



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 • EMAIL: OFCfiscal@co.bergen.nj.us

Return to: Office For Children, OFCfiscal@co.bergen.nj.us		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"/> No ECC Equipment <input type="checkbox"/> Parent Does Not Have Card <input type="checkbox"/> Delay in Reissuing Lost or Stolen Card <input type="checkbox"/> Other: _____	
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) <input type="checkbox"/> HOML	

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.

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

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 Other: _____
Reviewed Attendance Log	Y / N _____
Outcome of Finding and/or Action Required	
Adjustment Made in AT _____	No Discrepancy Found _____
Manual Claim Required _____	Other: _____
Comments: _____	