

Attendance Record Payment Schedule & Guidelines-2026

Below is a chart of the new due dates for the first and second payment cycle for our attendance records. Please note, monthly attendance records will be accepted as stated below, **if the date falls on a weekend or holiday the attendance records MUST be in our office the business day prior.** The second payment cycle will be processed for attendance records received between the **8th through the 24th** following the service month. Reimbursements will be issued on the 15th for our first payment cycle and between the 27th to 29th of the month for our second payment cycle, **if the reimbursement date falls on a weekend/holiday reimbursements will be issued the next business day.**

Attendance Records received from the 1st to 7th of the month

Service Month	Attendance Due	Direct Deposit Check Mailed/Pick-up
January 2026	February 6, 2026	February 13, 2026
February 2026	March 6, 2026	March 16, 2026
March 2026	April 7, 2026	April 15, 2026
April 2026	May 7, 2026	May 15, 2026
May 2026	June 7, 2026	June 15 2026
June 2026	July 7, 2026	July 15, 2026
July 2026	August 7, 2026	August 14, 2026
August 2026	September 7, 2026	September 14, 2026
September 2026	October 7, 2026	October 15, 2026
October 2026	November 6, 2026	November 16, 2026
November 2026	December 7, 2026	December 15, 2026
December 2026	January 7, 2027	January 15, 2027

Attendance records received between the 8th to 24th of the month

Service Month	Reimbursement Issued
January 2026	February 27, 2026
February 2026	March 27, 2026
March 2026	April 28, 2026
April 2026	May 28, 2026
May 2026	June 29, 2026
June 2026	July 28, 2026
July 2026	August 28, 2025
August 2026	September 28, 2026
September 2026	October 28, 2026
October 2026	November 27, 2026
November 2026	December 28, 2026
December 2026	January 28, 2027

Program Payment & Attendance Guidelines-2026

- ❖ Only original attendance records will be accepted- no copies, faxes or emailed.
- ❖ Have attendance records in an accessible location for parents to sign in **DAILY with exact in/out times-(i.e., 8:13am to 3:35pm)-Please write if A.M or P.M.**
- ❖ Review attendance records for accuracy (in/out times, correct certified hours of care used, signatures/dates, reason for absences on record).If a child is **absent** more than 5 consecutive days, please attach a doctor's note.
- ❖ If child **stops attending** care for **seven consecutive** days and there has been **no contact** with the parent/guardian, **you must notify the MC3 case manager following the 7th day.**
- ❖ **Attendance records without a signature-** is only accepted when **all** the following conditions apply - **Parent has not communicated for a minimum of seven consecutive days; the provider has notified MC3 of the lack of communication and the provider has documented the providers unsuccessful attempts to collect a signature.**
- ❖ No white-out on attendance records- if correction needed cross out, initial, and correct error.
- ❖ For families that have a **family fee** the attendance record will be mailed with the family fee invoice printed on the back of the record for the corresponding month of care. If you have misplaced it, please contact your case manager to have it reissued. Reimbursement will not be processed without it.
- ❖ Please write the amount you are billing the family for the month of care based on your own rates on bottom right hand side titled "**Total Amount billed by Provider**" or **attach an invoice** (rate should not be MC3's rate) with the attendance record.
- ❖ MC3 is required to have your current program rates, program closure dates/parent handbook and a signed Child Care Certificate on file before we can reimburse for care, if anything missing your reimbursement may be delayed until received.
- ❖ MC3 will reimburse providers with a maximum of **10 non-operational days per fiscal year**. These days must also be charged to the public and are to be determined by each provider.
- ❖ MC3 will not reimburse for child care on days when service is **not available or the program is closed** (including work days, staff development days or breaks/vacations) beyond the 10-non opt days allowable per fiscal year, this means your payment will be prorated for the month.

**I declare that I have read and received a copy of the Annual Payment Schedule/
Attendance records due dates for 2026.**

Provider Name: _____ Date _____

Provider Signature: _____

Program/Center Name _____