Start programs served a total of 45,543 participants – 30,980 children in Head Start Preschool, 14,040 in Early Head Start, and 523 pregnant women. These numbers reflect a continued upward trend in Early Head Start enrollment over the past three years, increasing by more than 800 children since 2022. Head Start Preschool enrollment remained relatively stable between 2023 and 2024, following an increase from 29,437 in 2022 to 31,000 in 2023. The number of pregnant women served, however, declined from 612 in 2023 to 523 in 2024, a 14.5% decrease, after a year of growth. This reduction highlights the need for targeted outreach and enhanced support services for expectant mothers.

These figures underscore the persistent demand for early childhood services across Florida, particularly among low-income families and vulnerable populations. Strategic investments and

coordinated efforts remain critical to ensuring school readiness, family engagement, and equitable access to comprehensive services for children and families statewide.

	Head Start Preschool	Early Head Start	Pregnant Women
2022	29,437	13,230	522
2023	31,000	13,980	612
2024	30,980	14,040	523

Office of Head Start PIR

Race/Ethnicity of Children Served in Florida

American Indian/Alaska Native	0.1%
Asian	0.4%
Multi-Racial	7%
Black/African American	48%
Native Hawaiian/Pacific Islander	0.1%
Other	4%
Unspecified	4%
White	37%
Hispanic/Latino	37%
Non-Hispanic/Non-Latino	59%
Unspecified Hispanic/Non-Hispanic	4%

FHSA Dashboard

Eligibility

Children are eligible for Head Start if their family income is at or below the federal poverty level or if they meet categorically eligible criteria, which includes being homeless, in foster care, or from families receiving public assistance such as TANF or SNAP. Programs may enroll up to 10% of children from families that exceed the poverty guidelines if those children would benefit from services. Additionally, up to 35% of enrolled children may come from families with incomes between 100% and 130% of the federal poverty level. Federal regulations also require that at least 10% of funded enrollment be reserved for children with disabilities, regardless of income. Programs must maintain an active and prioritized waiting list to ensure prompt enrollment when vacancies occur, especially for those most in need of services. Local Head Start programs apply federal eligibility guidelines through a structured point system to determine enrollment prioritization. In addition to income and categorical eligibility, programs may incorporate locally defined criteria—such as a child's health status, parental circumstances, diagnosed disabilities, and environmental risk factors—to ensure that the most vulnerable children and families are prioritized for services. These layered eligibility standards are designed to prioritize the most vulnerable children while allowing some flexibility to serve a broader range of at-risk families.

| 50% of children under 6 receive SNAP/TANF | 38% of children under 6 live in poverty | 6% of children under 6 experience homelessness | 1% of children under 6 are in foster care |
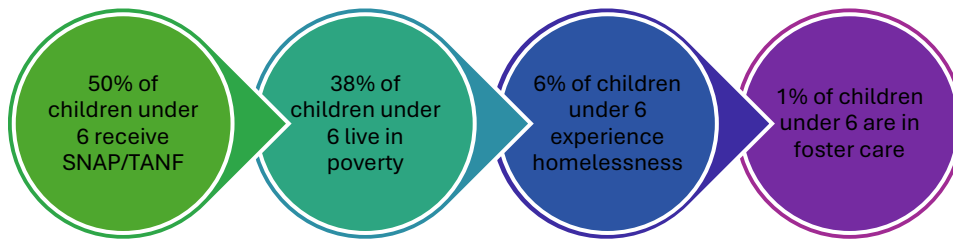
2023 ACS 5-Year Estimate
FHSA Dashboard

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

According to the 2020 U.S. Census, Florida consists of 67 counties, each categorized as either part of a metropolitan or nonmetropolitan statistical area. A Metropolitan Statistical Area (MSA) is defined by the U.S. Office of Management and Budget as a region centered around an urban area with a population of 50,000 or more, along with surrounding counties that share strong social and economic ties to the core. In contrast, nonmetropolitan areas include micropolitan statistical areas – urban clusters with populations between 10,000 and 49,999—as well as rural counties that do not meet the criteria for either metropolitan or micropolitan status.

As of the most recent delineations, Florida includes 22 metropolitan statistical areas, each encompassing multiple counties. The remaining counties are classified as micropolitan or rural, reflecting more limited infrastructure, service access, and economic connectivity. These classifications are critical for understanding population distribution, identifying disparities in resource access, and informing public policy and investment at both the state and local levels.

Florida's nonmetropolitan counties include Calhoun, Dixie, Franklin, Gilchrist, Glades, Gulf, Hamilton, Hardee, Holmes, Jefferson, Lafayette, Liberty, Madison, Taylor, Union, Wakulla, and Washington. These areas tend to face greater challenges related to transportation, broadband access, health care availability, and workforce development. Differentiating between metro and nonmetro regions supports more equitable planning, allowing programs like Head Start to align services with community-specific needs and geographic realities.
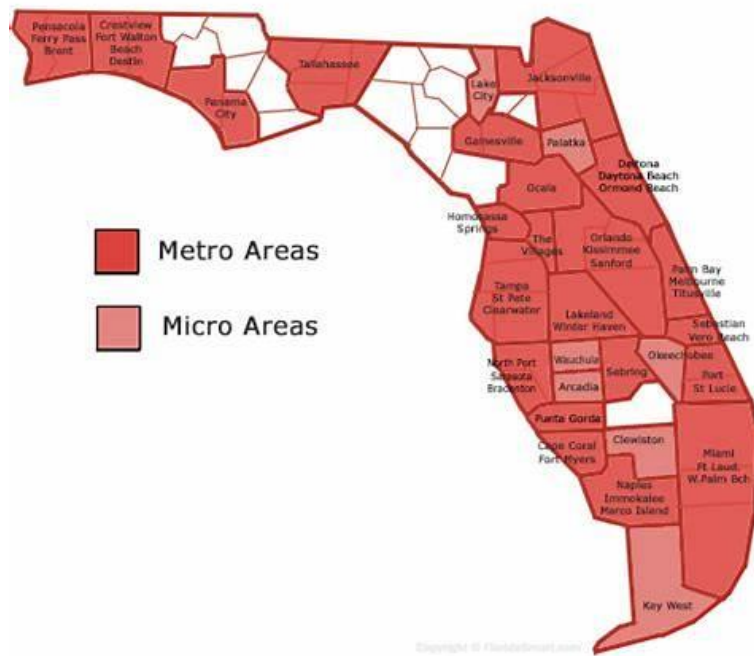
Enrollment by Age

	Less than 1	1 year old	2 years old	3 years old	4 years old	Pregnant Women
Florida	8%	11%	15%	30%	36%	1%
Nationally	8%	10%	15%	33%	33%	2%

FHSA Dashboard
HeadStart.gov

The 2023-2024 enrollment data for Head Start and Early Head Start programs in Florida shows a distribution similar to national trends, with the highest percentages of children enrolled at ages 3 and 4. In Florida, 36% of enrolled children were age 4, and 30% were age 3, aligning closely with national rates of 33% for both age groups. For infants and toddlers, 8% were under age 1, 11% were age 1, and 15% were age 2 in Florida – nearly mirroring national percentages. However, Florida enrolled fewer pregnant women (1%) compared to the national average of 2%. These figures highlight Florida's strong focus on preschool-aged children while suggesting potential areas for expansion in prenatal and infant services.

Head Start Enrollment by Age: Florida vs. National (2023–2024)
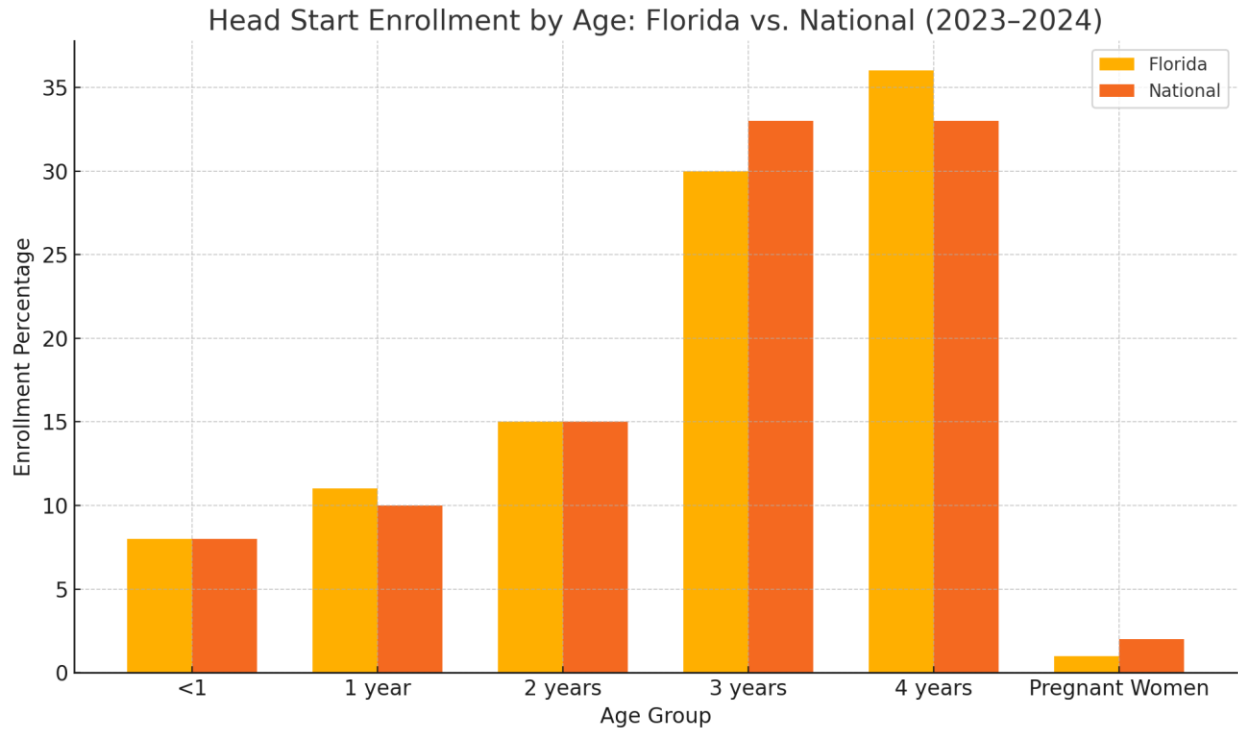
Prenatal Health – Pregnant Women (EHS Programs)

Trimester of Pregnancy in which Enrolled	# of Pregnant Women in the Florida
1st Trimester (0-3 Months)	59
2nd Trimester (3-6 Months)	202
3rd Trimester (6-9 Months)	262

HeadStart.gov

During the 2023–2024 program year, a total of 523 pregnant women were enrolled in Florida Head Start and Early Head Start programs. Of these, 59 (11%) were in their first trimester, 202 (39%) were in their second trimester, and 262 (50%) were in their third trimester at the time of enrollment. This trend indicates that the majority of enrollments occur later in pregnancy, which may present opportunities for earlier outreach and prenatal engagement.

Enrollment of Pregnant Women in Florida Head Start Programs by Trimester (2023–2024)
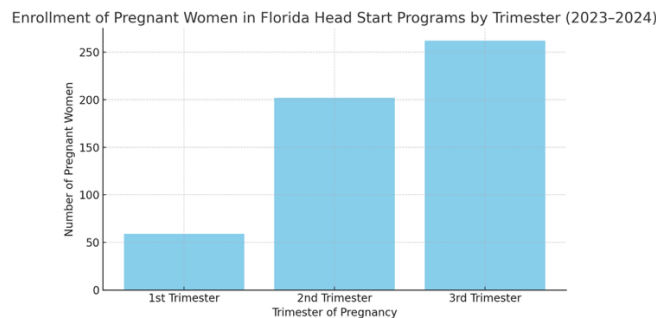
Enrollment by Program Option

Head Start offers several program options to meet the diverse needs of families and communities. Each option delivers the same comprehensive services – early education, health, nutrition, and family support—but through different formats to ensure accessibility and flexibility.

Center-Based Program Option

The Center-Based Program Option is the most common model and provides early childhood education and comprehensive services to children in a classroom setting, typically located in community centers, community action agencies, faith-based organizations, school districts, schools or Head Start facilities. In this model, children attend the program for a set number of days and hours per week, based on program design and funding. The classrooms are staffed by qualified teachers and support staff who follow a research-based curriculum aligned with the Head Start Early Learning Outcomes Framework. In addition to education, children receive nutritious snacks and meals, health screenings, and access to mental health, disability, and family support services. The center-based option emphasizes school readiness, social-emotional development, and family engagement, offering a structured and nurturing environment to support children's growth and development.

Home-Based Program Option

The Home-Based Program delivers Head Start or Early Head Start services directly in the family's home. A trained home visitor works with the child and their parent or caregiver, typically through weekly 90-minute home visits and group socialization activities held twice a month. The focus is on strengthening the parent-child relationship, supporting early learning in the home environment, and promoting healthy development across all domains—cognitive, social, emotional, and physical. The program serves pregnant women, infants, toddlers, and preschool-aged children, with an emphasis on building family capacity and preparing children for school success in a setting that is most familiar and comfortable: their home.

Childcare Partner Program Option

A childcare partner for Head Start refers to a licensed early childhood education provider—such as a childcare center or family childcare home—that collaborates with a Head Start or Early Head Start grantee to deliver comprehensive services to eligible children and families. Through a formal agreement, the partner site integrates Head Start standards, curriculum, and support services into its daily operations while continuing to meet state licensing requirements. This partnership allows programs to expand access, extend service hours, and offer more flexible options for working families, while ensuring children still receive high-quality education, health, nutrition, and family support services consistent with Head Start Program Performance Standards.

**Family Child Care Program Option**

Family Child Care (FCC) in Head Start is a program model where comprehensive early childhood services are delivered in a licensed provider's home rather than a traditional classroom setting. This option is especially beneficial for families who prefer a smaller, more intimate environment for their children or require flexible hours due to work schedules or transportation barriers. In the FCC model, small groups of children—typically infants, toddlers, or mixed-age groups—are cared for in the provider's residence, which must meet both state licensing requirements and rigorous Head Start Program Performance Standards. These homes are monitored regularly for health, safety, and educational quality. Providers are supported by the Head Start grantee, who offers coaching, training, curriculum support, and resources to ensure that the services meet high standards.

Migrant/Seasonal Program Option

A Migrant and Seasonal Head Start (MSHS) program is a specialized branch of Head Start designed to serve the unique needs of children from families who work in agricultural labor, including those who migrate seasonally for farm work. These programs provide comprehensive early childhood education, health, nutrition, and family support services to infants, toddlers, and preschool-aged children of eligible migrant and seasonal farmworkers. MSHS programs often operate on flexible schedules that align with agricultural work patterns and may provide extended hours, transportation, and bilingual services to meet the cultural and logistical needs of the families they serve. The goal is to support school readiness and well-being for children in some of the most mobile and economically vulnerable communities.

	Total	Center-Based	Home-Based	FCC	Pregnant Women	MSHS
Florida	40,505	38,645	688	572	216	3,002
Nationally	799,344	690,123	59,252	10,096	6,267	24,894

HeadStart.gov

Head Start Enrollment by Program Type: Florida vs. National (2023–2024)
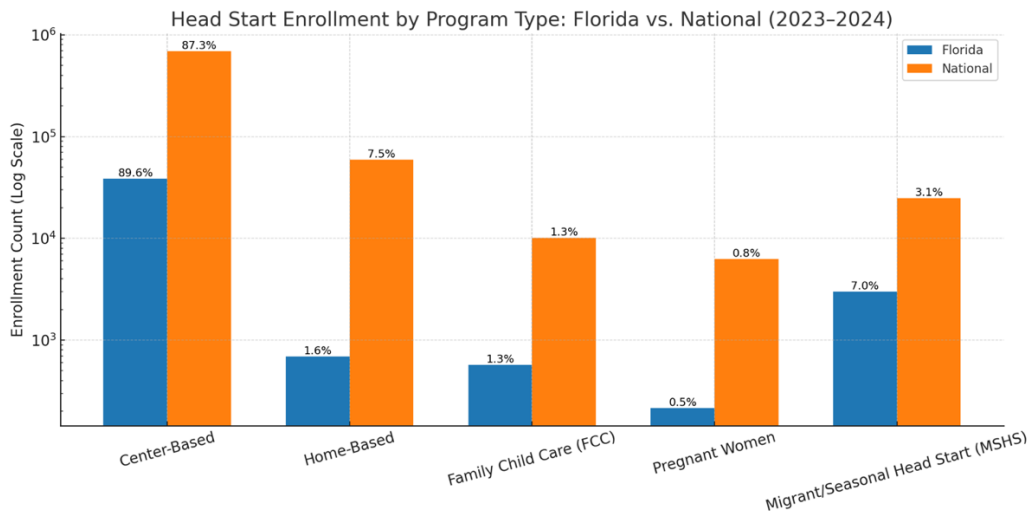
In the 2023–2024 program year, Florida reported a total Head Start and Early Head Start enrollment of 43,123 participants, compared to 789,632 nationally. The majority of participants in both Florida and nationwide were served in center-based programs—accounting for 89.6% of Florida's enrollment and 87.3% nationally.

Other Florida enrollment figures included 688 children (1.6%) in home-based programs, 572 children (1.3%) in family childcare (FCC), 216 pregnant women (0.5%), and 3,002 children (7.0%) in Migrant and Seasonal Head Start (MSHS) programs. Nationally, home-based services accounted for 7.5%, FCC for 1.3%, pregnant women for 0.8%, and MSHS for 3.1% of total enrollment.

These figures demonstrate Florida's strong reliance on center-based service delivery, a proportionally higher focus on MSHS programs compared to the national landscape, and a significantly lower enrollment of pregnant women relative to national trends. The chart visualizes these patterns and helps highlight areas for potential growth, particularly in prenatal services and alternative service models.

Program Schedules

The hour requirements for Head Start Preschool (HSP) and Early Head Start (EHS) are defined by the Head Start Program Performance Standards to ensure that children receive adequate instructional time and comprehensive services to support their development.

Head Start Preschool: Programs must provide a minimum of 1,020 hours of planned class operations over the course of the program year for center-based services. This typically translates to about 5 days per week for a full school year (approximately 6 hours per day).

Early Head Start: Programs must provide a minimum of 1,380 hours of planned class operations annually for center-based services. This equates to year-round care, often five days per week, reflecting the needs of working families with infants and toddlers.

Programs may exceed these minimums, especially those offering extended-day or full-year services. Home-based and family childcare options have different hour requirements, based on weekly home visits and group socializations. All options are designed to promote consistent, high-quality engagement and learning opportunities tailored to family and community needs.

Comprehensive Services

Head Start's comprehensive service model is grounded in the belief that supporting the whole child and their family is essential to achieving school readiness and long-term success. Programs go beyond early childhood education by addressing a full spectrum of needs through wraparound care, health and nutrition services, and family engagement. Wraparound care ensures that children receive consistent, developmentally appropriate services that align with the schedules of working parents and guardians. Family engagement is deeply embedded in all aspects of Head Start, encouraging families to actively participate in their child's development and in shared program governance. This two-generation approach strengthens both child outcomes and family stability.

In addition to education and care, Head Start plays a vital role in linking families to essential resources. Programs help families access services such as housing support, job training, income assistance, and financial counseling. Mental health and behavioral support are also central components. Head Start staff work to identify and address developmental, emotional, or behavioral challenges early, with access to on-site mental health consultants and referrals to community providers when needed. This integrated approach helps children develop social-emotional skills and manage trauma or stress, creating a strong foundation for learning.

Health and wellness are prioritized through comprehensive screenings and follow-up care in areas such as vision, hearing, nutrition, and dental health. Head Start programs also ensure inclusive services for children with disabilities by providing individualized supports and fostering inclusive classroom environments. At least 10% of program enrollment is federally required to serve children with identified disabilities. Additionally, Head Start emphasizes smooth transitions, supporting children and families as they move from Early Head Start to Head Start or from Head Start into kindergarten. These coordinated efforts help reduce disruption and promote continuity in learning and care. Taken together, these services reflect Head Start's commitment to addressing the interconnected needs of children and families in a way that builds lasting opportunities for success.

Federal Priorities

Office of Head Start Priorities

The Office of Head Start 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.

Head Start Collaboration Office Priorities

The Head Start Collaboration Office 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:

- Aligning early care and education services across agencies.
- Supporting state efforts to collect and utilize data for informed decision-making, and
- Expanding 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 the Office of Head Start and the Head Start Collaboration Office are closely aligned, working in tandem to strengthen program quality, coordination, and outcomes for children and families. Both emphasize the importance of health and safety, with a shared commitment to reducing risks and ensuring environments that support child well-being. They also prioritize integration with state systems—whether through aligning early childhood services, improving data-driven decision-making, or expanding access to resources in high-need communities. Workforce investment is another area of alignment, as both offices support efforts to build a well-compensated, well-supported, and highly skilled early childhood workforce. Finally, the emphasis on program quality and continuity across educational settings is reflected in both entities' focus on infrastructure, transition planning, and alignment with K–12 systems. Together, these priorities promote a unified and comprehensive approach to early childhood development, ensuring that Head Start programs are effectively positioned within broader state and national systems.

State Partners

The FHSSCO 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 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. The Florida Head Start Association (FHSA) serves as a key advocacy and professional support organization for grantees. FHSSCO also collaborates closely with Local Early Learning Coalitions, 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.

In addition, the HSSCO partners with Local Education Agencies (LEAs) to support effective transitions and alignment between Head Start and K–12 systems. The office also works with the Florida Department of Education's Bureau of Exceptional Education and Student Services, which oversees services for children with disabilities, to ensure inclusive and individualized support. Collaboration with homeless provider organizations across the state helps identify and serve children and families experiencing homelessness, supporting Head Start's commitment to reaching the most vulnerable populations. These coordinated efforts ensure that Florida's Head Start programs are deeply embedded within the broader early childhood and social service landscape.

Head Start Grant Recipients Survey Results

Surveys were distributed to all Head Start and Early Head Start grant recipients across Florida to gather statewide input on key program needs and priorities. The survey was administered via SurveyMonkey and remained open for one month, providing ample time for programs to respond. This approach ensured broad representation and allowed for comprehensive data collection to inform the 2024–2025 State Needs Assessment.
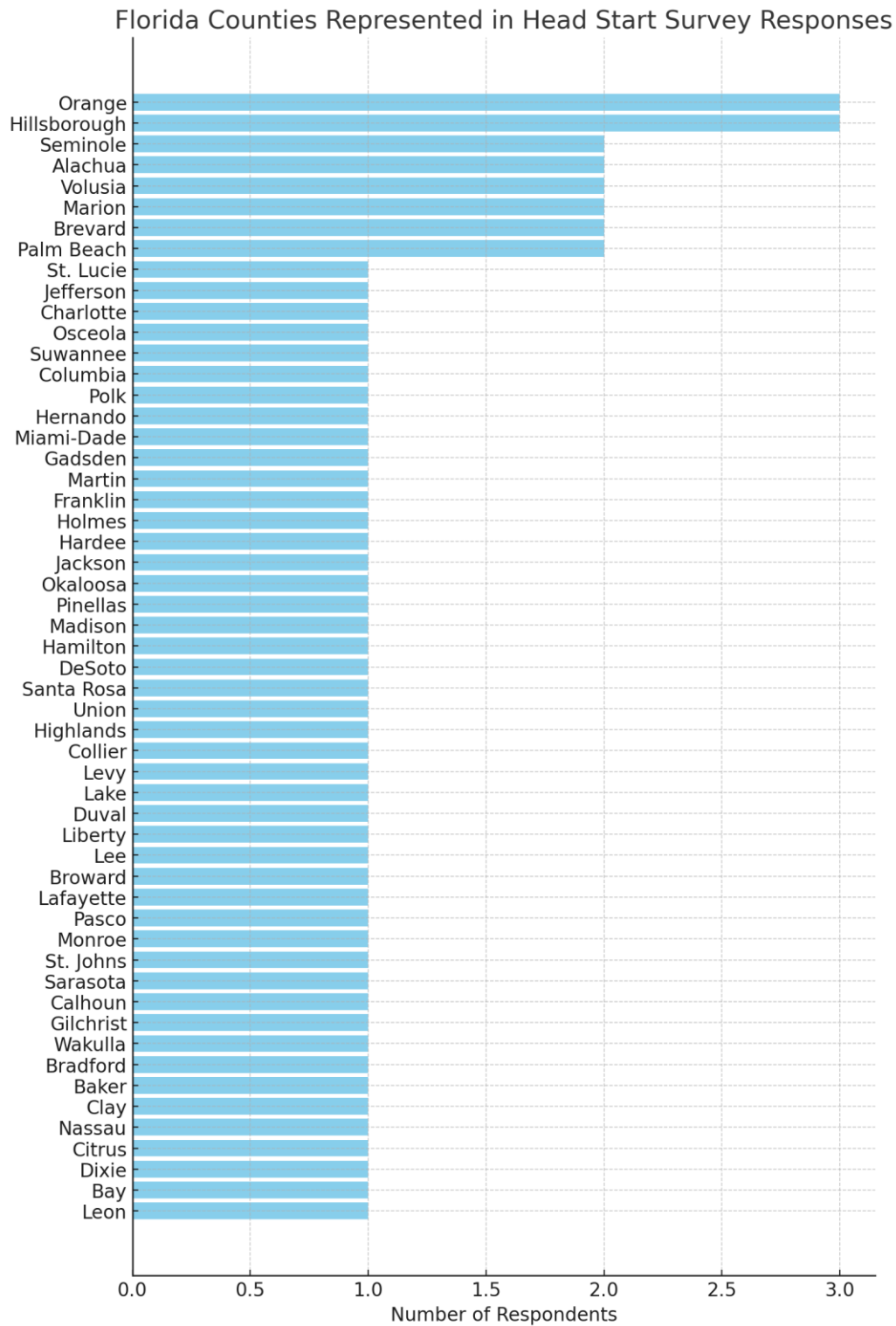
Survey Respondents

The chart below illustrates the roles of 35 individuals who responded to Florida's Head Start State Needs Assessment. A significant majority (73%) of respondents hold a director-level title, highlighting the high level of programmatic leadership involved in the feedback process. Executive leaders such as CEOs and VPs make up 13.5%, while 10.8% are in key managerial or coordinator roles. Only 2.7% represent program-level staff such as fiscal officers. This composition suggests that the data gathered reflects insights from strategic and operational decision-makers across Florida's Head Start programs.

Roles of Respondents to Florida Head Start State Needs Assessment
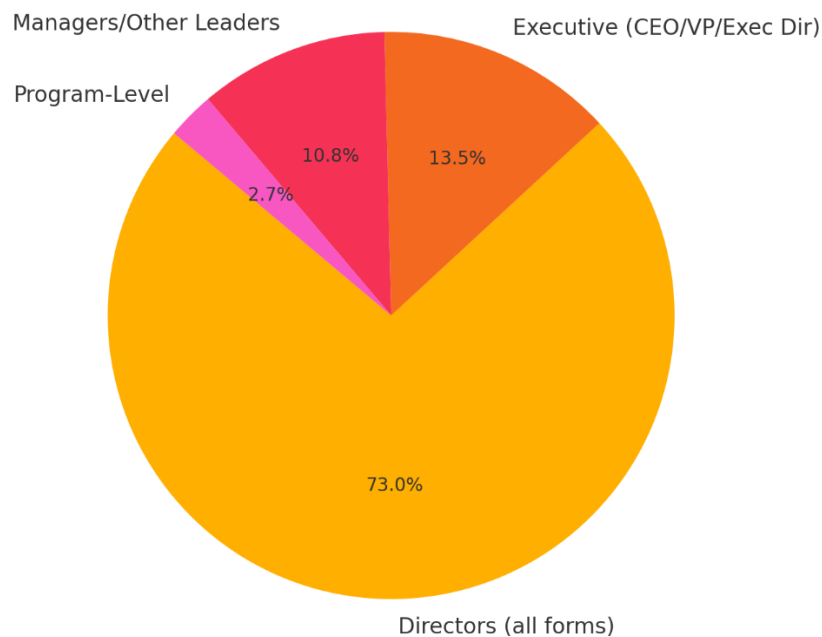
The bar chart illustrates the geographic distribution of counties represented in responses to Florida's Head Start State Needs Assessment. There are 67 counties in Florida. Thirty-five participants responded to the survey representing 58 counties, with responses from more than one grant recipient that served the same counties such as Orange, Hillsborough, Palm Beach, and Brevard counties. These counties are among Florida's most populous and demonstrate strong program engagement. The diversity of counties—from urban centers like Miami-Dade to rural

areas like Liberty and Lafayette—indicates a broad cross-section of input. This wide-ranging representation strengthens the assessment's credibility and ensures that regional needs and perspectives are reflected in statewide planning efforts.

Florida Counties Represented in Head Start Survey Responses

County	Number of Respondents
Orange	3
Hillsborough	3
Seminole	2
Alachua	2
Volusia	2
Marion	2
Brevard	2
Palm Beach	2
St. Lucie	1
Jefferson	1
Charlotte	1
Osceola	1
Suwannee	1
Columbia	1
Polk	1
Hernando	1
Miami-Dade	1
Gadsden	1
Martin	1
Franklin	1
Holmes	1
Hardee	1
Jackson	1
Okaloosa	1
Pinellas	1
Madison	1
Hamilton	1
DeSoto	1
Santa Rosa	1
Union	1
Highlands	1
Collier	1
Levy	1
Lake	1
Duval	1
Liberty	1
Lee	1
Broward	1
Lafayette	1
Pasco	1
Monroe	1
St. Johns	1
Sarasota	1
Calhoun	1
Gilchrist	1
Wakulla	1
Bradford	1
Baker	1
Clay	1
Nassau	1
Citrus	1
Dixie	1
Bay	1
Leon	1

Program Information

Among the 34 respondents, the majority reported operating Head Start Preschool (85.3%) and Early Head Start (76.5%) programs. Voluntary Prekindergarten (VPK) was also offered by 67.7% of respondents, while 35.3% provided School Readiness programs. A small percentage (5.9%) operated Migrant/Seasonal Head Start programs. Additionally, 17.6% indicated they offered other early childhood programs, which included tuition-based care, Exceptional Student Education (ESE) Pre-K, and fee-for-service models. This distribution highlights the broad range of early learning services being delivered across Florida, with strong participation in federally funded options and a smaller, diverse mix of locally managed and specialized programs.
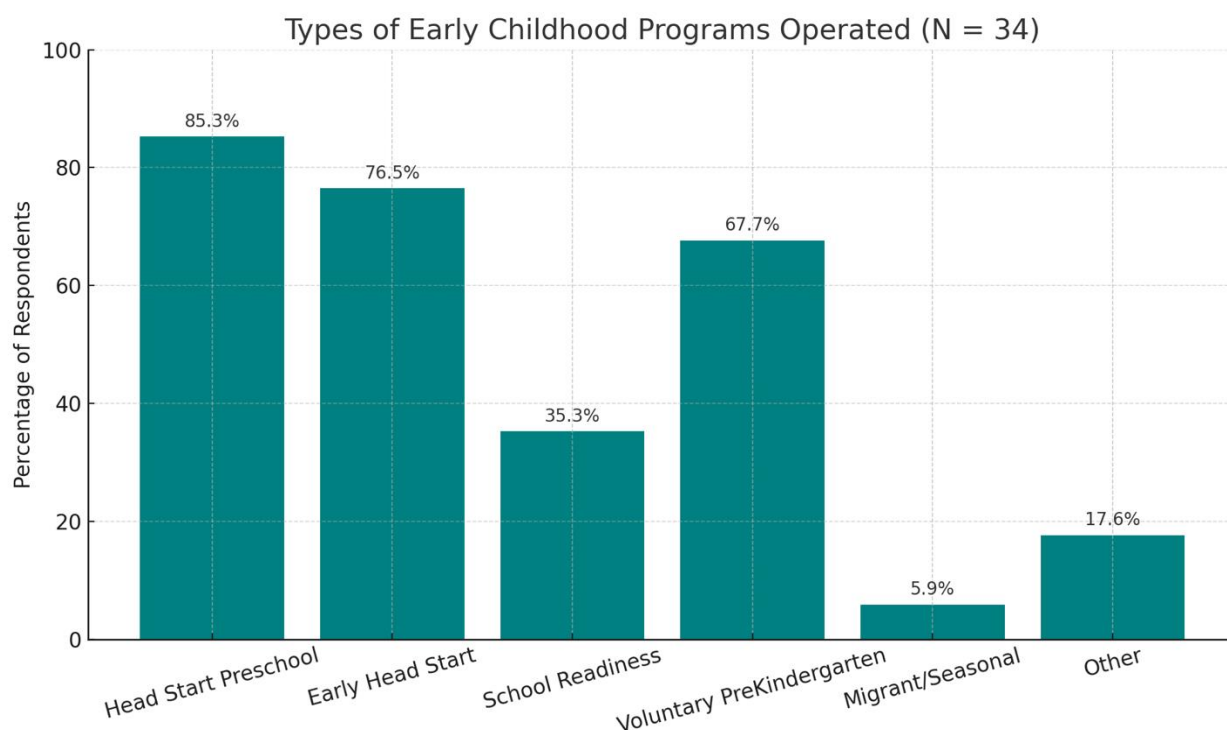
A majority of Head Start programs in Florida, 58.82%, reported that they provide services to expectant mothers. This demonstrates a strong commitment to supporting families beginning in the prenatal stage, aligning with Early Head Start's focus on early intervention and whole-family well-being. However, the remaining 41.18% do not serve expectant mothers, indicating an opportunity for expanded prenatal outreach and support statewide. These results suggest that while many programs are embracing a comprehensive birth-to-five model, there remains room for growth to ensure consistent support for pregnant women across all service regions.
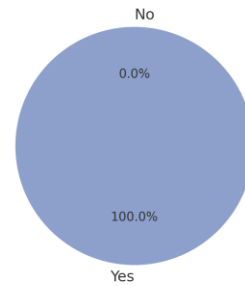
Programs Serving Expectant Mothers (Florida Head Start)
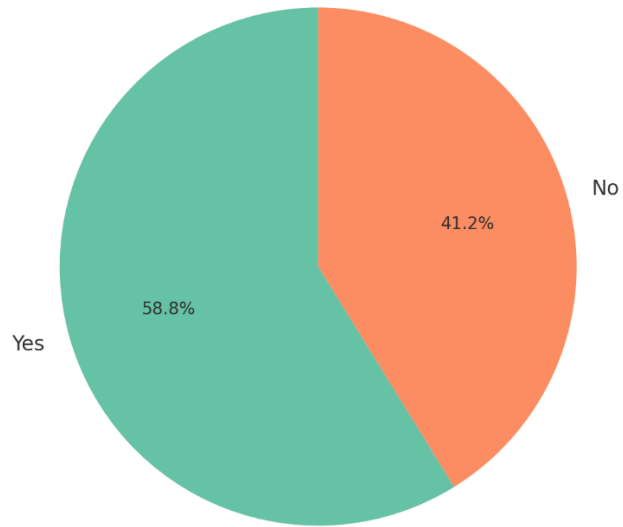
Full Enrollment Initiative

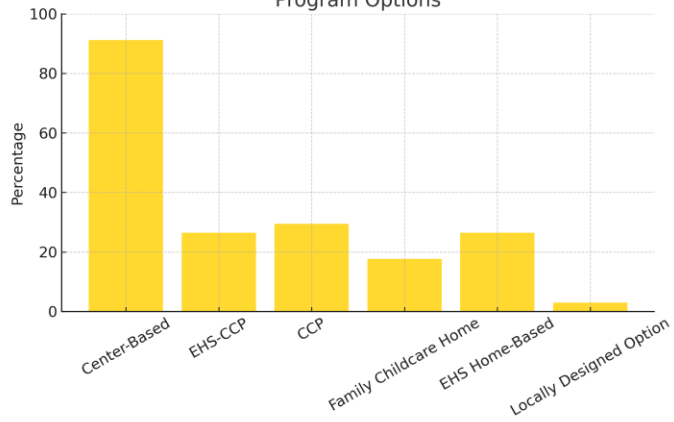Florida Head Start State Needs Assessment – Summary Charts
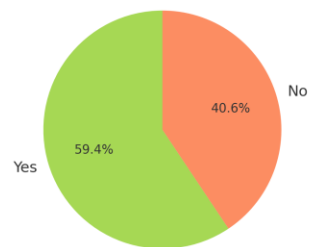

Under Full Enrollment Initiative
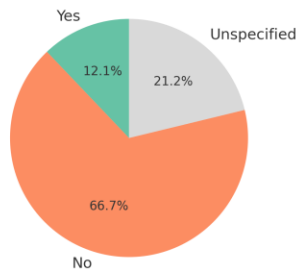
Waitlist Presence

Program Options

MyFlorida Schools Participation

The summary chart above provides a visual overview of four critical elements assessed in the Florida Head Start State Needs Assessment:

1. Under Full Enrollment Initiative: Only 12.12% of programs indicated they are operating under the Full Enrollment Initiative, while 66.67% reported they are not. The remaining 21.21% did not specify. This suggests that most programs are not currently flagged under enrollment compliance protocols, although the unspecified group warrants follow-up.
2. Waitlist Presence: A full 50% of programs reported maintaining a waitlist, with no programs indicating they do not have one. This underscores continued demand for Head Start and Early Head Start services across Florida, suggesting a need for expanded access and resources in over 20 counties: Gadsden, Pasco, Broward, Hillsborough (3 programs), Charlotte, Palm Beach, Duval, Pinellas, Okaloosa, Sarasota, Calhoun, Madison, Gulf, Wakulla, Leon, Jefferson, Orange, Oceola, and Seminole.
3. Program Options: The most commonly offered model is the center-based program, provided by 91.18% of respondents. Other models, such as EHS-CCP, CCP, and home-based services, are used by roughly 17–29% of programs. Only 2.94% reported implementing a locally designed program option, such as for serving homeless populations.
4. MyFlorida Schools Participation: Participation in the MyFlorida Schools portal is reported by 59.38% of programs, while 40.63% are not yet engaged. This suggests room for increased alignment with state educational data systems.

Enrollment

Slot Reduction Data – Florida Head Start Programs
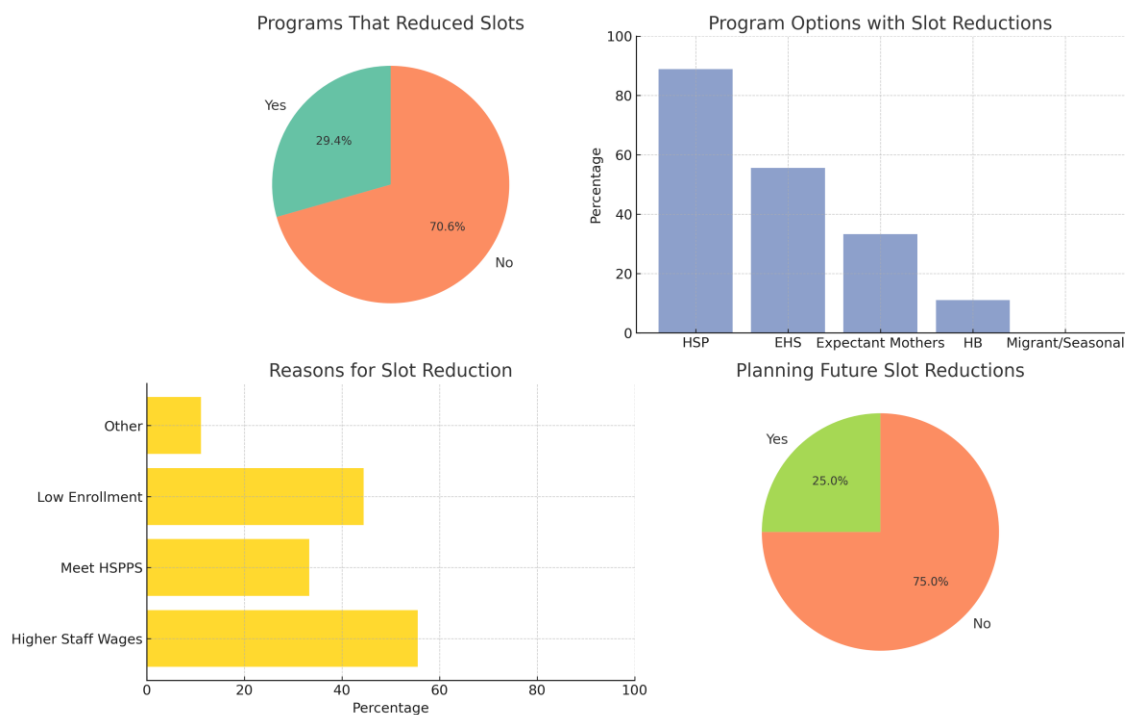
This chart presents a summary of slot reduction activity across Florida Head Start programs based on recent State Needs Assessment data. Only 29.41% of programs reported reducing slots, while the majority (70.59%) indicated no reductions had occurred.

Among the programs that did reduce slots, the most impacted option was the traditional Head Start Program (HSP), with 88.89% of these programs indicating reductions. Early Head Start (EHS), and Expectant Mother options also experienced significant cuts, while home-based services and migrant/seasonal programs were minimally or not affected.

The primary reason cited for slot reduction was the need to increase staff wages (55.56%), followed by issues such as low enrollment (44.44%) and the need to comply with updated Head Start Program Performance Standards (33.33%). A small percentage (11.11%) attributed reductions to other reasons, including staffing shortages and insufficient enrollment to justify classroom openings.

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.

State Systems


Extent of Collaboration with Key Service Providers
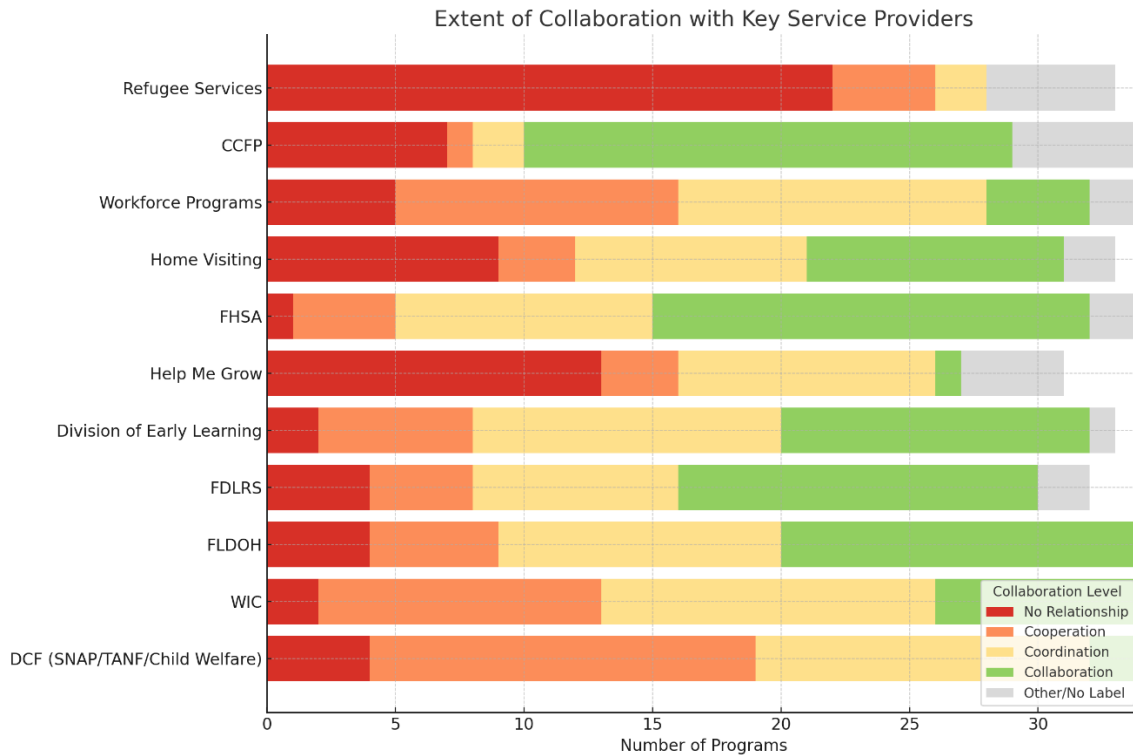
This chart illustrates the level of collaboration Florida Head Start programs report having with various service providers and partner organizations. Most agencies report a high degree of coordination or collaboration with the Florida Head Start Association (FHSA), Florida Department of Health (FLDOH), CCFP, FDLRS, and the Division of Early Learning, reflecting shared goals and structured partnerships.

Programs also show consistent engagement with Women, Infants, and Children (WIC), workforce programs, and home visiting services, although to a slightly lesser extent. The lowest levels of partnership were reported with Refugee Services, with the majority of programs indicating little or no working relationship.

As an important contextual note, one program specifically noted: "We work with the County's Office of New Americans," indicating an additional collaboration not listed in the structured response options.

Collaboration

Local Collaboration with Community Entities
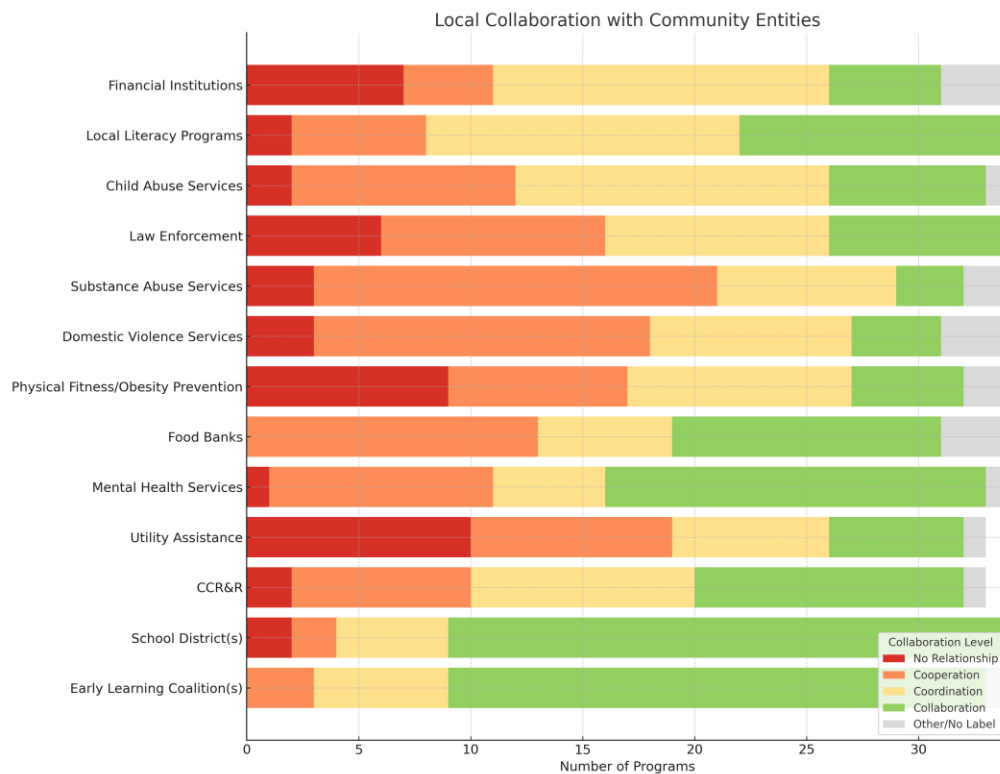
The chart above illustrates the extent of local collaboration between Florida Head Start programs and various community entities. The strongest partnerships are reported with Early Learning Coalitions (3.68 average), School Districts (3.56), and Mental Health Service Providers (3.21). These results reflect high levels of integration, with most programs engaging in coordination or full collaboration with these critical partners.

Moderate collaboration is reported with Child Care Resource & Referral (CCR&R), Food Banks, Local Literacy Programs, and Financial Institutions. In contrast, lower collaboration levels are reported with Utility Assistance programs, Physical Fitness/Obesity Prevention services, and Substance Abuse Service Providers. These areas may benefit from strategic outreach to strengthen partnerships that impact comprehensive family support.

While there are isolated instances of no working relationship, most entities are engaged in some form of cooperative or collaborative effort. This reflects a generally strong local network supporting Head Start families, with opportunities for deeper integration in areas of health, safety, and wellness services.

Challenges in Establishing Partnerships and Accessing Services
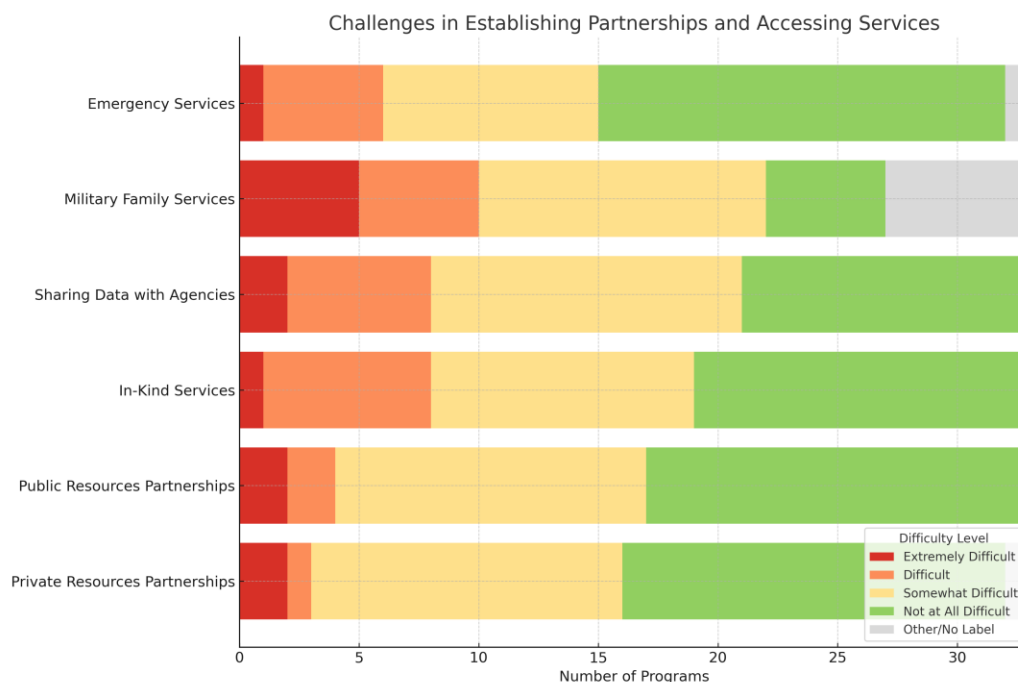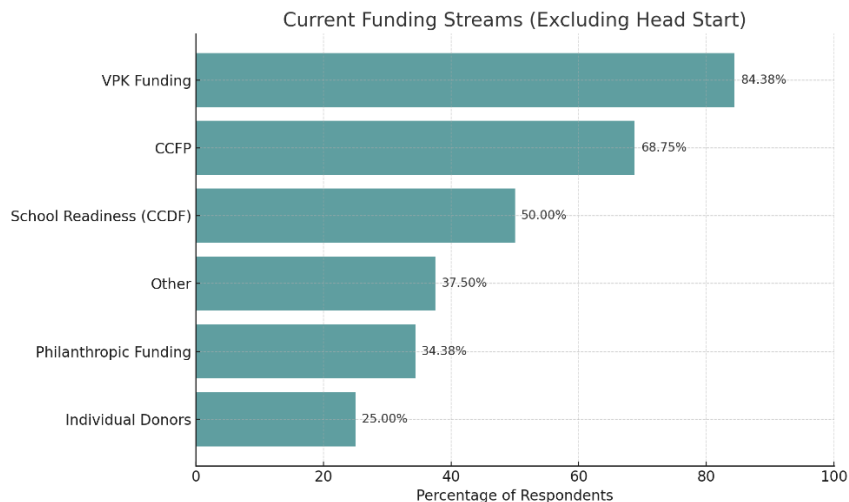
This chart presents responses from Florida Head Start programs on the level of difficulty in establishing partnerships and accessing services. The most frequently reported challenges were related to forming partnerships with military family service providers, with nearly a third of respondents finding it extremely or moderately difficult. Despite this, the overall weighted average across categories suggests that most agencies find these partnerships somewhat to not at all difficult.
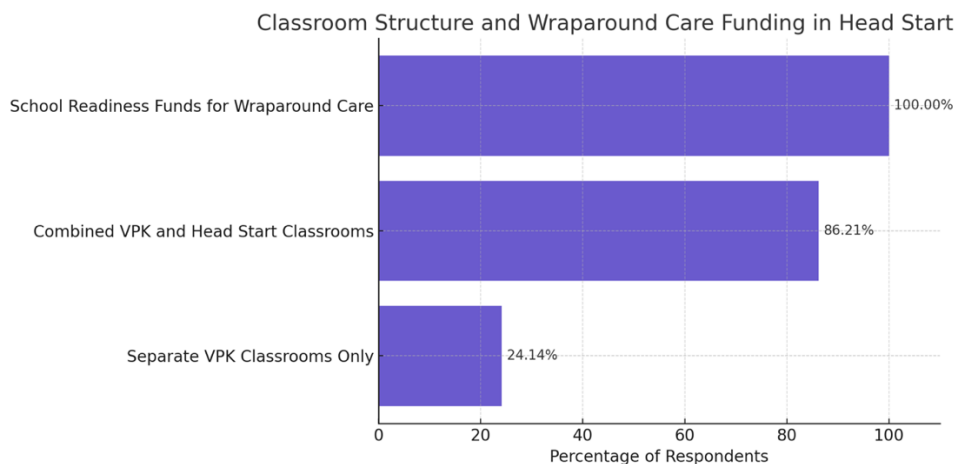
Programs found the least difficulty in forming partnerships with private and public resources, with over 48% indicating that these relationships were not at all difficult. Similarly, accessing emergency services and in-kind community services also rated relatively low in difficulty. Sharing data with other agencies and establishing partnerships with military family services received lower average scores, indicating more variability in experiences.

Fiscal

Current Funding Streams (Excluding Head Start)

| Funding Source	Percentage
VPK Funding	84.38%
CCFP	68.75%
School Readiness (CCDF)	50.00%
Other	37.50%
Philanthropic Funding	34.38%
Individual Donors	25.00%

Percentage of Respondents

The most widely used funding source among Florida Head Start programs is VPK (Voluntary Prekindergarten) funding, reported by 84.4% of respondents. This highlights the strong integration of state-funded prekindergarten into early learning program budgets. The Child Care Food Program (CCFP) follows closely, with 68.8% of programs utilizing it to support nutrition services. School Readiness funding through the Child Care Development Fund (CCDF) was used by 50% of respondents, reflecting substantial reliance on state subsidies to serve income-eligible families. Additionally, 37.5% of programs reported "Other" funding sources, which included a mix of Title I funds, county and city grants, Children's Services Council (CSC) funding, tuition, and fees-for-service—illustrating the creative and localized funding patchwork often necessary to sustain services. Philanthropic support (34.4%) and individual donors (25%) make up a smaller portion of funding, suggesting some level of community engagement but a limited dependency on private fundraising. This diverse funding landscape underscores the critical importance of blending and braiding multiple funding sources to ensure sustainability and comprehensive service delivery, particularly amid shifts in the federal funding environment.

Classroom Structure and Wraparound Care Funding in Head Start Programs

| Classroom Structure	Percentage
School Readiness Funds for Wraparound Care	100.00%
Combined VPK and Head Start Classrooms	86.21%
Separate VPK Classrooms Only	24.14%

Percentage of Respondents

A strong majority of respondents (86.2%) reported that their programs operate combined classrooms that serve both Voluntary Prekindergarten (VPK), and Head Start preschool children. This indicates a high level of integration across funding streams and reflects efficient use of both instructional staff and physical classroom space. A smaller portion of respondents (24.1%) reported operating separate VPK-only classrooms, suggesting that some grantees maintain distinct models based on funding requirements or local program design. Importantly, 100% of respondents stated that they use School Readiness funds to provide wraparound care, underscoring the essential role of blended funding in supporting extended-day services beyond the standard VPK instructional hours. These findings highlight how Florida Head Start programs are strategically leveraging both VPK and School Readiness resources to optimize service delivery, extend care for working families, and enhance operational efficiency.

Non-Federal Match

Is Non-Federal Match (NFM) Achievable?
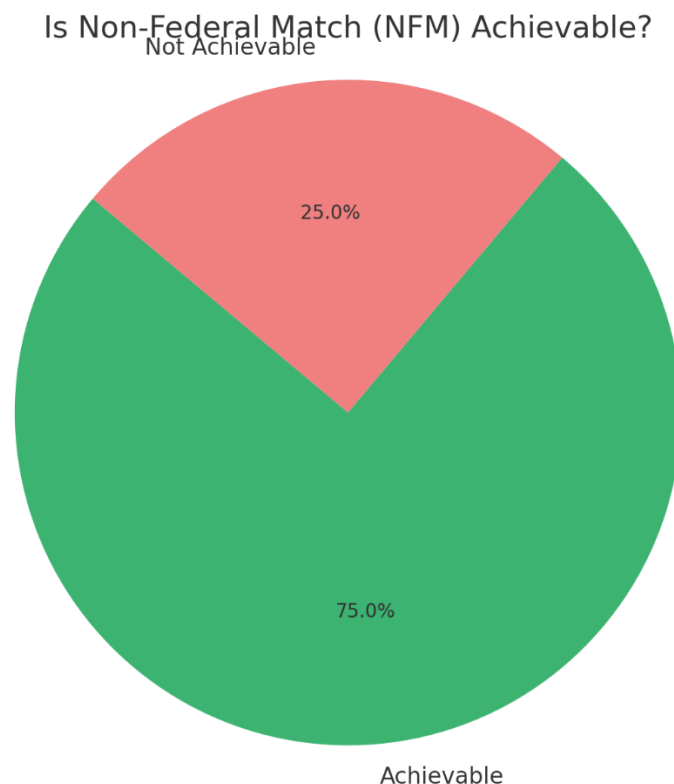
Out of 32 respondents, 75% reported that achieving the Non-Federal Match (NFM) requirement is achievable within their program, while 25% indicated that it is not. This suggests that a majority of Head Start grantees feel confident in their ability to meet the 20% matching requirement through allowable sources such as donated goods, volunteer hours, space, or services. However, the 25% who reported difficulty achieving NFM reflect a meaningful challenge. These programs may be located in communities with fewer available in-kind resources or limited capacity to track and document eligible contributions. This feedback highlights the need for additional technical assistance, training, and potentially more flexible match strategies for programs operating in high-need or resource-limited areas.

## Is More Support Needed to Meet Non-Federal Match (NFM)?

No – Support Not Needed

12.5%

87.5%

Yes – More Support Needed
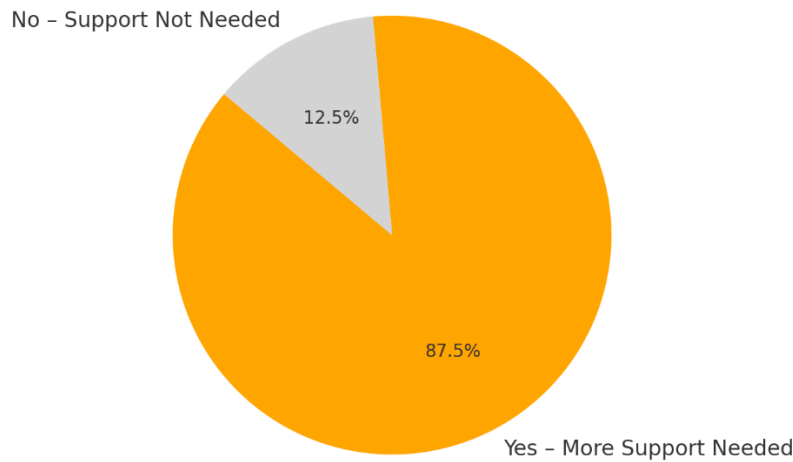
A substantial majority of respondents (77.8%**)** indicated that they do need additional support to meet their NFM obligations. This is consistent with earlier responses highlighting limited resources in rural areas and reliance on annual waiver applications. Programs facing geographic and economic constraints are particularly impacted by the difficulty of securing sufficient in-kind contributions or community services to fulfill the 20% match requirement.

Only 11.1% of respondents reported that no additional support is necessary, suggesting that these programs either operate in resource-rich areas or have well-established systems for tracking and documenting match contributions.

This feedback reinforces the need for flexible policies, targeted training, and perhaps regionally tailored technical assistance to ensure all programs can realistically meet their match obligations without compromising services.

Common Strategies for Meeting the Non-Federal Match (NFM) Requirement
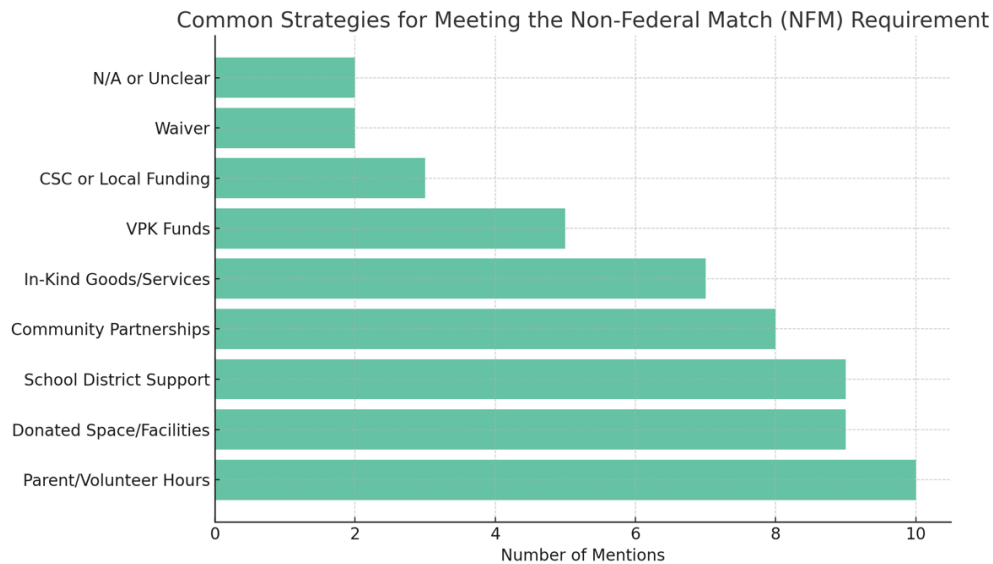
Florida Head Start programs reported a wide range of strategies to meet the Non-Federal Match (NFM) requirement. The most frequently mentioned method was leveraging parent and volunteer hours, followed closely by donated space or facilities and school district support, each cited by nine or more respondents. Programs also heavily rely on community partnerships and in-kind goods and services, including donated supplies, space, or professional services. VPK funds and local funding from entities like CSC were mentioned as additional sources. A few programs reported applying for waivers, while others cited unclear or non-applicable strategies. These responses underscore how grantees are blending a mix of formal agreements, local relationships, and creative resource tracking to meet their 20% match obligation.

How Programs Are Meeting the Non-Federal Match (NFM) Requirement
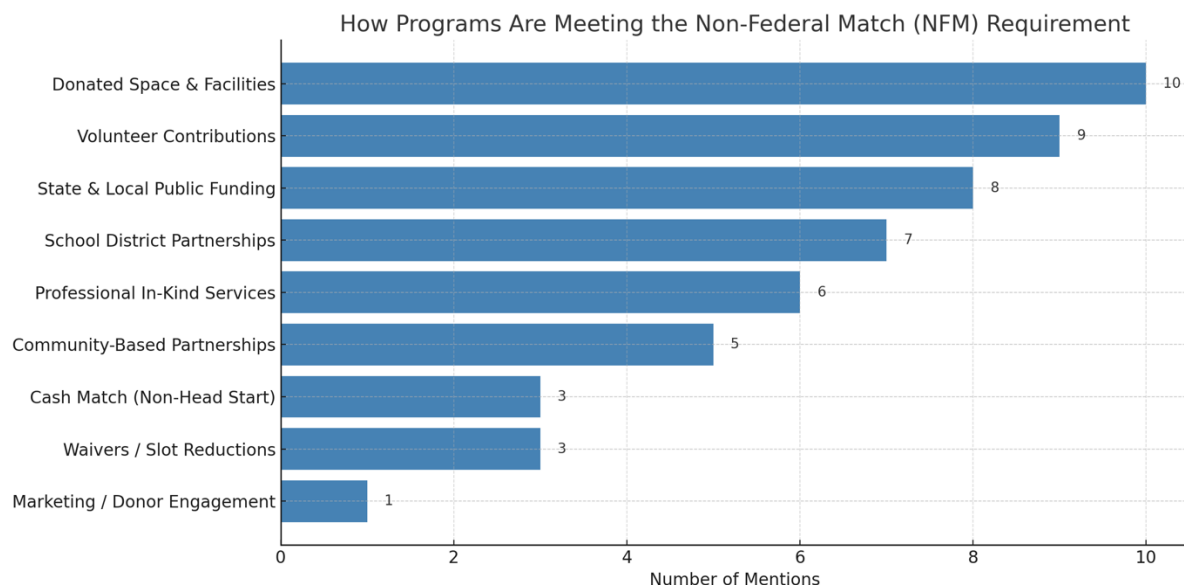
The analysis of how programs meet the Non-Federal Match (NFM) requirement revealed nine thematic strategies, with the most frequently cited being donated space and facilities, mentioned by 10 programs. These contributions often include access to school district buildings, utilities,

and space provided by local universities. Volunteer contributions ranked closely behind (9 mentions), emphasizing the critical role of parent involvement, community service, and home-based engagement activities. State and local public funding, including VPK dollars, Children's Services Councils, and county-level matches, was another widely used approach (8 mentions), demonstrating strong integration of public resources.

School district partnerships (7 mentions) also emerged as a key support system, providing services ranging from personnel and school safety to custodial and food operations. Other strategies included professional in-kind services and community-based partnerships, which often involved pro bono contributions from therapists, dentists, and nonprofit staff. A smaller subset of respondents reported using cash matches, applying for waivers, or reducing enrollment slots each mentioned by three programs indicating creative or necessary alternatives when traditional in-kind contributions were insufficient. Notably, marketing and donor engagement was mentioned by only one respondent, suggesting that private fundraising infrastructure remains limited for most grantees.

This diverse blend of strategies underscores the adaptive efforts programs are making to meet federal requirements, often through multi-source collaboration. However, the recurring need for waivers and low engagement in fundraising point to ongoing challenges were technical assistance, community development, or policy flexibility may be warranted.

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.

Child Screening Tools


Child Screeners Used by Florida Head Start Programs
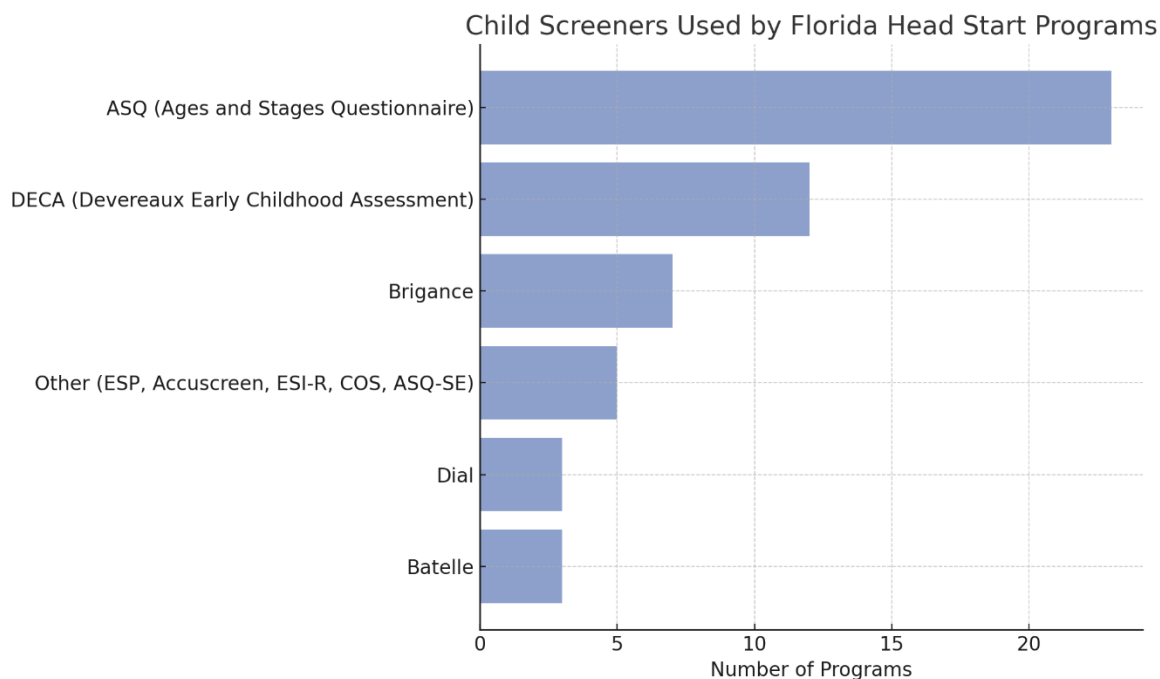
The ASQ (Ages and Stages Questionnaire) is by far the most widely used child assessment tool, reported by nearly 72% of respondents. This reflects its popularity as a reliable developmental screener for early childhood programs. The DECA (Devereux Early Childhood Assessment) was the second most used tool, selected by 38% of programs, likely due to its focus on social-emotional development.

Other tools like Brigance, Batelle, and DIAL were used by smaller portions of respondents (9%–22%), suggesting more specialized or supplemental use. The "Other" category, reported by 16%, included a diverse mix such as Early Screener Profile (ESP), Accuscreen, ESI-R, COS, and ASQ-SE—indicating that some programs are tailoring their assessments to specific needs or age groups.

These findings show a strong reliance on ASQ for developmental screening, complemented by a variety of tools that support comprehensive child assessment and individualized planning.

Child Assessment Tools

Program Assessments Used by Florida Head Start Programs
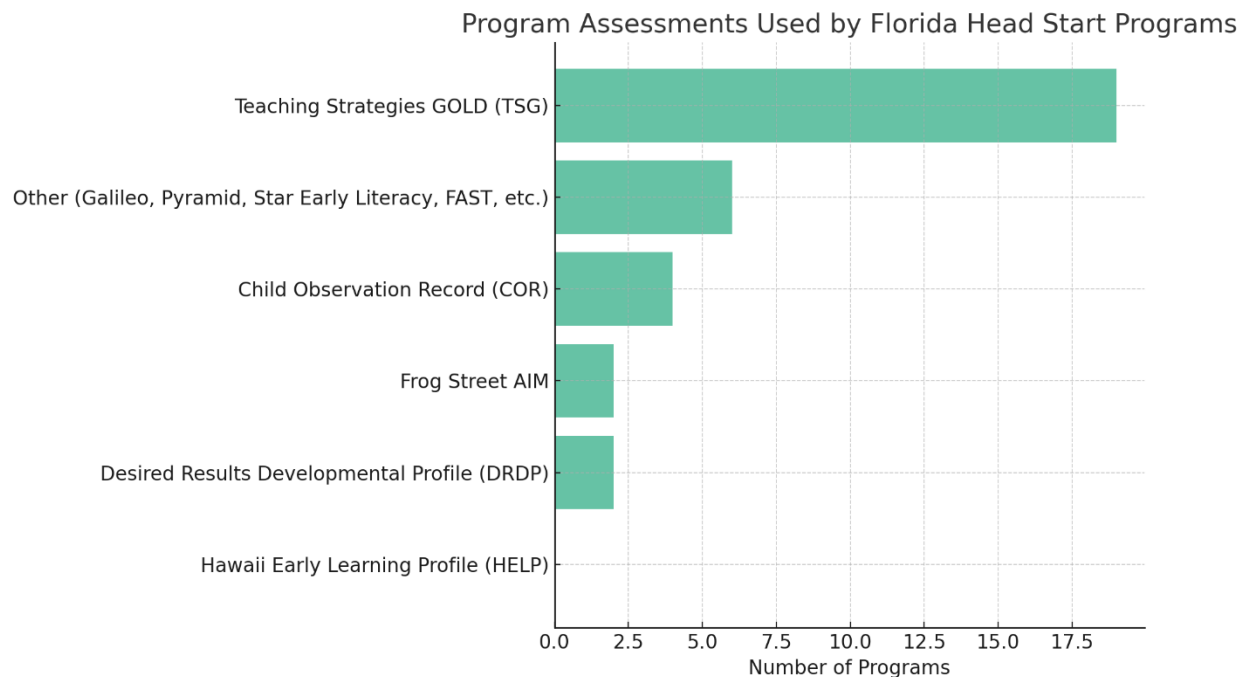
The most widely used program assessment tool is Teaching Strategies GOLD (TSG), selected by 61.3% of respondents. This aligns with its longstanding use in Head Start for tracking child development across multiple domains and aligning with federal outcomes frameworks.

Other tools such as the Child Observation Record (COR) and Desired Results Developmental Profile (DRDP) were reported by fewer programs (13% and 6.5% respectively), while Frog Street AIM also had limited use. No respondents reported using the Hawaii Early Learning Profile (HELP).

A significant portion (about 19%**)** of programs noted using tools categorized as "Other," including Galileo, Pyramid, Star Early Literacy (VPK), FAST, and locally designed assessments**.** This suggests a move toward integrating state-preferred or VPK-aligned measures in some grantee sites.

These findings indicate that while TSG remains dominant, there is increasing diversity in assessment strategies, likely reflecting varying curriculum models, state mandates, and individualized program needs.

Center-Based Curriculum


Curricula Used in Center-Based Head Start Programs
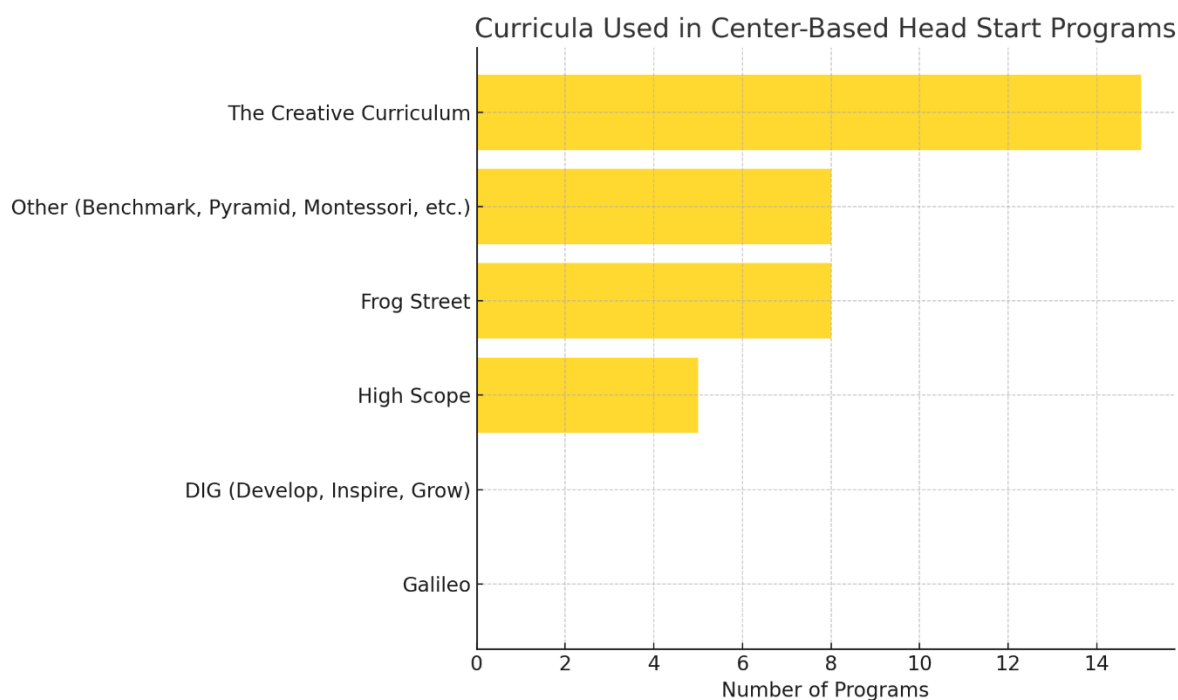
The most widely used curriculum is The Creative Curriculum, reported by 46.9% of programs, reinforcing its dominant role in early childhood education for supporting developmentally appropriate practice and alignment with Head Start Early Learning Outcomes Framework (ELOF).

Frog Street follows with 25% of programs using it, offering a structured and thematic approach popular among early learners. High Scope is used by 15.6% of programs, indicating a preference for child-initiated learning and active participatory education in a smaller set of sites.

Interestingly, no programs reported using DIG or Galileo. However, 25% of respondents indicated they use "Other" curricula, which included Benchmark Ready to Advance, Montessori, Pyramid Model, Conscious Discipline, The Investigator's Club, Partners for a Healthy Baby, and ELLM/Plus. This highlights a degree of curricular customization, often incorporating state-approved materials, trauma-informed practices, or culturally relevant strategies.

These findings show that while a few commercial models dominate, many programs are blending or supplementing with specialized or locally relevant curricula to better serve their unique populations.

Data Management System

Data Management Systems Used by Florida Head Start Programs
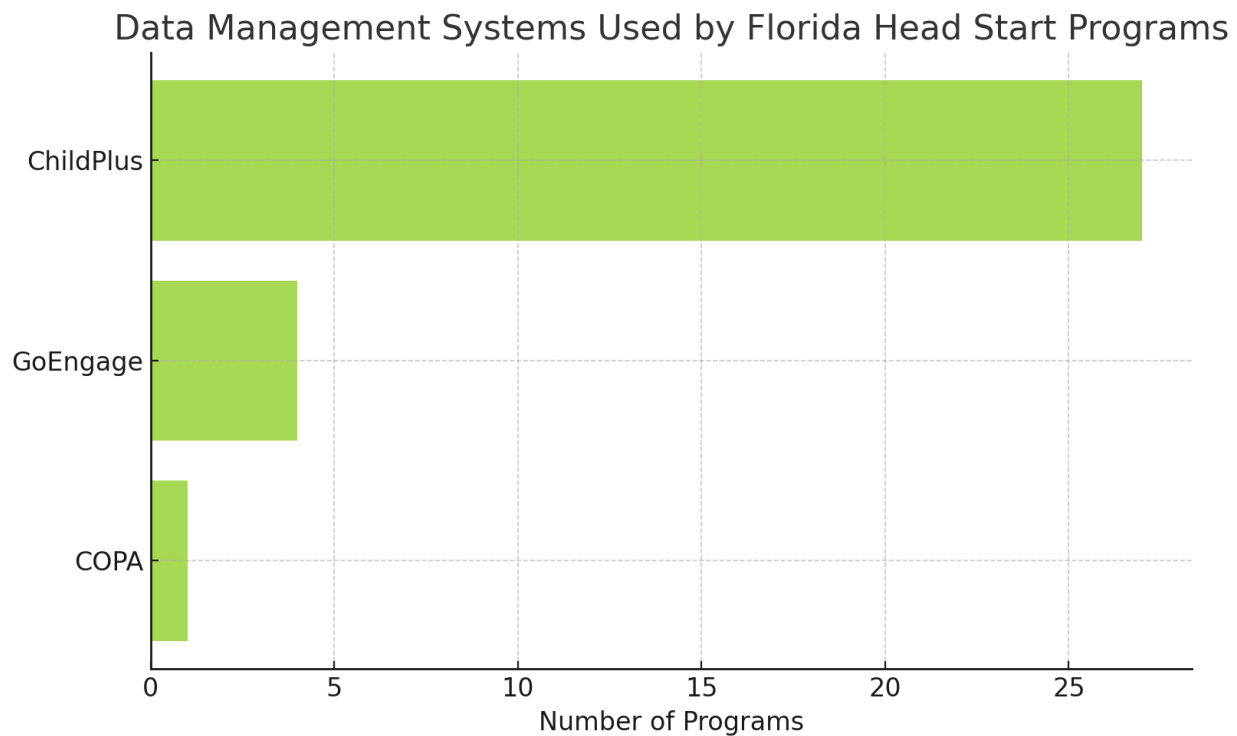

A significant majority of Florida Head Start programs (84.4%) reported using ChildPlus as their data management system. This demonstrates strong consistency in data collection, reporting, and compliance monitoring across programs in the state.

The remaining 15.6% of respondents indicated they use alternative platforms, with GoEngage cited four times and COPA mentioned once. While these platforms offer similar core features, the broad use of ChildPlus may provide greater consistency for state-level training, technical assistance, and data integration initiatives.

Overall, this data suggests that ChildPlus remains the predominant platform supporting Head Start data systems in Florida, with a small but noteworthy presence of alternate solutions.

Data Sharing Agreements

Data Sharing Agreements Reported by Florida Head Start Programs
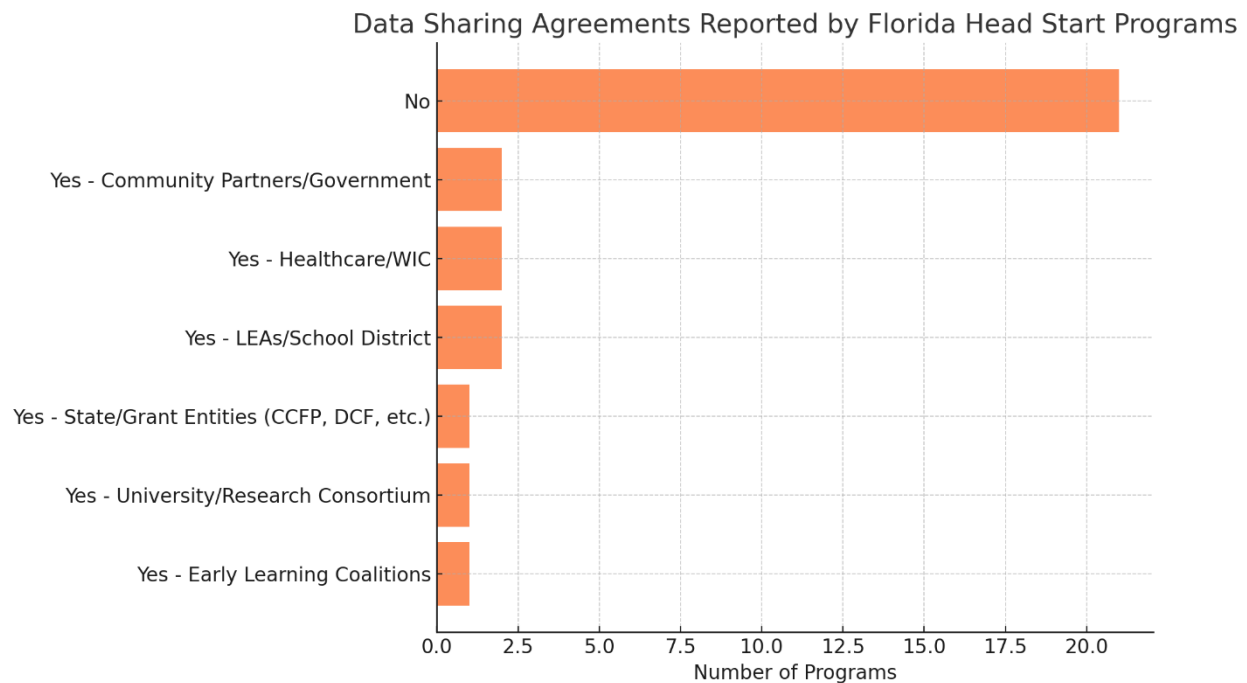
A clear majority of programs (67.7%) reported that they do not currently engage in any data sharing agreements with outside agencies. Only 6.5% responded "Yes" directly, but an additional 25.8% provided open-text responses that detailed partnerships, suggesting informal or developing agreements may exist.

Among those that do share data, partnerships span multiple sectors:

- **Local Education Agencies (LEAs) and school districts**
- **Early Learning Coalitions** (e.g., Pasco-Hernando)
- **Healthcare systems and WIC** programs (e.g., Nicklaus Children's Health System)
- **University/research collaborations** (e.g., the IDEAS consortium through the University of Miami)
- **Community partners and local governments** (e.g., Orange County)
- **State and grant-based entities**, including CCFP and DCF

These responses indicate that while formal data sharing is limited, there is growing momentum around cross-agency collaboration, particularly tied to grants, educational continuity, and health partnerships. Programs not currently sharing data may benefit from technical support to establish secure, compliant agreements that align with best practices

Disabilities

Challenges with Disabilities and Early Intervention Services
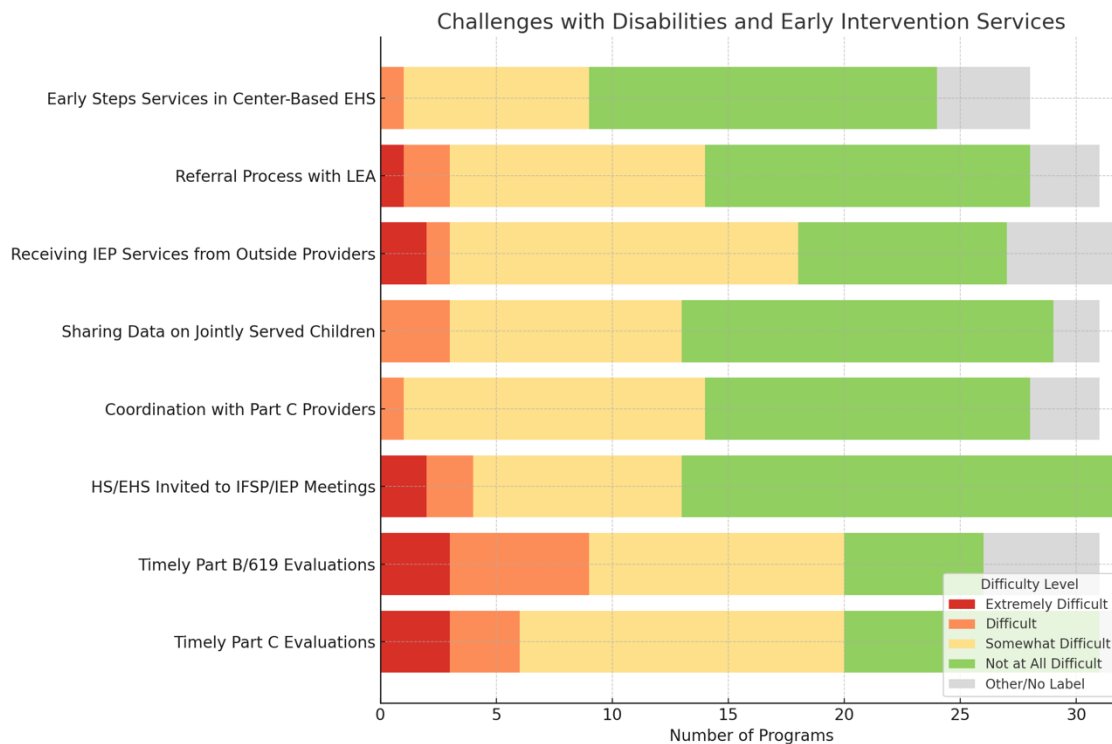
Programs reported the least difficulty with Early Steps providers delivering services in center-based EHS settings (3.79 weighted average) and coordinating with Part C providers (3.61), with most respondents indicating that these processes are "not at all difficult" or only "somewhat difficult." Similarly, sharing data on jointly served children and being invited to IFSP/IEP meetings received relatively high ease-of-use scores (3.55 and 3.41, respectively).

Conversely, the most challenging areas were securing timely evaluations for children under Part C (early intervention) and Part B/619 (preschool special education), each with a weighted average of just 3.13. While few programs rated these as "extremely difficult," a significant number marked them as "somewhat difficult" or "difficult," highlighting systemic delays. Challenges were also noted in receiving services from outside providers for children with IEPs and in navigating the referral process with local education agencies.

This data suggests that, while many interagency relationships are functioning effectively, there are persistent pain points around evaluation timelines and external service coordination—areas that may benefit from state-level advocacy, interagency agreements, and clearer procedures.

Relationships with Disability-Focused Programs and Councils
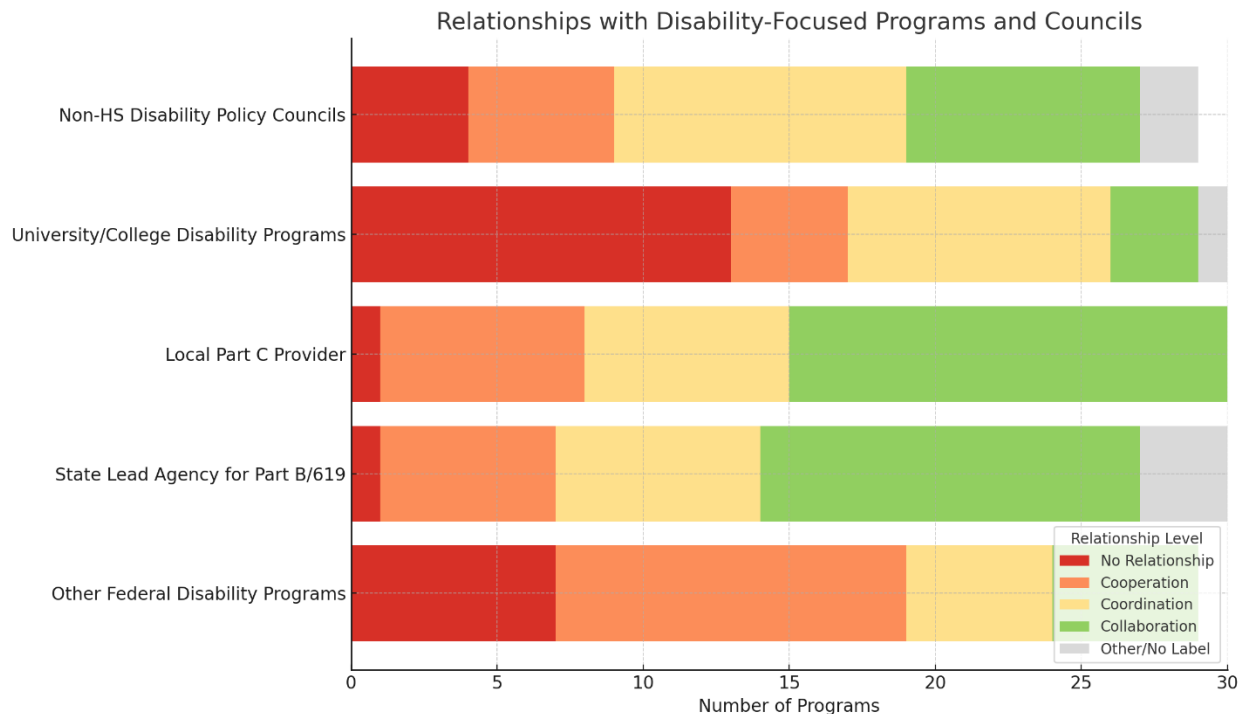
Programs reported the strongest relationships with the State Lead Agency for Part B/619 (preschool special education), with a weighted average of 3.37. Most respondents indicated collaboration or coordination with this entity, reflecting a mature and effective state-level connection. Local Part C providers also showed relatively high levels of engagement (weighted average 3.20), with half of programs reporting collaborative relationships.

In contrast, the most significant gap appears in partnerships with university and community college programs related to children with disabilities. This category received the lowest average rating (2.17), with over 43% of respondents reporting no working relationship—suggesting a missed opportunity for program development, technical support, or shared learning.

Similarly, other federally funded programs for families of children with disabilities (e.g., Parent Training Centers, Maternal and Child Health) had a low average of 2.28, indicating limited collaboration. Non-Head Start disability policy councils (e.g., interagency councils) scored slightly higher (2.97), with a mix of coordination and collaboration, though some programs still report no engagement.

Overall, this data highlights strengths in required formal partnerships (e.g., Part B and C providers) but suggests that relationships with higher education institutions and federally funded family programs remain underdeveloped. Strengthening those links may offer new opportunities for training, advocacy, and expanded family services.

What Is Working Well in Serving Children with Disabilities
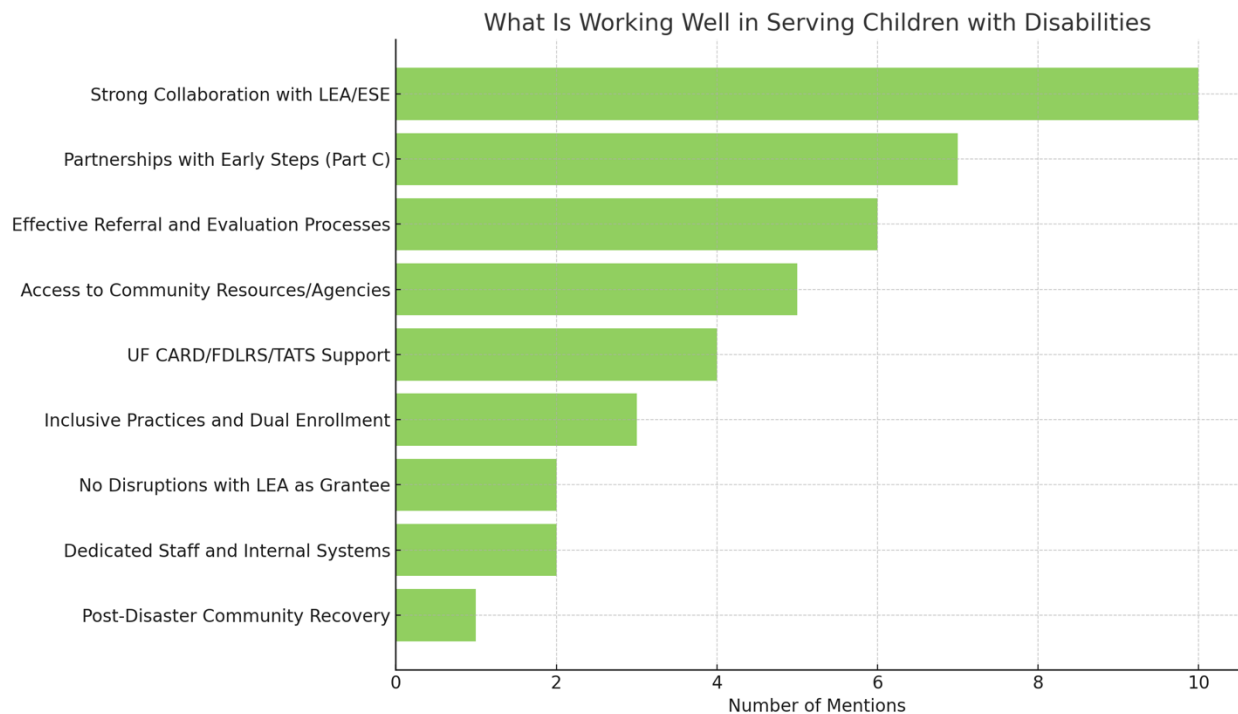
Programs overwhelmingly highlighted strong collaboration with Local Education Agencies (LEAs) and Exceptional Student Education (ESE) departments as the most effective factor in supporting children with disabilities. This was followed by positive feedback on referral and evaluation processes, with several respondents noting improvements in timeliness and coordination.

A number of grantees also pointed to partnerships with Early Steps (Part C) as key to early identification and consistent communication, often citing regular meetings and strong professional relationships. Community agency collaboration and support from entities like UF CARD, FDLRS, and TATS also played an important role in staff training and service alignment.

Some programs noted success with inclusive classroom models and dual enrollment, allowing children with IEPs to remain in Head Start classrooms while receiving services. Others credited internal staff roles, such as having a dedicated evaluator, or the stability provided when the LEA is also the Head Start grantee.

These themes reflect a high degree of interagency cooperation, strategic staffing, and shared commitment to timely, inclusive services—critical elements in ensuring positive outcomes for children with disabilities.

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

Professional Development

Top Areas of Interest for Training & Professional Development
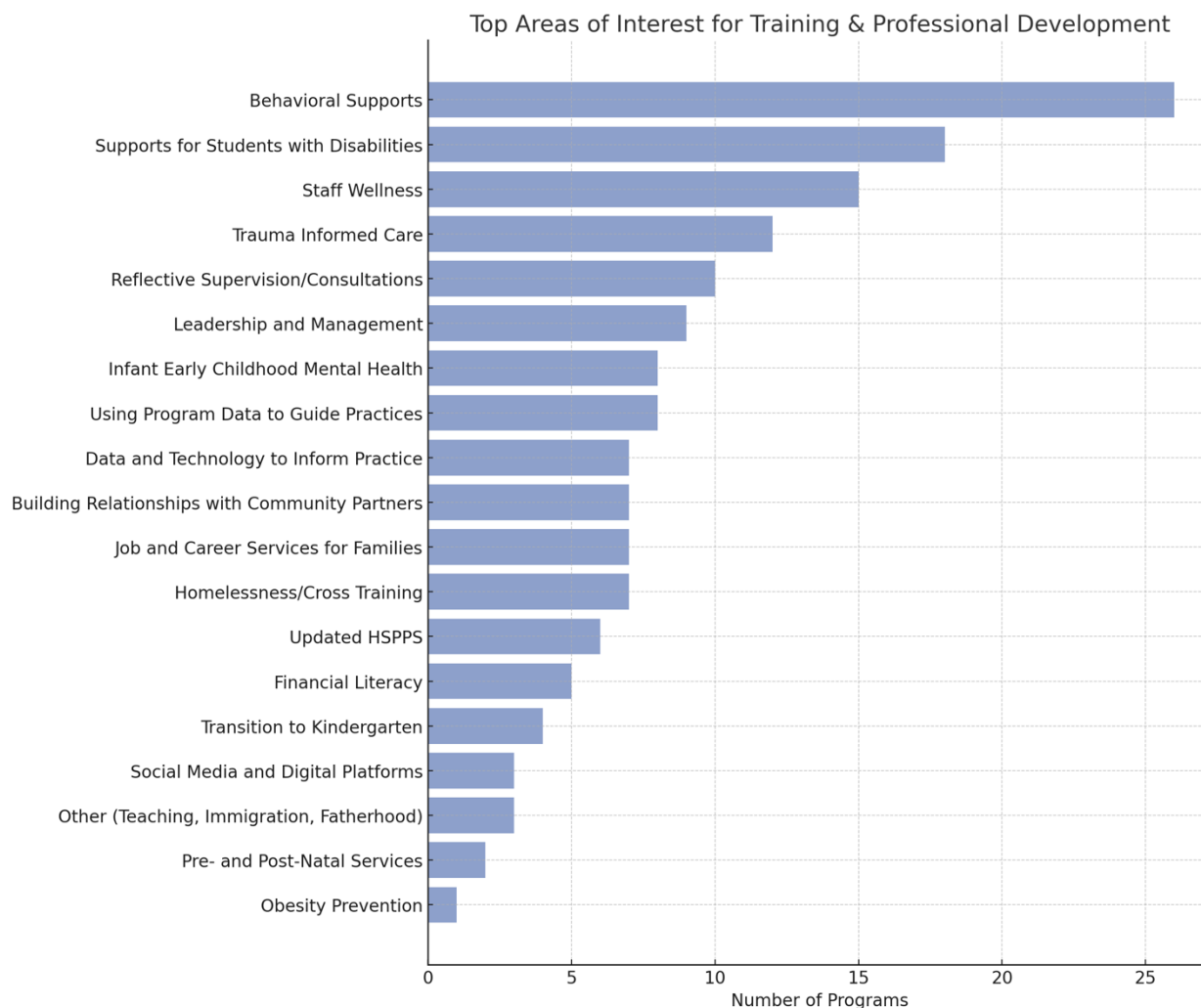
The most requested training topic was Behavioral Supports, cited by 81.3% of respondents, indicating a widespread need for strategies to manage challenging behaviors and support social-emotional development in young children. This was followed by Supports for Students with Disabilities (56.3%) and Staff Wellness (46.9%), highlighting a strong focus on inclusive practices and the well-being of early childhood professionals.

Additional high-interest areas included Trauma-Informed Care (37.5%) and Reflective Supervision/Consultations (31.3%), which reflect the growing emphasis on mental health and supportive leadership in early learning environments.

While other topics such as Leadership and Management, Infant and Early Childhood Mental Health, and Using Program Data to Guide Practices received fewer mentions, they still represent

important areas of development. Topics like Obesity Prevention, Social Media, and Pre-/Post-Natal Services were less frequently prioritized but may still hold relevance in specific program contexts.

Overall, the results reveal a strong desire for training in behavioral, inclusive, and wellness-focused areas, with additional interest in data use, family support, and system-level coordination.

### *Recruitment and Retention*

Recruitment
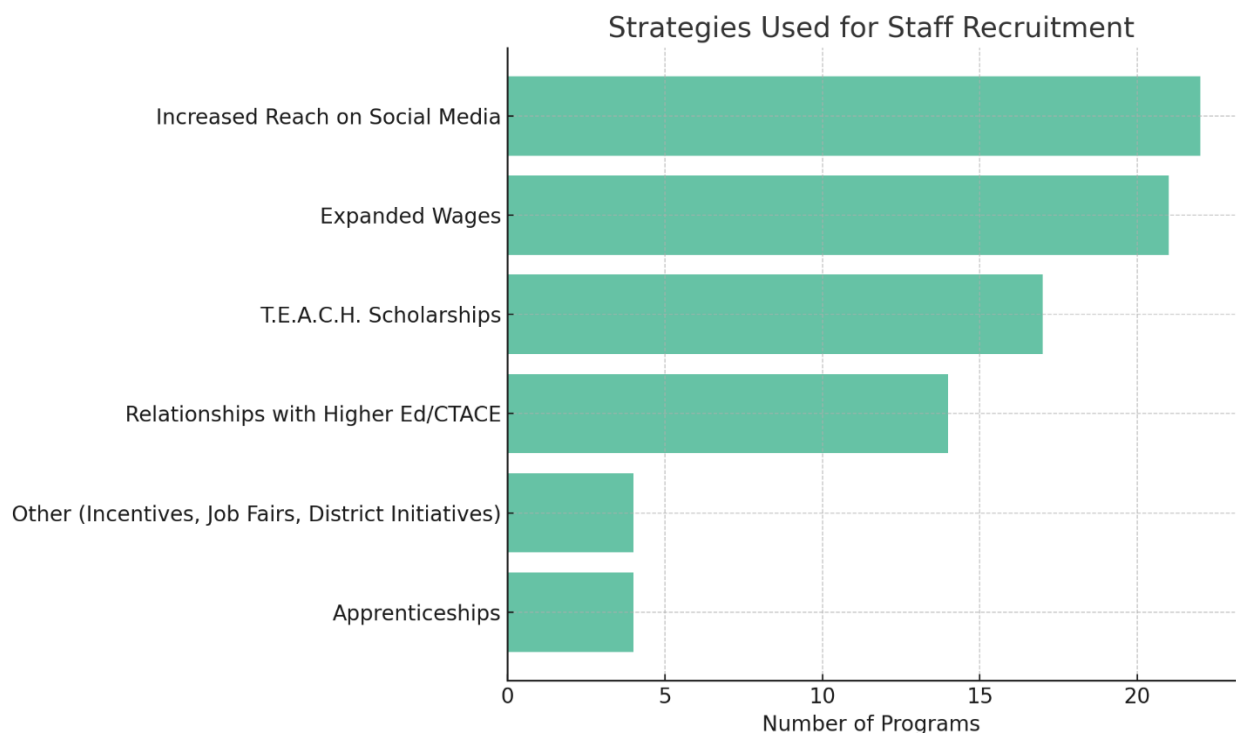
The most common recruitment strategy reported was increasing reach on social media, used by 73.3% of programs. This reflects a growing trend of leveraging digital platforms to expand visibility and reach a broader pool of applicants. Expanded wages closely followed at 70%, confirming that compensation remains a critical factor in attracting and retaining qualified staff.

T.E.A.C.H. scholarships were used by 56.7% of programs, demonstrating a strong focus on building pathways to credentialing and supporting staff in earning early childhood degrees. Nearly half (46.7%) reported building partnerships with local higher education or CTACE (Career and Technical Education) programs to create recruitment pipelines.

Fewer programs (13.3%) reported using apprenticeships, and open-text responses added strategies like job fairs, district-led hiring events, and sign-on incentives under "Other." These indicate growing efforts to compete in a challenging labor market through both traditional and creative methods.

Retention
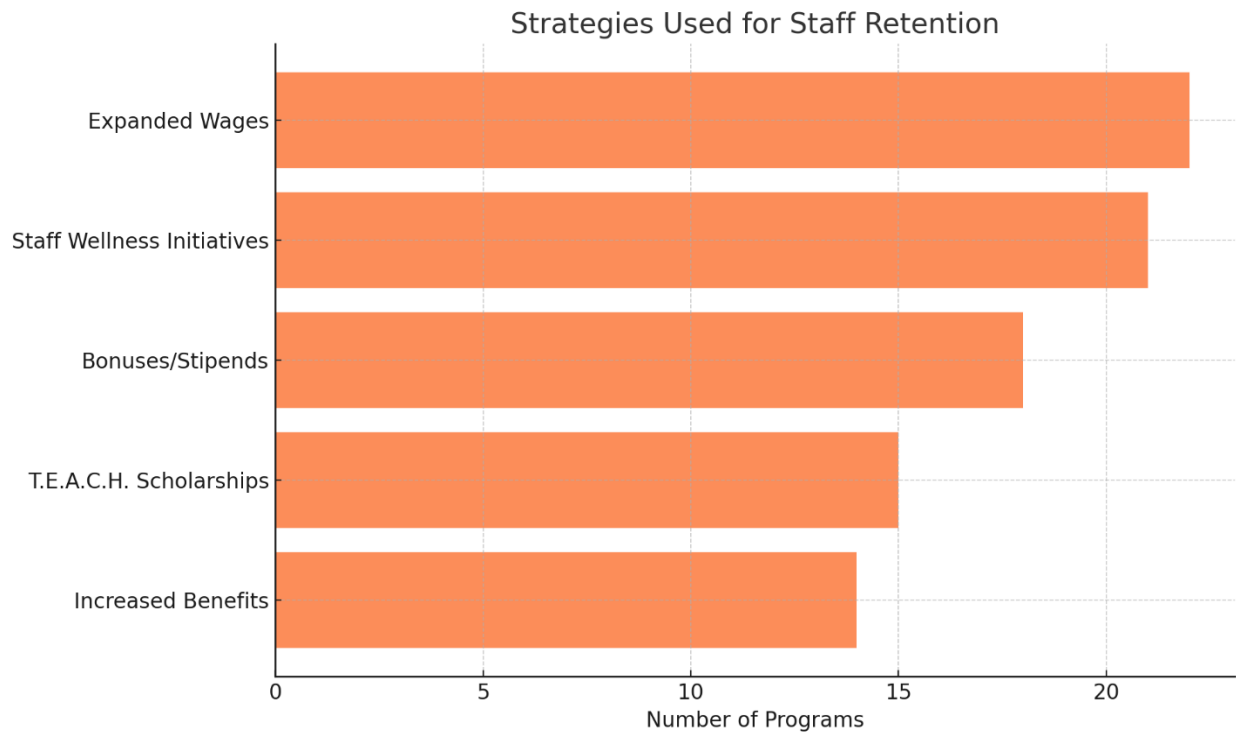
The most common retention strategies are expanded wages (71%) and staff wellness initiatives (68%), indicating that compensation and well-being are top priorities for keeping staff engaged and committed. These efforts reflect a recognition of the stress and burnout often experienced in early childhood education roles.

Bonuses and stipends were reported by 58% of programs, offering short-term incentives to promote retention during critical staffing periods. T.E.A.C.H. scholarships (48%) and increased benefits (45%) also played significant roles, helping staff access professional development and more robust support packages.

Head Start Parents
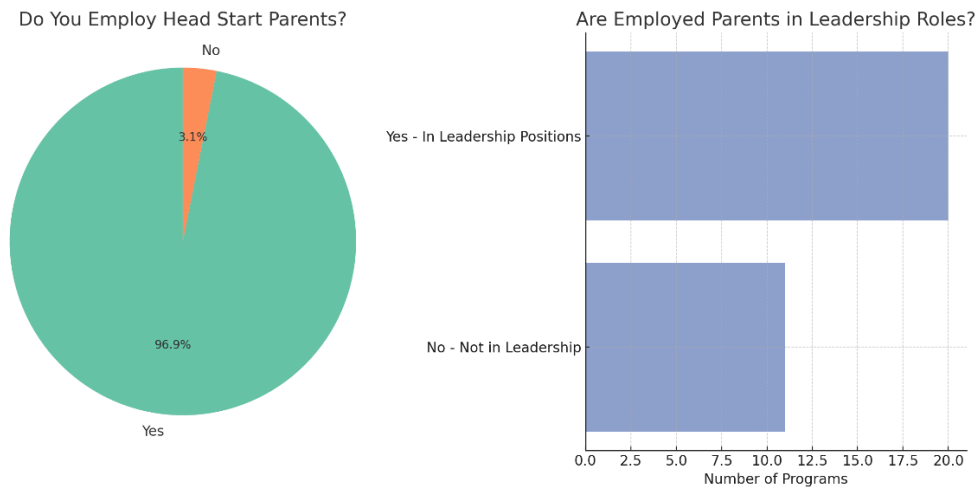
Nearly all Florida Head Start programs (96.9%) reported that they employ Head Start parents, demonstrating a strong alignment with the program's core mission of empowering families and supporting economic advancement. Only one program indicated that they do not currently employ parents.

Among those that do employ parents, 64.5% stated that some of those individuals serve in leadership positions. This shows significant upward mobility and investment in professional development, helping transform parent participants into long-term contributors and leaders within the early childhood education workforce. However, 35.5% noted that employed parents were not in leadership roles, pointing to opportunities for mentorship, career pathways, and promotion within program staffing structures.

Relationships with Education Organizations
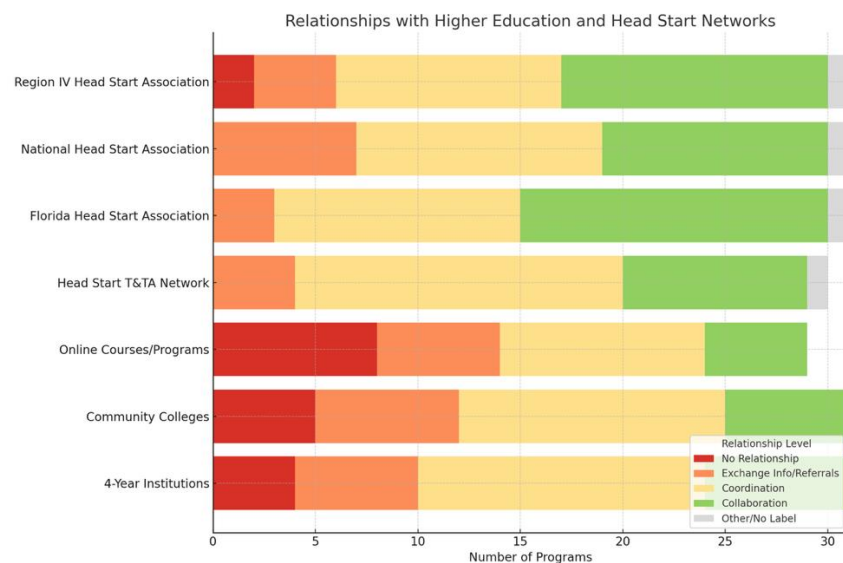
Programs reported the strongest relationships with the Florida Head Start Association, which had the highest weighted average (3.45), followed closely by the Head Start T&TA Network and Region IV Head Start Association (both at 3.23). These results reflect well-established collaboration and coordination within the Head Start support ecosystem.

Relationships with four-year institutions scored moderately (2.77), slightly ahead of community colleges (2.65) and online programs (2.41). These lower averages suggest that partnerships with postsecondary education providers are less developed, with many programs still in the "exchange information" or "coordination" phases rather than full collaboration.

Overall, Florida Head Start programs have strong ties with state and regional networks, but there are opportunities to deepen engagement with colleges, universities, and online education platforms—particularly to support workforce development and staff credentialing.

Florida Head Start programs reported minimal difficulty in accessing professional development resources—particularly in securing T&TA opportunities (3.63 weighted average) and financial support such as scholarships (3.50 weighted average). Most respondents said these areas were "not at all difficult" or only "somewhat difficult," indicating strong access to community-based training and funding like T.E.A.C.H. scholarships.

Access to early childhood degree programs also scored well (3.30), though a few programs still noted moderate challenges, suggesting uneven access in certain regions.

The most significant challenge was staff release time to attend professional development, with the lowest average rating (2.80). Over 40% of programs found it "difficult" or "extremely

difficult," which likely reflects staffing shortages and scheduling limitations that make it hard for staff to attend training during work hours.

This data suggests that while training resources and funding are available, staffing capacity remains a primary barrier to ensuring equitable access to professional growth opportunities.

Health

Challenges in Health-Related Partnerships and Service Coordination
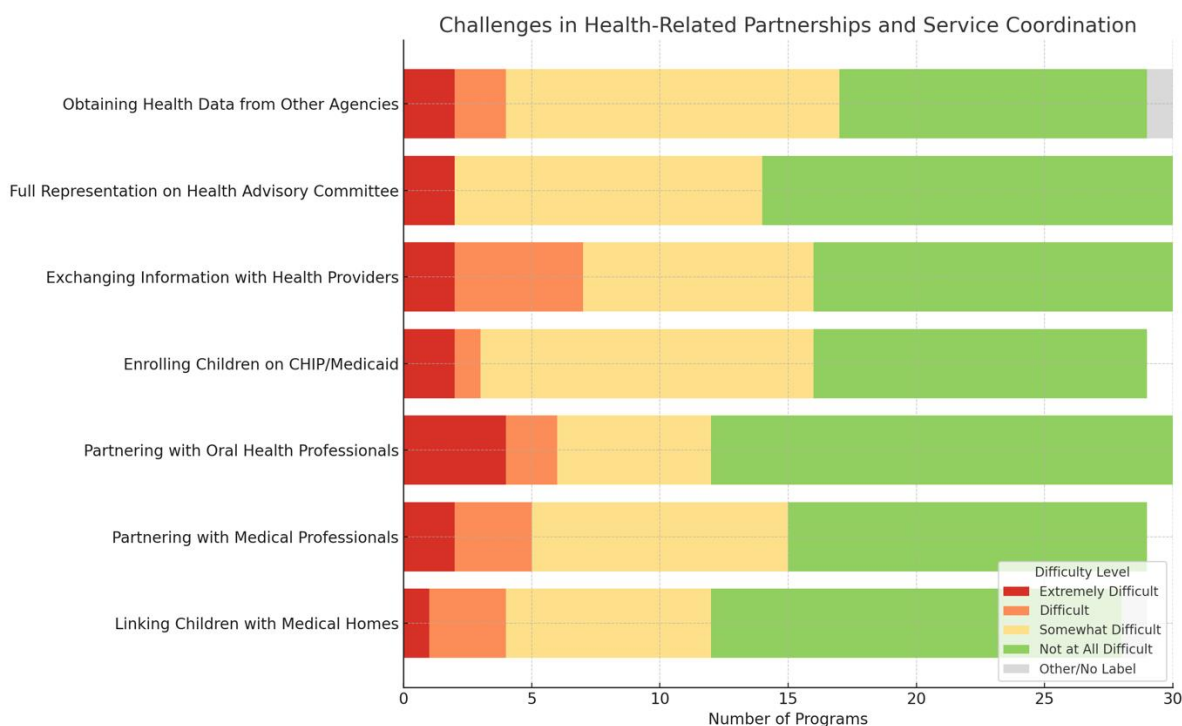
Florida Head Start programs generally reported low to moderate difficulty in health-related partnerships. The area rated least difficult was linking children with medical homes, with a weighted average of 3.45 and over half of respondents indicating it was "not at all difficult." Similarly, getting full participation on Health and Mental Health Services Advisory Committees (3.40) and enrolling children in CHIP/Medicaid (3.28) were reported as manageable.

Moderate challenges were identified in partnering with oral and general health professionals (3.27 and 3.24), particularly around engagement in education and screening. The most frequently noted barrier was exchanging information and obtaining health data from partner agencies, though the majority still rated it as "somewhat" or "not at all" difficult.

This data shows that while medical linkages and committee engagement are functioning well, data sharing and consistent coordination with healthcare professionals may require further technical support, relationship-building, or formalized agreements.

Relationships with Health Organizations

Working Relationships with Health and Support Providers

- Nutrition service providers received the strongest ratings overall, with 75% of programs reporting coordination or collaboration, and a high weighted average of 3.11.
- Agencies conducting mental health screenings also showed strong partnership (weighted average 2.93), with nearly 38% reporting collaborative relationships.
- Relationships with dental home providers (2.76) and local/migrant mental health agencies (2.76) were somewhat mixed, suggesting varying degrees of involvement and resource sharing.
- Medical home providers averaged 2.62, with the majority indicating either coordination or basic information exchange.
- The lowest average came from state mental health agencies (2.31), where nearly a quarter of programs reported no working relationship at all.

These charts highlight solid engagement with some service sectors, particularly nutrition and mental health screening partners, while also flagging opportunities to strengthen coordination with state-level mental health agencies and medical home providers.

Regional Priority - Homelessness

Relationships with Homelessness-Related Entities
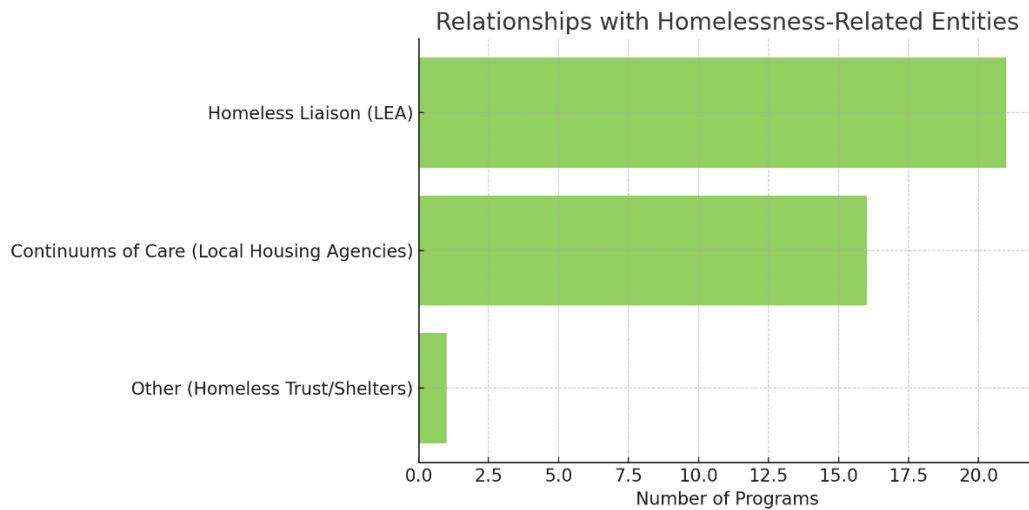
Most programs, 80.8%, reported having a relationship with their LEA homeless liaison**,** indicating strong alignment with McKinney-Vento requirements and efforts to coordinate services for children experiencing housing instability.

A slightly smaller portion, at 61.5%, indicated they partner with Continuums of Care or local housing agencies. This suggests a solid foundation, but also room for expanding collaboration with broader community housing systems.

One respondent shared another relationship with The Homeless Trust**,** noting that they provide Head Start and Early Head Start services directly in two homeless shelters – an example of embedded, service-rich partnership.

This data reflects growing awareness and engagement with homelessness supports but also points to potential gaps in comprehensive housing collaboration statewide.

Challenges Related to Serving Children Experiencing Homelessness
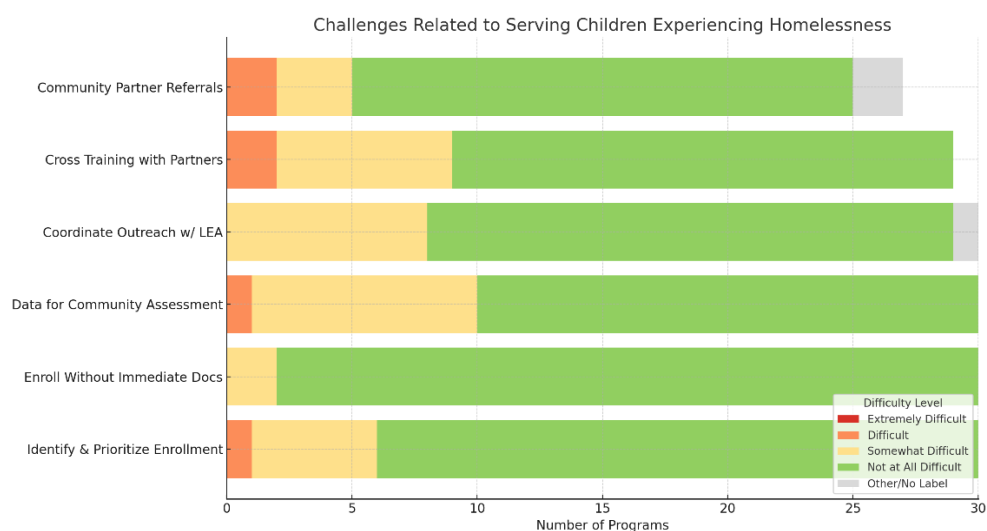
Programs reported very few challenges in complying with Head Start requirements related to homelessness. The highest ease was in allowing families to enroll while documents are pending, with a weighted average of 3.93, 93% of programs said this was not at all difficult.

Identifying and prioritizing homeless children for enrollment and coordinating outreach efforts with LEAs both scored high (3.77 average), suggesting that strong systems are in place to meet McKinney-Vento and Head Start standards. Similarly, engaging community partners in cross-training and planning (3.62) and collecting relevant data for the community assessment (3.63) were also reported as mostly manageable.

The area with slightly more variation was receiving referrals from community partners, though still rated as low difficulty overall (3.81).

In summary, Florida's Head Start programs appear well-prepared to serve families experiencing homelessness, with strong enrollment practices and effective coordination with education and housing agencies.

Does the Program Reserve 3% of Slots for Families Experiencing Homelessness?
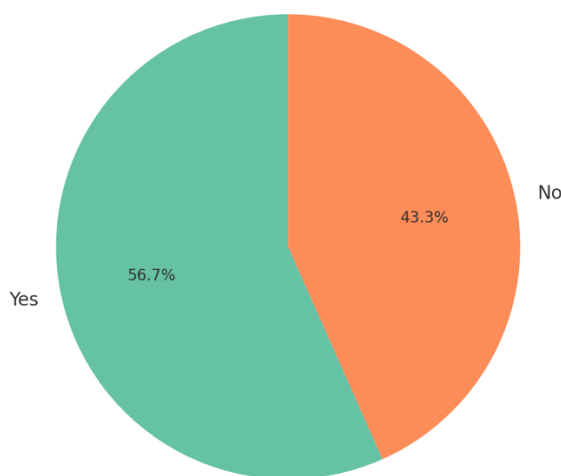
A little over half of the programs (56.7%) reported that they do reserve 3% of their slots for families experiencing homelessness, aligning with Head Start's intent to prioritize vulnerable populations. However, 43.3% of programs reported that they do not currently reserve these slots, indicating a potential area for policy reinforcement, clarification, or support.

This finding suggests that while many programs are following best practices for enrollment prioritization, there remains an opportunity to strengthen consistency in implementing this requirement across the state.

Barriers to Serving Children and Families Experiencing Homelessness

Barrier	Number of Mentions
No Barriers Reported	4.0
Parental Disclosure/Engagement	3.0
Transportation Challenges	3.0
Lack of Housing/Community Resources	3.0
Reaching/Identifying Families	2.0
Partnership Issues with Local Agencies	2.0
K-12 vs. Pre-K Service Gaps	2.0
Policy Constraints (e.g., 30-day enrollment rule)	2.0
Follow-Up/Continuity with Families	2.0

Programs cited a range of barriers impacting their ability to support homeless families. The most common issues included lack of available housing and community resources, transportation challenges, and parents being unwilling to disclose their housing status, each mentioned three times. These highlight both systemic shortages and trust-based barriers.

Other challenges included difficulty following up with families after initial contact, policy constraints such as the 30-day enrollment requirement, and gaps in service availability for Pre-K children compared to K-12 students. Some programs noted partnership limitations with local homeless agencies and challenges in identifying or reaching families who may qualify.

Notably, a few respondents reported no current barriers, reflecting either strong local systems or recent improvements in outreach and enrollment processes.

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

Relationships with state and local schools and LEAs

Strength of Relationships with LEAs Regarding Transition to Kindergarten
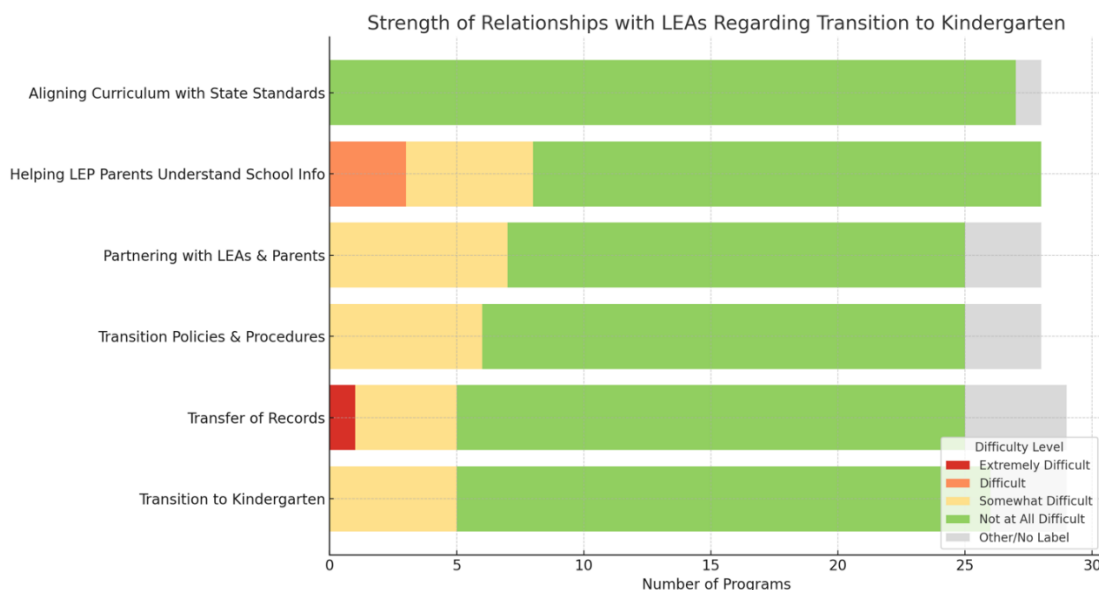
Programs reported very strong relationships with LEAs in most transition-related areas. The highest-rated area was aligning Head Start curricula with state Early Learning Standards, with a weighted average of 4.04—96% of programs said this was not at all difficult.

Other top-performing areas included coordinating the transfer of records (3.90), establishing transition policies (3.89), and partnering with LEAs and families during transition planning (3.86). Most programs found these efforts to be seamless or only somewhat difficult.

The only area with a slightly lower rating was helping parents of children with limited English proficiency understand school services (3.61). This suggests room for improvement in communication or translation support during the transition process.

Overall, these results reflect well-established coordination between Head Start programs and LEAs in Florida, with high levels of collaboration supporting school readiness and family engagement during critical transition periods.

Does the Program Have an MOU with the LEA?
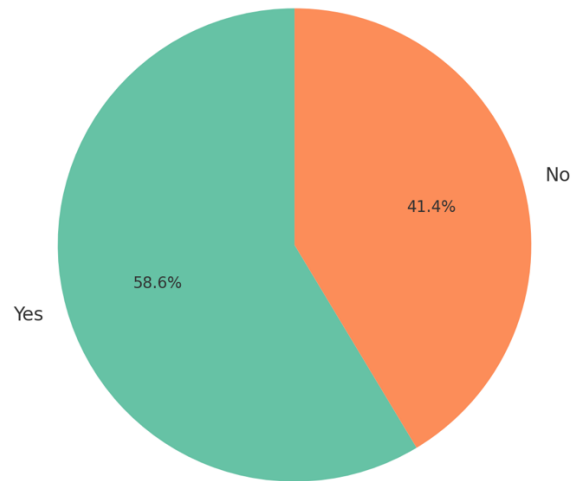
A majority of programs (58.6%) reported having an MOU in place with their LEA, which is a positive indicator of formalized collaboration around school readiness, record sharing, and transition support.

However, 41.4% of programs reported that they do not have an MOU, suggesting that nearly half of Florida grantees could benefit from strengthened or initiated formal agreements. Expanding MOU adoption may help standardize expectations, improve coordination, and reinforce compliance with Head Start Program Performance Standards related to partnerships with public school systems

Does the Program Engage in Cross-Training with the LEA?
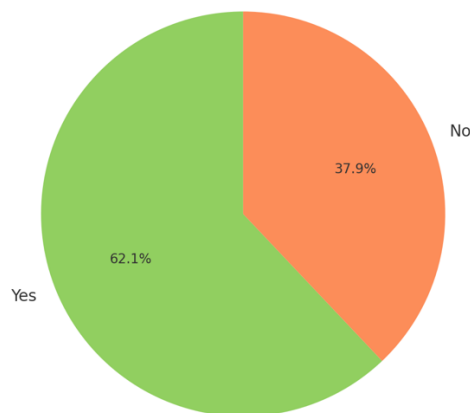
A majority of programs (62.1%) reported participating in cross-training with their LEA. This indicates strong efforts to align services, share knowledge, and support smoother transitions for children entering kindergarten.

However, 37.9% of programs stated they do not engage in cross-training, highlighting an opportunity for expanded collaboration. Increasing cross-training efforts could enhance

communication, clarify roles, and strengthen service coordination between early learning and K-12 systems.

Family Engagement

Does the Program Meet the 1:40 Family Engagement Staff Ratio?
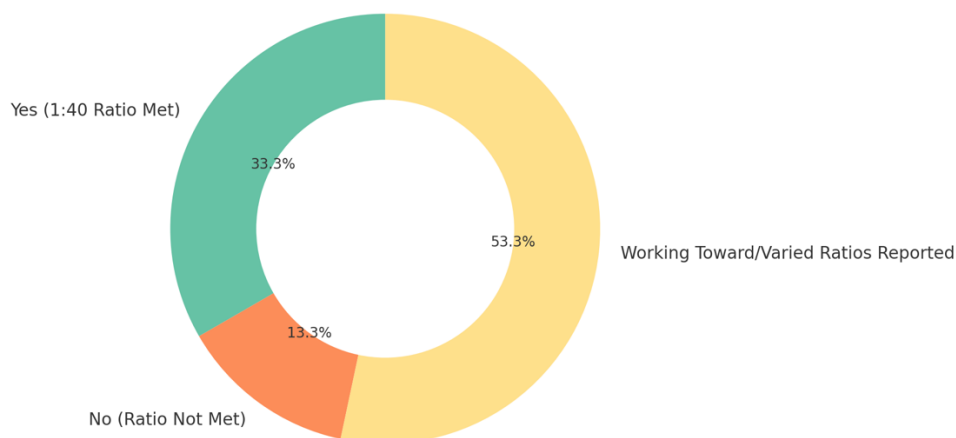
Only 33.3% of programs reported meeting the recommended 1:40 family engagement staff ratio. An additional 13.3% said they do not meet the ratio, and 53.3% provided comments indicating varied ratios or that they are still working toward compliance.

Reported ratios ranged from 1:45 to as high as 1:70, with several programs citing staffing shortages, hiring in progress, or discrepancies between Head Start and Early Head Start staffing levels. A few programs shared they are within ratio in Early Head Start but not in Head Start.

This data suggests that while some programs are compliant, many are facing challenges due to staffing gaps, caseload distribution, or program growth—highlighting a need for continued recruitment efforts and possibly funding adjustments to support adequate family engagement staffing.

Interest in Social Skills Competency-Based Training (SSCBT)
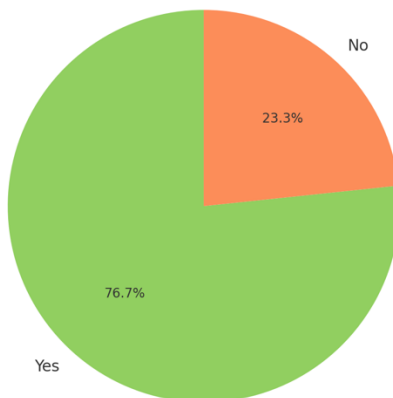
A strong majority of Florida Head Start programs, 76.7%, expressed interest in having their staff participate in the Social Skills Competency-Based Training (SSCBT) offered annually by the Head Start Collaboration Office and the Florida Head Start Association.

Only 23.3% indicated they were not interested, suggesting the training is widely viewed as relevant and valuable for supporting staff development in social-emotional learning and behavioral supports. This feedback reinforces the importance of continuing and potentially expanding the SSCBT offering across the state.

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	Slots
Boys and Girls Club of North Central Florida	Taylor	Head Start Preschool and Early Head Start	113
Capital Area Community Action Agency, Inc.	Jefferson, Leon, Franklin	Head Start Preschool	411
Children First, Inc.	Sarasota	Head Start Preschool and Early Head Start	380
Children's Home Society of Florida	Orange, Osceola, Seminole, and Brevard	Early Head Start	310
Collier County Florida School District	Collier	Head Start Preschool	477
Community Action Program Committee, Inc.	Escambia	Head Start Preschool and Early Head Start	649
Community Coordinated Care for Children, Inc.	Orange, Osceola, and Seminole	Head Start Preschool and Early Head Start	1,045
Orange County	Orange	Head Start Preschool	1,708
Early Education and Care, Inc.	Bay and Franklin	Head Start Preschool and Early Head Start	616
Early Learning Coalition of Miami-Dade/Monroe, Inc.	Miami-Dade	Early Head Start	1,269
Early Learning Coalition of Palm Beach County, Inc.	Palm Beach	Early Head Start	471
East Coast Migrant Head Start	Hamilton, Polk, Hardee, Manatee, St. Lucie, Palm Beach, and Okeechobee	Head Start Preschool and Early Head Start (Migrant)	958
Eckerd Youth Alternatives, Inc.	Hillsborough	Early Head Start	460
Economic Opportunities Council of Indian River County, Inc.	Okeechobee and Indian River	Head Start Preschool	327

Grant Recipient	Counties Served	Program Option	Slots
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	2,739
Florida State University	Gadsden	Early Head Start	107
Hillsborough County	Hillsborough	Head Start Preschool	3,527
Jackson County School District	Jackson	Head Start Preschool	275
Kids Incorporated of the Big Bend	Leon, Jefferson, and Madison	Early Head Start	238
Le Jardin Community Center, Inc.	Miami-Dade	Early Head Start	718
Lutheran Services Florida, Inc.	Palm Beach, Duval, Okaloosa, and Pinellas	Head Start Preschool and Early Head Start	4,679
Martin County School District	Martin	Head Start Preschool	160
Miami-Dade County	Miami-Dade	Head Start Preschool and Early Head Start	8,735
Mid Florida Community Services, Inc.	Hernando, Sumter, and Volusia	Head Start Preschool and Early Head Start	1,010
Monroe County School District	Monroe	Head Start Preschool	194
North Florida Child Development, Inc.	Gulf, Calhoun, Wakulla, and Madison	Head Start Preschool and Early Head Start	385
Pasco County Board of Public Education	Pasco	Head Start Preschool and Early Head Start	875
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	Head Start Preschool and Early Head Start (Migrant)	2, 979
Santa Rosa County School District	Santa Rosa	Head Start Preschool and Early Head Start	294
School Board of Brevard County	Brevard	Head Start Preschool	659

Grant Recipient	Counties Served	Program Option	Slots
School Board of Broward County	Broward	Head Start Preschool	2,347
School Board of Charlotte County	Charlotte	Head Start Preschool and Early Head Start	292
School Board of Gadsden County	Gadsden	Head Start Preschool	242
School Board of Lee County	Lee	Head Start Preschool and Early Head Start	972
School Board of Polk County	Polk	Head Start Preschool	1,084
St. John's County School Board	St. John's County	Head Start Preschool	158
Step Up Suncoast, Inc.	Manatee	Head Start Preschool and Early Head Start	838
Suwannee Valley Community Coordinated Child Care, Inc.	Hamilton, Suwannee, Columbia, and Lafayette	Head Start Preschool and Early Head Start	531
The Agricultural & Labor Program, Inc.	Polk, Martin, and St. Lucie	Head Start Preschool and Early Head Start	917
Tri-County Community Council, Inc.	Walton, Jackson, and Holmes	Head Start Preschool and Early Head Start	210
United Way of Miami-Dade	Miami-Dade	Early Head Start	661

FHSA Dashboard

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	

County	Urban or Rural	EHS Slots	HSP Slots	Total Slots	Children in Poverty	Children Served
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

Florida Rural Counties

Last Update: February 2023

Rural Counties
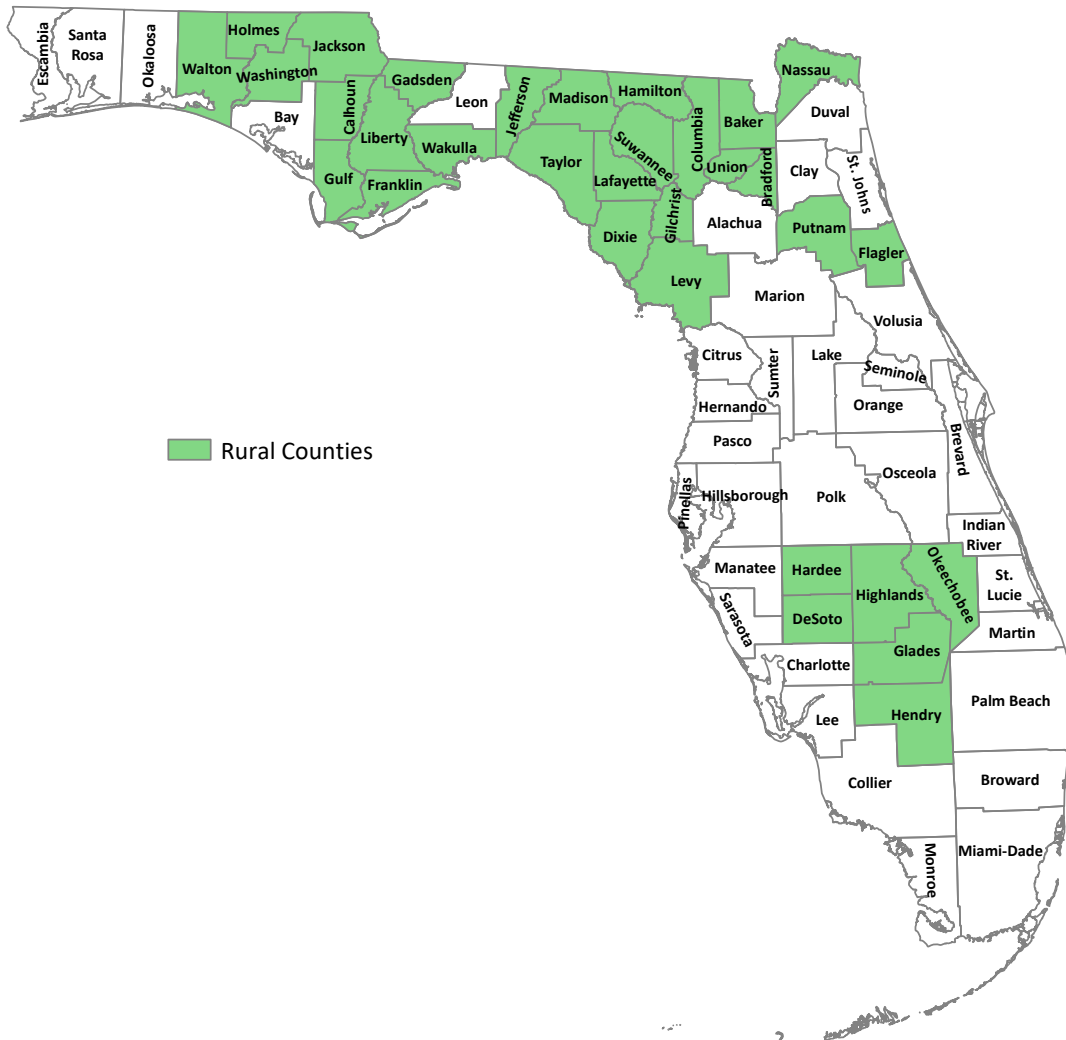
The State of Florida defines rural as:

• A county with a population of 75,000 or less

• A county with a population of 125,000 or less which is contiguous to a county of 75,000 or less

• Any municipality within a county as described above

(Section 288.0656, Florida Statutes)

REFERENCES

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4. US Census Bureau 2023: ACS 5-Year Estimates, https://data.census.gov/