



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT
Division of Public Welfare – Bureau of Management Support
735-7344/ Fax: 735-7165



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAGA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LAHI

FORM B

Child Care Calendar/Attendance Record

ARTHUR U SAN AGUSTIN, MHR
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

TERRY G AGUON
DEPUTY DIRECTOR

Service Month/Year: _____

Service Provider: _____

Name of Child: _____ Child's DOB: _____

CCDF HOH Print Name / Case No.: _____

Day in Month	Time In	Parent/Authorized Individual's Initials	Time Out	Parent/Authorized Individual's Initials	Comments/Remarks
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Provider Signature/Date: _____ CCDF Parent/Guardian Signature/Date: _____

H=Holiday S=Out Sick V=On Vacation E=Excused Absence (Need Verification) U=Unexcused Absence

CCDF Calendar Revised 02/08/2021