CCCS Weekly Reporting & Exception Form

The attached form is to be used as a BACK UP only to report days not recorded in the Child Care Automated Attendance (CCAA) system by the parent. It should NOT have the entire period recorded for all children. Providers are required to report missing attendance information by the 5th calendar day (weekends included) after the information is not recorded by the parent in order to be paid for care.

This form must be completed weekly and submitted on Friday by midnight for the current week.

If care is provided Saturday & Sunday, a form for Saturday & Sunday only should be submitted by the following Tuesday by midnight. Email weekly forms to: attreport@ccgroup.org, or fax to: 877-360-3834

Attendance information recorded through the CCAA system will be transmitted to CCCS automatically. Information from your weekly reporting form will be added to this information before processing the payments if the form is received timely. Payments are processed every 2 weeks - see Provider Payment Schedule for specific payment dates and time periods paid.

Contact us at cccs@workforcechildcare.org, or call us at 409-835-1411.

Review the attendance report for your facility or home on the CCAA provider website (www.workforcesolutionschildcare.com) at least weekly to ensure parents have recorded attendance information. Days not recorded by the parent will show as red boxes with a Z on the website attendance report. These are the only children and days that should be recorded on the manual form.

The following codes should be used for days present, and will indicate the reason why the attendance was not recorded by the parent:

L = Lost card

- **N** = New parent not referred yet or no card
- **O** = Other reason describe in the notes at the bottom of the page
- **R** = Parent has a card but did not record
- **D** = System declined information

The following codes should be used to days <u>absent</u>, and will indicate the reason for the absence:

- A = General absence
- **C** = Child was absent due to court ordered visit with the non-custodial parent
- I = Absent due to illness

Parents can request replacement or additional cards on our website: www.workforcechildcare.org or by email at: cccs@workforcechildcare.org.

If you would like an electronic copy of the manual billing form that you can complete on your computer: You can download it from our website: <u>www.workforcechildcare.org</u> You can request a copy by sending email to: cccs@workforcechildcare.org Sent by: _____ Email _____ Fax

Please copy form as needed

Fax form to: 1-877-360-3834 Email form to: attreport@ccgroup.org

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Information on this form must be received within 5 calendar days in order to be paid

Provider/Facility Name:						Month:			Year:			
License/Listing Number:						ohone:						
							Enter dates below the day of the week Days & Dates of the Week					
Child's Last Name	Child's First Name	Family Case #	P/F	For CCCS use only	Date	Sun	Mon	Tues	Wed	Thur	Fri	Sat
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Provider Signature:

If completing form by hand, please sign and date before submitting. If completing electronically, please initial the box below to verify information.

I verify that the attendance information listed is correct and I understand that all information provided is subject to on-site verification by authorized CCCS, Workforce Solutions, and Texas Workforce Commission staff. Name of person completing form: