CHILD CARE REPORTING LOG
FOR INCORRECT CCAA REFERRAL

PROVIDER NAME:						**LICENSE # :**
TWIST ID (found on CCAA)	**PARENT'S NAME**	**CHILD'S FIRST & LAST NAME**	**INCORRECT REFERRAL**		**DISCREPANCY IDENTIFIED**	**CCS SPECIALIST**
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			
			Yes			

INSTRUCTIONS:

1. *Review your automated attendance every 3 business days at www.workforcesolutionschildcare.com .*
2. *Report within 5 business days any discrepancy with the CCAA referral.*
3. *Failure to report the discrepancy will result in withholding payment from the provider.*
4. *Fill out one line per each child with incorrect referral information.*
5. **Fax log to the corresponding fax number below:**

Weslaco Workforce (1.866.890.5452) or Mission Workforce (1.866.580.6089)