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

Return to: ⇨ **(Name/Address of CCR&R)**	**Urban League of Hudson County, Inc.** **ECC Department** **253 Martin L. King Dr. Jersey City, NJ 07305**			**County:** **Hudson - 09**
Provider Name:				**EPPIC #:**
Site/Location Address:				**Phone:**
Child's Name:	**Parent's Name:**			**Case #:**
Check One	☐ **WFNJ**	☐ **CCAP**	☐ **CPS or PACC**	☐ **DOE Wrap**

Instruction – This attendance log is a backup form and specific to ECC. Please note – this form does not replace the parents' requirement to check their child(ren) in and out daily using the ECC system. Send to CCR&R along with the payment discrepancy form immediately when information was not properly recorded in ECC.

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

I CERTIFY THIS IS AN ACCURATE ACCOUNT OF ATTENDANCE FOR THE CHILD REFERENCED ABOVE.
Payment request must be submitted within 60 days of services provided
Both the Parent and Provider must sign and date below

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

FOR OFFICE USE ONLY (Do not write below this line):
EPPIC Agreement #: Total # of Days: Daily Rate: Weekly Copay:

# OF DAYS X DAILY RATE	**TOTAL COPAY FOR VOUCHER PERIOD**	**PAYMENTS ALREADY RECEIVED**	**TOTAL ADJUSTMENT DUE**

Comments:	Prepared by:
	Date:
	Adjusted by:
	Date:

DFD Interim form Dec 2011

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

PAYMENT REQUEST MUST BE SUBMITTED WITHIN 60 DAYS OF SERVICES PROVIDED

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:

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 County, Inc.
ECC Department
253 Martin L. King Dr.
Jersey City, NJ 07305