

An example of how to complete this form is shown below.

## CDC DAILY TIME AND ATTENDANCE RECORD

Michigan Department of Human Services

### Required for Unlicensed Providers

**Billing website:** [www.michigan.gov/childcare](http://www.michigan.gov/childcare)

INSTRUCTIONS: Record the daily care begin time, the daily care end time, the child care hours, and the ill/holiday hours for each child in your care. Any changes must be initiated by the person making the change. See additional instructions on the back.

**Keep this form for your records.** A daily attendance record must be retained for **four years** for auditing purposes.

**Round each care begin time and care end time to the nearest half hour to get the total daily child care hours.**

Provider ID Number:

0123456

Provider Name:

Laura Lansing

Pay Period Number:

903

Confirmation Number

Page Number:

1

		Child's Name <b>Tommy Towers</b>					Age <b>9</b>					Child's Name <b>Tara Towers</b>					Age <b>5</b>					Child's Name <b>Tina Towers</b>					Age <b>10 mos</b>				
Day	Date	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial
Sun	1/18																														
Mon	1/19	3:30 pm	5:30 pm	2		PT	7:30 am	11:30 am	6		PT	7:30 am	5:30 pm	10		PT															
							3:30 pm	5:30 pm																							
Tues	1/20	3:00 pm	5:30 pm	1.5		PT	7:30 am	11:30 am	6.5		PT	7:30 am	5:30 pm	10		PT															
							3:00 pm	5:30 pm																							
Wed	1/21	4:00 pm	6:00 pm	2		PT	7:00 am	11:30 am	6.5		PT	7:30 am	6:00 pm	10.5		PT															
							4:00 pm	6:00 pm																							
Thur	1/22				2	PT				6	PT				10	PT															
Fri	1/23				2	PT				6	PT				10	PT															
Sat	1/24																														
Sun	1/25																														
Mon	1/26	3:30 pm	5:30 pm	2		PT	7:30 am	11:30 am	6		PT	7:30 am	5:30 pm	10		PT															
							3:30 pm	5:30 pm																							
Tues	1/27	3:30 pm	6:00 pm	2.5		PT	7:30 am	11:30 am	6.5		PT	7:30 am	6:00 pm	10.5		PT															
							3:30 pm	6:00 pm																							
Wed	1/28	3:30 pm	5:30 pm	2		PT	7:00 am	11:30 am	6.5		PT	8:00 am	5:30 pm	9.5		PT															
							3:30 pm	5:30 pm																							
Thur	1/29	3:00 pm	5:30 pm	2.5		PT	8:00 am	12:00 pm	6.5		PT	7:30 am	5:00 pm	9.5		PT															
							3:00 pm	5:30 pm																							
Fri	1/30	3:30 pm	5:00 pm	1.5		PT	7:30 am	11:30 am	5.5		PT	7:30 am	5:00 pm	9.5		PT															
							3:30 pm	5:00 pm																							
Sat	1/31																														

I certify that:

- The above billing information is true and accurate to the best of my knowledge based on available information.
- I keep permanent and accurate records 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 prosecuted for fraud.

Child Care Provider's Signature

Phone Number

Date

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Provider ID Number:

Provider Name:

Pay Period Number:

Confirmation Number

Page Number:

		Child's Name					Child's Name					Child's Name				
		Age					Age					Age				
Day	Date	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial
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Child Care Provider's Signature

Phone Number

Date

## INSTRUCTIONS:

At the end of each pay period, providers must bill for child care hours by using Internet billing at: [www.michigan.gov/childcare](http://www.michigan.gov/childcare). You will need to know the pay period number, your provider I.D. number, and PIN.

For questions about billing, refer to the Child Development and Care Handbook, DHS Pub. 230. If you still need help call the Central Reconciliation Unit at 1-866-990-3227.

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

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

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

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

\* Billing deadlines on days before holidays are at 5:00 PM on the indicated date. Otherwise, they are at the end of the day (midnight). Delays in payments should be expected during holiday periods when state offices and post offices are closed.

**Confirmation Number:** Enter the confirmation number you get at the end of your Internet billing.

**Page Number:** Enter the page number.

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

**Care Begin and End Times:** Enter the times in hours and minutes, indicating if it is AM or PM.

**Child Care Hours:** Enter the number of hours of care that were actually provided, rounded to the nearest half hour. Enter half hours as .5. **This may be more or less than the number of hours authorized on the DHS-198. Leave blank any days the child did not attend.**

**Child Ill/Holiday Hours** Absences due to holidays or the child's illness (not to exceed 208 hours per fiscal year) can be billed if you charge the general public (all families) for the holiday or absences due to illness AND if the child would have normally been in care that day. If you do bill child ill/holiday 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 holiday or the absence occurred, enter the number of hours being billed, rounded to the nearest half hour. Enter a half hour as .5. See the Child Development and Care Handbook, DHS Pub 230.

**Parent or Authorized Representative Initial:** The parent or authorized representative must initial daily for each child, for those days they were in care, to indicate that the entries are correct.

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

### HOW TO ROUND TO THE NEAREST HALF HOUR:

**Round each care begin time and care end time to the nearest half hour to get the total daily child care hours.**

If the minutes in the care begin/end time are between 1-15, drop them. For example, for a care begin time of 8:15 a.m., enter 8:00 a.m.

If the minutes in the care begin/end time are between 16-45, round to X:30. For example, for a care end time of 4:45 p.m., enter 4:30 p.m.

If the minutes in the care begin/end time are between 45-59, round to the next full hour. For example, for a care begin time of 7:52 a.m., enter 8:00 a.m.

**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.**

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.