Head Start, Early Head Start, and Montessori

Key Points

- Programs receiving Head Start funding are free to implement a high-quality Montessori program.
- Montessori programs can use multiple funding streams inside one Head Start classroom.
- Early Head Start and Head Start regulations allow mixed-age classrooms as long as the requirements for each age group are met or exceeded.
- Non-profit Montessori programs can be eligible to receive Head Start and Early Head Start funding.

Stemming from President Johnson’s war on poverty, the Head Start program began providing early childhood education for disadvantaged families across the country in 1965. In 1995, the first Early Head Start grants were awarded, allowing providers to serve infants, toddlers, and pregnant women. Family Star Montessori in Denver, Colorado was among those first grantees. In 2014-2015, Head Start and early Head Start programs served over 1 million children and 15,000 pregnant women in all 50 states and the District of Columbia. An estimated two percent of existing Head Start programs employ the Montessori Method.

Head Start Services, Providers, and Constituents:
Head Start and Early Head Start programs serve low-income children and families in their communities from birth to age five through various providers, locations, and centers. Early Head Start grants offer funding from birth until age three, while Head Start funding covers three- and four-year-olds. Of the children served in Head Start programs, most receive public health insurance. Moreover, during the last reporting year, approximately twelve percent of children served were classified as having disabilities. Head Start programs provide a number of services including:

- Individualized early learning supports to ensure school readiness, which is broken into five domains: language and literacy, cognition and general knowledge, approaches to learning, physical and developmental health, and social and emotional functioning
- Health promotion
- Family and parenting support

The services provided fall into all three categories equitably. Specifically, Head Start programs served almost an equal number of families and children in the last two reporting years. The majority of the service delivery across the country is done in center-based programs that employ teachers with an undergraduate education in an early childhood-related field that are trained to meet the needs of the communities in which they work; 71% of all Head Start Center-Based pre-school teachers have earned a baccalaureate degree or higher.

Funding and Regulations
Head Start and Early Head Start grants are awarded directly to public, private, and non-profit organizations, with the majority of grantees being program-based child learning centers. These programs can be vastly different in service model and provider as both programs are intended to directly serve the needs of the immediate local community.

In 2014, Head Start and Early Head Start received more than $8.6 billion in funds. In 2011, the Office of Head Start moved from indefinite project periods to five-year project periods. This move ensures that all providers are meeting or exceeding Head Start goals with an emphasis on school readiness goals by allowing for more oversight and competition for Head Start grantees. In 2016 the first reauthorization grants were awarded.

In order to encourage competition between providers and exceptional service delivery the Department of Health and Human Services (HHS) developed the Designation Renewal System (DRS). Under DRS, HHS will assess whether Head Start and Early Head Start providers are meeting the needs of the children and families they serve as well as delivering high quality services. Head Start and Early Head Start programs offer services
including health promotion, family support, housing support, adult education and GED education, and school readiness education for children including special education services. Programs must offer high quality services that meet the goals of the Head Start Program—to offer the community an opportunity for quality child care services and programs in locally owned or controlled spaces—while maintaining service delivery metrics that meet or exceed the national average.

Early Head Start and Head Start regulations allow mixed-aged classrooms. Therefore, as long as the specific requirements for each age group are met or exceeded, Head Start and Early Head Start grants can be extended to a Montessori program. Head Start regulations do cap class size at between 15 and 20 children for pre-K and kindergarten students, depending on the ages of the children in the classroom.¹ In a Montessori school with classrooms serving 0-3 and 3-6 year olds both Early Head Start and Head Start grants may be accessible. Moreover, a blended stream of funding can be accessed by a Montessori school that serves pre-K and kindergarten students (3-6 year olds). Specifically, in this circumstance, a provider has the ability and opportunity to merge public kindergarten funding with Head Start grant monies.

For stakeholders interested in creating a Montessori Head Start program, two primary pathways exist. Public and private non-profits can apply for Head Start funding through the Administration for Children and Families when funding opportunities are available; funding opportunity announcements are posted at https://www.acf.hhs.gov/ohs/funding. Often, however, existing programs have first priority in the distribution of these funds. Alternately, stakeholders can consider working with an existing Head Start grantee to move toward a Montessori program.

**Conclusion**

Programs receiving Head Start and Early Head Start funding are free to implement a Montessori program as long as they meet or exceed the requirements set forth by the Office of Head Start. Montessori programs can use this funding as an additional source in classrooms serving students ages 3-6 year olds by merging Head Start grant monies with current kindergarten funding. This is allowable under the Head Start program funding.

**Notes:**


² USDHHS, 2015.

³ A. Ansari, personal communication, November 12, 2016.


⁵ USDHHS, 2015.

⁶ USDHHS, 2016.

⁷ USDHHS, 2015.

⁸ USDHHS, 2015.

