

VA-ECC VENDOR ATTENDANCE REPORT

Service Period: _____		through _____	
Begin Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)	
Vendor ID:		Case Number:	
Vendor Name:		Parent Name:	
Vendor Address:		Parent Address:	
City, State, Zip:		City, State, Zip:	
Administrator:		Parent Phone:	
Vendor Phone:		Child Client ID:	
Vendor Location:		Child's Name:	

Manual Attendance Reason (choose): VA-ECC Card Issues POS Issues Retroactive Authorization
 Attendance Report Details (one child per form):

Date	Day	Code	Time In	Time Out	Time In	Time Out	Hours
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	
			AM	AM	AM	AM	
			PM	PM	PM	PM	

Report Totals: Number of Full Days _____ Part Days _____ Amount Owed: _____ Total Hours: _____

I certify that this statement of services provided by this vendor is an accurate and true record of attendance.
 I understand that I can be prosecuted for fraud if this is a false statement.

_____/_____
 Parent Signature / Date

_____/_____
 Vendor Signature / Date

Instructions for Completion of VA-ECC Vendor Attendance Report

Revised 11/29/2012

Each line must be filled out per instructions or the attendance report will be returned to the vendor.

1. Service Period – Must: 1) begin on the first day of the month and end on the fifteenth day of the month, or; 2) begin on the sixteenth day of the month and end on the last day of the month; use date format mm/dd/yyyy.
2. Vendor information
 - a. Vendor ID – your 9 digit Vendor ID number from your Purchase of Service Order
 - b. Vendor Name – your individual or facility name from your Purchase of Service Order
 - c. Vendor Address – street address of the home or center where the care is provided
 - d. City, State and Zip Code where the care is provided
 - e. Administrator – Child Care Director or authorized representative to contact
 - f. Vendor Phone – Child care phone number
 - g. Vendor Location – County or City where the vendor is located
3. Parent information
 - a. Case Number – 9 digit Case Number from your Purchase of Service Order
 - b. Parent Name – first and last name of the child's parent from your Purchase of Service Order
 - c. Parent Address – Street address
 - d. City, State and Zip Code
 - e. Parent Phone number
4. Child's Information
 - a. Child Client ID: 10 digit child Client ID number from the Purchase of Service Order
 - b. Child's Name – first and last name of the child (**one child per form**)
5. Manual Attendance Reason – check the appropriate box to indicate why attendance was not reported using either a POS or IVR system
 - a. VA-ECC Card issues - card related reasons the parent did not check in and out
 - b. POS Issues – POS device was not installed or not working for the family to check in and out
 - c. Retroactive Authorization – Effective begin date on Purchase of Service Order is more than 8 days in the past, authorized attendance recorded outside of the 9 day back swipe period (current day plus 8)
6. Attendance Report Details
 - a. Date – Enter each Date for the service period, 1st through 15th or 16th through 31st, month/day/year
 - b. Day – Enter each Day of the week, (SUN, MON, TUE, WED, THU, FRI, SAT), for the service period
 - c. Code – Enter a 3 letter code (ATT, AFD, APD, HFD, or HPD – see #8 below) to indicate either Attendance, an Absent Day, or a Holiday; do not enter Time In, Time Out, or Hours for any day that the child was not in care
 - d. Time In – Enter the exact time the care started as h:mm AM/PM (hour and minute, circle am or pm)
 - e. Time Out – Enter the exact time the care ended as h:mm AM/PM (hour and minute, circle am or pm)
 - f. Hours – Enter the total Hours and minutes for each day the child was in care
7. Report Totals
 - a. Enter the Number of Full Days (5 or more hours) and Part Days (less than 5 hours) child was in care
 - b. Enter the Amount Owed for the service period
 - c. Enter the Total Hours (hours and minutes) the child was in care during the report period
8. Codes for Absent days and Holidays (ATT, AFD, APD, HFD, HPD)
 - a. ATT – Attendance; must enter Time In, Time Out, and total Hours and minutes for any day the child was in care
 - b. AFD – Absent (Full Day) child was absent, vendor was open, child was authorized and expected to attend full day (5 or more hours)
 - c. APD – Absent (Part Day) child was absent, vendor was open, child was authorized and expected to attend part day (less than 5 hours)
 - d. HFD – Holiday (Full Day) vendor was closed, vendor charges parents for days they are closed due to holiday, and the child is authorized for Full Day care
 - e. HPD – Holiday (Part Day) vendor was closed, vendor charges parents for days they are closed due to holiday, and the child is authorized for Part Day care
9. Parent and Vendor Signatures and Dates
 - a. Attendance reports must have both a parent and a vendor signature in blue ink on the form. Lack of both parent and vendor signatures may result in rejection of the attendance report
 - b. Asking parents to sign blank attendance forms will result in the vendor's termination from program participation
10. Maintain a copy of the completed report for your records
11. Mail completed attendance report to:
VIRGINIA DEPARTMENT OF SOCIAL SERVICES
PO BOX 1997, RICHMOND, VA 23218-1997