



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Child and Adult Care Food Program (CACFP) Family Day Care Home Sponsors

FROM: John Frassinelli, Chief
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: October 25, 2013

SUBJECT: **Operational Memorandum #01H-14**
Schedule for Submission of Reimbursement Claim Form ED-103 Schedule C,
Reimbursement Claim for Day Care Homes

The Code of Federal Regulations for the Child and Adult Care Food Program [§ 226.10(e)] outlines the time limits for submission of claims for reimbursement to State agencies by sponsors. The due date for the claim form is the 15th of the month following the last day of the month covered by the claim or as noted on the new schedule below when the 15th falls on a weekend or holiday. Final claims, including revisions, must be submitted not later than 60 days following the last day of the month covered by the claim. Claims not filed or corrected within the 60 days may not be paid. The new schedule is listed below:

(1)	(2)	(3)	(4)
Reimbursement Claim Month	- DUE DATE - This is the date the claim must be received by the State Agency to ensure prompt payment	This is the date that the reimbursement claim check is due to be paid if the State Agency receives claim by the date in Column (2)	- FINAL DEADLINE - CLAIM MUST BE SUBMITTED* TO THE STATE AGENCY BY THIS DATE TO BE PAID
October 2013	November 15, 2013	December 30, 2013	December 30, 2013
November	December 16	January 29, 2014	January 29, 2014
December	January 15, 2014	March 1	March 1
January 2014	February 14	April 1	April 1
February	March 14	April 29	April 29
March	April 15	May 30	May 30
April	May 15	June 30	June 28
May	June 16	July 30	July 30
June	July 15	August 29	August 29
July	August 15	September 29	September 29
August	September 15	October 30	October 30
September	October 15	November 29	November 29

***Definition:** "Submitted" means mailed (postmarked)

1. Claims are due (received by the State agency) by the date in column (2). Claims received by this date will be processed for timely payment listed in column (3).
2. Final claims **MUST** be postmarked by the date in column (4) to comply with the required time frame (60 days). **NOTE:** Only the U.S. Postal Service postmark is acceptable for the 60-day final deadline. Claims received using agency postage meter dates will not fulfill the final deadline requirement.
3. Claim forms (original and/or revised) must be postmarked by the date in column (4), final deadline, to ensure receipt of program reimbursement. Exceptions are granted on a case-by-case basis.

Questions can be addressed to Celia Cordero at 860-807-2076 or Terese Maineri at 860-807-2145.

JF:shb