

**Department of Human Services
Division of Family Development
Office of Child Care Operations
ECC Attendance Log**

Name of CCR&R: Child Care Resources 3301C Route 66; PO Box 1234; Neptune NJ 07754-1234	County: Monmouth
Provider Name	EPPIC #:
Site/Location Address:	Phone:
Child's Name:	Case #:
Parent's Name:	

Check One	<input type="checkbox"/> WFNJ	<input type="checkbox"/> NJCK	<input type="checkbox"/> CPS or PACC	<input type="checkbox"/> DOE WRAP
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Instruction – This attendance log is a backup form and specific to ECC. Please note – this form does not replace parents' requirements for daily checking in and out their child(ren) using the ECC system. Send to the CCR&R along with the payment discrepancy form immediately when information was not properly recorded in ECC.

Week of	Sun	Mon	Tues	Wed	Thurs	FRI	Sat
Check-In Time:							
Check-Out Time:							
Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
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 Agree #: _____ Daily Rate: _____

Weekly Copay: _____ Payments Rec'd: _____ Total Due: _____

Prepared by: _____ Date: _____

Adjusted by: _____ Date: _____