




Welcome to New Jersey's Electronic Child Care (ECC) Provider Web Portal

EPPIC Provider ID:

User ID


Password

DFPD/CCR&R Staff Only

[LOGIN](#) 

[Forget Password?](#)
[ECC Portal User Manual](#)

Provider Help Line
1(877)516-5776



The New Jersey e-Child Care Provider Web Portal is a powerful tool that gives child care providers the ability to view information about their agreements, attendance transactions, payments, and other program information. To start, enter your User ID (EPPIC™ Provider ID) and temporary password that was mailed to you with your Automated Clearing House banking form, tax form, and other material. After your first log-in, you will be directed to change your password and set your security question.

All information on the Provider Web Portal is secure and viewable only by entering your unique User ID and password. Providers will have access to only their account information.

If you are having equipment or other technical problems, please call the Provider helpline at 1-877-516-5776. For a child care policy question, contact your [Child Care Resource and Referral Agency \(CCR&R\)](#).

News and Notices

- ▶ [Child Care Development Block Grant Information and Dates](#)

Resources for Providers

- [SFY 2020 ECC Payment Dates](#)
- [Income Eligibility and Co-Pay Schedule \(effective March 1, 2019\)](#)
- [Maximum Child Care Payment Rates \(effective September 1, 2019\)](#)
- [Provider Communication Emergency Information](#)
- [Point of Service \(POS\) Users](#)
- [Interactive Voice Response](#)

State Child Care Policies

- [Policy Regarding Disqualification of Services for Parents](#)
- [Policy Regarding Disqualification of Providers to Receive Child Care Subsidy Payments](#)
- [Payment Processing and Discrepancy Reporting](#)
- [Level of Services Definition and Application](#)
- [Types of Child Care Agreements and Rate Calculations](#)
- [e-Child Care Attendance Policy Reminder](#)

Provider

Provider Profile

Facility Information

Name: [text field]
License # : [text field]
EPPIC Provider ID: [text field]
Status: [text field]
Provider Type: L
Active Agreements: [text field]
Accreditation Status: N
Accreditation Date: [text field]
Banking Information: Y
GNJK Indicator: Y
GNJK Level: 4
Camp/School Indicator: B
Camp ID: [text field]

Address

Email: [text field]
Address: [text field]
City: [text field]
State: [text field]
Zip: [text field]
County: 15-Ocean
Phone #: [text field]
Alternate Phone #: [text field]

Contact Information

Contact Name: [text field]
Contact Phone #: [text field]

Union Information

Union: [text field]
Union Opt In Date: [text field]

- AGREEMENTS
- TRANSACTION
- ACTIVITY
- ADJUST
- CLOSURE DATES
- ATTENDANCE

Click on AGREEMENTS.

New Jersey ECC Log-out

Inquiries | Reports | Admin

USER INFO

Provider Agreement Report

Provider Information

| Facility Information | Address |
|--------------------------|----------|
| Name: | Address: |
| License #: | City: |
| GNJK Indicator: Y | State: |
| GNJK Level: 4 | County: |
| Camp/School Indicator: 0 | Phone #: |
| Camp ID: | |



Contact Information

Contact Name: _____
 Contact Phone #: _____

Agreement Start Date Search

Active Agreements Between: 10/01/2019 - 10/31/2019 SEARCH RESET
(Month/Day/Year) Start Date End Date

Agreement Report

100%  

| Case # | Agreement # | Child # | Child Name | Eligibility Type | Agmt Start Date | Agmt End Date |
|--------|-------------|---------|------------|------------------|-----------------|---------------|
| | | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | | 02 | | TCC | 10/01/2019 | 10/31/2019 |
| | | 01 | | TCC | 10/01/2019 | 10/31/2019 |
| | | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 10012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 10012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 10012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 10012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| 1 | 10012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 10012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 10012019 | 01 | | | 10/01/2019 | 10/31/2019 |
| | 10012019 | 03 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 10012019 | 02 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 10012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 1012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 1012019 | 02 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 1012019 | 02 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 1012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 1012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 1012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 1012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |
| | 1012019 | 01 | | CCAP | 10/01/2019 | 10/31/2019 |

AGREEMENTS ARE IN THIS SECTION

A list of children's **CASE NUMBERS, AGREEMENTS AND NAMES** will appear. Find the name and click on **THE AGREEMENT NUMBER** it will take you to the next step.

New Jersey ECC Log-out

Inquiries | Reports | Admin

USER INFO

Agreement - Profile

Agreement Information

| Child Information | Address Information |
|----------------------------|---------------------|
| Case #: [REDACTED] | Address: [REDACTED] |
| Case Member ID: [REDACTED] | City: [REDACTED] |
| Child Name: [REDACTED] | State: NJ |
| Child #: 01 | Zip: [REDACTED] |
| DOB: [REDACTED] | County: 15 - Ocean |
| | Phone: [REDACTED] |

| Agreement # | Year | Start | End | Provider |
|-------------|------|------------------|----------------|----------------------|
| [REDACTED] | 2020 | Start 08/01/2020 | End 08/31/2020 | Provider: [REDACTED] |
| [REDACTED] | 2020 | Start 07/01/2020 | End 07/31/2020 | Provider: [REDACTED] |
| [REDACTED] | 2020 | Start 06/01/2020 | End 06/30/2020 | Provider: [REDACTED] |
| [REDACTED] | 2020 | Start 05/01/2020 | End 05/31/2020 | Provider: [REDACTED] |
| [REDACTED] | 2020 | Start 04/01/2020 | End 04/30/2020 | Provider: [REDACTED] |
| [REDACTED] | 2020 | Start 03/01/2020 | End 03/31/2020 | Provider: [REDACTED] |
| [REDACTED] | 2020 | Start 02/01/2020 | End 02/29/2020 | Provider: [REDACTED] |
| [REDACTED] | 2020 | Start 01/01/2020 | End 01/31/2020 | Provider: [REDACTED] |
| [REDACTED] | 2019 | Start 12/01/2019 | End 12/31/2019 | Provider: [REDACTED] |
| [REDACTED] | 2019 | Start 11/01/2019 | End 11/30/2019 | Provider: [REDACTED] |
| [REDACTED] | 2019 | Start 10/01/2019 | End 10/31/2019 | Provider: [REDACTED] |
| [REDACTED] | 2019 | Start 09/14/2019 | End 09/30/2019 | Provider: [REDACTED] |

[PROFILE](#) | [AGREEMENTS](#) | [TRANSACTION](#) | [ACTIVITY](#) | [ADJUST](#) | [CLOSURE DATES](#)

Click on **THE HIGHLIGHTED IN YELLOW AGREEMENT**

New Jersey ECC Log-out

Inquiries | Reports | Admin

USER INFO

Agreement - Profile

Agreement Information

| Child Information | | Address Information | |
|-------------------|----|---------------------|----|
| Case #: | | Address: | |
| Case Member ID : | | City: | |
| Child Name: | | State: | NJ |
| Child # : | 01 | Zip: | |
| DOB: | | County: | |
| | | Phone: | |

| Agreement # | Start | End | Provider |
|-------------|------------|------------|-----------|
| 2020 | 08/01/2020 | 08/31/2020 | Provider: |
| 2020 | 07/01/2020 | 07/31/2020 | Provider: |
| 2020 | 06/01/2020 | 06/30/2020 | Provider: |
| 2020 | 05/01/2020 | 05/31/2020 | Provider: |
| 2020 | 04/01/2020 | 04/30/2020 | Provider: |
| 2020 | 03/01/2020 | 03/31/2020 | Provider: |
| 2020 | 02/01/2020 | 02/29/2020 | Provider: |
| 2020 | 01/01/2020 | 01/31/2020 | Provider: |
| 2019 | 12/01/2019 | 12/31/2019 | Provider: |
| 2019 | 11/01/2019 | 11/30/2019 | Provider: |
| 2019 | 10/01/2019 | 10/31/2019 | Provider: |

Benefit Information

| | | | |
|----------------|------------|-----------------------------|------------------------------|
| Agreement #: | 2019 | Authorized Care: | Full Time |
| Status: | Open | Auth Weekly Full Time Days: | 5 |
| Received Date: | 09/13/2019 | Adjusted Full Time Rate: | |
| Start Date: | 10/01/2019 | Auth Weekly Part Time Days: | 0 |
| End Date: | 10/31/2019 | Adjusted Part Time Rate: | |
| | | Daily Copay: | |
| | | Eligibility Type: | CCAP |
| | | Care Level Code: | Pre-School (30 max to 5 yrs) |

| Agreement # | Start | End | Provider |
|-------------|------------|------------|-----------|
| 2019 | 09/14/2019 | 09/30/2019 | Provider: |

PROFILE | AGREEMENTS | TRANSACTION | ACTIVITY | ADJUST | CLOSURE DATE

1. PRINT THIS PAGE! & Submit with Discrepancy Form.

2. Next click on: TRANSACTION

Agreement - Profile

Agreement Information

| Child Information | Address Information |
|-------------------|---------------------|
| Case #: | Address: |
| Case Member ID: | City: |
| Child Name: | State: |
| Child #: | Zip: |
| DOB: | County: |
| | Phone: |

| | | | | | | |
|--------------|------|--------|------------|------|------------|-----------|
| Agreement #: | 2020 | Start: | 08/01/2020 | End: | 08/31/2020 | Provider: |
| Agreement #: | 2020 | Start: | 07/01/2020 | End: | 07/31/2020 | Provider: |
| Agreement #: | 2020 | Start: | 06/01/2020 | End: | 06/30/2020 | Provider: |
| Agreement #: | 2020 | Start: | 05/01/2020 | End: | 05/31/2020 | Provider: |
| Agreement #: | 2020 | Start: | 04/01/2020 | End: | 04/30/2020 | Provider: |
| Agreement #: | 2020 | Start: | 03/01/2020 | End: | 03/31/2020 | Provider: |
| Agreement #: | 2020 | Start: | 02/01/2020 | End: | 02/29/2020 | Provider: |
| Agreement #: | 2020 | Start: | 01/01/2020 | End: | 01/31/2020 | Provider: |
| Agreement #: | 2019 | Start: | 12/01/2019 | End: | 12/31/2019 | Provider: |
| Agreement #: | 2019 | Start: | 11/01/2019 | End: | 11/30/2019 | Provider: |
| Agreement #: | 2019 | Start: | 10/01/2019 | End: | 10/31/2019 | Provider: |

Benefit Information

| | | | | | | | |
|----------------|------------------------|-----------------------------|-----------------------------|------|------------|-----------|-------------------|
| Agreement #: | 2019 | Authorized Care: | Full Time | | | | |
| Status: | Open | Auth Weekly Full Time Days: | 5 | | | | |
| Received Date: | 09/13/2019 | Adjusted Full Time Rate: | | | | | |
| Start Date: | 10/01/2019 | Auth Weekly Part Time Days: | 0 | | | | |
| End Date: | 10/31/2019 | Adjusted Part Time Rate: | | | | | |
| | | Daily Copy: | | | | | |
| | | Eligibility Type: | CCAP | | | | |
| | | Care Level Code: | Pre-School (30 max to 5 yr) | | | | |
| Agreement #: | 6071133381789009142019 | Start: | 09/01/2019 | End: | 09/30/2019 | Provider: | Hilltop Nursery S |

Provider Transaction Search

Report on dates between: / / (Month/Day/Year)

Start Date End Date

Case #:

SEARCH CANCEL

1. Enter the dates of the point of service for example: 10/13/2019 to 10/26/2019.

2. Enter the 7 digit case number that can be found at the top of the page Click on

3. SEARCH.

New Jersey ECC Log-out

Inquiries | Reports | Admin

USER INFO

Provider - Transaction Report

Provider Information

| | |
|-----------------------------|------------------|
| Facility Information | Address |
| Name: | Address: |
| License #: | City: |
| Contact Information | State: |
| Contact Name: | County: 15-Ocean |
| Contact Phone #: | Phone #: |

Provider Transaction Search

Report on dates between: 10/01/2019 - 10/22/2019 SEARCH RESET

(Month/Day/Year) Start Date End Date

Case #: []

Provider Transaction Report

| Trans Date/Time | Case # | Child Name | Child # | Trans Type | Entry D/T | Response |
|---------------------|--------|------------|---------|------------|---------------------|-------------------------|
| 10/22/2019 09:15 AM | | | 01 | IN | 10/22/2019 09:15 AM | (DD) CHECK-IN EXISTS |
| 10/21/2019 04:45 PM | | | 01 | OUT | 10/21/2019 04:46 PM | (ED) CHECK-IN NOT FOUND |
| 10/21/2019 09:30 AM | | | 01 | IN | 10/21/2019 09:31 AM | (DD) CHECK-IN EXISTS |
| 10/18/2019 04:15 PM | | | 01 | IN | 10/18/2019 04:15 PM | (DD) CHECK-IN EXISTS |
| 10/18/2019 08:58 AM | | | 01 | IN | 10/18/2019 08:58 AM | (DD) CHECK-IN EXISTS |
| 10/17/2019 04:46 PM | | | 01 | OUT | 10/17/2019 04:46 PM | (ED) CHECK-IN NOT FOUND |
| 10/17/2019 08:51 AM | | | 01 | IN | 10/17/2019 08:51 AM | (DD) CHECK-IN EXISTS |
| 10/16/2019 04:04 PM | | | 01 | IN | 10/16/2019 04:04 PM | (DD) CHECK-IN EXISTS |

This page will appear and is the **TRANSACTIONS** that have **ERRORS** and were not paid. **2. PRINT THIS PAGE & Submit with Discrepancy Form.**

New Jersey ECC Log-out

Inquiries **Reports** | Admin

Provider

Provider Profile

| Facility Information | Address |
|------------------------|----------------------------|
| Name: | Email: |
| License # : | Address: |
| EPPIC Provider ID: | City: |
| Status: | State: NJ |
| Provider Type: L | Zip: |
| Active Agreements: | County: 15-Ocean |
| Accreditation Status: | Phone #: |
| Accreditation Date: | Alternate Phone #: |
| Banking Information: Y | |
| GNJK Indicator: Y | Contact Information |
| GNJK Level: 4 | Contact Name: |
| Camp/School Indicator: | Contact Phone #: |
| Camp ID: | |

Union Information

Union:

Union Opt In Date:

[AGREEMENTS](#) [TRANSACTION](#) [ACTIVITY](#) [ADJUST](#) [CLOSURE DATES](#) [ATTENDANCE](#)

Go back to
Provider Profile
Screen. Hover
over Reports and
click on **Provider
payment Inquiry**

New Jersey ECC Log-out

Inquiries | Reports | Admin

USER INFO

Provider Payment Inquiry

Provider Payment Inquiry

Settlement Date: 10/13/2019

©EPPIC

Click on the **Settlement** Date Needed and click on **SELECT**.

New Jersey ECC Log-out

Inquiries | Reports | Admin

USER INFO

Provider Payment Detail

Provider Information

| | |
|-----------------------------|--------------------|
| Facility Information | Address |
| Name: | Address: |
| License #: | City: |
| EPPIC Provider ID: | State: NJ |
| Contact Information | County: IS - Ocean |
| Contact Name: | Phone #: |
| Contact Phone #: | |

Provider Payment Details

Settlement Date: 10/13/2019
 Payment Period: 09/15/2019 - 09/28/2019

| Child Name | Case # | Agreement # | Eligibility Type | Attendance Amount | Sick Days Amount | Absence Days Amount | Closure Days Amount | Total |
|------------|------------|-------------|------------------|-------------------|------------------|---------------------|---------------------|-------|
| | [Redacted] | | 2019 CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | FTCC | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |
| | | | CCAP | | (\$0.00) | (\$0.00) | (\$0.00) | 0.00 |
| | | | CCAP | | | | (\$0.00) | 0.00 |

Find the **Child's Name** but only click on the **Blue Colored CASE #** next to the child's name.

New Jersey ECC Log-out

Inquiries | Reports | Admin

USER INFO

Case Payment Details

Case Information

| | | | |
|-------------------------|------------|----------------------------|------------|
| Case Information | | Cardholders | |
| Case #: | | Name | Card#: |
| Address: | | | Status P/A |
| | | | Active P |
| City: | | Authorized Children | |
| State: | NJ | Child Name | Child # |
| Zip: | | | 01 |
| County: | 15 - Ocean | System Of Record | |
| Home Phone: | | System Of Record | CARES |
| Work Phone: | | | |
| Mobile Phone: | | | |
| School District Code: | | | |

Case Payment Details

Settlement Date 10/13/2019
 Payment Period 09/15/2019 - 09/28/2019

| Child Name | Attendance Amount | Co-pay | Deductions/ Adjustments | Total |
|-----------------------------|-------------------|--------|-------------------------|---------|
| EPPIC Provider ID | \$10.00 | \$0.00 | \$0.00 | \$10.00 |
| Total Payment Amount | | | | \$10.00 |

SEARCH

EPPIC

This page will appear.

3. PRINT THIS PAGE & Submit with Discrepancy Form.