

**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: Burlington County CAP 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 #: 609-835-9879 **or by mail to:**
Burlington County CAP
718 Rte. 130 S., Burlington, NJ 08016

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

email:
Wanda wfisher@bccap.org (WFNJ)
Andrea aferrare@bccap.org (NJCK)

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

Return to: (Name/Address of CCR&R) Burlington County CAP 718 Route 130 South, Burlington NJ 08016		County: Burlington
Provider Name:		EPPIC #:
Site/Location Address:		Phone:
Child's Name:	Parent's Name:	Case #:
Check One	<input type="checkbox"/> WFNJ	<input type="checkbox"/> CCAP
	<input type="checkbox"/> CPS or PACC	<input type="checkbox"/> 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.

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:	