

**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:

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

Fax #: 609-835-9879 or
609-835-7659

or by mail to:
Burlington County CAP
718 Rte. 130 S., Burlington, NJ 08016

Only email scanned logs to: bccapeclogs@bccap.org

For ECC assistance please contact either:
Wanda at wfisher@bccap.org or Andrea at aferrare@bccap.org
(do not send logs to Wanda or Andrea directly)

**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			
Enter below for scheduled care days: Date and either check in & out times, A (absent), S (sick) or C (closure)			
Instruction – This attendance log is a backup form and specific to ECC. Please note – this form <u>does not</u> 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
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:	