

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 LAURI  
MORRISON-FRICHTL IN  
SUPPORT OF PLAINTIFFS'  
MOTION FOR A  
PRELIMINARY  
INJUNCTION**

NOTE ON MOTION  
CALENDAR:

JUNE 13, 2025

1 I, Lauri Morrison-Frichtl, hereby attest as follows:

2 **I. BACKGROUND**

3 1. I am over eighteen years old, of sound mind, and fully competent to make this  
4 declaration. I have personal knowledge of the factual assertions set forth below.

5 2. I have served as the Executive Director of the Illinois Head Start Association  
6 (Illinois HSA) since 2006. As Executive Director, I am responsible for directing all operations  
7 of the Association, including planning and organization, communication, professional and  
8 leadership development, advocacy and partnership building, and financial management of the  
9 organization. Prior to joining Illinois HSA, I worked as a Training and Technical Assistance  
10 specialist at The Ohio State University and also served as Director of a Head Start program in  
11 Illinois. I earned a Bachelor's degree in Speech Pathology from Ball State University in 1986  
12 and a Master's degree in Education from Western Michigan University in 1988.

13 3. Illinois HSA is a 501(c)(3) non-profit, non-partisan association of federally  
14 recognized Illinois Head Start and Early Head Start grantee and delegate agencies in operation  
15 since 1978. Illinois HSA acts as the voice of Illinois Head Start and Early Head Start programs,  
16 staff, and parents, serving over 28,800 children and their families in all 102 counties in Illinois.

17 4. Illinois HSA's mission is to provide guidance and support to Illinois Head Start  
18 and Early Head Start programs to ensure their ongoing viability and vitality to operate high  
19 impact, community driven services for Illinois' most vulnerable children and families. Illinois  
20 HSA advocates for its members at the federal, state, and local levels, offers professional  
21 development and training resources for Head Start agencies and their staff, and provides  
22 opportunities for parents and families to connect, share, and grow. Recently, this has included  
23 building awareness and leading advocacy efforts regarding Head Start and Early Head Start  
24 programs, leading collaboration and partnerships in the early childhood education space in  
25 Illinois, sponsoring professional and leadership development opportunities, and developing  
26 supportive resources for our members. Illinois HSA maintains regular contact with its  
27 members, including issuing a weekly newsletter; hosting a weekly "huddle" for members to

1 share information, raise questions, and provide feedback; leading monthly meetings with Head  
2 Start program directors; and maintaining social media accounts to keep members informed and  
3 offer informal networking opportunities.

4 5. Illinois HSA's funding is comprised of membership dues, fees generated from  
5 professional development opportunities offered to members, and contracts and grants from  
6 outside entities. Illinois HSA has a staff of two full-time employees (myself and a Director of  
7 Learning) and two part-time employees (a Director of Operations and a Director of Member  
8 Engagement and Outreach).

9 6. Illinois HSA is governed by a Board of Directors made up of the Directors of  
10 Illinois Head Start agencies and other stakeholders in the early childhood education field,  
11 including Head Start staff, parents, and community partners. The Board oversees the staff and  
12 functions of the Illinois HSA, including setting the strategic direction and providing oversight  
13 for the Association.

14 7. Over the course of my tenure with the Illinois HSA, the focus and priorities of  
15 the Association have changed over time to meet the needs of our members – for example,  
16 providing additional supports to members serving immigrant and refugee populations; offering  
17 resources for children with disabilities in response to increased diagnoses of autism and  
18 developmental disabilities; developing supports for children and families involved with the  
19 child welfare system; and adapting to changes during and after the COVID-19 pandemic to  
20 support the behavioral and physical needs of children and families. Illinois HSA conducts a  
21 comprehensive needs assessment twice each year to ensure that it is offering resources and  
22 services targeted at the current needs of its members and the communities they serve.

## 23 **II. MEMBERSHIP OF THE ILLINOIS HEAD START ASSOCIATION**

24 8. The membership of Illinois HSA includes 51 federally recognized Head Start  
25 agencies and 84 delegate agencies operating 513 program sites statewide. In 2024, Illinois HSA  
26 members received approximately \$479 million in federal Head Start grants.

1           9. Illinois HSA members serve over 28,800 children and their families in all 102  
2 counties in Illinois. Of those, 14.3 percent are children with disabilities; 3.8 percent are  
3 children in foster care; and 7.9 percent are children experiencing homelessness. Nearly two-  
4 thirds are children of color, with 41 percent identifying as Black and 36 percent identifying as  
5 Hispanic. They live in communities ranging from Chicago, the third largest city in the country,  
6 to rural farming areas. To meet these widely and richly diverse needs, Illinois HSA members  
7 offer an equally wide array of services, including initiatives focusing on school-readiness for  
8 Black boys (which has recently been discontinued); English language learning and job  
9 placement resources for immigrant parents; on-site health clinics and food pantries; and regular  
10 staff training to reduce bias and improve equitable access to all Head Start services.

11           10. Migrant and Seasonal Head Start programs serve 360 children in Illinois via  
12 seven delegate agencies strategically located across the State. These programs adapt their  
13 calendar to the summer months to accommodate the unique schedule and needs of agricultural  
14 workers in Illinois's seed corn fields, before the children and their families traditionally move  
15 on to other locations.

16           11. Consistent with their statutory and regulatory obligations, Illinois HSA  
17 members invest in hiring, training, and developing staff who are both culturally and  
18 linguistically competent to serve the children and families enrolled in their programs.  
19 Recruitment varies by program, depending on the needs and demographics of the local  
20 communities served, but Illinois HSA members prioritize "growing their own" talent from  
21 within the community of Head Start parents – many of whom start as volunteers before  
22 obtaining additional training and education to return to work in Head Start classrooms or as  
23 bus drivers, cooks, family support specialists, administrative assistants, or other program staff.

### 24 **III. THE IMPORTANCE OF HEAD START FOR ILLINOIS COMMUNITIES**

25           12. Illinois HSA members provide access to essential wraparound services in  
26 communities across the State, including routine immunizations, dental, medical, and mental  
27 health services, services for children with disabilities, and screening for nutritional and

1 developmental concerns. They also facilitate continuity of services for children and families  
2 facing housing, food, transportation, or employment instability.

3 13. Working parents, especially working mothers, rely on Head Start for reliable  
4 childcare service – and so do their employers. For example, in Illinois, as in several other states,  
5 the National Farmworker Jobs Program partners with Head Start providers to identify  
6 employment needs in the community and provide career services and training to parents who  
7 are migrant and seasonal farmworkers.

8 14. Illinois Head Start agencies employ over 8,700 residents statewide. Moreover,  
9 Head Start employees are mostly women, and predominantly women of color—who, therefore,  
10 would be disproportionately impacted by the elimination of Head Start employment  
11 opportunities.

12 15. Communities, in turn, participate and invest in local Head Start programs. Head  
13 Start and Early Head Start agencies build collaborative relationships with community  
14 organizations that support positive child and family outcomes. These organizations may  
15 include libraries, health centers, schools and school districts, local employers, faith-based  
16 organizations, and others. Under the Head Start Act, the federal share of costs for a program  
17 may not exceed 80 percent of the program’s total budget. Many Illinois HSA members secure  
18 in-kind contributions from local businesses and organizations – such as transportation services,  
19 grocery deliveries, or classroom materials – to help make up their 20 percent non-federal share.  
20 Beyond these immediate needs, partnerships with community organizations can promote  
21 successful transitions for children and families over time.

#### 22 **IV. CONSEQUENCES OF RECENT EXECUTIVE ORDERS & DEIA BAN**

23 16. I am aware that on January 20, 2025, President Trump issued Executive Order  
24 14151, titled “Ending Radical and Wasteful Government DEI Programs and Preferencing,”  
25 (January 20 Anti-DEI Order) which instructs federal agencies to “terminate, to the maximum  
26 extent allowed by law” all “DEI,” “DEIA,” and “equity-related” grants, contracts, and  
27 performance requirements for employees, contractors, or grantees.

1           17. I am also aware that on January 21, 2025, President Trump issued Executive  
2 Order 14173, titled “Ending Illegal Discrimination and Restoring Merit-Based Opportunity,”  
3 (January 21 Anti-DEI Order) which requires federal contractors and grantees to certify that  
4 they do not operate “illegal” DEI agencies and to comply with federal discrimination laws for  
5 purposes of the False Claims Act.

6           18. I am further aware that on March 14, 2025, the Administration of Children and  
7 Families – under which the Office of Head Start operates – issued a letter informing all Head  
8 Start agencies that the Office of Head Start “will not approve the use of federal funding for any  
9 training and technical assistance (TTA) or other program expenditures that promote or take  
10 part in diversity, equity, and inclusion (DEI) initiatives. This includes expenditures for services  
11 provided by contractors or vendors.” The March 14 DEI Letter instructs grantees to “carefully  
12 review their annual funding application, including the budget and budget justification  
13 narrative, TTA plans, program goals, and any other supplemental materials to ensure they are  
14 in accordance with this guidance.”

15           19. Moreover, I am aware that on or about April 16, 2025, The Department of  
16 Health and Human Services (HHS), the federal agency that oversees the Head Start program,  
17 amended its Grants Policy Statement, which is incorporated into every new grant award, to  
18 add a certification requirement stating that agencies that accept grant awards “are certifying  
19 that . . . they do not, and will not during the term of this financial assistance award, operate any  
20 programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation  
21 of Federal anti-discrimination laws” (the “DEIA Certification”). I understand that if a grant  
22 recipient who signs the DEI Certification later runs afoul of it, their grant funds can be clawed  
23 back, and they can be held civilly and criminally liable for misrepresentation under the False  
24 Claims Act. Because the DEIA Certification “is incorporated by reference in the official Notice  
25 of Award” that successful Head Start applicants receive every year, failing to sign the DEI  
26 certification means applicants will not receive Head Start funds. This also means loss of its  
27 designation as the Head Start program for its jurisdiction, losing the right to compete to be the

1 Head Start designee in the next competition cycle, and losing the technical assistance and  
2 support the federal government is required to provide for grant recipients.

3 **A. Inability to Comply with Vague and Ambiguous Executive Orders &**  
4 **Guidance**

5 20. Neither the Executive Orders, the March 14 DEI Letter, nor the April 16 DEIA  
6 Certification defines “DEI,” “DEIA,” “diversity,” “equity,” or “inclusion,” but many of our  
7 members fear that they could be accused of conducting “illegal” DEI activities by virtue of  
8 their very existence as Head Start agencies and programs and their compliance with the Head  
9 Start Performance Standards.

10 21. Our members must meet certain obligations under the Head Start Act and its  
11 implementing regulations, including the Performance Standards, to stay in compliance with  
12 the terms of their grants, including providing services and curricula tailored to support the  
13 needs of the community (including linguistically and culturally appropriate services, services  
14 for children with disabilities, and services for children experiencing homelessness); actively  
15 recruiting participants from all parts of the community, including traditionally underserved  
16 populations; and considering diversity and inclusion in staff recruitment, professional  
17 development, and technical training and assistance.

18 22. I understand that the Head Start Act, implementing regulations including the  
19 Performance Standards, and HHS guidance require Head Start agencies to meet the “diverse  
20 needs of the population served.” Our members prioritize this statutory and regulatory  
21 requirement as part of the fundamental mission of Head Start by conducting community  
22 assessments to determine the needs of their communities and developing programming to meet  
23 those needs. The Executive Orders and March 14 DEI Letter appear inconsistent with and  
24 designed to undermine these efforts.

25 23. Over the past six weeks, Illinois HSA members have received conflicting  
26 responses when they requested guidance about how to comply with the March 14 DEI Letter.  
27 Some members were told that their Program Specialists could not discuss it. Some members

1 were advised to delete words like “diversity,” “equity,” “inclusion,” and “accessibility” from  
2 their renewal applications but to otherwise leave the substance of the programs the same. But  
3 another Program Specialist instructed an Illinois HSA member to remove “non-English  
4 speaker” as a selection criteria for participants – despite the fact that ensuring access to such  
5 participants is how the program complies with its obligation to “welcome children from diverse  
6 cultural and linguistic backgrounds” and to offer “limited English proficient children”  
7 “culturally and linguistically appropriate instructional services.”

8 24. The following are programs and activities that are central to Illinois HSA  
9 members’ Head Start programs, and which our members are concerned could be found in  
10 violation of the recent Executive Orders and DEIA Ban, causing them to lose funding and risk  
11 closing entirely.

12 **B. Inability to Provide Services Consistent with the Head Start Act and**  
13 **Performance Standards**

14 25. Members of Illinois HSA serve significant populations of immigrant, refugee,  
15 and other limited English proficient families throughout the state, based on the information  
16 gathered through their community assessments. Consistent with the Head Start Performance  
17 Standards, they do so by prioritizing dual language services in the classroom; providing written  
18 recruitment materials in multiple languages to ensure all eligible families are aware of the  
19 services available; offering simultaneous translation services during parent meetings to support  
20 engagement; and providing referral resources for immigration matters.

21 26. Illinois HSA members have fully inclusive classrooms and provide  
22 individualized services to children with disabilities in partnership with families and local  
23 education agencies. They utilize a strength-based approach to identify and support  
24 developmental needs early, and work with specialists to develop and implement Individualized  
25 Education Plans (“IEPs”) or Individualized Family Service Plans (“IFSPs”). Classrooms are  
26 designed to be accessible and supportive environments where all children can participate and  
27 thrive.



1           27. Illinois HSA members ensure that children experiencing homelessness are  
2 enrolled without delay, and without requiring onerous documentation. They provide  
3 transportation services to ensure consistent attendance, as well as access to any clothing,  
4 hygiene supplies, and food as needed. Family advocates work with children and their families  
5 to connect them with housing resources, mental health support, and other social services.

6           28. These activities and services allow members to maximize their enrollment and  
7 design the best quality curricula for the children and families they serve, consistent with the  
8 mandates and purpose of the Head Start Act and its implementing regulations. If Illinois HSA  
9 members are prohibited from using their federal grant funding to support these activities, they  
10 will be forced to scale back the services offered, and in some cases, may be forced to limit  
11 enrollment or close entirely.

12           *Family recruiting and participation*

13           29. I understand that Head Start agencies must recruit participants from all parts of  
14 their communities, including traditionally underserved populations, and they must also include  
15 families and community members in the development and implementation of local Head Start  
16 programs. This begins with the Community Assessment, described in the Performance  
17 Standards as the “community-wide strategic planning and needs assessment.” It is an essential  
18 first step in designing a program that meets the needs of local children and families. Data from  
19 the Community Assessment is used to develop program-wide goals for the provision of  
20 responsive, high-quality services.

21           30. Further, the Head Start Act specifically requires parent participation in the  
22 leadership of Head Start programs, and agencies must facilitate family participation by offering  
23 outreach and information in a format and language that is accessible to the families.

24           31. Illinois HSA members collaborate closely with families to understand their  
25 unique needs, values, and goals. They solicit parent input in program planning, policy-making,  
26 and continuous improvement efforts, ensuring that services are aligned with the real needs of  
27 the community. They host multicultural events and invite families to share their customs,

1 languages, and experiences with the children and staff, and they provide books, literacy  
2 materials, and family communications in multiple languages reflective of enrolled families,  
3 including simultaneous translation services at parent meetings to help break down barriers to  
4 full family engagement for limited English speakers.

5 *Training and technical assistance*

6 32. I am aware that the Head Start regulations require agencies to provide training  
7 for staff who work with children with disabilities and dual language learners, and the  
8 Department of HHS is required to provide funding for this “training and technical assistance”  
9 for Head Start staff.

10 33. Illinois HSA members adhere to Program Standards of Conduct, which require  
11 staff, consultants, contractors, and volunteers to respect and promote the unique identity of  
12 each child and family, without stereotyping on any basis, including gender, race, ethnicity,  
13 culture, religion, disability, sexual orientation, or family composition. Illinois HSA members  
14 recruit staff who are members and representative of the local communities served, and ongoing  
15 professional development emphasizes cultural competence, anti-bias education, and  
16 understanding implicit bias so that staff can best serve the children in their classrooms.

17 34. Nevertheless, in late February 2025 (after the January 20 Anti-DEI Order but  
18 before the March 14 DEI Letter), a Program Specialist instructed an Illinois HSA member to  
19 revise its pending grant submission to remove reference to a “Bias Busters” training and to  
20 eliminate a budget line item designated for “DEI training.” The Program Specialist advised  
21 this member that renewal of its grant required making those changes. After removing the  
22 challenged training, the member’s grant was approved.

23 35. Similarly, in March 2025, another Illinois HSA member was instructed to  
24 remove all funding allocated to “DEI initiatives” from the training and technical assistance  
25 plan in their grant application. This member was also instructed to eliminate a program goal  
26 aimed at addressing the marginalization of underrepresented groups within the workplace.  
27 After making the required changes, our member received only partial funding on its grant.

**C. Other Consequences of the Executive Orders and DEIA Ban**

36. Many of our members offer programs and services that are not funded – in whole or in part – by Head Start, and they are also required to comply with Illinois state law governing early childhood education and social service programs. Attempting to comply with the unclear March 14 DEI Letter could in turn prevent them from complying with these other legal requirements.

37. For example, to be eligible for Illinois Preschool for All funding, programs must establish weighted eligibility criteria that prioritize children considered most at risk of academic failure, including children with IEPs, children experiencing homelessness, youth in the custody of the Department of Children and Family Services, children with family income 50% below the federal poverty level, children whose parent or caregiver speaks a language other than English, and children whose screening indicates delays in development. To be eligible for Preschool for All Expansion funding, programs must comply with the weighted eligibility criteria and must also intentionally implement a comprehensive recruitment strategy designed to identify and enroll the most at-risk children and families, while actively partnering with Head Start and federal and local funding sources and services to provide a comprehensive spectrum of supports and opportunities for children and families. Prior to the issuance of the January DEI Executive Orders, the March 14 DEI Letter, and the April 16 DEI Certification, obligations of the Illinois state Preschool for All and Head Start federal obligations were consistent with one another.

38. Now, there is a conflict between Illinois state law and the recent Executive Orders and DEIA Ban, which creates an untenable situation for our members who “blend and braid” their federal and local funding sources. Blending and braiding funds allows agencies to offer higher quality services for the children they serve – such as by hiring an additional classroom teacher or adding mental health or trauma-informed services. For example, one of our members receives Illinois Preschool for All funding to supplement the grants available for three of its twelve Head Start classrooms. But Preschool for All classrooms only run two and

1 a half hour programs each day. Head Start and Early Head Start funds allow the classroom to  
2 remain open for a full day, which allows parents to go to work. Head Start and Early Head  
3 Start also provide comprehensive services (medical, dental, developmental screenings, and  
4 family services) that would be unavailable for children in a standalone Preschool for All  
5 classroom. Our members have received no guidance on how they are expected to comply with  
6 these conflicting state and federal requirements, and it would be impossible for the State to  
7 make up the lost funding and services if Head Start grants were not available.

8 39. Illinois HSA members have expressed fear that references to so-called “DEI”  
9 activities on their websites (even activities not funded by Head Start dollars) could trigger  
10 increased scrutiny and potential consequences. Members have also expressed concern about  
11 attending or allowing staff (including those whose positions are not funded by Head Start) to  
12 attend conferences that include DEI topics on the agenda. These members fear that  
13 participating in these training and speaking opportunities, or continuing to offer non-Head Start  
14 programming that could be construed as “DEI” related, could be held against them when they  
15 re-apply for their Head Start grants or face an audit by the Office of Head Start.

16 40. I understand that Head Start agencies in other states, that are not participating  
17 in this lawsuit, are facing similar challenges as they attempt to comply with the DEIA Ban and  
18 continue operating following the Regional Office closures and staff lay-offs. I have personal  
19 knowledge of agencies in other states, that are not participating directly in this lawsuit, that are  
20 facing the same challenges as our Illinois HSA members in being unable to timely and  
21 predictably access their Head Start funding, and some have been forced to consider suspending  
22 or terminating their programs as a result.

23 41. Members have also expressed a fear of retaliation. The members referenced in  
24 this declaration agreed to provide this information anonymously but were not comfortable  
25 having the names of their programs disclosed publicly. They expressed concern that speaking  
26 publicly might cause them to face greater scrutiny when they attempt to draw down funds,  
27

1 apply for new grants, or face an audit, and they worry they could have their funding cancelled  
2 for arbitrary reasons as a pretext for retaliation for participating in this lawsuit.

3 42. I also have personal knowledge that the leadership of other Head Start agencies  
4 and Associations in states that are not directly participating in this lawsuit were deterred from  
5 joining primarily, or in large part, because of concerns that they would be retaliated against by  
6 Defendants if they did, and their programs would suffer the consequences. I understand that  
7 these organizations were concerned that they would be targeted for enforcement of the DEIA  
8 Ban, and denied their funding, if they spoke out, or that they could have their funding revoked  
9 for some other pretextual reason. I also understand that leadership of some Head Start agencies  
10 and Associations in other states expressed concern that the Executive Defendants would target  
11 other, non-Head Start, federally funded programs in their states for investigation or de-funding,  
12 in retaliation for participating in this lawsuit.

13 **IV. CONSEQUENCES OF THE APRIL 1 REGIONAL OFFICE CLOSURES**

14 43. Illinois HSA members operate over 500 individual early childhood education  
15 and childcare centers across the State. Many of these programs would be unable to continue  
16 operating without Head Start funding. The best funded programs, or those with significant  
17 resources outside of their Head Start grants, might have sufficient reserves to continue  
18 operating for a week or two before being forced to close.

19 44. Until recently, Illinois Head Start agencies were served by the Department of  
20 Health and Human Services Region 5 office in Chicago. Each Head Start agency was assigned  
21 to a Program Specialist at the Regional Office, and they kept in regular communication  
22 regarding routine operational issues, grant applications, funding questions, and other topics.  
23 Illinois HSA members described the relationship with the Program Specialists as an ongoing  
24 dialogue. Program Specialists also conducted regular site visits to develop a relationship with  
25 the agency, better understand the local community and culture, and become familiar with the  
26 program, its services, and its operations.

1           45. I am aware that on April 1, 2025, the Department of Health and Human Services  
2 closed several of its Regional Offices, including the Region 5 office in Chicago, and laid off  
3 their staff. It is my understanding that the Department of HHS intends to consolidate some of  
4 the Regional Offices as a cost-saving measure.

5           46. For several weeks following that reduction-in-force, Illinois HSA members  
6 received no communication from the Department or the Office of Head Start describing a  
7 transition plan or offering instruction on who they can contact with questions about their grants  
8 or operations, in the absence of their usual Program Specialists.

9           47. When Illinois HSA members attempted to contact their Program Specialists,  
10 they received a bounce-back email. Members were instructed to enter all questions or other  
11 communications into the Head Start “enterprise system,” and it took weeks to receive a  
12 response, if at all.

13           48. Finally, on May 1, the Office of Head Start hosted a webinar intended to update  
14 stakeholders about plans for the future. The Acting Director, Tala Hooban, specifically  
15 acknowledged that these were “interim” plans and that the Office lacked sufficient staff to  
16 handle the workload. I was especially concerned to learn that the planned reorganization  
17 eliminates the Regional Office for Migrant and Seasonal Head Start, given the unique needs  
18 of children and families served by those programs.

19           49. Meanwhile, the mass lay-offs have directly impacted funding and operations  
20 for Illinois HSA members. For example, one agency with a May 1, 2025 continuation grant  
21 was left waiting until April 25 to learn whether it would be approved. Even after it received a  
22 Notice of Award, the member could not get confirmation on when funds would be available,  
23 until the funds disbursed on May 1. Had the funds been delayed any further, the program would  
24 have been forced to lay off staff and send children home.

25           50. Other Illinois HSA members that attempted to confirm the status of their Notice  
26 of Awards received no response until just days before their funding was due to expire – and  
27

1 then, only when a notification was posted in their online portal, without any direct  
2 communication from an Office of Head Start representative.

3 51. Currently, all four Illinois HSA members with June 1 grants are still awaiting  
4 determinations on their Notices of Award. They estimate that they could continue to operate  
5 for one to four weeks, at most, if they do not receive their Notices of Award and funding  
6 disbursements by June 1. Further, all four June 1 grantees blend and braid their state and federal  
7 funding, as discussed above.

8 52. One member with a July 1 grant received confirmation that their grant renewal  
9 application – which was edited at the instruction of the Program Specialist to comply with the  
10 January 20 Anti-DEI Order and the March 14 DEI Letter – was received by the Regional Office  
11 on March 31. The next day, this member's Program Specialist was laid off, along with the rest  
12 of the Region 5 staff. They have not received any further information about the status of their  
13 application, and their current funding expires June 30.

14 53. Seven programs in Illinois are currently in the Designation Renewal System  
15 (DRS), which means that they are waiting to learn whether the Office of Head Start will  
16 approve their designation as Head Start agencies next year. While most programs in the DRS  
17 traditionally are reapproved, final decisions are sometimes not issued until the month before  
18 the award period expires. Therefore, communication with the Program Specialist at the  
19 Regional Office is essential to make a plan for how services will be provided to children after  
20 the current designation period expires. For example, when there were delays in the past,  
21 Program Specialists have provided bridge awards to ensure there would not be an interruption  
22 in services. Without access to a Program Specialist at the Regional Office, however, these  
23 Illinois HSA members are left in a state of uncertainty.

24 54. For example, one Illinois program in the DRS received notice from the Office  
25 of Head Start that review of its re-designation application for July 1 was complete. It later  
26 received notice that funds under its current grant would end May 31. This program initially  
27 received no clarification or instruction on what it should expect for the month of June, when



1 apparently it would have no funding available. A representative from OHS later advised that  
2 this was an error, and the program would be funded through June 30.

3 55. Another Illinois HSA member in the DRS was working with the Regional  
4 Office to address a database rounding error that put it in violation of its funding ceiling by \$1.  
5 In March, the Regional Office advised this program that it would be approved for a one-year  
6 continuation grant. But since the Regional Office was closed on April 1, the program has been  
7 unable to confirm this arrangement or to obtain any updates or further instruction.

8 56. Even for programs with approved grants and funds available, it now takes  
9 weeks to draw down funds in the Payment Management System, which must be spent within  
10 three days per program requirements. Statewide, Illinois has received \$59 million less in Head  
11 Start funding this year to-date.

12 57. Illinois HSA members report difficulties recruiting and retaining staff due to the  
13 uncertainty of federal funding and communication issues – including candidates who have  
14 withdrawn from the interview process once they learn the position is funded by Head Start.

15 58. If a program loses its designation as a Head Start agency, and therefore its  
16 federal funding, it will create a ripple effect of consequences across local communities and the  
17 State. Children will lose access to quality early childhood education services, and in many  
18 communities around Illinois, there are few alternatives available. Parents will be left without  
19 reliable childcare, forcing them to miss work, or potentially creating safety concerns if they  
20 feel they are unable to do so and have no other options. Head Start is among the largest  
21 employers in some parts of the State, and programs will lay off staff who will begin drawing  
22 unemployment benefits. And local economies will suffer when Head Start programs are no  
23 longer sourcing their food, classroom materials, gas for buses, janitorial supplies, and so forth,  
24 from local, community-based sources.

## 25 **V. IMPACT ON ILLINOIS HSA'S CORE MISSION-DRIVEN ACTIVITIES**

26 59. Since late January, I estimate that I have spent at least 40 to 50 percent of my  
27 time as Executive Director of the Illinois HSA responding to member concerns and advocating



1 for our programs in response to the recent Executive Orders and DEIA Ban. This includes  
2 providing technical assistance to at least 16 programs on issues related to drawing down the  
3 funding, investigating the status of the Notice of Award, assisting with responses to under-  
4 enrollment letters, offering guidance to programs in the DRS, and other activities directly  
5 resulting from the policy changes and Regional Office closures. Before January of this year, I  
6 estimate that providing this type of advocacy and support services for our members occupied  
7 about 8 to 10 percent of my time.

8         60. These efforts have had other concrete implications for the work of the Illinois  
9 HSA. Due to the time and resources I have expended responding to these issues, I have been  
10 forced to postpone or forego other core parts of my job, such as monitoring and participating  
11 in the current Illinois legislative session to advocate for the interests of Illinois HSA members,  
12 and creating professional development and training opportunities, which both serve the  
13 interests of our members and bring in much needed revenue for the Illinois HSA.

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

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17 Dated: May 16, 2025



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Lauri Morrison-Frichtl