

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, born
the ____ day of _____, 20____ do hereby consent to any medical care and
the administration of anesthesia determined by a physician to be necessary for the welfare of
my child while said child is under the care of _____ of

_____, City of _____ State of _____ and I am not
reasonably available by telephone to give consent.

This authorization is effective from the ____ day of _____, 20____ to
____ day of _____, 20____

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the
child is taken for treatment. This additional information will assist in treatment if it can be
furnished with the consent but is not required.

Family Address _____

Father's Telephone: _____ Mother's Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____

License Exempt Provider Serious Injury Report

Child Development and Care (CDC)



Instructions: Complete this form for all serious injuries or deaths which occurred in a license exempt child care setting for those receiving child care subsidy. Complete one form for each incident. Providers are also required to notify parents of any incidents.

***Serious Injury** means any physical harm to a child that requires emergency safety intervention. This includes, but is not limited to, burns, lacerations, bone fractures, significant blood loss, and injuries to internal organs, whether self-inflicted or by someone else.

Report Date

Injury Date

Injury Location (address and city)

Child(ren) involved in the incident (first and last name)

Child Care Provider Name

Provider ID#

Provider Phone Number

Parent/Guardian Name

Parent Case #

Parent Phone Number

Describe the incident. Be specific.

Did the incident cause:

The death of a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A child's broken bone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A child needing stitches?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A child being burned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other serious injury? (If yes, please explain)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Were the police involved?

Yes ☐ No ☐

Did the incident require a hospital visit?

Yes ☐ No ☐

Person reporting this incident

I am the

(parent, caregiver, etc.)

Submit this form to the CDC office by:

Fax:

517-284-7529

or

Mail:

Child Development and Care
P.O. Box 30267
Lansing, MI 48909

*Please Note: This form is not for reporting abuse or neglect. To report suspected abuse or neglect, please call 855-444-3911 or use the online reporting system at www.michigan.gov/mandatedreporter.

MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)

_____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.

TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

[illegible]

Name: _____ D.O.B.: _____

Allergy to: _____

 Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

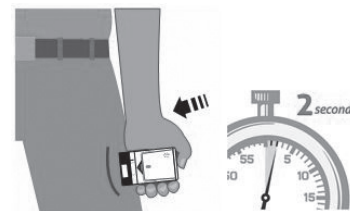
Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3



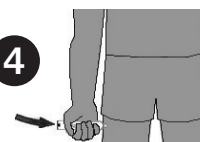
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



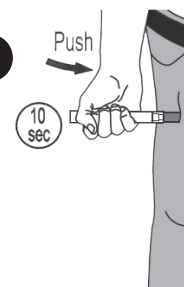
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HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENAClick®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

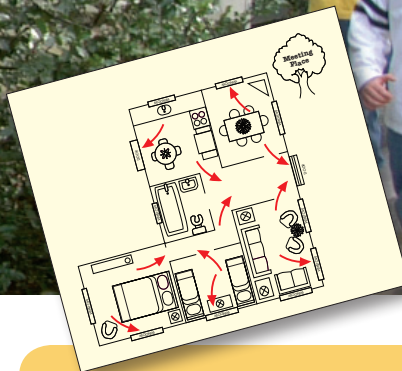
NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Escape Planning

Plan Ahead! If a fire breaks out in your home, you may have only a few minutes to get out safely once the smoke alarm sounds. Everyone needs to know what to do and where to go if there is a fire.



SAFETY TIPS

- » **MAKE** a home escape plan. Draw a map of your home showing all doors and windows. Discuss the plan with everyone in your home.
- » **KNOW** at least two ways out of every room, if possible. Make sure all doors and windows leading outside open easily.
- » **HAVE** an outside meeting place (like a tree, light pole or mailbox) a safe distance from the home where everyone should meet.
- » **PRACTICE** your home fire drill at night and during the day with everyone in your home, twice a year.
- » **PRACTICE** using different ways out.
- » **TEACH** children how to escape on their own in case you can't help them.
- » **CLOSE** doors behind you as you leave.

IF THE ALARM SOUNDS...

- » If the smoke alarm sounds, **GET OUT AND STAY OUT**. Never go back inside for people or pets.
- » If you have to escape through smoke, **GET LOW AND GO** under the smoke to your way out.
- » **CALL** the fire department from outside your home.

FACTS

- ! A closed door may slow the spread of smoke, heat, and fire. Install smoke alarms inside every sleeping room and outside each separate sleeping area. Install alarms on every level of the home. Smoke alarms should be interconnected. When one smoke alarm sounds, they all sound.
- ! According to an NFPA survey, only **one of every three** American households have actually developed and practiced a home fire escape plan.
- ! While **71%** of Americans have an escape plan in case of a fire, only **47%** of those have practiced it.
- ! **One-third** of American households who made an estimate thought they would have at least 6 minutes before a fire in their home would become life-threatening. The time available is often less. And only **8%** said their first thought on hearing a smoke alarm would be to get out!



Your Source for SAFETY Information

NFPA Public Education Division • 1 Batterymarch Park, Quincy, MA 02169

Home Fire Escape Plan



American Red Cross

Use the graph to draw your home's floor plan, and plot your home fire escape routes.

Tips for creating and practicing your escape plan:

- Everyone in your household should know *two* ways to escape from each room in your home.
- Decide where to meet once you get outside.
- If a fire starts, you may have just **two minutes** to get to safety. So time your fire drills and find out: what's your escape time?

- Smoke is dangerous. Practice low crawling.
- Teach household members what to do if their clothes catch fire: stop, drop and roll.



If a fire starts in your home, get out to safety, then dial 911.

Or call your fire department's emergency phone number:

My address is:

Heating Safety

There is something about the winter months and curling up with a good book by the fireplace. But did you know that heating equipment is one of the leading causes of home fire deaths? With a few simple safety tips and precautions you can prevent most heating fires from happening.

BE WARM AND SAFE THIS WINTER!

- Keep anything that can burn at least three-feet (one metre) away from heating equipment, like the furnace, fireplace, wood stove, or portable space heater.
- Have a three-foot (one metre) “kid-free zone” around open fires and space heaters.
- Never use your oven to heat your home.
- Have a qualified professional install stationary space heating equipment, water heaters or central heating equipment according to the local codes and manufacturer’s instructions.
- Have heating equipment and chimneys cleaned and inspected every year by a qualified professional.
- Remember to turn portable heaters off when leaving the room or going to bed.
- Always use the right kind of fuel, specified by the manufacturer, for fuel burning space heaters.
- Make sure the fireplace has a sturdy screen to stop sparks from flying into the room. Ashes should be cool before putting them in a metal container. Keep the container a safe distance away from your home.
- Test smoke alarms at least once a month.



Heating Equipment Smarts

Install wood burning stoves following manufacturer’s instructions or have a professional do the installation. All fuel-burning equipment should be vented to the outside to avoid carbon monoxide (CO) poisoning.

Install and maintain CO alarms to avoid the risk of CO poisoning. If you **smell** gas in your gas heater, do not light the appliance. Leave the home immediately and call your local fire department or gas company.



FACT

Half of home heating fires are reported during the months of **December, January, and February.**



**NATIONAL FIRE
PROTECTION ASSOCIATION**

The leading information and knowledge resource
on fire, electrical and related hazards

Car Seat Basics

Motor vehicle crashes are the leading cause of death for young children, and properly restrained children have a more than 50 percent greater chance of surviving a crash. When driving with children, always use the appropriate car seat or seat belt.

The 4 Steps for Keeping a Child Riding Safely

STEP 1 REAR- FACING



All babies and toddlers should ride in rear-facing car seats until they are 2 years old or until they reach the highest weight or height limit allowed by the car seat.

STEP 2 FORWARD- FACING



All children 2 years or older, or those who have outgrown the weight or height limit of their rear-facing seat, should ride in a forward-facing car seat with a harness for as long as possible up to the highest weight or height allowed by the car seat.

STEP 3 BOOSTER SEATS



All children whose weight or height is above the forward-facing limit for their seat should use a belt-positioning booster seat until the vehicle lap/shoulder belt fits properly, typically when the child reaches 4'9" tall at 8–12 years old.

STEP 4 SEAT BELTS



When children are old enough and large enough to use the vehicle seat belt alone, always use lap and shoulder belts for optimal protection.

ALL CHILDREN YOUNGER THAN 13 YEARS OLD SHOULD BE RESTRAINED IN THE REAR SEAT OF VEHICLES.

Source: American Academy of Pediatrics, Policy Statement, April 2011

To learn more or locate a certified child safety technician, visit NHTSA.gov.

Common car seat mistakes and how to avoid them

**More than 70 percent of car seats are not installed properly.
Most common errors are easy to fix with just a few adjustments.**

THE HARNESS STRAPS ARE NOT TIGHT ENOUGH.

- Harness straps should fit snug to the child's body and should pass the "pinch test," meaning you should not be able to pinch any excess strap material.

THE CAR SEAT ISN'T INSTALLED TIGHT ENOUGH.

- Car seats, whether installed with the seat belt or LATCH system, should not move more than one inch from side to side when tested at the point where the car seat attaches to the vehicle.

MOVING CHILDREN TO THE NEXT STEP TOO SOON.

- Children should stay in their car seats until they outgrow the height or weight limit of the seat before moving to the next step, such as rear-facing to forward-facing.

THE CHEST CLIP IS TOO LOW.

- The chest clip should be secured at the child's armpits to ensure straps remain in the correct position.

PUTTING KIDS IN THE FRONT SEAT TOO EARLY.

- Children should ride in the back seat of the vehicle until they reach 13 years old. The force of an air bag may be too intense for children under the age of 13.

TIPS FOR BUYING CAR SEATS

You should never purchase or borrow a used car seat that:

- Has been involved in a crash
- Has been recalled
- Has no date of manufacture and/or model number
- Has expired (typically after six years)
- Is damaged or missing parts

Car seats should not be purchased at garage sales or second-hand stores since the history of the seat is unknown.

MICHIGAN CHILD PASSENGER SAFETY LAWS

Michigan law requires all children younger than age 4 to ride in a car seat in the rear seat if the vehicle has a rear seat. In addition:

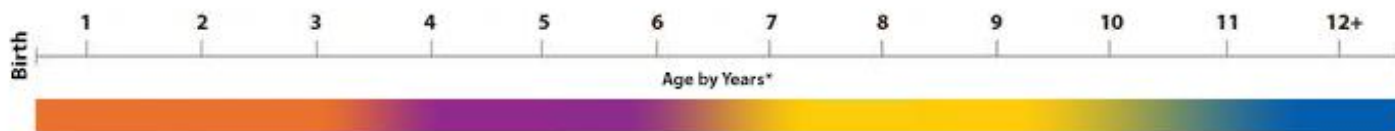
- If all back seats are occupied by children under 4, then a child under 4 may ride in a car seat in the front seat.
- A child in a rear-facing car seat may only ride in the front seat if the air bag is turned off.
- Children must be properly buckled in a car seat or booster seat until they are 8 years old or 4'9" tall.
- All passengers under 16 years old must use a seat belt in any seating position. All front seat occupants must use a seat belt regardless of age.

Children should never ride on a lap, in a portable crib, or in any other device not approved for use in the vehicle.



P.O. Box 30634 • Lansing, MI 48909
(517) 241-2500
Michigan.gov/ohsp

Using the correct car seat or booster seat can be a lifesaver: make sure your child is always buckled in an age- and size-appropriate car seat or booster seat.



REAR-FACING CAR SEAT

Birth until age 2-4

Buckle children in a rear-facing car seat until they reach the maximum weight or height limit of their car seat. Keep children rear-facing as long as possible.



FORWARD-FACING CAR SEAT

After outgrowing rear-facing seat until at least age 5

When children outgrow their rear-facing car seat, they should be buckled in a forward-facing car seat until they reach the maximum weight or height limit of their car seat.



BOOSTER SEAT

After outgrowing forward-facing seat and until seat belts fit properly

Once children outgrow their forward-facing seat, they should be buckled in a booster seat until seat belts fit properly. Proper seat belt fit usually occurs when children are 4 feet 9 inches tall and age 9-12.



SEAT BELT

Once seat belts fit properly without a booster seat

Children no longer need to use a booster seat once seat belts fit them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck).

Keep children ages 12 and under properly buckled in the back seat. Never place a rear-facing car seat in front of an active air bag.

**Recommended age ranges for each seat type vary to account for differences in child growth and height/weight limits of car seats and booster seats. Use the car seat or booster seat owner's manual to check installation and the seat height and weight limits, and proper seat use.*

Child safety seat recommendations: American Academy of Pediatrics.
Graphic design: adapted from National Highway Traffic Safety Administration.

www.cdc.gov/motorvehiclesafety/cps



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	: 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 <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
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 <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
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 <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
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 <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
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) 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 CDC 2021 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
12/20/2020	1/2/2021	101	01/07/2021	01/14/2021
1/3/2021	1/16/2021	102	01/21/2021	01/28/2021
1/17/2021	1/30/2021	103	02/04/2021	02/11/2021
1/31/2021	2/13/2021	104	02/18/2021	02/25/2021
2/14/2021	2/27/2021	105	03/04/2021	03/11/2021
2/28/2021	3/13/2021	106	03/18/2021	03/25/2021
3/14/2021	3/27/2021	107	04/01/2021	04/08/2021
3/28/2021	4/10/2021	108	04/15/2021	04/22/2021
4/11/2021	4/24/2021	109	04/29/2021	05/06/2021
4/25/2021	5/8/2021	110	05/13/2021	05/20/2021
5/9/2021	5/22/2021	111	05/27/2021	**06/04/2021
5/23/2021	6/5/2021	112	06/10/2021	06/17/2021
6/6/2021	6/19/2021	113	06/24/2021	07/01/2021
6/20/2021	7/3/2021	114	07/08/2021	07/15/2021
7/4/2021	7/17/2021	115	07/22/2021	07/29/2021
7/18/2021	7/31/2021	116	08/05/2021	08/12/2021
8/1/2021	8/14/2021	117	08/19/2021	08/26/2021
8/15/2021	8/28/2021	118	09/02/2021	**09/10/2021
8/29/2021	9/11/2021	119	09/16/2021	09/23/2021
9/12/2021	9/25/2021	120	09/30/2021	10/07/2021
9/26/2021	10/9/2021	121	10/14/2021	10/21/2021
10/10/2021	10/23/2021	122	10/28/2021	11/04/2021
10/24/2021	11/6/2021	123	11/11/2021	11/18/2021
11/7/2021	11/20/2021	124	*11/23/2021	12/02/2021
11/21/2021	12/4/2021	125	12/09/2021	12/16/2021
12/5/2021	12/18/2021	126	*12/21/2021	**12/29/2021

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.

CDC 2021 PAYMENT SCHEDULE

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

Pay Period Dates	Pay Period Number	Reporting Deadline	Check/EFT Date
12/20/2020 – 01/02/2021	101	01/07/2021	01/14/2021
01/03/2021 – 01/16/2021	102	01/21/2021	01/28/2021
01/17/2021 – 01/30/2021	103	02/04/2021	02/11/2021
01/31/2021 – 02/13/2021	104	02/18/2021	02/25/2021
02/14/2021 – 02/27/2021	105	03/04/2021	03/11/2021
02/28/2021 – 03/13/2021	106	03/18/2021	03/25/2021
03/14/2021 – 03/27/2021	107	04/01/2021	04/08/2021
03/28/2021 – 04/10/2021	108	04/15/2021	04/22/2021
04/11/2021 – 04/24/2021	109	04/29/2021	05/06/2021
04/25/2021 – 05/08/2021	110	05/13/2021	05/20/2021
05/09/2021 – 05/22/2021	111	05/27/2021	**06/04/2021
05/23/2021 – 06/05/2021	112	06/10/2021	06/17/2021
06/06/2021 – 06/19/2021	113	06/24/2021	07/01/2021
06/20/2021 – 07/03/2021	114	07/08/2021	07/15/2021
07/04/2021 – 07/17/2021	115	07/22/2021	07/29/2021
07/18/2021 – 07/31/2021	116	08/05/2021	08/12/2021
08/01/2021 – 08/14/2021	117	08/19/2021	08/26/2021
08/15/2021 – 08/28/2021	118	09/02/2021	**09/10/2021
08/29/2021 – 09/11/2021	119	09/16/2021	09/23/2021
09/12/2021 – 09/25/2021	120	09/30/2021	10/07/2021
09/26/2021 – 10/09/2021	121	10/14/2021	10/21/2021
10/10/2021 – 10/23/2021	122	10/28/2021	11/04/2021
10/24/2021 – 11/06/2021	123	11/11/2021	11/18/2021
11/07/2021 – 11/20/2021	124	*11/23/2021	12/02/2021
11/21/2021 – 12/04/2021	125	12/09/2021	12/16/2021
12/05/2021 – 12/18/2021	126	*12/21/2021	**12/29/2021

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