

**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: _____

Submit scanned logs to: bccapeclogs@bccap.org

Attendance logs and discrepancy forms may also be mailed to: Burlington County CAP
718 Rte. 130 S., Burlington, NJ 08016

For ECC technical assistance please contact either:
Wanda at wfisher@bccap.org or Andrea at aferrare@bccap.org

Burlington County CAP: 609-835-4329

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

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 #: NACC #:					
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	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:	