**Understanding Implementation through Modeling**

**A Case Study utilizing the Head Start Improvement Act of 1992**

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This paper seeks to address how Pressman and Wildavksy’s recommendations surrounding implementation from Implementation: How Great Expectations in Washington Are Dashed in Oakland; Or, Why It’s Amazing that Federal Programs Work at All, This Being a Saga of the Economic Development Administration as Told by Two Sympathetic Observers Who Seek to Build Morals on a Foundation of Ruined Hopes, The Oakland Project, can be applied to the Head Start Improvement Act of 1992. This application seeks to better understand the model through this particular case and outline both its strengths and weaknesses based upon this analysis. In doing this the importance of the implementation process and the tools that a model based approach can provide students of political science will be made clear.

**I. Introduction**

The Head Start Improvement Act of 1992 is an often forgotten piece of legislation falling between “major” Head Start bills in 1990 and 1993 (Pennsylvania Head Start Association n.d). It reformed significant regulations allowing for greater service provisions and program access for thousands of people. The program has a long history of attempting to fight poverty and level the playing field among children. A variety of political, social and economic factors went into placing this issue on the agenda. The Head Start Improvement Act of 1992 was critical to transportation, program supervision, expanding services to other children and allowing more flexible program funding burdens on local communities. In every way this legislation was incredibly important and remains every bit as so in the program today.

This paper seeks to address how Pressman and Wildavksy’s recommendations surrounding implementation from Implementation: How Great Expectations in Washington Are Dashed in Oakland; Or, Why It’s Amazing that Federal Programs Work at All, This Being a Saga of the Economic Development Administration as Told by Two Sympathetic Observers Who Seek to Build Morals on a Foundation of Ruined Hopes, The Oakland Project, can be applied to this important act. This application seeks to better understand the model through this particular case and outline both its strengths and weaknesses based upon this analysis. In doing this the importance of the implementation process and the tools that a model based approach can provide students of political science will be made clear. First, the model will be described in a general sense before an application to the Head Start Improvement Act and finally conclusions about the success of this application are drawn.

**II. Implementation and the Head Start Improvement Act**

**A.Model Description**

Implementation of a policy is in many ways the most critical stage in the policy process. In this phase the reality of what a policy will actually be is determined. To best explore the implementation of the Head Start Improvement Act of 1992 a model will be utilized. This tool, loosely termed ‘model’, is based in the work of Jeffrey Pressman and Aaron Wildavsky in their book Implementation: How Great Expectations in Washington Are Dashed in Oakland; Or, Why It’s Amazing that Federal Programs Work at All, This Being a Saga of the Economic Development Administration as Told by Two Sympathetic Observers Who Seek to Build Morals on a Foundation of Ruined Hopes, The Oakland Project, to be referred to as *Implementation* from here on out. Pressman and Wildavsky attempt to describe why some programs fail during the implementation stage through the exploration of the Oakland EDA public works program as a case study. Their study revealed a number of factors that can derail a policy as well as a set of prescriptions to prevent this from occurring.

*Prescription One: To be effective, implementation should not be divorced from policymaking.* There is more to creating a policy than simply deciding what it will say, the way that it will be carried out is often more important. Policymakers should spell out during formulation what mechanisms will be used, what the funding will be and what power will be delegated and to where to carry out the policy. In an ideal world these specifics would be provided as part of every policy formulation, but Pressman and Wildavsky indicate that this is often not the case. In the already hectic process full of a variety of actors with a wide range of objectives it is not usually realistic to specify these types of details (1973). Still, under this model the considerations of implementation cannot be separate from formulation if a policy is to succeed.

*Prescription Two: Policymakers must consider direct means for achieving their objectives.* Implementation policy often involves a chain of various smaller actions and required approvals. A problem with anything at any point along this chain could easily bring the entire process to a halt and it becomes critical that the most direct route has been considered by policymakers. Pressman and Wildavsky go into great detail about the complexity of joint action and the difficulty of getting a wide variety of players on board with a particular policy (1973). They outline two important complexities of joint action as (1) the multiplicity of participants and perspectives and (2) the multiplicity of expected and unexpected decisions all of which can decrease the likelihood of program success (Pressman and Wildavsky 1973). Any number of these players can have direct incapability with the program, other priorities, different senses of urgency and diverse views on how the policy should be organized and handled. Beyond that there are both anticipated and unanticipated clearances, decisions and changes that must also be handled. It is possible to severely delay if not entirely derail a policy based upon how these factors are handled.

*Prescription Three: In order for public policies to be successful the theory that underlies action must be carefully considered.* Often in policymaking, as in life, people have good intentions but fail to achieve a desired outcome due to poor connection to the reality of a situation. In the case of this prescription it is exactly that situation that is problematic. If a policy is intended to decrease unemployment particularly amongst low skilled workers like the Oakland project it does not make sense to give money to private companies in the hopes they will hire these workers. The theory behind the policy must actually add up to some of the main objectives behind that policy. In the flurry of activity that surrounds the process it is easy to lose sight of the problems that are actually being addressed. This prescription seems to be one of the more difficult simply because that connection between a policy and the problem it was created to address is easier than one thinks to lose.

*Prescription Four: Successful implementation depends on a continuity of leadership.* In order to carry out a policy it takes knowledge and leadership that people can turn to smooth bumps in the road. This leadership can take many forms from congressional figures to bureaucratic heads to the president and beyond. Turnover in these key areas can disrupt in the implementation process especially when it dramatically decreases the experience of those in positions of power (Pressman and Wildavsky 1973). These figureheads not only guide policy through the difficulties of implementation but also provide consistency in the determination and intensity needed to keep things moving. The importance of this leadership cannot be overstated to push through some of the complexities of joint action mentioned above.

*Prescription Five: Simplicity in policy is much to be desired.* A simple policy is much easier to get through the channels of decision-making authority than something with countless intricacies. It is obviously easier said than done especially when it comes to addressing deep-rooted social problems. Simplicity in a policy makes it easier to convey the contents to the public and is more difficult to spin for political advantage. At an even more basic level a simple policy generally has fewer pieces to implement and can bypass many of those complexities that arise with a wide variety of players and necessary approvals. While it is easy to say that simplicity is a good policy trait it is hard to actually create policy of this sort even with the best of intentions.

The purpose of this section is the application of this model to the Head Start Improvement Act of 1992. These prescriptions are meant to serve as very general recommendations and thus it is a bit different of an application than a traditional model. To create the most organized application each of the five main components will be discussed in order before concluding the section with an analysis of the strengths and weaknesses of the Implementation model.

**B. Model Application**

*Prescription One: To be effective, implementation should not be divorced from policymaking.* When it comes to incorporating implementation into formulation the Head Start Improvement Act is a unique case. Unlike most pieces of legislation there is no change in funding associated with the act so there is nothing to alter in terms of program funding (Martinez 1992, P.L. 102-401). When it comes to the federal fund matching waivers the authority and process was already well established with the Department of Health and Human Services. The Secretary was granted the authority to handle waivers to local communities that could not afford to contribute 20 percent of Head Start funds based upon a set of certain conditions. The act simply expanded the discretion of the Secretary and loosened the conditions to include natural disasters and other circumstances that would make a community unable to fully fund their share. “By modifying the requirements and requiring the Secretary to consider the current needs of the programs, the waivers can be given more fairly and yet still preserve the integrity of the matching requirements and the Secretary's authority to waive them.” (Representative Martinez 1992). In the case of building funding, a major provision of the act, rules were simply altered to allow the use of federal funds to buy property. This helps avoid the cost of frequent moving based on the availability of rentals “allowing programs to purchase facilities would eliminate these problems, while creating virtually no Federal burden.” (Representative Martinez 1992).

While these two provisions seem to have clear implementation planning done during formulation, largely because the existing framework for their operation was already firmly in place, another provision was not so lucky. The creation of regulations concerning child transportation are a perfect example of the failure to consider implementation while creating policy. The language of the bill was vague with the Secretary being dictated to create “requirements for the safety features and the safe operation, of vehicles used by Head Start agencies to transport children participating in Head Start programs.” (P.L.102-401). No real timeline or target contents were specified, leaving all of those things to be developed. These regulations were finally created by the Department of Health and Human Services in 2001, nine years later, and covered training, equipment and personnel requirements for transporting children (GAO 2006, U.S. Department of Health and Human Services 2013). The National Highway Traffic Safety Administration (NHTSA) assisted in the development of safety standards especially in the case of an accident. The Federal Transit Administration (FTA) was also brought in to contribute to the regulations (GAO 2006).

Originally the compliance with the regulations was to be completed by 2004 but many agencies could not afford to change vehicle types or hire additional staff on this timeline (GAO 2006). The Department of Health and Human Services (HHS) had to extend the vehicle change deadline to January 2006, before Congress passed Public Law 109-149 in 2005 to extend the deadline to June 30, 2006 (GAO 2006). Under this law agencies could also request waivers good through September 2006 as well. Yet another law 109-234 was passed changing the deadline to December 2006 before HHS regulations changed to simply allow renewal of waivers annually for “good cause” (GAO 2006). Even with all of these changes some thirty-six percent of agencies attempting to provide transportation were not meeting these regulations in 2006 and another twenty-nine percent decided not to offer transportation because they could not feasibly meet the regulations (GAO 2006). A failure to specify enough about what transportation regulations should be enacted, along with when they should be developed and how cases of failure of meet them should be handled has led to a patchwork system that has yet to be entirely sorted out. This is a perfect example of what happens when not enough thought about implementation of regulations is put into formulation. This prescription in many ways contradicts the fifth about simplicity of policy as the transportation regulations suffered from not enough specificity. That will be addressed more in the analysis section of this chapter.

*Prescription Two: Policymakers must consider direct means for achieving their objectives.* The complexity surrounding implementation with a wide variety of players, agencies and decisions can hurt a policy’s chances of successful enactment. In the case of the Head Start Improvement Act of 1992 nearly everything went through the Department of Health and Human Services rather than relying on dozens of agencies. The Secretary was appointed to lead the various provisions like the waivers, authorizing building purchase funds and promulgating a set of transportation regulations (P.L. 102-401). course, delay is nearly inevitable to some degree and the transportation example above also illustrates how involving other players can complicate something that was supposed to be relatively straightforward. Examples of unexpected decisions could be the need to create transportation regulation waivers, then continually extend those waiver deadlines even past the year 2006 (GAO 2006). In the case of this recommendation though, this particular act was able to limit the complexities of joint action mostly through this specification of the department given authority to implement the policy.

*Prescription Three: In order for public policies to be successful the theory that underlies action must be carefully considered.* When forming and implementing policy it is critical that it actually achieves the general goals laid about during this process. This assumption, somewhat surprisingly, does not fit very well with the actual implementation of the policy. During formulation it was decided to give most of the authority to the Secretary of the Department of Health and Human Services to grant waivers or develop regulations (P.L. 102-401). Nothing beyond this ability was specified for the secretary and that shows a weakness of underlying theory. It is not enough to simply allow for waivers or regulations if they did not get distributed or created with the intensity that policymakers desired. In the case of waivers, they do not appear to be granted with the frequency that many had hoped. The National Head Start Association indicated that throughout times of economic downturn numerous centers were being closed, indicating the waivers were not working as well as intended (National Head Start Association 2013). Another report indicated that some jurisdictions charged with distributing waivers only had them going to 1% of their regional centers indicating that they were not making the impact Martinez had hoped (Mihm 2010).

The same general case is true with the development of transportation regulations explained above. While the secretary was given the authority to create regulations, the underlying theory of achieving the objective was not considered well enough. Simply having regulations in place does nothing to enforce them, especially when extended waiver programs have been ongoing since the time regulations were unveiled in 2001 (GAO 2006). Achieving the goal of transportation safety requires more than the simple creation of some guidelines and clearly expanding access through waivers requires that waivers are actually granted. A lack of thought about the reality of those means achieving the desired ends led to at least some of these problems. While this prescription is accurate regarding the errors of this policy, it does nothing to offer any kind of help with knowing how to create policy that matches existing theory. It would be nearly impossible to foresee some of these challenges of implementation while drafting a policy, thus this recommendation is not very helpful.

*Prescription Four: Successful implementation depends on a continuity of leadership.* This is fairly intuitive- leaders need to remain constant to carry out a policy in an organized, effective way. That is troubling when looking at the Head Start Improvement Act especially since it was passed at the end of a presidential term and right before the transition to a new Secretary of Health and Human Services (“Enrolled bills signed” 1992). Transition to a new secretary is dramatic when all of the provisions of the legislation were to be carried out under that person with the opinion of the new president also playing a role. In June 1993, less than a year after the Improvement Act reforms were passed largely implemented, the new Secretary of HHS Donna Shalala formed the Advisory Committee on Head Start Quality and Expansion to evaluate the program and make future recommendations (Committee on Labor and Human Resources 1994, U.S. Department of Health and Human Services 1993). The committee was composed of forty-seven members that completed six months of in-depth program analysis based on data and interviews (Phillips and Cabrera 1996). In many ways this committee served to review many of the 1992 changes and point out what was done wrong. They discovered a variety of problems still existed amongst Head Start centers and in the program at large including center coordination, uneven program quality and a lack of access for many children. Essentially they found that the reforms of 1992 just had not gone far enough (Phillips and Cabrera 1996, Committee on Labor and Human Resources 1994). A number of the recommendations for improvement center on expanding services for younger children and creating more community resources for families, both of which were addressed only in small part in the Head Start Improvement Act of 1992 (Phillips and Cabrera 1996, P.L. 102-401). The commission delivered a report to Congress that was the impetus for another reform bill that followed in May 1994 (“The Clinton Presidency: Eight Years of Peace, Progress and Prosperity.”).

 While it would have been the role of the new secretary to simply carry out the 1992 reforms, the new administration was focused on assessing and altering Head Start to meet their policy priorities (Phillips and Cabrera 1996). Much of the intensity of the implementation of Improvement Act was reduced and focused instead into the 1993 commission. Continuity in Congress though, did lead to the passage of the Human Services Reauthorization Act of 1994 which included various Head Start reforms that included expanded family literacy programs, greater services to younger children in participating families, new performance benchmarks, new teacher training measures and specific provisions for services to migrant and Indian children (Committee on Labor and Human Resources 1994). While the leadership of secretary on the 1992 reforms was somewhat lacking there was substantial new reform passed in 1994 that expanded upon much of what the Improvement Act sought to do. The continuity of leadership then applies in a somewhat confusing manner. Some leadership did remain, like supportive Congressmen, while bureaucratic support was altered. The net impact is also somewhat unclear as additional helpful reforms were passed, but focus was shifted from implementing the 1992 bill to a commission and then new legislation. The impact of leadership on this particular policy is somewhat mixed and hard to determine in great detail.

 *Prescription Five: Simplicity in policy is much to be desired.* This prescription is fairly straightforward and applies quite well to this act. The Improvement Act is an example of an incredibly simple policy. All of the reforms and their components can be summarized in one sentence each;

First, to allow programs to apply for money to purchase their Head Start facilities;

Second, to reformulate the requirements placed on Head Start agencies that need a waiver of non-Federal matching requirements; Third, to require that the Department of Health and Human Services to issue regulations regarding the safety features, and safe operation, of transportation used by Programs; Fourth, to allow younger siblings of Head Start students to qualify for health care benefits under the Program; Fifth, to maintain local control of quality improvement money for one additional year; Sixth, to strengthen the role of parents in the Act, and to provide the services necessary to allow them to guide their children; and Seventh, to require the Secretary to review new agencies after the first year of operation and allow for follow-up reviews of existing programs. (Representative Martinez 1992)

The act is not hard to understand nor are its mechanisms complex. The authority is all given to the Department of Health and Human Services, which also prevented serious complications from arising between various agencies (P.L 102-401). This act is very simple, but is that really such a good thing? The simplicity Pressman & Wildavsky praise in prescription five was the downfall of transportation regulation in prescription one. There is a great deal of tension between these two to be explored below. The simplicity of this policy does fit the recommendation in *Implementation*, the cost of which will be analyzed next.

**C. Model Analysis**

 Testing these prescriptions of the implementation model yielded mixed results. The first idea surrounding this theory that implementation should not be divorced from policymaking fits the act very well. It is clear that the specific provisions were closely intertwined as evidenced by their sole consideration and backing amongst specific policymakers. The strengths of this assumption are that it explains the way these specific, somewhat minor provisions can play an important role in the policy. It also provides an explanation as to why those provisions that are the most grounded in policymaking like the literacy program for example, seem to have some of the fewest issues being carried out. The weakness of this assumption ties in closely to one of the major weaknesses of the model overall. These prescriptions were written to illustrate how to improve the implementation process if followed but they are in tension with each other. The lack of detail provided about transportation waivers for example, in following with the fifth prescription of simplicity was very costly when it came to tying implementation to policymaking. Things were kept too simple as in “promulgate transportation regulations” and as a result there were numerous delays, inefficiencies and headaches that had yet to be resolved as of 2006 (GAO 2006).

 The second prescription was also one that this act largely met. Policymakers did consider direct means for achieving their objectives, which resulted in a limited number of participating agencies and a smaller number of unexpected decisions. Even those this was followed fairly closely the general nature of some of the provisions drew in other agencies like the Department of Transportation among others. The strength of this prescription is that it explains how the Improvement Act was able to avoid agency struggles by direct assignment of tasks to the Department of Health and Human Services. The primary weakness is similar to the one mentioned for the first prescription though. It would appear that the simplicity of the policy that Pressman and Wildavsky call for caused complexity of joint action problems specifically with transportation regulations. This seemingly common theme is that these prescriptions are too idealized and when put into operation can actually exist in a state of extreme tension with one another.

 Prescription three calls for the underlying theory of a policy to be closely examined. Often times it is easy to end up with a policy that does very limit to confront the initial problem as the result of flawed theory. On the surface level the provisions of this act are very much in line with what they are seeking to achieve but the actual implementation process went somewhat differently. Waivers and regulations were not supported with the intensity the legislators anticipated and were not granted or created with the frequency expected. That meant that while the theory was not necessarily wrong the provisions were not exactly meeting the end goal due to flaws in implementation. The strength of this prescription is that it calls into question the underlying assumptions of decision makers that are very easy to overlook. The public often gets just as caught up in assuming an illogical policy will solve a problem because that is what the media and experts are talking about. The weakness is that this fails to explain why even with a mostly accurate underlying theory, implementation with these particular provisions was still a struggle. There seems to be more that must be explained beyond just the acceptability of the theory on the surface level.

 The forth prescription recommends a continuity of leadership to experience the best results in implementation. This was an interesting application because some of the players like the president and Secretary of Health and Human Services changed from the passage to early implementation while supporter sin Congress remained largely the same. At best the impact of leadership was somewhat of a wash although the changes probably shifted focus from implementing the 1992 reforms to the new secretary’s commission on assessing Head Start. There does not seem to be much going for either strengths or weaknesses here. The model does very little to explain what happens in a world of some consistent leadership and other dramatic changes. This particular policy seems to fall outside the explanatory power of this model.

 The fifth and final prescription is simplicity- a simple policy is to be preferred. This act was very simple, only a few pages in length in total, and very much met this recommendation. But in many ways this seemed to complicate implementation more than it helped it. There were not too many actors but there were numerous delays and failures to truly carry out the policy. Simplicity seems to be just as much of a problem as it is a solution. It may be a better prescription to suggest that a policy should seek to be neither too simple nor too complicated. It is just as realistic as complete simplicity and at avoids some of tension with the other prescriptions.

 What are the general strengths of *Implementation* at explaining the process of implementation? In this particular case it brings into focus interesting subjects like the theory underlying a policy and complexity of numerous actors and decisions that would be easy to overlook. It fairly accurately explains why it is important to consider implementation during formulation lest a policy that is impossible to implement is created. The biggest strength, and weakness, of this model is that it is simple. It is simple to explain and discusses some important ideas but it leaves out quite a bit of necessary depth and complexity.

 The weaknesses of the model have been explained periodically throughout this chapter. The two major critiques this act has illuminated is that (1) the prescriptions are in tension with one another and (2) they lack necessary depth. The first of these was explored especially when looking at simplicity and the need to address implementation during formulation. Too much detail destroys simplicity and not enough causes major headaches during implementation. The example of transportation regulations and then waivers illustrate this quite clearly. The other major criticism is that these prescriptions are simple and unrealistic. They lack the depth required to take reality into account and are really just recommendations. Nothing about them explains why policymakers act as they do during implementation; at best they are guidelines to be used during the policy process. Unfortunately though they cannot really be used there either because they are too general and simplistic to be effective. Telling a policymaker to ‘think about implementation’ or ‘keep it simple’ does not do a whole lot. Overall these prescriptions are helpful to examine the implementation process in a straightforward manner, but there is too much inherent tension to make them overly useful.

**III. Conclusion**

 This analysis has sought to explore both *Implementation* as a model, the way that it applies to the Head Start Improvement Act and the benefits and drawbacks of its usage. Through this work it has been shown that the model can be useful in a variety of ways.

Clearly there are both strengths and weaknesses to *Implementation* as with any public policy model. The case of the Head Start Improvement Act of 1992 illustrates that some of their prescriptions are rather true and can simplify the policy process but others did not apply or seemingly contradicted with other prescriptions. Overall using a model-based approach to implementation provides some structure and focus to an otherwise complex and overwhelming process and in this case that made it valuable. Obviously this is but one case and further research should question the applicability of this approach and other models like it to a wider variety of policy cases. Specifically it needs to be asked whether policies that follow all or nearly all of these prescriptions are internally consistent and able to function despite the inherent tension of these recommendations. Despite this, through the use of modeling more information about how the Head Start Improvement Act was implemented was able to be organized and utilized making it overall an effective strategy despite its flaws.

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