



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO  
GOVERNOR

RAY TENORIO  
LIEUTENANT GOVERNOR

JAMES W. GILLAN  
DIRECTOR

LEO G. CASIL  
DEPUTY DIRECTOR

**Child Care Calendar/Attendance Record**

Service Month/Year: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

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					
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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 04/13/2013