

## CHILD CARE TIME AND ATTENDANCE RECORD

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
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
Absent?	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>				
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	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
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
Absent?	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>				
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	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
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
Absent?	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>	Mark if Absent <input type="checkbox"/>				
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	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: \_\_\_\_\_

**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)      Child Care Licensing Bureau (CCLB)

**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](http://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.**

## CDC 2025 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
12/29/2024	01/11/2025	501	01/16/2025	**01/24/2025
01/12/2025	01/25/2025	502	01/30/2025	02/06/2025
01/26/2025	02/08/2025	503	02/13/2025	**02/21/2025
02/09/2025	02/22/2025	504	02/27/2025	03/06/2025
02/23/2025	03/08/2025	505	03/13/2025	03/20/2025
03/09/2025	03/22/2025	506	03/27/2025	04/03/2025
03/23/2025	04/05/2025	507	04/10/2025	04/17/2025
04/06/2025	04/19/2025	508	04/24/2025	05/01/2025
04/20/2025	05/03/2025	509	05/08/2025	05/15/2025
05/04/2025	05/17/2025	510	05/22/2025	**05/30/2025
05/18/2025	05/31/2025	511	06/05/2025	06/12/2025
06/01/2025	06/14/2025	512	06/19/2025	06/26/2025
06/15/2025	06/28/2025	513	*07/02/2025	07/10/2025
06/29/2025	07/12/2025	514	07/17/2025	07/24/2025
07/13/2025	07/26/2025	515	07/31/2025	08/07/2025
07/27/2025	08/09/2025	516	08/14/2025	08/21/2025
08/10/2025	08/23/2025	517	08/28/2025	**09/05/2025
08/24/2025	09/06/2025	518	09/11/2025	09/18/2025
09/07/2025	09/20/2025	519	09/25/2025	10/02/2025
09/21/2025	10/04/2025	520	10/09/2025	10/16/2025
10/05/2025	10/18/2025	521	10/23/2025	10/30/2025
10/19/2025	11/01/2025	522	11/06/2025	**11/14/2025
11/02/2025	11/15/2025	523	*11/19/2025	11/26/2025
11/16/2025	11/29/2025	524	12/04/2025	12/11/2025
11/30/2025	12/13/2025	525	*12/17/2025	**12/26/2025
12/14/2025	12/27/2025	526	01/01/2026	01/08/2026

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.