

# 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](http://www.michigan.gov/mandatedreporter).



# HOME FIRE SAFETY CHECKLIST

## *For Residents/Citizens*

### SMOKE ALARMS

- ☐ **Have Smoke Alarms** — Install one in every bedroom or sleeping area and one on every level of your home.
- ☐ **Have the Correct Smoke Alarms**
  - **Standard** — Photoelectric/or Ionization smoke alarms.
  - **Bed Shakers** — For hearing impaired, deaf, elderly.
  - **Strobe Lights** — For hearing impaired, deaf, elderly that plugs directly into the wall. Industrial strobe.
  - **Nest** — Smoke/CO combo that alerts your phone when it goes off.
- ☐ **Test Your Alarms** — Press the smoke alarm test button once a month to assure your alarms work.
- ☐ **Change Batteries** — For 9-volt battery smoke alarms, change batteries once a year or when alarm chirps.

### CARBON MONOXIDE ALARMS (CO)

- ☐ **Have CO Alarms** — Install a working CO alarm on every level of your home.
- ☐ **Best Placement** — CO alarms are best near kitchens, garages, utility rooms, appliances.
- ☐ **Change CO Alarms** — Install new CO alarms every 6 to 8 years.

#### *Safety Tip*

If you are having any symptoms like:

- Headache
- Dizziness
- Weakness
- Upset stomach
- Vomiting
- Chest pain
- Confusion



Please call your local fire department to come evaluate your home CO level.

### DID YOU KNOW?

Most fire deaths happen overnight and a closed bedroom door can slow the spread of flames, reduce smoke inhalation that could save your life.



### FIRE ESCAPE PLAN

- ❑ **Plan Your Escape** — Have a plan designed around your abilities.

#### Things to Consider

- Can you get out on your own without equipment or assistance?
  - If you need equipment, be sure it is accessible at all times.
  - If you need someone to assist you, answer the who, what, when, where and how.
  - Make sure your equipment fits through all exits.
  - Use a bedroom on ground floor close to an exit if possible.
  - Install exit ramps or widen door to make escape easier.
- ❑ **Know Two Ways Out** — Include family, neighbors, friends or a building manager in practicing your escape plan.
  - ❑ **Windows and Doors** — Practice opening locked windows and doors.
  - ❑ **Service Animals** — Be sure to include any service animals in your plan.
  - ❑ **Need Extra Help?** — Call your local fire departments non-emergency number if you need help with your escape planning.

### PREPARE A GO BAG

In a fire you have very little time to escape. Be prepared by having essential items in a bag that you or first responders can easily grab.

- Seven (7) day supply of necessary medications.
- Emergency contact information.
- Contact information for equipment replacements.
- Necessary medical supplies/refills.

### CALLING 911

When contacting 911 be sure to tell dispatcher:

- Full name.
- Nature of disability.
- Your exact location within home.
- Any necessary/life-saving equipment needed (i.e. wheelchairs, medication, oxygen).



**Smart911™**

Plan ahead for an emergency by giving 911 the information they need to help you fast.

Sign up at [smart911.com](https://bit.ly/MIPreventionFireSafety).

*\*may not be available in your area*

### DID YOU KNOW?

Careless smoking is the leading cause of fire fatalities. For your safety:

- Never smoke in bed.
- Never smoke when tired.
- Never smoke when under the influence of drugs or alcohol.
- Never smoke while on medical oxygen.

### FIRE SAFETY INFORMATION!

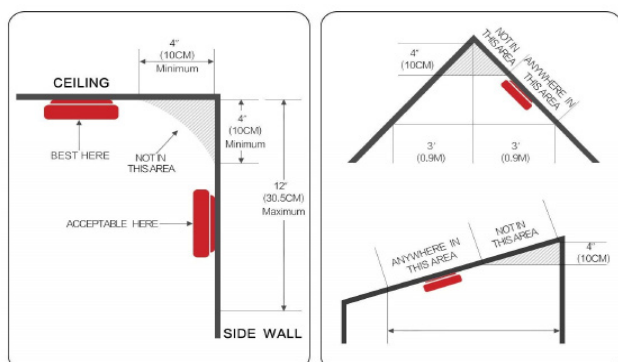
Check out the MI Prevention fire safety information for more tips and videos on fire safety!



<https://bit.ly/MIPreventionFireSafety>

# SMOKE ALARMS

## TYPES OF ALARMS AND WHERE TO INSTALL



Having the right alarm with correct placement is important for early notification of a fire.



### STANDARD ALARM

An ionization smoke alarm is generally more responsive to flaming fires, and a photoelectric smoke alarm is generally more responsive to smoldering fires. Both types of alarms and combination ionization-photoelectric alarms are recommended. Recommend 10-year lithium battery.

**Install:** One in each bedroom, one on each level of your home, and outside sleeping area's.

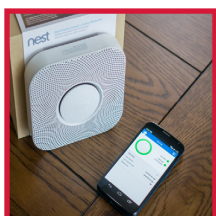


### STROBE/PHOTOELECTRIC ALARM

For hearing impaired, deaf, elderly they plug directly into the wall and have an industrial strobe.

**Install:** One in each bedroom and one on every level of home.

**NOTE:** MUST have **STANDARD** alarms throughout house if you only have **ONE** Strobe. **IF** you only have one—best location would be outside sleeping area or in bedroom.



### NEST ALARM

Smoke/CO combo that alerts your phone and voice activates, with warning and emergency tones to each alarm and room in the house. We suggest those that are technically savvy will like these. Multiple NEST can interconnect.

**Install:** One in each bedroom, one on each level of your home, and outside sleeping area's.

**NOTE:** MUST have **STANDARD** alarms throughout house if you only have **ONE** alarm. **IF** you only have one the best location would be outside sleeping area or in bedroom.



### BED SHAKERS/VIBE

For visually impaired, hearing impaired, deaf, blind, and elderly. Bed shaker interconnects with smoke alarms, vibe, doorbell, and other disability accessible devices. Vibe is an accessory pager that works with a bed shaker for the impaired and blind.

**Install:** Bed shaker is placed in your bedroom, next to your bed.

**NOTE:** MUST have **STANDARD** or other disability smoke alarms throughout house and Wi-Fi connected to bed shaker.



# Safe and Healthy Diapering to reduce the spread of germs

Keep a hand on the child for safety at all times!



## 1. PREPARE

- Cover the diaper changing surface with disposable liner.
- If you will use diaper cream, dispense it onto a tissue now.
- Bring your supplies (e.g., clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area.

## 2. CLEAN CHILD

- Place the child on diapering surface and unfasten diaper.
- Clean the child's diaper area with disposable wipes. Always wipe front to back!
- Keep soiled diaper/clothing away from any surfaces that cannot be easily cleaned. Securely bag soiled clothing.

## 3. REMOVE TRASH

- Place used wipes in the soiled diaper.
- Discard the soiled diaper and wipes in the trash can.
- Remove and discard gloves, if used.

## 4. REPLACE DIAPER

- Slide a fresh diaper under the child.
- Apply diaper cream, if needed, with a tissue or a freshly gloved finger.
- Fasten the diaper and dress the child.

## 5. WASH CHILD'S HANDS

- Use soap and water to wash the child's hands thoroughly.
- Return the child to a supervised area.

## 6. CLEAN UP

- Remove liner from the changing surface and discard in the trash can.
- Wipe up any visible soil with damp paper towels or a baby wipe.
- Wet the **entire surface** with disinfectant; make sure you read and follow the directions on the disinfecting spray, fluid or wipe. Choose disinfectant appropriate for the surface material.

## 7. WASH YOUR HANDS

- Wash your hands thoroughly with soap and water.

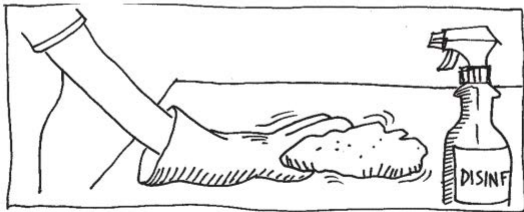
## Handout #5.5

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### Cleaning up Body Fluid Spills

**Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine and vomit should be cleaned up immediately.**

- Wear gloves unless the fluid can be easily contained by the material (e.g., paper tissue or cloth) being used to clean it up. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled.
- Discard fluid-contaminated material in a plastic bag that has been securely sealed.
- Mops used to clean up body fluids should be:
  - (1) cleaned
  - (2) rinsed with a disinfecting solution
  - (3) wrung as dry as possible
  - (4) hung to dry completely
- Be sure to wash your hands after cleaning up any spill even if you wore gloves.





## Indicators of Child Abuse/Neglect

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact MDHHS for consultation. Below are some common physical and behavioral warning signs associated with various forms of child abuse and neglect. **Note that the physical and behavioral indicators below, are not the only indicators of child abuse and neglect and, if present, do not necessarily mean a child is being abused and neglected.**

Category	Physical Indicators	Behavioral Indicators
Physical Abuse	<ul style="list-style-type: none"> <li>• Bruises more numerous than expected from explanation of incident.</li> <li>• Unexplained bruises, welts or loop marks in various stages of healing.</li> <li>• Adult/human bite marks.</li> <li>• Bald spots or missing clumps of hair.</li> <li>• Unexplained fractures, skin lacerations, punctures, or abrasions.</li> <li>• Swollen lips and/or chipped teeth.</li> <li>• Linear/parallel marks on cheeks and/or temple area.</li> <li>• Crescent-shaped bruising caused by pinching.</li> <li>• Puncture wounds that resemble distinctive objects.</li> <li>• Bruising behind the ears.</li> </ul>	<ul style="list-style-type: none"> <li>• Self-destructive/self-mutilation.</li> <li>• Withdrawn and/or aggressive-behavior extremes.</li> <li>• Uncomfortable/skittish with physical contact.</li> <li>• Repeatedly arrives at school late.</li> <li>• Expresses fear of being at home.</li> <li>• Chronic runaway (adolescents).</li> <li>• Complains of soreness or moves uncomfortably.</li> <li>• Wears clothing inappropriate to weather to cover body.</li> <li>• Lacks impulse control (e.g., inappropriate outbursts).</li> <li>• Is frequently absent from school</li> <li>• Abuses animals or pets</li> </ul>
Physical Neglect	<ul style="list-style-type: none"> <li>• Distended stomach, emaciated.</li> <li>• Unattended medical needs.</li> <li>• Lack of supervision.</li> <li>• Consistent signs of hunger, inappropriate dress, poor hygiene.</li> <li>• Sudden or unexplained weight change.</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly displays fatigue or listlessness; falls asleep in class.</li> <li>• Steals, hoards or begs for food.</li> <li>• Reports that no caretaker is at home.</li> <li>• Is frequently absent from school</li> <li>• Abuses animals or pets</li> </ul>
Sexual Abuse	<ul style="list-style-type: none"> <li>• Pain or itching in genital area.</li> <li>• Bruises or bleeding in genital area.</li> <li>• Frequent urinary or yeast infections.</li> <li>• Sudden or unexplained weight change.</li> <li>• Becomes pregnant or contracts a venereal disease, particularly if the child is under the age of 14.</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal, chronic depression.</li> <li>• Sexual behaviors or references that are unusual for the child's age.</li> <li>• Seductive or promiscuous behavior.</li> <li>• Poor self-esteem, self-devaluation, lack of confidence.</li> <li>• Suicide attempts.</li> <li>• Habit disorders (sucking, rocking).</li> <li>• Experiences a sudden change in appetite.</li> <li>• Runs away.</li> <li>• Attaches very quickly to strangers or new adults in their environment.</li> </ul>



## Indicators of Child Abuse/Neglect (continued)

Category	Physical Indicators	Behavioral Indicators
Medical Neglect	<ul style="list-style-type: none"> <li>• Developmental delays.</li> <li>• Failure to Thrive.</li> <li>• Untreated serious physical injury.</li> </ul>	<ul style="list-style-type: none"> <li>• Social withdrawal or a loss of interest or enthusiasm in daily activities.</li> <li>• Somatic complaints.</li> <li>• Frequent absence from school.</li> <li>• Frequently missed medical appointments.</li> </ul>
Maltreatment	<ul style="list-style-type: none"> <li>• Habit disorders (sucking, biting, rocking, etc.).</li> <li>• Conduct disorders (antisocial, destructive, etc.).</li> <li>• Neurotic traits (sleep disorders, speech disorders, inhibition of play).</li> <li>• Has scars or marks from self-harm.</li> <li>• Shows extreme behaviors (overly compliant or demanding, extreme passivity and/or aggression).</li> <li>• Is delayed in physical and emotional development.</li> <li>• Reports lack of attachment to the parent.</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior extremes such as compliant/passive or aggressive/demanding.</li> <li>• Overly adaptive behavior such as inappropriately adult or infant.</li> <li>• Developmental delays (Physical, mental, and emotional).</li> <li>• Depression and or/suicide attempts.</li> <li>• Over sensitive to light, noise.</li> <li>• Has attempted suicide.</li> <li>• Acts inappropriately as an adult by parenting other children.</li> <li>• Acts inappropriately infantile by frequently rocking or head banging.</li> </ul>
Human Trafficking	<ul style="list-style-type: none"> <li>• Minors have contracted sexually transmitted diseases.</li> <li>• Minors have symptoms of post-traumatic stress including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper vigilance, or apathy.</li> <li>• Avoids eye contact.</li> <li>• Lacks health care.</li> <li>• Appears malnourished and/or always hungry.</li> <li>• Shows signs of physical and/or sexual abuse, physical restraint, confinement or torture.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor may not identify themselves as a victim.</li> <li>• Victims and perpetrators are often skilled at concealing their situations.</li> <li>• Minors live with other unrelated youth and with unrelated adults.</li> <li>• Minors have significant and unexplained gaps in school attendance.</li> <li>• Minors are not in control of their own identification documents.</li> <li>• Minors do not live with their parent(s) or know the whereabouts of their parent(s).</li> </ul>

# 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
Time Out	: 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
Time Out	: 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
Time Out	: 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
Time Out	: 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:	Page Number: _____
Provider Signature:	Date:	Confirmation 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](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.**



## 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	<b>**06/04/2021</b>
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	<b>**09/10/2021</b>
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	<b>**12/29/2021</b>

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	<b>**06/04/2021</b>
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	<b>**09/10/2021</b>
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	<b>**12/29/2021</b>

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