



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT
Division of Children's Wellness - Bureau of Child Care Services
735-7344 / 7256 Fax: 735-7165



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAGA

FORM B

ARTHUR U SAN AGUSTIN, MHR
DIRECTOR

Child Care Calendar/Attendance Record

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

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.: \_\_\_\_\_

Table with 6 columns: Day in Month, Time In, Parent/Authorized Individual's Initials, Time Out, Parent/Authorized Individual's Initials, Comments/Remarks. Rows 01-31.

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 06/01/2022