

**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 → For Details below give reason for discrepancy

**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: \_\_\_\_\_

**FOR OFFICE USE ONLY: 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: bccapeclogs@bccap.org or

*Please allow a minimum of 5 days for this issue to be researched and reviewed for adjustment on the next payment cycle.* mailed to: Burlington County CAP, Attn: ECC Dept. 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 (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			
<b>Enter below for scheduled care days: Date and either check in &amp; out times, A (absent), S (sick) or C (closure)</b>			
<b>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&amp;R along with the payment discrepancy form immediately when information was not properly recorded in ECC.</b>			
	Sun	Mon	Tues
<b>Week of:</b>			
Check-In Time:			
Check-Out Time:			
<b>Week of:</b>			
Check-In Time:			
Check-Out Time:			
<b>I CERTIFY THIS IS AN ACCURATE ACCOUNT OF ATTENDANCE FOR THE CHILD REFERENCED ABOVE.</b>			
<b>Both the Parent and Provider must sign and date below</b>			
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:	