



CHILD DEVELOPMENT AND CARE (CDC) DAILY TIME AND ATTENDANCE RECORD

Michigan Department of Education

Provider Name		Provider ID Number			Pay Period Number		Page Number	
Child Information	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Child Full Name								
Begin Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	
End Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	
Absence Hours								
Parent Initials								
Child Full Name								
Begin Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	
End Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	
Absence Hours								
Parent Initials								
Child Full Name								
Begin Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	
End Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	
Absence Hours								
Parent Initials								
Child Full Name								
Begin Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	
End Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	: AM/PM	
Absence Hours								
Parent Initials								

I certify the following information:

- The above billing information is true and accurate to the best of my knowledge based on available information.
- I know I must keep complete and accurate records for each approved CDC child in care for four years, showing time of arrival and departure for each child on a daily basis.
- I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be disqualified from the program and/or prosecuted for fraud.

Provider Signature:	Date:	Confirmation Number:
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INSTRUCTIONS:

When completing your CDC Daily Time and Attendance Record, you will need to record:

Provider Name: Enter your name or the name of your facility.

Provider ID Number: Enter the 7-digit ID number (**not** license number) listed on the DHS-198, Child Development and Care (CDC) Provider Authorization.

Pay Period Number: Enter the number of the pay period that corresponds to the billing dates. Use a separate page for each week.

Page Number: Enter the page number. Use additional pages if you care for more than four children.

Child's Full Name: Enter the full name of each child for whom care has been authorized for the billing period. Place them in alphabetical order by last and first name.

Begin and End Times: Enter the time in hours and minutes, indicating if it is AM or PM by circling the appropriate designation. **This may be more or less than the number of hours authorized on the DHS-198.**

Absence Hours: Child absence hours (not to exceed 208 hours per fiscal year- October 1 to September 30) may be billed for any periods in which the child is not in care when he/she would have normally been in attendance. This includes periods when the provider is open for business, as well as when the facility is closed. Child absence hours cannot be billed after the child's last day in attendance. If you do bill child absence hours, you may not enter more hours than the child would have normally been in care that day. In the box for the day that the absence occurred, enter the time in and out that the child would normally have attended.

Parent or Authorized Representative Initials: The parent or authorized representative must initial daily for each child for each day that hours will be billed (care hours or child absence hours) to indicate that the entries are correct.

Provider's Signature and Date: The person authorized to complete the billings must sign and date the form.

Confirmation Number: Enter the confirmation number found in the upper right corner of the DHS-105, Child Development and Care Billing/Attendance Invoice.

Information:

At the end of each pay period, providers must bill for child care hours by using I-Billing at: www.michigan.gov/childcare. You will need your Provider ID number, and PIN. For questions about billing, refer to the Child Development and Care Handbook. If you still need help call the CDC Office at 1-866-990-3227.

Please note: Parents are responsible for child care expenses that are not paid by the department, including expenses incurred while a parent or provider's eligibility is being determined.



CDC DAILY TIME AND ATTENDANCE RECORD

Michigan Department of Education
CDC 2018 PAYMENT SCHEDULE

The CDC Payment Schedule gives you the Pay Period Dates, Pay Period Numbers, Billing Deadline Dates, and the estimated Check/EFT Date.

Pay Period Begin Date	Pay Period End Date	Pay Period Number	Billing Deadline Date	Check/EFT Issue Date
12/24/17	1/6/18	801	1/11/18	** 1/19/18
1/7/18	1/20/18	802	1/25/18	2/1/18
1/21/18	2/3/18	803	2/8/18	2/15/18
2/4/18	2/17/18	804	2/22/18	3/1/18
2/18/18	3/3/18	805	3/8/18	3/15/18
3/4/18	3/17/18	806	3/22/18	3/29/18
3/18/18	3/31/18	807	4/5/18	4/12/18
4/1/18	4/14/18	808	4/19/18	4/26/18
4/15/18	4/28/18	809	5/3/18	5/10/18
4/29/18	5/12/18	810	5/17/18	5/24/18
5/13/18	5/26/18	811	5/31/18	6/7/18
5/27/18	6/9/18	812	6/14/18	6/21/18
6/10/18	6/23/18	813	6/28/18	** 7/6/18
6/24/18	7/7/18	814	7/12/18	7/19/18
7/8/18	7/21/18	815	7/26/18	8/2/18
7/22/18	8/4/18	816	8/9/18	8/16/18
8/5/18	8/18/18	817	8/23/18	8/30/18
8/19/18	9/1/18	818	9/6/18	9/13/18
9/2/18	9/15/18	819	9/20/18	9/27/18
9/16/18	9/29/18	820	10/4/18	10/11/18
9/30/18	10/13/18	821	10/18/18	10/25/18
10/14/18	10/27/18	822	11/1/18	** 11/9/18
10/28/18	11/10/18	823	* 11/14/18	11/21/18
11/11/18	11/24/18	824	11/29/18	12/6/18
11/25/18	12/8/18	825	12/13/18	12/20/18
12/9/18	12/22/18	826	* 12/26/18	** 1/4/19

Billing deadlines on days before holidays are at 4:00pm on the indicated date (*). Otherwise, they are at the end of the day (midnight). Please plan for delays in payments (**) during holiday periods when State offices and post offices are closed.