

**Department of Human Services
Division of Family Development
Office of Child Care Operations
ECC Attendance Log**

Payment request must be submitted within 60 days of services provided

Name of CCR&R : Urban League of Hudson County 253 Martin L. King Drive Jersey City, NJ 07305	County: Hudson
Provider Name:	EPPIC #
Site/Location Address:	Phone
Child's Name:	Case #

Check One	<input type="checkbox"/> WFNJ	<input type="checkbox"/> NJCK	<input type="checkbox"/> CPS or PACC
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Instruction – This attendance log is a backup form and specific to ECC. Please note – this form does not replace parents' requirements for daily checking in and out their child(ren) using the ECC system.

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Check-In							
Check-Out							
Check-In							
Check-Out							

I CERTIFY THAT THIS IS AN ACCURATE ACCOUNT OF ATTENDANCE FOR THE CHILD REFERENCED ABOVE.

Both the Parent and Provider must sign and date below

Parent's/Guardian Signature	Date:
Provider's Signature	Date:

***Must meet one of the "Good Cause" Criteria or will be denied**

___ System Glitch ___ No ECC Equipment ___ Parent Does not have a card
 Other: _____

***Payment requested must be submitted within 60 days of services provided**

Office use only: Completed by: _____ # of days processed: _____ Date: _____

Staff comments: Card reported lost on _____ Agreement in EPPIC on _____

Research Form

New Jersey Department of Human Services
Division of Family Development
Office of Child Care Operations

E-Child Care Provider Payment Discrepancy Form

Name of CCR&R Agency: Urban League of Hudson County, Inc. Date: _____

EPPIC ID Number: _____ Telephone: _____

Name of Provider: _____

Provider's Address: _____

☐ POS User

☐ IVR User

New address and/or phone number: Y / N

Please complete and submit Proof of Attendance

Please complete and write reason or any additional information you think we will need.

I was not paid accurately or at all for the child(ren) listed below on the POS indicated below:

1. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

2. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

3. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

4. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

5. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

6. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

Provider Signature: _____ Date: _____

Child Care Resource and Referral Finding and Action Taken

Verified information in EPPIC Y / N Other: _____

Checked Agreement in Source System Y / N _____

Reviewed Attendance Log Y / N _____

Outcome of Finding and/or Action Required

Adjustment Made in AT _____ No Discrepancy Found _____

Manual Claim Required _____ Other: _____

Staff Signature: _____

Supervisor's Approval: _____

Please submit this form immediately to: Fax #: _____ or by mail to:

Please allow a minimum of 5 days for this issue to be researched and reviewed for adjustment on the next payment cycle.

*Urban League of Hudson Co. Inc.
ECC Dept.
253 Martin Luther King Dr.
Jersey City, NJ 07305*