U.S. House of Representatives
COMMITTEE ON ETHICS

EMPLOYEE POST-TRAVEL DISCLOSURE FORM

[X] *Original* [ ] *Amendment*

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual *Financial Disclosure Statements* of those employees required to file them. In accordance with House Rule 25, clause 5, **you must complete this form and *file it with the Clerk of the House, by email at gifttravelreports@mail.house.gov*, within 15 days after travel is completed.** Please ***do not*** file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Chandler Mason

2. a. Name of Accompanying Relative: _____ *OR* None [■]
   b. Relationship to Traveler: [ ] Spouse [ ] Child [ ] Other (specify): _____

3. a. **Dates:** Departure: July 21, 2022 Return: July 22, 2022
   b. Dates at Personal Expense, if any: _____ *OR* None [■]

4. Departure City: Washington, DC Destination: Hartford, CT Return City: Washington, DC

5. Sponsor(s), Who Paid for the Trip: Casey Family Programs

6. Describe Meetings and Events Attended:
   Dinner with Commissioner of Connecticut Department of Children and Families; child abuse prevention presentation at family wellness and health center; panel discussion featuring people with lived experience in the child welfare system; Family First Services Act discussion; tour of parenting center; visit to family resource center

7. Attached to this form are ***each*** of the following, *signify that each item is attached by checking the corresponding box*:
   a. [■] a completed *Sponsor Post-Travel Disclosure Form*;
   b. [■] the *Primary Trip Sponsor Form* completed by the trip sponsor ***prior*** to the trip, ***including all*** attachments ***and*** the *Additional Sponsor Form(s)*;
   c. [■] page 2 of the completed *Traveler Form* submitted by the employee; ***and***
   d. [■] the letter from the Committee on Ethics approving my participation on this trip.

8. a. [■] I represent that I participated in each of the activities reflected in the attached sponsor's agenda.
   Signify statement is true by checking the box.
   b. If not, explain:

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

Signature of Traveler: Chandler Mason **Date:** 07/25/2022

I authorized this travel in advance. I have determined that all of the expenses listed on the attached *Sponsor Post-Travel Disclosure Form* were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

Name of Supervising Member: Dwight Evans **Date:** 7/25/2022

Signature of Supervising Member: Dwight Evans

U.S. House of Representatives
COMMITTEE ON ETHICS

SPONSOR POST-TRAVEL DISCLOSURE FORM

☒ *Original* ☐ *Amendment*

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. **A completed copy of the form must be provided to each House Member, officer, or employee who participated on the trip *within ten days of their return*.** You must answer all questions, and check all boxes, on this form for your submission to comply with House rules and the Committee's travel regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Sponsor(s) who paid for the trip: Casey Family Programs
2. Travel Destination(s): Hartford, CT
3. Date of Departure: 7/21/22 Date of Return: 7/22/22
4. Name(s) of Traveler(s): See attached

   Note: You may list more than one traveler on a form only if ***all*** information is ***identical*** for each person listed.
5. **Actual amount** of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:

	Total **Transportation** Expenses	Total **Lodging** Expenses	Total **Meal** Expenses	Total **Other** Expenses (dollar amount per item and description)
Traveler	See Attachment 2	$132.00 pp	$31.00 pp Day 1 $53.92 pp Day 2 $84.92 pp Total	$283.33 pp - stipends for lived experience panel Ground transp - see Attachment A
Accompanying Family Member	n/a			

6. ☒ All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. *Signify statement is true by checking box.*

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: _____ Date: 07/26/2022

Name: David Sanders Title: Executive Vice President, Systems Improvement

Organization: Casey Family Programs

☒ *I am an officer of the above-named organization. Signify statement is true by checking box.*

Address: 2001 8th Avenue, Suite 2700 Seattle, Washington 98121

Email: Contact Christine Calpin ccalpin@casey.org Telephone: 703-963-2175

Committee staff may contact the above-named individual if additional information is required.

If you have questions regarding your completion of this form, please contact the Committee on Ethics at 202-225-7103.

U.S. House of Representatives
COMMITTEE ON ETHICS

TRAVELER FORM

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed trip sponsor form(s) and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. **This form and any attachments may be delivered to the Committee at 1015 Longworth or e-mailed to travel.requests@mail.house.gov.**

Your completed request must be submitted to the Committee no less than 30 days before your proposed departure date. Absent exceptional circumstances, permission will not be granted for requests received less than 30 days before the trip commences. **You must receive explicit approval from the Committee before you depart on this trip.**

Name of Traveler: Chandler Mason

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.

Signature: Chandler Mason

Name of Signatory (if other than traveler): _____

For Staff (name of employing Member or Committee): Congressman Dwight Evans

Office Address: 1105 Longworth House Office Building

Telephone Number: 202-225-4001

Email Address of Contact Person: chandler.mason@mail.house.gov

☐ Check this box if the sponsoring entity is a media outlet, the purpose of the trip is to make a media appearance sponsored by that entity, *and* these forms are being submitted to the Committee less than 30 days before the trip departure date.

NOTE: You must complete all of the contact information fields above, as Committee staff may need to contact you if additional information is required.

KEEP A COPY OF THIS FORM. Page 2 (but not this page) must be submitted to the Clerk as part of the post-travel disclosure required by House Rule 25. Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting paperwork for three subsequent Congresses from the date of travel.

If there are any questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or via e-mail: *travel.requests@mail.house.gov.*

U.S. House of Representatives
COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Chandler Mason

2. Sponsor(s) who will be paying or providing in-kind support for the trip:
   Casey Family Programs

3. City and State **OR** Foreign Country of Travel : Hartford, Connecticut

4. a. Date of Departure: 7/21/22 Date of Return: 7/22/22
   b. Yes ☐ No ■ Will you be extending the trip at your personal expense?
   If yes, list dates at personal expense: _____

5. a. Yes ☐ No ■ Will you be accompanied by a family member at the sponsor's expense? **If yes:**
   (1) Name of Accompanying Family Member: _____
   (2) Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____
   (3) Yes ☐ No ☐ Accompanying Family Member is at least 18 years of age:

6. a. Yes ☐ No ■ Did the trip sponsor answer "Yes" to Question 8(c) on the *Primary Trip Sponsor Form* (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)?
   b. **If yes**, and you are requesting lodging for two nights, explain why the second night is warranted:

7. Yes ■ No ☐ *Primary Trip Sponsor Form* is attached, including agenda, invitee list, and any other attachments and Additional Sponsor Forms.

   NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.

8. Explain why participation in the trip is connected to the traveler's individual official or representational duties.
   Staff should include their job title and how the activities on the itinerary relate to their duties.
   As Senior Policy Advisor to Congressman Dwight Evans, Chandler Mason handles child welfare policy and will learn about approaches to safely reduce the need for foster care, improve outcomes for children, prevent unnecessary placement in foster care, and strengthen families.

9. **Yes ☐ No ■ Is the traveler aware of any registered federal lobbyists or foreign agents involved planning, organizing, requesting, or arranging the trip?**

10. For staff travelers, to be completed by your employing Member:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member _____ Date 6/16/2022

U.S. House of Representatives
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PRIMARY TRIP SPONSOR FORM

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a *Traveler Form* **at least 30 days before the start date of the trip**. The trip sponsor should *NOT* submit the form directly to the Committee. The Committee website (ethics.house.gov) provides detailed instructions for filling out the form.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.

1. Sponsor who will be paying for the trip:
   Casey Family Programs
2. ☑ I represent that the trip will not be financed, in whole or in part, by a registered federal lobbyist or foreign agent. *Signify that the statement is true by checking box.*
3. ***Check only one.*** I represent that:
   a. ■ The primary trip sponsor has not accepted from any other source, funds intended directly or indirectly to finance any aspect of the trip: **OR**
   b. ☐ The trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds: **OR**
   c. ☐ The primary trip sponsor has accepted funds from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities.
   If "c" is checked, list the names of the additional sponsors:
4. Provide names and titles of **ALL** House Members *and* employees you are inviting. **For each House invitee, provide an explanation of why the individual was invited** (include additional pages if necessary):
   Please see attached
5. Yes ☐ No ■ Is travel being offered to an accompanying family member of the House invitee(s)?
6. Date of departure: 7/21/22 Date of return: 7/22/22
7. a. City of departure: Washington, DC
   b. Destination(s): Hartford, CT
   c. City of return: Washington, DC
8. ***Check only one.*** I represent that:
   a. ☐ The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: **OR**
   b. ■ The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: **OR**
   c. ☐ The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations.
9. ***Check only one of the following:***
   a. ■ I checked 8(a) or (b) above; **OR**
   b. ☐ I checked 8(c) above but am not offering any lodging; **OR**
   c. ☐ I checked 8(c) above and am offering lodging and meals for one night; **OR**
   d. ☐ I checked 8(c) above and am offering lodging and meals for two nights. If you checked this box, explain why the second night of lodging is warranted:

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10. [■] Attached is a detailed agenda of the activities House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees). *Indicate agenda is attached by checking box.*

11. ***Check only one of the following***:
    a. [■] I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip. *Signify that the statement is true by checking box;* **OR**
    b. [ ] *Not Applicable.* Trip sponsor is a U.S. institution of higher education.

12. For ***each*** sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip ***and*** its role in organizing and/or conducting the trip:
    Casey Family Programs, the sole sponsor of the trip, is the nation's largest operating foundation focused exclusively on safely reducing the need for foster care and improving outcomes for children. This visit is intended to highlight approaches to prevent unneccesary placement in foster care and to strengthen families.

13. ***Answer parts a and b. Answer part c if necessary***:
    a. Mode of travel: Air [■] Rail [ ] Bus [ ] Car [ ] Other [ ] (specify: _____)
    b. Class of travel: Coach [■] Business [ ] First [ ] Charter [ ] Other [ ] (specify: _____)
    c. If travel will be first class, or by chartered or private aircraft, explain why such travel is warranted:

14. [✓] I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). *Signify that the statement is true by checking the box.*

15. ***Check only one.*** I represent that either:
    a. [ ] The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees; **OR**
    b. [■] The trip involves events that are arranged specifically *with regard* to congressional participation.
    If "b" is checked:
    1) Detail the cost *per day* of meals (approximate cost may be provided):
       Day 1: $31 (dinner) Day 2: $69 (breakfast, lunch, dinner and incidental)
    2) Provide the reason for selecting the location of the event or trip:
       CT has seen a decrease in entries in foster care and is focused on prevention and the devel

16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:
    Hotel Name: Hartford/Windsor Marriott Hotel City: Windsor CT Cost Per Night: $132
    Reason(s) for Selecting: Proximity to meeting locations and meets the per diem rate
    Hotel Name: _____ City: _____ Cost Per Night: _____
    Reason(s) for Selecting: _____
    Hotel Name: _____ City: _____ Cost Per Night: _____
    Reason(s) for Selecting: _____

17. [■] I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. *Signify that the statement is true by checking the box.*

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18. **Total Expenses for each Participant:**

☐ Actual Amounts ☒ Good Faith Estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or Employee	$485 RT/pp	$132 pp	$100
For each Accompanying Family Member			

	Other Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or Employee	$150 pp - allowing for social distancing $266 pp for lived experience panel	ground transportation Stipends for panelists
For each Accompanying Family Member		

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

19. ***Check only one:***
    a. ☒ I certify that I am an officer of the organization listed below; **OR**
    b. ☐ *Not Applicable.* Trip sponsor is an individual or a U.S. institution of higher education.

20. I certify by my signature that
    a. I read and understand the Committee's Travel Regulations;
    b. I am not a registered federal lobbyist or registered foreign agent; and
    c. The information on this form is true, complete, and correct to the best of my knowledge.

Signature: _____ Date: 07/08/2022

Name: David Sanders Title: Executive Vice President, Systems Improvement

Organization: Casey Family Programs

Address: 2001 8th Avenue, Suite 2700 Seattle Washington 98121

Email: Contact: Christine Calpin ccalpin@casey.org Telephone: (703) 963-2175

INSTRUCTIONS

Complete the *Primary Trip Sponsor Form* and submit the agenda, invitation list, any attachments, and any *Additional Trip Sponsor Forms* directly to the Travelers.

Written approval from the Committee on Ethics is required before traveling on this trip. The Committee on Ethics will notify the House invitees directly and will not notify the trip sponsors.

Willful or knowing misrepresentation on this form may be subject to criminal prosecution under 18 U.S.C. § 1001. Signatures must comply with section 104(bb) of the Travel Regulations.

For questions, please contact the Committee on Ethics at:

1015 Longworth House Office Building
Washington, D.C. 20515

ethicscommittee@mail.house.gov | 202-225-7103
More information and forms available at **ethics.house.gov**

Theodore E. Deutch, Florida
Chairman
Jackie Walorski, Indiana
Ranking Member

Susan Wild, Pennsylvania
Dean Phillips, Minnesota
Veronica Escobar, Texas
Mondaire Jones, New York

Michael Guest, Mississippi
Dave Joyce, Ohio
John H. Rutherford, Florida
Kelly Armstrong, North Dakota

ONE HUNDRED SEVENTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

Thomas A. Rust
Staff Director and Chief Counsel

David W. Arrojo
Counsel to the Chairman

Kelle A. Strickland
Counsel to the Ranking Member

1015 Longworth House Office Building
Washington, D.C. 20515–6328
Telephone: (202) 225–7103
Facsimile: (202) 225–7392

July 11, 2022

Ms. Chandler Mason
Office of the Honorable Dwight Evans
1105 Longworth House Office Building
Washington, DC 20515

Dear Ms. Mason:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Hartford, Connecticut, scheduled for July 21 to 22, 2022, sponsored by Casey Family Programs.

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than $415 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Theodore E. Deutch
Chairman

Jackie Walorski
Ranking Member

TED/JW:adw

House Attendees – Hartford, CT Site Visit, July 21-22, 2022

Kim Meinert, Professional Staff Member, Subcommittee on Worker and Family Support, House Committee on Ways and Means

Andrew Gradison, Professional Staff Member, Subcommittee on Worker and Family Support, House Committee on Ways and Means

Casey Peeks, Professional Staff Member, House Committee on Education and Labor

Andre Lindsay, Policy Associate, House Committee on Education and Labor

Chandler Mason, Senior Policy Advisor, Congressman Dwight Evans (D-PA)

Emily Naden, Legislative Assistant, Congressman John Larson (D-CT)

Agenda for Congressional site visit to Hartford Connecticut, July 21-22, 2022

Thursday, July 21

FLIGHT:

Departs at 2:59 pm from Washington DC Reagan National Airport (DCA) and arrives at 4:25 pm at Hartford (Windsor Locks) CT (BDL). Approximately 10 minutes to hotel.

6:00 – 8:00 pm **Dinner with Commissioner Vanessa Dorantes Connecticut Department of Children and Families**

Location: The Nutmeg
297 S. Main Street, East Windsor, CT 06088

Welcome Dinner and discussion with Commissioner Vannessa Dorantes and leadership on the Department's efforts to keep children safe and strengthen families. This session will focus on how and who comes to the attention of child welfare, and CT's including CT vision for transformation to a child wellbeing system. This time will also be used by Casey Family Programs to present the agenda for the next day and what staff can expect to see.

Friday, July 22

Get on bus by 7:30 am Travel to next location – 20- 30 minutes

Arrive at Wheeler Family Wellness Center approximately at 8 AM for breakfast

8:30 am – 9:45 am **Child Abuse Prevention and Plans of Safe Care – CT Department of Children and Families** (1.25 hour)

Location: Wheeler Family Wellness Center
43 Woodland Street, Hartford CT 06105

Discussion with DCF leadership on CT's Plan of Safe Care including data collection and provision of assistance to families with substance exposed infants, and partnership with CT birthing facilities. Presenters include:

Kris Robles, LCSW Clinical Behavioral Health Manager for Substance use & Intimate Partner Violence, CT Department of Children and Families

Lisa Daymonde Director of DCF Careline, CT Department of Children and Families

Melissa Sienna, MS, MPA Clinical Research Associate II, UConn Health, School of Medicine, Department of Public Health Sciences. She also works with the CT Department of Children and Families

Melissa Olinger, Clinical Social Worker, Yale New Haven Hospital

Rebecca Petersen, Connecticut Department of Mental Health and Addiction Services Program Manager, Women's Services, Statewide Services Division

BREAK 15 minutes

10:00 – 11:00 am **Wheeler Hartford Family Health and Wellness Center** (1 hour)

43 Woodland Street, Hartford CT 06105

The Wheeler Hartford Family Health and Wellness Center is a Connecticut private non-profit community-based provider. This visit will focus on provision of services to women with young children. Presenters include:

Sabrina Trocchi, PhD, MPA, President and Chief Executive Officer

Kim Nelson, Chief Program Officer

Elisabeth Cannata, VP of Family and Community-Based Services

Melissa Mendez, Director, Early Childhood Services

Tiffany Hubrins, Associate Director, Community-based Services

Kristen Gardner, RN Supervisor

Travel to next location – 20 - 30 minutes

11:30 – 1:00 pm **Lunch and Innovations Learned from People with Lived Experience** (1.5 hours)

Location: The Village for Families and Children, 331 Wethersfield Avenue, Hartford CT

Welcome by Hector Glynn, Chief Operating Officer, Village for Families and Children (5-8 minutes)

Luncheon panel discussion on how voices of those impacted by child welfare can help inform innovative practices and policies. Featured panelists will represent birth parents, youth alumni of foster care, kinship and foster care champions involved in the Quality Parenting Initiative, and persons in recovery. Speakers include:

Christopher Scott-former foster youth and Executive Director of SUN Scholars Inc. (moderator)

Michael Kloszewski-youth in foster care

Danaija Lewis- youth in care

Corrina Martin-grandmother with lived experience as a kinship caregiver

Samaris Rose-birth mother with lived experience

BREAK 10 minutes

1:10 pm – 2:10 pm **Family First and creating Community Pathways in Connecticut – CT Department of Children and Families** (1 hour)
Location: Location: The Village for Families and Children, 331 Wethersfield Avenue, Hartford CT

Discussion with DCF leadership on Connecticut's' implementation of Family First Prevention Services Act, and the development of community pathways to better serve families at increased risk for maltreatment or involvement with the child welfare system.

Presenter:

Vannessa Dorantes, Connecticut Commissioner Department of Children and Families

BREAK 10 minutes

Travel to next location – 15-20 minutes

2:40 pm- 3:55 pm **Visit to the Bridge's Mosaic Parenting Center** (1.25 hour)
Location: 664 Farmington Avenue, West Hartford

A new and innovative model of child protection practice that provides birth parents and their child(ren) in the foster care system and opportunity to engage in quality visitation services provided by community partners at a location designed for parent/child interaction. This is a public/private partnership that has promising outcomes for family reunification.

Presenters:

Margaret Hann, Executive Director

Maiya Pierre, Licensed Clinical Social Worker (LCSW) Clinical Director (Oversees Parenting Center)

BREAK 10 minutes

Travel to next location – 15 minutes

4:20 – 5:20 pm **Site visit at the Village for Family and Children (1 hour)**
The Family Resource Center, 105 Spring Street, Hartford CT

Visit to the family resource center at the Village for Family and Children. The Villages has provided social services in greater Hartford since 1809 with the mission of building a community of strong, healthy families who protect and nurture children. Through a myriad of programs for children, adults and families, the Village has impacted thousands of families in the Hartford area. Featured presenter is Hector Glynn, Chief Operating Officer.

BREAK 10 minutes

5:30 pm – 6:30 pm **Boxed dinner and Reflections of the Day** (Family Resource Center outdoor space)

Leave for Airport at 6:30 pm

FLIGHT: Departs at 8:24 pm from Hartford (Windsor Locks) CT (BDL) and arrives at 10:00 pm at Washington DC Reagan National Airport (DCA).