



COUNTY OF BERGEN
 DEPARTMENT OF HUMAN SERVICES
 OFFICE FOR CHILDREN
Providing Child Care Resources and Referrals Since 1980
 One Bergen County Plaza • 2nd Floor • Hackensack, NJ 07601-7076
 PHONE: (201) 336-7150 • FAX: (201) 336-7155 • EMAIL: OFCfiscal@co.bergen.nj.us

Return to: Office For Children, One Bergen County Plaza, Hackensack, NJ 07601		County: Bergen					
Provider Name:		EPPIC #:					
Site/Location Address:		Phone:					
Child's Name:	Parent's Name:	Case #:					
Details: Must Meet One of "Good Cause" Criteria or will be denied.	<input type="checkbox"/> System Glitch <input type="checkbox"/> Parent Does Not Have Card <input type="checkbox"/> Other: _____		<input type="checkbox"/> No ECC Equipment <input type="checkbox"/> Delay in Reissuing Lost or Stolen Card				
	Program: Must Check One: <input type="checkbox"/> CCAP <input type="checkbox"/> CCQS (formerly CCVC) <input type="checkbox"/> CPS <input type="checkbox"/> WFNJ <input type="checkbox"/> TCC <input type="checkbox"/> PTCC <input type="checkbox"/> Kinship <input type="checkbox"/> PACC <input type="checkbox"/> WRAP <input type="checkbox"/> ARRA (Summer Enrichment Program)						
Instructions: Please fill out the attendance log completely and follow the two week ECC payment schedule. If any information is missing, this will cause delayed payment processing and may be returned to provider to be completely filled out. Please Note – this form <u>does not</u> replace the parent's requirement to check their child(ren) in and out daily using the ECC system. Send this to the Office For Children immediately when information was not properly recorded in ECC.							
Week of:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Check-In Time:	XXXXXXXX						XXXXXXXX
Check-Out Time:	XXXXXXXX						XXXXXXXX
Week of:							
Check-In Time:	XXXXXXXX						XXXXXXXX
Check-Out Time:	XXXXXXXX						XXXXXXXX
I CERTIFY 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:			

FOR OFFICE USE ONLY (Do not write below this line):

Child Care Resource and Referral Finding and Action Taken	
Verified information in EPPIC	Y / N
Checked Agreement in Source System	Y / N
Reviewed Attendance Log	Y / N
Other: _____	
Outcome of Finding and/or Action Required	
Adjustment Made in AT _____	No Discrepancy Found _____
Manual Claim Required _____	Other: _____
Comments: _____	