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, One Bergen County Plaza, Hackensack, NJ 07601	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.**	☐ System Glitch ☐ No ECC Equipment ☐ Parent Does Not Have Card ☐ Delay in Reissuing Lost or Stolen Card ☐ Other: _____
Program: **Must Check One:**	☐ CCAP ☐ CCQS (formerly CCVC) ☐ CPS ☐ WFNJ ☐ TCC ☐ PTCC ☐ Kinship ☐ PACC ☐ WRAP ☐ ARRA (Summer Enrichment Program) ☐ 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.
Please Note – this form <u>does not</u> replace the parent's requirement to check their child(ren) in and out daily using the ECC system. Send this to the Office For Children immediately when information was not properly recorded in ECC.

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:** _____