



**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 • FAX: (201) 336-7155 • EMAIL: OFCfiscal@co.bergen.nj.us

<b>Return to:</b> <b>Office For Children, One Bergen County Plaza, Hackensack, NJ 07601</b>		<b>County:</b> Bergen
<b>Provider Name:</b>		<b>EPPIC #:</b>
<b>Site/Location Address:</b>		<b>Phone:</b>
<b>Child's Name:</b>	<b>Parent's Name:</b>	<b>Case #:</b>
<b>Details:</b> <b>Must Meet One of "Good Cause" Criteria or will be denied.</b>	<input type="checkbox"/> System Glitch	<input type="checkbox"/> No ECC Equipment
	<input type="checkbox"/> Parent Does Not Have Card	<input type="checkbox"/> Delay in Reissuing Lost or Stolen Card
	<input type="checkbox"/> Other: _____	
<b>Program:</b> <b>Must Check One:</b>	<input type="checkbox"/> CCAP <input type="checkbox"/> CCQS (formerly CCVC) <input type="checkbox"/> CPS <input type="checkbox"/> WFNJ <input type="checkbox"/> TCC <input type="checkbox"/> PTCC	
	<input type="checkbox"/> Kinship <input type="checkbox"/> PACC <input type="checkbox"/> WRAP <input type="checkbox"/> ARRA (Summer Enrichment Program) <input type="checkbox"/> 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 does not 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:	XXXXXXXX						XXXXXXXX
Check-Out Time:	XXXXXXXX						XXXXXXXX
<b>Week of:</b>							
Check-In Time:	XXXXXXXX						XXXXXXXX
Check-Out Time:	XXXXXXXX						XXXXXXXX

**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    _____
<b>Outcome of Finding and/or Action Required</b>	
Adjustment Made in AT _____	No Discrepancy Found _____
Manual Claim Required _____	Other: _____
Comments: _____	