



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMTON SALUT PUPBLEKO YAN SETBISION SUSIAT
DIVISION OF CHILDREN'S WELLNESS – BUREAU OF CHILD CARE SERVICES
671-735-7256



LOURDES A. LEON GUERRERO
MAGA'HAGAN GUAHAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
SEGUNDO MAGA'LAHEN GUAHAN
LT. GOVERNOR OF GUAM

FORM B

CHILD CARE CALENDAR / ATTENDANCE RECORD

THERESA C. ARRIOLA, MBA
DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

AMANDA LEE SHELTON, MPA
DEPUTY DIRECTOR

SERVICE MONTH/YEAR: _____

SERVICE PROVIDER: _____

CHILD'S NAME: _____ CHILD'S DOB: _____

CCDF PARENT'S NAME/CASE #: _____

DAY IN MONTH	TIME IN	PARENT/AUTHORIZED INDIVIDUAL'S INITIAL	TIME OUT	PARENT/AUTHORIZED INDIVIDUAL'S INITIAL	COMMENTS & REMARKS
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PROVIDER SIGNATURE : _____ CCDF PARENT /GUARDIAN SIGNATURE : _____