

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
BUREAU OF HEALTH AND NUTRITION SERVICES AND  
CHILD/FAMILY/SCHOOL PARTNERSHIPS  
25 INDUSTRIAL PARK ROAD  
MIDDLETOWN, CONNECTICUT 06457-1520

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TO: Child and Adult Care Food Program  
Adult Day Care Center Sponsors

FROM: Maureen B. Staggenborg, Director  
Child Nutrition Programs

DATE: August 29, 2006

SUBJECT: Operational Memorandum #16A-06  
**CACFP Annual Training Session – Adult Centers**

Enclosed is the announcement for the Child and Adult Care Food Program (CACFP) Annual Training Session for adult day care centers. **The session will be held on Tuesday, September 19, 2006 from 11:00 a.m. until 12:30 p.m. at the Connecticut Association of Adult Day Centers (CAADC) building in Berlin, CT.** The training will be conducted immediately after the Adult Day Centers Association monthly meeting. Attendance is mandatory.

The training this year will focus on Program updates in CACFP, including changes in Civil Rights requirements and upcoming changes to the application, management plan and claim filing processes.

Sharing of ideas and best practices is encouraged. Time is included to facilitate this discussion. If there are specific issues that you would like addressed, please indicate them on the registration form. **Registration forms must be mailed or faxed to the Child Nutrition Unit no later than September 14, 2006.**

Please contact Susan Boyle at 860-807-2074, Benedict Onye at 860-807-2080 or Celia Cordero at (860) 807-2076 if you have any questions.

MBS:shb

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
CHILD AND ADULT CARE FOOD PROGRAM

Adult Centers Annual Training 2006 Registration

Date: Tuesday, September 19, 2006

Time: 11:00 a.m. - 12:30 p.m.  
(following the ADC Association monthly meeting)

Place: Connecticut Association of Adult Day Centers, Inc.  
1340 Worthington Ridge  
Berlin, CT 06037

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Complete and return this form by Thursday, September 14, 2006.

Please use one form per registrant; make copies as needed.

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Sponsor/Organization Name

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Name

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Position/Title

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Phone *(including area code)*

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Fax *(including area code)*

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Email Address **PLEASE PRINT CLEARLY**

Suggested questions/topics you would like to have addressed: \_\_\_\_\_

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**Mail or fax registration form to:**  
Susan Boyle  
State Department of Education  
Bureau of Health and Nutrition Services  
and Child/Family/School Partnerships  
25 Industrial Park Road  
Middletown, CT 06457

**Fax: (860) 807-2127**

