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# Research Brief: Who Benefits Most from Florida's VPK Program, and Why?

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EARLY CHILDHOOD POLICY RESEARCH GROUP (ECPRG)
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# Early Childhood Policy Research Group (ECPRG)

This work is the result of the ECPRG; a collaborative team housed at the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies that consists of the following partnership organizations and individuals.

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# Who Benefits Most from Florida's VPK Program, and Why?

This brief draws on two years of research into children enrolled in Florida's Voluntary Prekindergarten (VPK) program. A population-level study published in 2025 examined nearly 100,000 children. This year's study added a closer look, sorting the VPK population into 12 distinct groups of children based on family, health, and birth circumstances. Read together, the two studies tell one consistent story.

> **The headline**
>
> VPK works, and it works especially well for the children who arrive with the lowest literacy. Specifically, children who start the program with the lowest school readiness scores grow the fastest during the program year. But whether children realize those gains depends heavily on one factor the state can influence: consistent attendance.

## Four findings that held up across both studies

**1. The program closes gaps.** Children who enter VPK behind grow faster than children who enter ahead. The groups with the lowest initial scores in this year's analysis were also among the fastest growing, while children from the most highly educated families showed the slowest growth. VPK is not simply serving children who are already advantaged; it is helping the children with the most need to close the gap.

**2. Attendance is the key that unlocks growth.** Attendance was the single most powerful predictor of how much children grew. Children attending more than 50 hours a month grew far faster than peers who attended less, and the benefit was largest for children who started furthest behind. This is the most important point for action, because attendance is something the system can influence.

**3. Economic hardship does not predict failure.** Children from families receiving SNAP or WIC tended to enter with lower scores but grew faster, provided they attended consistently. The largest single group in the analysis, just over a quarter of all VPK children, entered below average yet posted one of the highest growth rates. The lesson is that limited family resources should trigger more support, not lowered expectations.

**4. New this year: prenatal health risks define a group needing coordinated support.** This year's analysis identified small groups of children shaped by prenatal exposure to alcohol or tobacco, or by very premature birth. These children face potential biopsychosocial challenges that begin long before age four. For them, the response should begin earlier too, through home visiting, developmental screening, and coordination with early intervention services before VPK starts.

## A snapshot of the 12 groups

Each group's entry score reflects school readiness at the start of VPK; growth is the monthly rate of progress during the program. The pattern is consistent: lower entry scores tend to pair with faster growth.

| Group (by family / health profile) | Share of children | Entry score | Monthly growth |
|---|---|---|---|
| Bachelor's degree, married | 31.7% | 667 | 15.3 |
| High school-educated, elevated health concerns | 25.5% | 637 | 17.2 |
| Some college, intermediate care | 15.3% | 652 | 15.8 |
| Married, graduate-educated (some) | 8.3% | 681 | 14.6 |
| Foreign-born fathers, unmarried, low income | 7.7% | 638 | 16.6 |
| Maternal labor complications, lower education | 3.8% | 624 | 17.3 |
| Doctoral degree, married | 2.6% | 690 | 14.4 |
| Third-trimester smoking, low income | 2.1% | 644 | 15.3 |
| Prenatal alcohol use, newborn complications | 1.7% | 653 | 14.9 |
| Very premature, very low birth weight | 0.8% | 636 | 16.3 |
| First-trimester-only smoking, low income | 0.3% | 641 | 16.1 |
| Second-trimester smoking, multiple risks | 0.1% | 640 | 15.3 |

The highest-growth groups (top growth rates of 17.2 and 17.3) are among the lowest-scoring at entry; the highest-scoring groups grow most slowly.

## What policymakers can act on

The studies point to five priorities the state can pursue within existing program structures.

- Make attendance the central operational focus. Trigger outreach early for children falling below roughly 50 hours a month, and survey families directly about what gets in the way of consistent attendance.

- Reach the largest opportunity group early. The high school-educated group is a quarter of all VPK children and grows quickly; engaging these families before VPK, through WIC, SNAP, and home visiting touchpoints, extends the program's reach.
- Build formal handoffs for prenatal-risk and very premature children. A structured transition between Early Steps and VPK would carry each child's developmental history forward instead of starting over.
- Invest in longer-term data. Linking early childhood records to K-12 data would answer the biggest open question: whether VPK gains last into the early grades.
- Add a measure of executive function. Skills like attention, working memory, and self-control help explain why some children benefit more from VPK than others. Measuring them would let the state track and support a currently invisible driver of growth.

**The bottom line**

Florida's VPK program produces real, consistent growth, and the largest gains go to the children who start with the most to overcome. The clearest lever to widen those gains is consistent attendance, paired with earlier outreach to families before children ever enter a VPK classroom.sensible places to focus retention and quality investments, even though the study cannot prove they directly cause businesses or teachers to last longer.