

## Completing the CCAR Enrollment/Attendance Verification Form (EAV)

### Local Subsidies (non-swipe card)

EAVs can be used when a program is not participating in online reimbursement submission (ORS). However, vendors are encouraged to participate in ORS. To enroll in ORS, email [OFCCCARinfo@fairfaxcounty.gov](mailto:OFCCCARinfo@fairfaxcounty.gov).

1. An EAV form will be emailed to the vendor by Child Care Assistance and Referral (CCAR). The EAV will have information pertinent to the vendor with the list of children approved in their care.
2. Vendor should complete the form using black or blue ink.
3. Check to make sure that the name of all CCAR children in your care are listed on the EAV. If a child in your care is missing from this form, and the parent is not using a swipe card to account for the attendance, then contact your Child Care Specialist at (703) 449-8484.
4. Verify that the information on the EAV is correct (your name, address, phone number, etc.).
5. For each child you need to do the following (see code at the bottom left corner of the EAV):
  - **Present (P):** Put a “P” for each day the child attended
  - **Absent (A):** Put an “A” if the child was absent on a particular day
  - **Closed (C):** Put a “C” if your child care was closed on a particular day
  - **Holiday (H):** Put an “H” for Holidays the county pays for (please see the Provider Payment Information sheet for paid holidays)

If you are requesting a registration fee, make a note on the EAV letting us know and what amount you are requesting.

6. Before submitting the EAV to CCAR, read the agreement at the bottom of the form, sign and enter current date in the bottom right corner box. **Your signature and the date are required in order for you to receive payment.** *Your signature acknowledges that you have verified the accuracy of the attendance recorded on the EAV*
7. Return EAV form to CCAR. Please see **Return To** information at the top right-hand corner of the EAV.

Provider checks will be mailed, and direct deposit completed no later than twenty-three business days after the close of the previous month.

Late attendance will be processed the following billing period. Attendance submitted more than 45 days after the service has been rendered will not be paid.

## Completar el Formulario de Verificación de Inscripción/Asistencia (EAV) de CCAR

### Subsidios locales (no tienen tarjetas )

**Los EAV se pueden usar cuando un programa no participa en la presentación de reembolsos en línea (ORS). Sin embargo, se alienta a los proveedores a participar en ORS. Para inscribirse en ORS, envíe un correo electrónico a [OFCCCARinfo@fairfaxcounty.gov](mailto:OFCCCARinfo@fairfaxcounty.gov).**

1. Un formulario EAV será enviado por correo electrónico al proveedor por Child Care Assistance and Referral (CCAR). El EAV tendrá información pertinente al proveedor con la lista de niños aprobados a su cuidado.
2. El proveedor debe completar el formulario con tinta negra o azul.
3. Verifique que el nombre de todos los niños CCAR bajo su cuidado figure en el EAV. Si falta un niño bajo su cuidado en este formulario y el padre no está usando una tarjeta de deslizamiento para contabilizar la asistencia, comuníquese con su Especialista en Cuidado Infantil al (703) 449-8484.
4. Verifique que la información en el EAV sea correcta (su nombre, dirección, número de teléfono, etc.).
5. Para cada niño, debe hacer lo siguiente (consulte el código en la esquina inferior izquierda del EAV):
  - **Presente (P):** Ponga una "P" por cada día que el niño asistió
  - **Ausente (A):** Ponga una "A" si el niño estuvo ausente en un día en particular
  - **Cerrado (C):** Ponga una "C" si su cuidado infantil estuvo cerrado en un día en particular
  - **Vacaciones (H):** Ponga una "H" para las vacaciones que paga el condado (consulte la hoja de información de pago del proveedor para las vacaciones pagadas)

Si está solicitando una tarifa de registro, haga una nota en el EAV informándonos y qué cantidad está solicitando.

6. Antes de enviar el EAV a CCAR, lea el acuerdo en la parte inferior del formulario, firme e ingrese la fecha actual en el cuadro de la esquina inferior derecha. ***Su firma y la fecha son necesarias para que pueda recibir el pago. Su firma reconoce que ha verificado la exactitud de la asistencia registrada en el EAV***
7. Devuelva el formulario EAV a CCAR. Consulte **Volver a la** información en la esquina superior derecha del EAV.

Los cheques del proveedor se enviarán por correo y el depósito directo se completará a más tardar veintitrés días hábiles después del cierre del mes anterior.

La asistencia tardía se procesará el siguiente período de facturación. No se pagará la asistencia presentada más de 45 días después de la prestación del servicio.

**SAMPLE**

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**WONDERFUL, PROVIDER**  
 12345 MAIN STREET  
 ALEXANDRIA, VA, 22306  
 PHONE NO: (703) 123-4567  
 PROVIDER ID: P0000  
 CCAR TEAM : 100

**DUE DATE: MAY 3, 2021**  
**FAMILY**  
**APRIL 2021**

**Return To:**  
 Email: OFCCCARinfo@fairfaxcounty.gov  
 Fax: (703) 324-3917  
 Mail: OFFICE FOR CHILDREN, CCAR  
 12011 GOVT CENTER PARKWAY, 8<sup>TH</sup> FLOOR  
 FAIRFAX, VA 22035

CHILD'S NAME	MONTLY PARENT FEE	ABSENCES USED YTD	CARE LEVEL	UNIT OF CARE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
					S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M
SUNSHINE, ROME	\$0.00	1	PRE	FT																														
SUNSHINE, COPENHAGEN	\$0.00	2	PRE	FT																														
SUNSHINE, PARIS	\$0.00	2	PRE	FT																														
RAINBOW, DIAMOND	\$50.00	0	TOD	FT																														
RAINBOW, SAPHIRE	\$50.00	0	TOD	FT																														

**FOR EACH DAY, CODE AS FOLLOWS**  
 P = Present    A = Absent  
 H = Holiday    C = Closed

By submitting this form, I certify that the information I have provided is complete and correct. I understand that this information is being given in connection with the receipt of County funds; that employees of the OFC verify the information; and that anyone who knowingly and deliberately submits false information may be subject to prosecution for a felony under the Code of Virginia. I understand it is a provider's obligation to report to OFC instances in which parents have not paid their assessed Co-Payment.  
 Repayment – In addition to any criminal punishment, anyone who causes Fairfax County to make an improper vendor payment will be required to repay the amount of the improper payment as specified in a written repayment plan or as court ordered by a Judge.

Period From: 4/1/2021 – 4/30/2021 Page 1 of 1  
 Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that I have received authorization from the child care subsidy applicant(s) of children listed here, that the attendance and absences will be utilized as indicated on this form.

