

e-Child Care Provider Closure Calendar

Provider Name: _____ **EPPIC Provider ID No:** _____

Address: _____

Please submit your request for paid holiday/closures for the contract year **October 1 – September 30**. The Division of Family Development (DFD) regulations authorize a maximum of 22 paid closures per contact period and 5 paid closures per month. We are unable to enter closures in EPPIC, once the date is outside the back swipe period.

<u>Date</u>	<u>Holiday/Closure</u>
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Provider Signature _____ **Date:** _____

COMPLETE AND RETURN TO CCC IMMEDIATELY, IN ORDER TO BE PAID FOR HOLIDAYS AND CLOSURES.
 Please complete, sign, date and return to Child Care Connection, 1001 Spruce St. Suite 201, Trenton, NJ 08638 –
 OR – via FAX: 609-989-8060.