## Child Care Time and Attendance Record– Week Overview (See instructions on next page)

**Child's Full Name** _____

**Provider Name:** _____ **Provider ID:**_____

| Day | Date (mm/dd/yyyy | Time In 1 | A.M./P.M. | Time Out 1 | A.M./P.M. | Time In 2 | A.M./P.M. | Time Out 2 | A.M./P.M. | Absent | Parent Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sunday | | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | ☐ | |
| Monday | | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | ☐ | |
| Tuesday | | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | ☐ | |
| Wednesday | | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | ☐ | |
| Thursday | | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | ☐ | |
| Friday | | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | ☐ | |
| Saturday | | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | | ☐A.M. ☐P.M. | ☐ | |

**Comment:**

_____

_____

**Certification**

I certify that the information above is accurate. 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/Signature:** _____

**Date:** _____

**Confirmation Number (CDC):** _____

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

**Child Development and Care (CDC)** **Child Care Licensing Bureau (CCLB)**

**Please record all of the following:**

**Child Full Name:** Complete one form per child. Enter the full name of each child. (Do not enter multiple children on one form.)

**Provider Name:** Enter the provider or facility name.

**Provider ID:** Enter provider ID number.

**Date:** Enter the date in each day of the week box.

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

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

**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 Signature and Date:** Enter the provider name, facility name, or signature. 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 using I-Billing located in your MiLogin portal. For questions about billing, refer to the CDC Handbook. If you still need help, call CDC at 1-866-990-3227.

Providers must complete time and attendance records on a daily basis for each approved CDC child in care. Historical time and attendance records must be saved for four years before they can be destroyed.

**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.**

MiLEAP Michigan Department of Lifelong Education, Advancement, and Potential | Child Development and Care

# CDC 2026 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.

| Pay Period Begin Date | Pay Period End Date | Pay Period Number | Billing Deadline Date | Check/EFT Issue Date |
|---|---|---|---|---|
| 12/28/2025 | 01/10/2026 | 601 | 01/15/2026 | ** 01/23/2026 |
| 01/11/2026 | 01/24/2026 | 602 | 01/29/2026 | 02/05/2026 |
| 01/25/2026 | 02/07/2026 | 603 | 02/12/2026 | ** 02/20/2026 |
| 02/08/2026 | 02/21/2026 | 604 | 02/26/2026 | 03/05/2026 |
| 02/22/2026 | 03/07/2026 | 605 | 03/12/2026 | 03/19/2026 |
| 03/08/2026 | 03/21/2026 | 606 | 03/26/2026 | 04/02/2026 |
| 03/22/2026 | 04/04/2026 | 607 | 04/09/2026 | 04/16/2026 |
| 04/05/2026 | 04/18/2026 | 608 | 04/23/2026 | 04/30/2026 |
| 04/19/2026 | 05/02/2026 | 609 | 05/07/2026 | 05/14/2026 |
| 05/03/2026 | 05/16/2026 | 610 | 05/21/2026 | **05/29/2026 |
| 05/17/2026 | 05/30/2026 | 611 | 06/04/2026 | 06/11/2026 |
| 05/31/2026 | 06/13/2026 | 612 | *06/17/2026 | 06/25/2026 |
| 06/14/2026 | 06/27/2026 | 613 | *07/01/2026 | 07/09/2026 |
| 06/28/2026 | 07/11/2026 | 614 | 07/16/2026 | 07/23/2026 |
| 07/12/2026 | 07/25/2026 | 615 | 07/30/2026 | 08/06/2026 |
| 07/26/2026 | 08/08/2026 | 616 | 08/13/2026 | 08/20/2026 |
| 08/09/2026 | 08/22/2026 | 617 | 08/27/2026 | 09/03/2026 |
| 08/23/2026 | 09/05/2026 | 618 | 09/10/2026 | 09/17/2026 |
| 09/06/2026 | 09/19/2026 | 619 | 09/24/2026 | 10/01/2026 |
| 09/20/2026 | 10/03/2026 | 620 | 10/08/2026 | **10/16/2026 |
| 10/04/2026 | 10/17/2026 | 621 | 10/22/2026 | 10/29/2026 |
| 10/18/2026 | 10/31/2026 | 622 | 11/05/2026 | **11/13/2026 |
| 11/01/2026 | 11/14/2026 | 623 | 11/19/2026 | **12/01/2026 |
| 11/15/2026 | 11/28/2026 | 624 | 12/03/2026 | 12/10/2026 |
| 11/29/2026 | 12/12/2026 | 625 | 12/17/2026 | **12/28/2026 |
| 12/13/2026 | 12/26/2026 | 626 | 12/29/2026 | 01/07/2027 |

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 holidays when State offices and post offices are closed.

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.michigan.gov/ADA for a list of state ADA Coordinators.

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