

The Honorable Ricardo S. Martinez

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

WASHINGTON STATE ASSOCIATION OF HEAD  
START AND EARLY CHILDHOOD ASSISTANCE AND  
EDUCATION PROGRAM, ILLINOIS HEAD START  
ASSOCIATION, PENNSYLVANIA HEAD START  
ASSOCIATION, WISCONSIN HEAD START  
ASSOCIATION, FAMILY FORWARD OREGON, and  
PARENT VOICES OAKLAND,

*Plaintiffs,*

v.

ROBERT F. KENNEDY, JR., in his official capacity as  
Secretary of Health and Human Services; U.S.  
DEPARTMENT OF HEALTH AND HUMAN SERVICES;  
ANDREW GRADISON, in his official capacity as Acting  
Assistant Secretary of the Administration for Children and  
Families; ADMINISTRATION FOR CHILDREN AND  
FAMILIES; OFFICE OF HEAD START; and TALA  
HOOBAN, in her official capacity as Acting Director of  
the Office of Head Start,

*Defendants.*

Case No. 2:25-cv-00781-RSM

**DECLARATION OF  
JENNIE (MAUER)  
MAUNNAMALAI IN  
SUPPORT OF PLAINTIFFS'  
MOTION FOR A  
PRELIMINARY  
INJUNCTION**

NOTE ON MOTION  
CALENDAR:

JUNE 13, 2025

1 I, Jennie (Mauer) Maunnamalai, hereby attest as follows:

2 **I. Background**

3 1. I am over eighteen years old, and I have personal knowledge of the facts set  
4 forth below. If called to testify about them, I could and would be able to do so competently.

5 2. I am the Executive Director of the Wisconsin Head Start Association  
6 (Wisconsin HSA). I have served as Executive Director of Wisconsin HSA since 2020. Prior to  
7 serving as Wisconsin HSA's Executive Director, for five years I was the Head Start  
8 Collaboration Director at the Wisconsin Department of Public Instruction, where I served as a  
9 key connection between grantees and state initiatives and services that also support Head Start  
10 families. I hold a Master's degree in Public Affairs from the La Follette School of Public  
11 Affairs at the University of Wisconsin-Madison and a Bachelor's degree in Legal Studies and  
12 French.

13 3. Wisconsin HSA is a 501(c)(3) non-profit, non-partisan membership association  
14 of Wisconsin Head Start and Early Head Start grantees and delegate agencies that has been in  
15 existence for the last fifty years. Wisconsin HSA is made up of 39 grantee members who  
16 operate Head Start programs that provide early childhood education and support to families  
17 throughout Wisconsin. It serves all of Wisconsin's 72 counties, interacts with 424 school  
18 districts serving the state's children, and has approximately 280 center locations.

19 4. Wisconsin HSA's mission is to support and strengthen Head Start and Early  
20 Head Start programs for the benefit of children, families, and communities through advocacy,  
21 professional development, and strategic alliances. Its membership is open to each federally  
22 recognized Wisconsin Head Start and Early Head Start grantee and delegate agency. Members  
23 pay annual dues determined by the Wisconsin HSA Board of Directors. Members have access  
24 to a network of support, including training events and workforce support, leadership  
25 development, representation on statewide collaborative projects, management of state  
26 supplemental Head Start grants, and advocacy work to assure the availability of  
27

1 comprehensive, top-quality services to families facing the struggles that living in poverty  
2 presents.

3 5. Wisconsin HSA's purpose is to gather and disseminate information about Head  
4 Start for its members, to provide assistance to state, regional, and national Head Start agencies  
5 and organizations, and to advocate for and carry out activities that support educational goals  
6 for Wisconsin's children and their families.

7 6. Wisconsin HSA's Board is made up of directors, staff, and parents of Head  
8 Start, Early Head Start, Migrant and Seasonal Head Start, and Native American Early Head  
9 Start and Head Start programs in Wisconsin. Wisconsin HSA's Board maintains a  
10 comprehensive governance structure that ensures representation from all parts of its  
11 membership to ensure that Wisconsin HSA remains aligned with both the mission and  
12 priorities of its members, and responsive to their needs. The Board is both a fiduciary and a  
13 working Board, providing oversight on budget, collaborating with Association staff, and  
14 offering insight and oversight on advocacy and outreach efforts.

15 7. Wisconsin HSA membership also previously elected a representative to the  
16 federal Health and Human Resources Agency ("HHS"), Office of Head Start Region 5 Board,  
17 where Wisconsin joined Minnesota, Ohio, Illinois, Michigan, and Indiana in addressing  
18 broader regional initiatives and concerns. HHS recently eliminated Region 5 and laid off its  
19 staff as of April 1, 2025, and we are awaiting guidance about whether and how Wisconsin's  
20 programs will be represented under the new organizational structure.

21 8. In my role as Executive Director of Wisconsin HSA, I aim to promote the goals  
22 of the Association's members while maintaining fiduciary responsibilities to the Board. I am  
23 responsible for overseeing operations and organizational management, including accounting  
24 and fiscal management; organizing professional development and networking events;  
25 conducting outreach and engagement activities with collaborative partners; directing advocacy  
26 and policy work at the local, state, and federal levels, and managing the Association's contracts  
27 and grants.

1           9.       Since I became Executive Director of Wisconsin HSA five years ago, at the start  
2 of the COVID-19 pandemic, our members have expressed a need for additional support in  
3 managing staff burnout and complex behaviors in the classroom. Wisconsin HSA has worked  
4 to adapt and improve our services for members in these areas, in response to increasingly  
5 urgent needs.

6           10.      Consistent with Wisconsin HSA's mission, as well as the requirements of the  
7 Head Start Act and its implementing regulations, Wisconsin HSA is committed to serving and  
8 being responsive to the changing and developing needs of Wisconsin's children and families,  
9 including based on the needs identified in our members' annual Head Start mandated  
10 community assessments. Wisconsin HSA does this by offering a variety of services to  
11 members, including regular opportunities for Head Start management level staff to participate  
12 in training and networking in several key services areas; an annual training conference  
13 dedicated to innovative practical initiatives, programs, and applied research; training and  
14 technical assistance to develop content for the broader early childhood and care community in  
15 Wisconsin, including topics such as Practice Based Coaching, Class Observation Training, and  
16 a New Director Series; assistance with grant-related trouble shooting; and liaising and  
17 advocating with the Office of Head Start (OHS) on behalf of members.

18           11.      Wisconsin HSA is in constant contact with its members in the following ways:  
19 hosting a weekly Zoom call for members, with guest speakers (e.g., representatives from the  
20 Regional Office) and opportunity for questions, feedback, and networking; regularly sending  
21 emails multiple times per week with updates on funding and policy issues; maintaining an  
22 active Facebook page for members to communicate with each other and Association staff;  
23 hosting an annual conference with professional development and networking opportunities;  
24 and providing regular virtual trainings on a variety of topics.

25           12.      Wisconsin HSA is funded by membership dues, event revenue, event  
26 registration, and a small number of philanthropic grants. It has a full-time staff of two  
27 personnel, including myself and an administrative assistant.

## II. Composition of Wisconsin Head Start Association Members

13. Wisconsin HSA's members include Head Start grantees that operate several different kinds of early childhood education programs, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Native American Early Head Start and Head Start programs in Wisconsin.

14. Through these programs, Wisconsin HSA's members provide comprehensive services for over 15,000 of Wisconsin's youngest and most vulnerable citizens, as well as their families. Wisconsin HSA members operate as independent non-profit organizations, within State school districts, and as part of community action agencies, alongside American Indian Tribes, and in partnership organizations serving migrant farmworker communities.

15. In 2024, Wisconsin HSA members received approximately \$168 million in grants from the Administration of Children and Families, Office of Head Start within the U.S. Department of Health and Human Services to operate their Head Start programs.

16. Of the approximately 15,000 children served by Wisconsin HSA members, over 70 percent are children of color, including significant numbers of Latine, African American, American Indian, and refugee children. Wisconsin HSA members also serve over 1,797 children with disabilities, over 1,123 unhoused children, 512 foster children, and over 338 pregnant women.

17. Wisconsin HSA members serve a significant number of migrant, immigrant and refugee children and families, and provide a variety of services to support their needs. The most prevalent need is for bilingual Spanish-speaking teachers and staff, and those with understanding of tribal cultures, customs and languages of the 11 federally recognized American Indian nations and tribal communities in the state. As such, and consistent with Head Start Performance Standards, the services they provide these communities include not only dual language curriculum for children, but they also spend considerable resources to provide dual language resources to families. Those resources include interpretation services during parent and family conferences, home visits, and parent engagement events; translated books

1 and literacy take-home materials in multiple languages to strengthen the connection between  
2 home and school, support early language development in both English and the child's home  
3 language.

4 18. We have one Wisconsin HSA member who operates a Migrant and Seasonal  
5 Head Start (MSHS) program, serving over 300 children and their families. Many of these  
6 families work in and around Wisconsin's dairy farms, with a modified program calendar  
7 accommodating the unique needs of agricultural work. MSHS also provides continuity of  
8 services for children and families if and when they relocate between states over the course of  
9 an agricultural season.

10 19. Wisconsin HSA also has nine members who operate Tribal Head Start programs  
11 that serve over 1,000 children and their families. These programs serve descendants of the 11  
12 federally recognized Indian Tribes in Wisconsin. Consistent with the Head Start Performance  
13 Standards, these members expend considerable resources on programs focused on cultural and  
14 language preservation, including language immersion classes.

15 20. Consistent with their statutory and regulatory obligations, Wisconsin HSA  
16 members also invest in hiring, training, and developing staff who are both culturally and  
17 linguistically competent. The wide range of diversity within the populations served by  
18 Wisconsin HSA members require an equally wide range of resources to ensure they provide  
19 culturally and linguistically appropriate services that are up to Head Start standards, and  
20 recruitment efforts and priorities vary depending on the needs of the local community.

21 21. To ensure cultural competence, Wisconsin HSA Members also require all staff  
22 to be trained to build understanding, reduce unconscious bias, and strengthen inclusive  
23 classroom practices, including through trainings on Head Start-approved Multi-Cultural  
24 principles and the Parent Family Community Engagement ("PFCE") framework. These  
25 trainings occur both at the onboarding stage and at regular intervals throughout each school  
26 year, and are also tailored to specific staff positions.

22. Wisconsin HSA members also support their diverse families through community engagement, resources and referral. In 2024, Wisconsin HSA members served over 14,000 families, including families with two parents, single fathers, pregnant women, foster parents, and grandparents. They offer services including English as a second language training; education on fetal development, prenatal/postpartum healthcare, and benefits of breastfeeding; help enrolling in education or job training programs; assistance to families with incarcerated individuals; parenting curriculum; and asset building services. In 2024, approximately 4,500 Head Start families received emergency or crisis intervention services, such as meeting immediate needs for food, clothing, or shelter. The same year, approximately 1,400 families also received housing assistance such as subsidies, utilities and repairs.

### **III. The Importance of Head Start for Wisconsin Communities**

23. Over 70 percent of Head Start families have at least one parent working full-time, in job training, or pursuing their education, and they rely on Head Start to provide quality childcare as they seek to improve their financial stability. Head Start programs are particularly important in Wisconsin's rural and agricultural areas, including Western Wisconsin where the dairy farms are staffed by large numbers of Latino migrant and immigrant populations who are predominantly Spanish-speaking. Head Start programs in these areas are often the only childcare facilities available to these populations, and are essential to allowing parents – particularly mothers – to work reliable hours to support their families.

24. In many communities, Head Start may be the only (or only no-cost) early childcare option available to poor families. While the State offers some Supplemental Head Start grants, they could not replace the existing, federally funded Head Start program, and the supplemental grants only serve to expand the number of children that can be enrolled at these programs, or to improve the quality of services offered. The total amount of state funding available is a small fraction of federal Head Start funding for these programs.

25. In addition to serving children and families, Head Start is a significant part of Wisconsin's thriving workforce. Some Head Start parents participate in the program as

1 volunteers at first, then later find employment in Head Start classrooms. Head Start grants  
2 support a workforce in Wisconsin of 4,424 employees, 419 contract staff, and 9,537 volunteers,  
3 of whom 7,757 are Head Start parents.

4 26. Head Start programs also support local economies by purchasing food,  
5 classroom materials, and other goods from local businesses.

6 **IV. Consequences of President Trump's Executive Orders & March 14 DEI Letter**

7 27. I am aware that on January 20, 2025, President Trump issued Executive Order  
8 14151, titled "Ending Radical and Wasteful Government DEI Programs and Preferencing,"  
9 (January 20 Anti-DEI Order) which instructs federal agencies to "terminate, to the maximum  
10 extent allowed by law" all "DEI," "DEIA," and "equity-related" grants, contracts, and  
11 performance requirements for employees, contractors, or grantees.

12 28. I am also aware that on January 21, 2025, President Trump issued Executive  
13 Order 14173, titled "Ending Illegal Discrimination and Restoring Merit-Based Opportunity,"  
14 (January 21 Anti-DEI Order) which requires federal contractors and grantees to certify that  
15 they do not operate "illegal" DEI agencies and to comply with federal discrimination laws for  
16 purposes of the False Claims Act.

17 29. I am further aware that on March 14, 2025, HHS' Administration of Children  
18 and Families – under which the Office of Head Start operates – issued guidance informing all  
19 Head Start agencies that the Office of Head Start "will not approve the use of federal funding  
20 for any training and technical assistance (TTA) or other program expenditures that promote or  
21 take part in diversity, equity, and inclusion (DEI) initiatives. This includes expenditures for  
22 services provided by contractors or vendors." The Guidance instructs grantees to "carefully  
23 review their annual funding application, including the budget and budget justification  
24 narrative, TTA plans, program goals, and any other supplemental materials to ensure they are  
25 in accordance with this guidance."

26 30. Moreover, I am aware that on or about April 16, 2025, HHS amended its Grants  
27 Policy Statement, which is incorporated into every new grant award, to add a certification

1 requirement stating that agencies that accept grant awards “are certifying that . . . they do not,  
 2 and will not during the term of this financial assistance award, operate any programs that  
 3 advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-  
 4 discrimination laws” (the “DEIA Certification”). I understand that if a grant recipient who  
 5 signs the DEI Certification later runs afoul of it, their grant funds can be clawed back, and they  
 6 can be held civilly and criminally liable for misrepresentation under the False Claims Act.  
 7 Because the DEIA Certification “is incorporated by reference in the official Notice of Award”  
 8 that successful Head Start applicants receive every year, failing to sign the DEI certification  
 9 means applicants will not receive Head Start funds. This also means loss of its designation as  
 10 the Head Start program for its jurisdiction, losing the right to compete to be the Head Start  
 11 designee in the next competition cycle, and losing the technical assistance and support the  
 12 federal government is required to provide for grant recipients.

13 **A. Inability to Follow The DEI Guidance Because it is Vague and Ambiguous**

14 31. Neither the Executive Orders, the March 14 DEI Letter, nor the DEIA  
 15 Certification (“DEIA Ban”) defines “DEI,” “DEIA,” “diversity,” “equity,” or “inclusion,” but  
 16 many of our members fear that they could be accused of conducting “illegal” DEI activities by  
 17 virtue of their very existence as Head Start agencies and programs, and their adherence to  
 18 Performance Standards around which they have built their core curriculum and activities.

19 32. As discussed, our members must meet certain obligations under the Head Start  
 20 Act and its implementing regulations to stay in compliance with the terms of their grants,  
 21 including providing services and curricula tailored to support the needs of the community  
 22 (including linguistically and culturally appropriate services, services for children with  
 23 disabilities, and services for children experiencing homelessness); actively recruiting  
 24 participants from all parts of the community, including traditionally underserved populations;  
 25 and considering diversity and inclusion in staff recruitment, professional development, and  
 26 technical training and assistance. The new DEIA Ban appears to be in direct conflict with these  
 27 pre-existing obligations.

1           33. I understand that the Head Start Act, implementing regulations including its  
2 “Performance Standards,” and HHS guidance require Head Start agencies to meet the “diverse  
3 needs of the population served.” Our members prioritize these statutory and regulatory  
4 requirements as part of the fundamental mission of Head Start by conducting community  
5 assessments to determine the needs of their communities and developing programming to meet  
6 those needs. The DEIA Ban also appears inconsistent with and designed to undermine these  
7 efforts.

8           34. When I asked Wisconsin HSA members to describe what items in their grant  
9 applications they were concerned would be considered “diversity, equity, and inclusion,” they  
10 provided a wide array of responses, all of which described core aspects of their programs. For  
11 example, one member mentioned the social and emotional framework and support for children  
12 experiencing challenging behaviors, relying on the Head Start approved “Pyramid Model,” and  
13 its curriculum tailored around the Head Start approved “Creative Curriculum,” as well as its  
14 selection criteria and language supports and services. Several of our Tribal programs  
15 referenced their Ojibwe language immersion classrooms and traditional tribal teachings. While  
16 some programs have attempted to change the language in their grant renewal applications to  
17 avoid so-called “DEI” language, they have received no assurances that they will not also have  
18 to change these and other aspects of their core programs, particularly if and when they are  
19 audited.

20           35. Importantly, many Wisconsin HSA members do not believe they can comply  
21 with the DEIA Ban merely by changing the terminology of their grant applications to avoid  
22 perceived “DEI” language. One member identified at least eight programs in its grant that may  
23 be viewed as DEI related, which likely cannot be overcome by mere changes to the descriptions  
24 – the entire programs would likely need to be eliminated. Another grantee described an  
25 overarching long-term goal in its approved grant about incorporating equity and social justice  
26 in almost every area of its programming, that also cannot be addressed with language changes.  
27 This long-term goal is consistent with the Head Start Performance Standards, but if the DEIA

1 Ban governs, it would threaten its very existence. As such, Wisconsin HSA members are  
2 operating under daily fear that simply continuing with their pre-approved programming, which  
3 they have no reason to believe is unlawful or discriminatory in any way, will soon result in the  
4 Office of Head Start terminating their grants.

5 36. The following are programs and activities that are core to Wisconsin HSA  
6 members' programs, which Wisconsin HSA and its members are concerned could contravene  
7 the DEIA Ban, and result in imminent loss of funding and shuttering of their programs.

8 **B. Inability to Provide Culturally and Linguistically Appropriate Programs and**  
9 **Services**

10 37. To address the needs of Wisconsin's significant new immigrant populations, in  
11 line with Head Start Performance Standards, many Wisconsin HSA members have developed  
12 dual language programs, particularly to serve large Spanish-speaking populations. One  
13 member reports that if bilingual services are eliminated, which the DEIA Ban may require, it  
14 would lose a classroom dedicated to bilingual students that collaborates with an outside  
15 program which it operates. This will reduce its enrollment by 30 students. The teacher for that  
16 dual language classroom is currently paid for by the other program, so the program would lose  
17 that staff benefit, as well. If Wisconsin HSA members are not able to provide services in home  
18 languages or with interpreters, their parent involvement will decline, thus impacting student  
19 outcomes, as well as the mission of Head Start to help families improve in their own abilities.

20 38. Consistent with its belief that "without parents there would be no Head Start,"  
21 Wisconsin HSA members have developed dual language curriculum not only for students, but  
22 also parents in Spanish and other languages. Bilingual staff and interpretation services are used  
23 regularly to support communication with families, especially during conferences, home visits,  
24 and parent engagement events. Books and literacy take-home materials are available in  
25 multiple languages to strengthen the connection between home and school and support early  
26 language development in both English and the child's home language.

1           39. Another Wisconsin HSA member reports that it gives extra enrollment points  
2 to dual language learners in its selection criteria, but fears that if it maintains that selection  
3 criteria, it may be non-compliant with the DEIA Ban. On the other hand, if it eliminates the  
4 selection criteria, it may not be compliant with the Head Start Performance Standards requiring  
5 it to identify and serve the needs of its community and provide linguistically appropriate  
6 services.

7           40. Other Wisconsin HSA members fulfill their obligation to ensure culturally  
8 appropriate services by celebrating culturally significant holidays, inviting families to share  
9 customs or stories, and affirming children's identities throughout the school year.

10          41. Wisconsin HSA's Tribal agency programs are built around activities to support  
11 cultural preservation of American Indian communities. Among the important cultural  
12 preservation activities they invest time and staff resources into include their Ojibwe immersion  
13 classrooms, with the goal of speaking as much Ojibwemowin as possible, as the first stepping  
14 stone toward language preservation. Other culturally appropriate activities to strengthen  
15 American Indian identity include monthly pow-wow's, cultural family nights, cultural  
16 trainings on historical trauma, and incorporating guidance from Tribal Councils. Nothing about  
17 these programs violate any law or prior Head Start policy, and in fact are consistent with the  
18 special recognition and resources the Head Start Act and regulations affords Tribal  
19 communities.

20          42. Relatedly, Wisconsin HSA members' staff participate in annual cultural  
21 competence and anti-bias training to build understanding, reduce unconscious bias, and  
22 strengthen inclusive classroom practices. Staff receive training on creating welcoming and safe  
23 spaces for all families, including LGBTQ-identifying caregivers and guardians.

24          43. Wisconsin HSA members fear that the DEIA Ban would prohibit such programs  
25 and trainings as "DEI" related activities, which would not only cut funding to them under the  
26 March 14 DEI Letter, but also gut enrollment and members' ability to meet Head Start  
27 Performance Standards.

**C. Inability to Provide Inclusive Services for Children with Disabilities**

44. Consistent with the Head Start statute and guidance, Wisconsin HSA members must reserve 10 percent of enrollment slots for children with diagnosed disabilities. In some programs, that number is closer to 20 percent. Currently, approximately 18 percent of children enrolled in Head Start programs statewide have Individual Education Plans (“IEPs”).

45. The specialized services members provide to children with disabilities are particularly resource intensive. For example, Wisconsin HSA members tailor classrooms to the needs of their disabled students, and their respective IEPs, including purchasing materials (e.g., special sensory toys) and creating visuals, and physically modifying facilities for accessibility and safety (e.g., for autistic children). Some members have “collaborative classrooms” with a mix of children who have been diagnosed with a disability and those who are meeting typical developmental milestones, and each such classroom has both a regular education teacher and special education teacher. Other members hire contract staff to address specialized needs, such as teachers trained in teaching deaf and hard of hearing students. Many also do home visits and provide other resources to support parents caring for their disabled children at home.

46. Wisconsin HSA members also provide training to both special education and other teachers to ensure they understand how to implement IEPs, including through the Head Start approved Pyramid Model and Creative Curriculum.

47. Wisconsin HSA members have received no guidance from the Office of Head Start explaining how they are expected to comply with the statutory and regulatory requirements of Head Start to provide inclusive services for children with disabilities, if they are now prohibited by the DEIA Ban from using their Head Start funding to conduct “inclusion” activities.

**D. Inability to Provide Services for Children Experiencing Homelessness**

48. The Head Start Act and Performance Standards also require grantees to prioritize enrollment of children facing homelessness. The role of Head Start programs for unhoused children is particularly critical because while they may be able to stay overnight at

1 shelters, they are not allowed to stay there during the day, so Head Start schools offer a  
2 consistent, safe place for these particularly vulnerable children.

3 49. To meet their obligations, Wisconsin HSA members invest considerable  
4 resources into outreach to enroll unhoused children and support their families to find stable  
5 housing. Certain grantees have dedicated staff members who regularly recruit for enrollment  
6 at homeless shelters. They also develop relationships with landlords and conduct other  
7 outreach efforts to try to secure housing for families.

8 50. Wisconsin HSA members fear that the DEIA Ban would prohibit spending on  
9 the homeless outreach and dedicated services to these “inclusive” and “equitable” programs,  
10 which would make it impossible to meet Head Start Performance Standards for priority  
11 enrollment of unhoused children.

#### 12 **E. The Unclear DEI Guidance Has Impacted Members’ Speech in Other Areas**

13 51. Some Wisconsin HSA members report that they feel forced to adjust their  
14 conduct and speech to avoid running afoul of the ambiguous Executive Orders and Guidance,  
15 even in areas of their programming that are not funded by Head Start grants. For example,  
16 some members are avoiding sending their staff (including those whose positions are not funded  
17 by Head Start) to outside training opportunities that reference DEI topics, and Wisconsin HSA  
18 itself is reevaluating what type of training it can offer in the future, for fear members won’t be  
19 able to attend. Other Wisconsin HSA members report that they plan to carefully review the  
20 agendas and speaker lists before agreeing to present at any future conferences.

21 52. Several Wisconsin HSA members report self-censoring their websites and other  
22 public facing documents and community materials to remove references to language or  
23 concepts that could be considered DEI related. They describe this exercise as frustrating, given  
24 the lack of clarity from OHS regarding what exactly is prohibited under the Executive Orders  
25 and Guidance, and both ethically troubling and programmatically limiting, as it restricts their  
26 ability to authentically communicate with the populations they serve.

#### 27 **V. Consequences of the April 1 Regional Office Closures**

1           53.     Until recently, Wisconsin HSA members had regular communication with their  
2 Program Specialists regarding their operations, grant applications, and other questions as they  
3 came up. They were required to have monthly meetings with their Program Specialists. Newer  
4 grantees had even more frequent contact with Office of Head Start Regional Office staff.  
5 Although responses were sometimes delayed or incomplete, programs at least had clear lines  
6 of communication, and Wisconsin HSA had regular and predictable contact with leadership at  
7 the Regional Office.

8           54.     I am aware that on April 1, 2025, the Department of Health and Human Services  
9 closed several of its Regional Offices, including the Region 5 office in Chicago, which served  
10 Head Start agencies in Wisconsin. It is my understanding that the Department of HHS intends  
11 to consolidate some of the Regional Offices as a cost-saving measure.

12           55.     For several weeks following that reduction-in-force, Wisconsin HSA members  
13 received no communication from the Office of Head Start describing a transition plan or  
14 offering instruction on who they can contact with questions about their grants or operations, in  
15 the absence of their usual program specialists.

16           56.     Finally, on May 1, the Office of Head Start held a brief, nine-minute webinar  
17 for Head Start programs across the country. Acting Director Tala Hooban acknowledged that  
18 the Office is understaffed following the lay-offs and provided little clear instruction on what  
19 programs can expect going forward with respect to guidance and communication from OHS  
20 staff.

21           57.     Some Wisconsin HSA members have experienced significant delays in drawing  
22 down funds from their current grants. Members that were attempting to resolve those issues  
23 with Regional Office staff found their efforts derailed when the Office was closed. Across the  
24 board, Wisconsin HSA members have been left without a direct point of contact for time  
25 sensitive operational matters, such as approval of facility purchase applications and staff  
26 education waivers.

1           58. Access to training and technical assistance (TTA) has also been significantly  
2 disrupted. Before the Regional Office closures, Wisconsin HSA members relied on timely TTA  
3 support to inform decisions around compliance, training, and program development. Without  
4 consistent and predictable access to regional TTA specialists, they have been left to self-  
5 navigate complex guidance and standards, which puts them at risk of inadvertent non-  
6 compliance. Each former Region had its own contracted TTA team, but the Region 5 team is  
7 only funded through mid-June. Wisconsin HSA members have not received any information  
8 from the Office of Head Start explaining how TTA will work in the new organizational  
9 structure.

10           59. The uncertainty and disorganization since the Regional Office closures is also  
11 impacting Wisconsin HSA members' recruitment and retention of staff. Members describe a  
12 recruitment crisis, exacerbated by delays in federal communication and instability in Head  
13 Start's future funding. Without direct access to a Program Specialist, members cannot seek  
14 timely approval for questions related to staffing waivers or hiring requirements. For example,  
15 one member reports that they are unable to promote staff into teacher roles when they complete  
16 their higher education, which puts the program at risk of losing experienced personnel.  
17 Compounding this challenge is the ongoing loss of high-performing managers to more stable  
18 systems, such as local school districts, that are able to offer greater job security, consistent  
19 funding, and clearer oversight.

20           60. I understand that Head Start agencies in other states are facing similar  
21 challenges to those I've described here with respect to the DEIA Ban and the Regional Office  
22 closures. I have personal knowledge of agencies in other states (that are not participating  
23 directly in this lawsuit) that have attempted to comply with the DEIA Ban and mitigate any  
24 fall-out – for example, by removing certain words from their website or their curricula and  
25 written materials, or by altering or suspending training content. I also have personal knowledge  
26 of agencies in other states, other than those participating directly in this lawsuit, that are facing  
27

1 similar challenges in being unable to timely and predictably access their funding, and have  
2 been forced to consider suspending or terminating their services as a result.

3 61. Wisconsin HSA members also report a fear of retaliation, either from  
4 participating in this lawsuit or otherwise speaking publicly about these issues. The members  
5 who shared the information reflected in this declaration did so anonymously, but expressed  
6 discomfort disclosing the names of their programs publicly for fear that they could be overly  
7 scrutinized when they attempt to draw down funds, submit a renewal application, or undergo  
8 an audit. They expressed concern that speaking up publicly could negatively impact the  
9 security of their funding, the future of their programs, and the services they offer because it  
10 could make them a target for arbitrary action under the DEIA Ban as a pretext for retaliation.

11 62. I also have personal knowledge that leadership of other Head Start agencies and  
12 Associations in states that are not participating directly in this lawsuit decided not to join the  
13 lawsuit primarily or in large part because of concerns that they would be retaliated against by  
14 Defendants if they did. I understand that these organizations were afraid that their programs  
15 would be targeted and denied funding based on perceived violations of the DEIA Ban, or  
16 denied funding for some other pretextual reason. I also understand that some Head Start  
17 agencies and Associations in other states expressed concern that the Executive Defendants  
18 would target other, non-Head Start, federally funded programs in their states for investigation  
19 or de-funding in retaliation for participating in this lawsuit.

20 **VI. Consequences of Threatened Funding Termination and Required DEIA**  
21 **Certification**

22 63. So far, three Wisconsin HSA members have been required to sign the new grant  
23 terms, including the DEIA Certification, that went into effect on April 16. As discussed above,  
24 this certification is required of all agencies that accept grant awards and is incorporated by  
25 reference into all Notice of Awards going forward. Members are at a loss as they attempt to  
26 navigate how to comply with the requirements of the Head Start Act and its Performance  
27 Standards, while also somehow complying with this vague and undefined prohibitions on

1 advancing or promoting “DEI” or “DEIA.” They are terrified that inadvertent non-compliance,  
2 in the face of these contradictory standards, will cause them to lose their funding, lose their  
3 designation as Head Start agencies, or subject them to civil or criminal penalties. This problem  
4 will only increase in scope as more of our members come up for renewal of their grants and  
5 are forced to sign the DEIA Certification.

6 64. Wisconsin HSA members report that losing their Head Start designation would  
7 be catastrophic – not just for their agencies, but for the families and communities they serve.  
8 For example, for just one member, this would mean displacing 200 children from safe, high-  
9 quality learning environments; disrupting the participation of 193 families in the local  
10 workforce, as Wisconsin is experiencing a statewide child care shortage; layoffs and economic  
11 disruption for dozens of staff, many of whom live in the same vulnerable communities they  
12 serve; deterioration of long-standing partnerships with school districts, health care providers,  
13 and other community collaborators; a loss of public trust in the agency’s ability to sustain  
14 services; and a net loss of \$4 million in federal funding from the local economy. Moreover,  
15 this member’s unique rural footprint means that many of the children and families served  
16 would have no comparable alternative, and the absence of Head Start would create a void in  
17 early childhood education and family support that other existing institutions simply cannot fill.

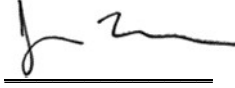
## 18 **VII. Impact on Wisconsin HSA’s Core Mission & Activities**

19 65. Since January, I estimate that I have spent about 35 percent of my time as  
20 Executive Director of the Wisconsin HSA working to help our members navigate the  
21 uncertainty and chaos caused by the recent Executive Orders and DEIA Ban. This includes  
22 hosting weekly calls every Monday with program directors to provide updated guidance and  
23 respond to their questions; hosting emergency calls as needed in response to new information;  
24 remaining in constant contact with members via email and phone as program-specific issues  
25 arise; providing support to specific groups of grantees as their renewal dates approach;  
26 advocating for our members with Senate and Congressional offices; and engaging in  
27

1 contingency scenario planning with State offices in the event where thousands of children and  
2 families are suddenly left without care.

3 Pursuant to 28 U.S.C. § 1786, I declare under penalty of perjury that the foregoing is  
4 true and correct.

5  
6 Dated: May 16, 2025



7 Jennie (Mauer) Maunnamalai