MICHIGAN Department of Education

CHILD CARE TIME AND ATTENDANCE RECORD

LARA LICENSING AND REGULATORY AFFAIRS CUSTOMER DRIVEN. BUSINESS MINDED.

Day / Date	Sun mm/dd/yy	Mon mm/dd/yy	Tues mm/dd/yy	Wed mm/dd/yy	Thur mm/dd/yy	Fri mm/dd/yy	Sat mm/dd/yy
Child Full Name							
Time In	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Time Out	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Absent?	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐
CACFP Meals	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E
Parent Initials							
Child Full Name							
Time In	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Time Out	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Absent?	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐
CACFP Meals	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E
Parent Initials							
Child Full Name							
Time In	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Time Out	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Absent?	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐
CACFP Meals	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E
Parent Initials							
Child Full Name							
Time In	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Time Out	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Absent?	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐
CACFP Meals	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E
Parent Initials							

Comments:

- I certify that the above information is correct.
- I understand that if benefits are overpaid for any program or any reason, the extra benefits received will have to be repaid. If intentional errors caused the overpayment, any and all responsible parties may be disqualified from the program and/or prosecuted for fraud.

Provider Name:	ID #:	Pay Period Number:
Provider Signature:	Date:	Confirmation Number:

Page Number:_____

CACFP, CDC, and LARA provide equal opportunity programs.

Rev. 1.2021

This form is accepted as an official attendance record for the following programs:

Child Development and Care (CDC) **Child and Adult Care Food Program (CACFP)** **Licensing and Regulatory Affairs (LARA)**

Please record all of the following:

Date: Enter the date next to each day of the week.

Child Full Name: Enter the full name of each child. Enter them in alphabetical order by last name. (Do not enter multiple children on one line.)

Time In/Out: Enter the time in hours and minutes. Circle A for A.M. or P for P.M. Use the second line if the child leaves and returns in the same day.

Absent?: When the child is absent but would normally have been in care, write a check mark or "X" in the "Mark if Absent" box.

For CDC, child absences may be billed when the child is not in care but normally would have been in care, either when the child is absent while the provider is open or when the provider is closed (such as holidays or snow days). Child absences may not be billed after a child's last day in care. If you bill for a child's absence, you may not enter more hours than the child would have normally been in care that day. In I-Billing, enter the begin and end time the child would normally be in care, and mark the absent box.

To avoid payment of absences that don't reflect a child's normal attendance, CDC reimbursement is limited to 360 hours per fiscal year (October 1 to September 30) and 10 days of absences when no regular care time has been billed.

Meals: For the Child and Adult Care Food Program (CACFP), circle the meals each day that were served to each child.

Meal types are as follows: B = breakfast, A = A.M. snack, L= lunch, P = P.M. snack, D = dinner, E = evening snack.

Parent Initials: For CDC, the parent (or authorized representative) must initial daily for each child to indicate that the entries are correct.

Note: CDC suggests acquiring parent initials for absence days as a best practice.

Comments: Space is available to make notes regarding reasons for a child's absences, building closures, or any detail not entered in the records.

Provider Name: Enter the provider or facility name.

ID #: Enter the provider's seven-digit Bridges Provider ID number (listed on the DHS-198 form) or the childcare license number.

Pay Period Number: For CDC, 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 to keep track of multiple pages.

Provider Signature and Date: The person authorized to complete CDC billing must sign and date the form, certifying that the information is accurate.

Confirmation Number: For CDC, after you have submitted your billing, write the invoice confirmation number from your billing invoice.

Additional CDC 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 Bridges Provider ID number and PIN. For questions about billing, refer to the CDC Handbook. If you still need help, call CDC at 1-866-990-3227.

Providers 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.

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

MICHIGAN Department of Education

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CDC 2022 PAYMENT SCHEDULE

The Child Development and Care (CDC) Payment Schedule gives you the Pay Period Dates, Pay Period Numbers, Billing Deadline Dates, and the estimated Check/EFT Date for the CDC program.

Billing deadlines on days before holidays are at 4:00pm on the indicated date (*). Otherwise, they are at the end of the day

Pay Period Begin Date	Pay Period End Date	Pay Period Number	Billing Deadline Date	Check/EFT Issue Date
12/19/2021	01/01/2022	201	01/06/2022	01/13/2022
01/02/2022	01/15/2022	202	01/20/2022	01/27/2022
01/16/2022	01/29/2022	203	02/03/2022	02/10/2022
01/30/2022	02/12/2022	204	02/17/2022	**02/25/2022
02/13/2022	02/26/2022	205	03/03/2022	03/10/2022
02/27/2022	03/12/2022	206	03/17/2022	03/24/2022
03/13/2022	03/26/2022	207	03/31/2022	04/07/2022
03/27/2022	04/09/2022	208	04/14/2022	04/21/2022
04/10/2022	04/23/2022	209	04/28/2022	05/05/2022
04/24/2022	05/07/2022	210	05/12/2022	05/19/2022
05/08/2022	05/21/2022	211	05/26/2022	**06/03/2022
05/22/2022	06/04/2022	212	06/09/2022	06/16/2022
06/05/2022	06/18/2022	213	06/23/2022	06/30/2022
06/19/2022	07/02/2022	214	07/07/2022	07/15/2022
07/03/2022	07/16/2022	215	07/21/2022	07/28/2022
07/17/2022	07/30/2022	216	08/04/2022	08/11/2022
07/31/2022	08/13/2022	217	08/18/2022	08/25/2022
08/14/2022	08/27/2022	218	09/01/2022	**09/09/2022
08/28/2022	09/10/2022	219	09/15/2022	09/22/2022
09/11/2022	09/24/2022	220	09/29/2022	10/06/2022
09/25/2022	10/08/2022	221	10/13/2022	10/20/2022
10/09/2022	10/22/2022	222	10/27/2022	11/03/2022
10/23/2022	11/05/2022	223	*11/09/2022	11/17/2022
11/06/2022	11/19/2022	224	*11/22/2022	12/01/2022
11/20/2022	12/03/2022	225	12/08/2022	12/15/2022
12/04/2022	12/17/2022	226	*12/20/2022	12/29/2022
12/18/2022	12/31/2022	227	01/05/2023	01/12/2023

(midnight). Please plan for delays in payments (**) during holidays when State offices and post offices are closed.