BOGOTA Radicado E2024054036

fundación social castillo san lucas

Avesol
NIT 900.119.083

BOGOTA 06 DICIEMBRE 2024

Señores
CAMILO ANDRES DANGOND OSORIO
Subdirector local para la integración social san Cristóbal
Ciudad

**ASUNTO: RADICACION METAFISICA, LISTADOS ASISTENCIA, ACTA, LISTADOS ENTREGA PAQUETE DE JORNADA LIBERADA DE LOS DIAS 2, 3,4,5,6, DE DICIEMBRE 2024 LISTADOS ACTA ACOMPAÑAMIENTO LOCAL REVISION PAQUETES ORIGINALES CORRESPONDIENTE MES DICIEMBRE 2024 CONVENIO 7600/2024**

Buenos días por medio de la presente realizo radicación metafísica, listados asistencia, acta, listados entrega paquete originales de jornada liberada de los días 2, 3,4,5,6, de diciembre 2024 listados acta acompañamiento local revisión paquetes originales correspondiente mes diciembre 2024 convenio 7600/2024

Anexos.
1. Metafísica original.....1 folio
2. listados entrega paquete de 2,3,4,5,6 diciembre.....30 folio
3. Listados asistencia original.....6 folio
4. Acta acompañamiento local paquetes jornadas.....1 folio

Total 38 folios

Agradezco la atención prestada

Cordialmente

VERUZCKA ALEJANDRA RUBIO F.
Responsable del Servicio Jardin Avesol.
Fundacion social castillo san lucas



Calle 36 i Sur # 1-49 / Bogota
TEL 3143052214 / 3209803133
fundacastilloavesol2022@gmail.com

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| ALCALDÍA MAYOR DE BOGOTÁ D.C. | PROCESO: PRESTACIÓN DE LOS SERVICIOS SOCIALES<br>PROCEDIMIENTO: IDENTIFICACION, ASIGNACION Y PRESTACION DEL SERVICIO SOCIAL ATENCIÓN INTEGRAL A LA PRIMERA INFANCIA EN ÁMBITO INSTITUCIONAL<br>FORMATO: SEGUIMIENTO MENSUAL A LA ASISTENICIA PRESENCIAL | Código: F-PS-CU-01<br>Versión: 0<br>Fecha: MEMO INT 38523-17/06/2015<br>Página: 1 de 1 |
|---|---|---|

**NOMBRE DEL JARDÍN INFANTIL:** AVESOL **OPERADOR:** FUNDACION SOCIAL CASTILLO SAN LUCAS

**COBERTURA PROGRAMADA** 97 **MES DE REPORTE** *DICIEMBRE .* *DICIEMBRE*

| USUARIOS NIÑOS - NIÑAS | COBERTURAS AUTORIZADAS | MATRICULADOS | PRIMERA SEMANA | | | | | SEGUNDA SEMANA | | | | | TERCERA SEMANA | | | | | CUARTA SEMANA | | | | | QUINTA SEMANA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V |
| | | | 2 | 3 | 4 | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SALA MATERNA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAMINADORES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUBTOTAL MATERNAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PARVULOS | 37 | 39 | 26 | 39 | 39 | 39 | 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PRE JARDIN | 60 | 63 | 42 | 63 | 63 | 63 | 63 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JARDIN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUBTOTAL | 97 | 102 | 68 | 102 | 102 | 102 | 102 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL NIÑOS Y NIÑAS | 97 | 102 | 68 | 102 | 102 | 102 | 102 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**TOTAL DIAS EN EL MES** 5 **PROMEDIO DE ASISTENCIA** 95 **PORCENTAJE** 98%

VERUZCKA ALEJANDRA RUBIO
COORDINADORA

SUBDIRECTOR (ORA) LOCAL

| | ELABORÓ | REVISÓ | APROBÓ |
|---|---|---|---|
| NOMBRE | EQUIPO DE COBERTURAS Y SEGUIMIENTO A METAS | ASTRID ELIANA CÁCERES CÁRDENAS | MARÍA ANTONIA VELASCO GUERRERO |
| CARGO | EQUIPO DE COBERTURAS Y SEGUIMIENTO A METAS | SUBDIRECTORA PARA LA INFANCIA | DIRECTORA TERRITORIAL<br>LIDERESA DEL PROCESO DE PRESTACIÓN DE LOS SERVICIOS SOCIALES |

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PROCESO PRESTACIÓN DE SERVICIOS SOCIALES PARA LA INCLUSIÓN SOCIAL

FORMATO REGISTRO DIARIO DE ASISTENCIA JARDINES INFANTILES

Código: FOR-PSS-185
Versión: 3
Fecha: Mismo (2024-01-23) - 24/05/2024
Página: 1 de 1

Razón social de la unidad operativa: **FUNDACIÓN SOCIAL CASTILLO SAN LUCAS AVESOL**

Operador: **AVESOL**

Nivel: **PARVULOS**

Grupo: **PARVULOS 1**

Persona atención a la primera infancia: **DIANA MILENA BORRAY**

Mes: **DICIEMBRE**

Año: **2024**

CONVENCIONES: A: ASISTIO D: DIGESTIVA E: ERUPTIVA N: NO MEDICAS O: OSTEOMUSCULAR P: OTRAS PATOLOGIAS MEDICAS R: RESPIRATORIA S: SUSPENDIDO EG: EGRESADO X: INASISTENCIA SIN JUSTIFICACIÓN

| No | NOMBRES Y APELLIDOS | No. DOCUMENTO ID | PRIMERA SEMANA | | | | | SEGUNDA SEMANA | | | | | TERCERA SEMANA | | | | | CUARTA SEMANA | | | | | QUINTA SEMANA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V |
| 1 | LUCIANO ISAIAS RINCON CANOVA | 1034323149 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 2 | LIAN ALEJANDRO BELTRAN MOYA | 1023989604 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 3 | EYVIS ROXANA SANCHEZ GUERRERO | 1206227513 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 4 | LIAM DAVID LANDERO CALVO | 1016753379 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 5 | ANGEL DAVID BENAVIDES MORENO | 1122541853 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 6 | LYAM JOEL CUBIDES BERMUDEZ | 1023989771 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 7 | JULIAN JOSEPH QUINTERO MORENO | 1023989689 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 8 | ESTEBAN DAVID ROCHA PEREZ | 1010252307 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 9 | KEITHE DAHIAN NUÑEZ BERMUDEZ | 1114542008 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 10 | ALICE SOFIA OJEDA RODRIGUEZ | 1034579495 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 11 | ALAN JHOSUE FIGUERA AZUAJE | 1235051521 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 12 | BALOME BAQUERO RODRIGUEZ | 1233923554 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 13 | ADIELIS JHAZIEL FLOREZ MANZANILLO | CD977033 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
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| | TOTAL | | 9 | 13 | 13 | 13 | 13 | | | | | | | | | | | | | | | | | | | | |

FIRMA PROFESIONAL O TÉCNICA(O) A CARGO DEL GRUPO

FIRMA RESPONSABLE UNIDAD OPERATIVA

02-12-2024

OBSERVACIONES

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| | PROCESO PRESTACIÓN DE SERVICIOS SOCIALES PARA LA INCLUSIÓN SOCIAL<br>FORMATO REGISTRO DIARIO DE ASISTENCIA JARDINES INFANTILES | Código: FOR-PSS-160<br>Versión: 3<br>Fecha: Memo 20240170789 - 24/05/2024<br>Página: 1 de 1 |
|---|---|---|

Razón social de la unidad operativa: **FUNDACIÓN SOCIAL CASTILLO SAN LUCAS AVESOL**

Operador: **AVESOL**

Persona atención a la primera infancia: **LAURA VANESSA ZULUAGA TORRES**

Nivel: **PARVULOS**

Grupo: **PARVULOS 2**

Mes: **DICIEMBRE**

Año: **2024**

CONVENCIONES: A: ASISTIO D: DIGESTIVA E: ERUPTIVA N: NO MEDICAS O: OSTEOMUSCULAR P: OTRAS PATOLOGIAS MEDICAS R: RESPIRATORIA S: SUSPENDIDO EG: EGRESADO X: INASISTENCIA SIN JUSTIFICACION

| No. | NOMBRES Y APELLIDOS | No. DOCUMENTO ID | PRIMERA SEMANA | | | | | SEGUNDA SEMANA | | | | | TERCERA SEMANA | | | | | CUARTA SEMANA | | | | | QUINTA SEMANA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V |
| 1 | EVELIN SHARITH MARTINEZ RINCÓN | 1120392495 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 2 | LUCIANA IZABEL OLIVARES GARCÍA | 1023989156 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 3 | LUCIANA ROJAS TORRES | 1072498269 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 4 | NAHOMY ANTONELLA CARDONA BUSTOS | 1016752702 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 5 | MATEO DE JESÚS CHIRINOS VALLES | 1152949722 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 6 | ITZEL ALYSSA CHIRIMIA VALENCIA | 1243761463 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 7 | ÁNGEL SANTIAGO RODRÍGUEZ CORTES | 1011261243 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 8 | EIMMY ADELAYN RIVERA MUNEVAR | 1023969293 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 9 | ÁNGEL MATHIAS CAMELO | 1016753327 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 10 | MEGAN DAHIAN ARIZA ROJAS | 1023989046 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 11 | DANIEL JERÓNIMO ROA MORALES | 1016752769 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 12 | JUAN SEBASTIÁN RIVERA TORO | 1028675682 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
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| TOTAL | | | 8 | 12 | 12 | 12 | 12 | | | | | | | | | | | | | | | | | | | | |

Laura Zuluaga T.

FIRMA PROFESIONAL O TÉCNICA(O) A CARGO DEL GRUPO

FIRMA RESPONSABLE UNIDAD OPERATIVA

02-12-2024

OBSERVACIONES

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| | PROCESO PRESTACIÓN DE SERVICIOS SOCIALES PARA LA INCLUSIÓN SOCIAL<br>FORMATO REGISTRO DIARIO DE ASISTENCIA JARDINES INFANTILES | Código: FOR-PSS-160<br>Versión: 3<br>Fecha: Memo 20240170781 - 24/05/2024<br>Página: 1 de 1 |
|---|---|---|

Razón social de la unidad operativa: **AVESOL** Nivel: **PARVULOS 3**

Operador: **FUNDACION SOCIAL CASTILLO SAN LUCAS** Grupo: **PARVULOS 3**

Persona atención a la primera infancia: **STEFANIA PÉREZ** Mes: **DICIEMBRE** Año: **2024**

CONVENCIONES: A. ASISTIO D. DIGESTIVA E. ERUPTIVA N. NO MEDICAS O. OSTEOMUSCULAR P. OTRAS PATOLOGIAS MEDICAS R. RESPIRATORIA S. SUSPENDIDO EG. EGRESADO X. INASISTENCIA SIN JUSTIFICACION

| No. | NOMBRES Y APELLIDOS | No. DOCUMENTO ID | PRIMERA SEMANA | | | | | SEGUNDA SEMANA | | | | | TERCERA SEMANA | | | | | CUARTA SEMANA | | | | | QUINTA SEMANA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V |
| 1 | DANNA CRISTINA CASTILLO CASTILLO | 1116451000 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 2 | ZAMIRA NAZAREL VALERO VERA | CD 04547357 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 3 | ALANNA SALOME HERNANDEZ RODRIGUEZ | 1026875604 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 4 | MATIAS PENAGOS GOMEZ | 1023988568 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 5 | NEYTRON ANDRES HERNANDEZ CANTILLO | 1049901213 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 6 | JEREMY MATEO CORREDOR VILLAMIL | 1026875614 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 7 | ANA LETICIA MORENO CABALLERO | 1026875518 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 8 | MAVERICK ALEJANDRO RIVEROS FLORES | 1023988480 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 9 | MIA GUADALUPE VEGA POVEDA | 1013698413 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 10 | SAMARA SOFIA LANDERO RADA | 1016752965 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 11 | IAN SANTIAGO DAZA GONZALEZ | 1021696680 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 12 | ANALIA RICAURTE GRANADOS | 1064473179 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 13 | LUCIANA ISABELL RODRIGUEZ RINCON | 1206227389 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 14 | DAVIANNY ISABARE NAMPIA | 1016752609 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
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| TOTAL | | | 9 | 14 | 14 | 14 | 14 | | | | | | | | | | | | | | | | | | | | |

SONIA PEREZ
FIRMA PROFESIONAL O TÉCNICA(O) A CARGO DEL GRUPO

FIRMA RESPONSABLE UNIDAD OPERATIVA

02-12-2024

OBSERVACIONES:

INSTRUCCIONES DE DILIGENCIAMIENTO
"No imprimir de aquí en adelante"

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ALCALDÍA MAYOR DE BOGOTÁ D.C.
SECRETARÍA DE INTEGRACIÓN SOCIAL

PROCESO PRESTACIÓN DE SERVICIOS SOCIALES PARA LA INCLUSIÓN SOCIAL

FORMATO REGISTRO DIARIO DE ASISTENCIA JARDINES INFANTILES

| | |
|---|---|
| Código: | FOR-PSS-160 |
| Versión: | 3 |
| Fecha: | Memo I2024017078 - 24/06/2024 |
| Página: | 1 de 1 |

Razón social de la unidad operativa: **JARDIN AVESOL** Nivel: **PREJARDIN 1**

Operador: **FUNDACION CASTILLO SAN LUCAS** Grupo: **PREJARDIN 1**

Persona atención a la primera infancia: **ELENA CACERES PEREZ** Mes: **DICIEMBRE** Año: **2024**

CONVENCIONES: A: ASISTIO D: DIGESTIVA E: ERUPTIVA N: NO MEDICAS O: OSTEOMUSCULAR P: OTRAS PATOLOGIAS MEDICAS R: RESPIRATORIA S: SUSPENDIDO EG: EGRESADO X: INASISTENCIA SIN JUSTIFICACION

| No. | NOMBRES Y APELLIDOS | No. DOCUMENTO ID | PRIMERA SEMANA | | | | | SEGUNDA SEMANA | | | | | TERCERA SEMANA | | | | | CUARTA SEMANA | | | | | QUINTA SEMANA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V |
| 1 | ANDREA SALOME RIVERA VALERO | 1026603210 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 2 | DILAN ANDRES CHIRIVI GUATIBONZA | 1016751235 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 3 | EITHAN ADRIAN BONILLA VARON | 1116287113 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 4 | EMMA CHARLOTTE BECERRA DIAZ | 1026603178 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 5 | EMA LUCIA RIBOUD CORDERO | CD 04547362 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 6 | RICARDO JOSE CARUTO CORREA | CD571848 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 7 | HELLEN VALENTINA BAQUERO CASTILLO | 1028675314 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 8 | IAN EMMANUEL CAMPOS ENCISO | 1016751533 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 9 | JADER JAVIER ARBOLEDA GUTIERREZ | 1029410157 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 10 | MARIA CAMILA TORRES LEON | 1016751268 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 11 | MAXIMILIANO GUZMAN LOPEZ | 1112906848 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 12 | SHAIRA EVANGELINE GONZALEZ | 1023987319 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 13 | TALIANA MEJIA GARCIA | 1013697625 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 14 | YEILER MANYOMA MORENO | 1021319277 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 15 | ZOE LUCIANA PATIÑO CANTILLO | 1023988048 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 16 | ALAN JOAN SIERRA MORENO | 1011111092 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 17 | YEICOB SEBASTIAN RODRIGUEZ LOZANO | 1023988017 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 18 | SHANDRITH MICHELL IRIARTE MONTERO | 1201285977 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 19 | ANA VALERIA RODRIGUEZ CASTAÑO | 1141528935 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 20 | EMILY ALEJANDRA ALVAREZ MONGUI | 1016751382 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 21 | SAMUEL ARLEY GOMEZ GARNICA | 1016751522 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL | | 20 | 21 | 21 | 21 | 21 | | | | | | | | | | | | | | | | | | | | |

FIRMA PROFESIONAL O TÉCNICA(O) A CARGO DEL GRUPO

FIRMA RESPONSABLE UNIDAD OPERATIVA

02-12-2024

OBSERVACIONES:

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| | PROCESO PRESTACIÓN DE SERVICIOS SOCIALES PARA LA INCLUSIÓN SOCIAL<br>FORMATO REGISTRO DIARIO DE ASISTENCIA JARDINES INFANTILES | Código: FOR-PSS-160<br>Versión: 3<br>Fecha: Memo I2024017078 - 24/05/2024<br>Página: 1 de 1 |
|---|---|---|

Razón social de la unidad operativa: **FUNDACIÓN SOCIAL CASTILLO SAN LUCAS AVESOL** Nivel: **PREJARDIN**

Operador: **AVESOL** Grupo: **PREJARDIN 2**

Persona atención a la primera infancia: **DIANA CAROLINA DIAZ BARBOSA** Mes: **DICIEMBRE** Año: **2024**

CONVENCIONES: A: ASISTIO D: DIGESTIVA E: ERUPTIVA N: NO MEDICAS O: OSTEOMUSCULAR P: OTRAS PATOLOGIAS MEDICAS R: RESPIRATORIA S: SUSPENDIDO EG: EGRESADO X: INASISTENCIA SIN JUSTIFICACION

| No. | NOMBRES Y APELLIDOS | No. DOCUMENTO ID | PRIMERA SEMANA | | | | | SEGUNDA SEMANA | | | | | TERCERA SEMANA | | | | | CUARTA SEMANA | | | | | QUINTA SEMANA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V |
| 1 | ANGELATH TALIA GOMEZ JIMENEZ | 1033829183 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 2 | AMY GORDILLO LOPEZ | 1016751020 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 3 | DERECK NICOLAS CASTRO ACEVEDO | 1016751397 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 4 | EVELYN SAMARA PACHECO CABUYA | 1023987750 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 5 | IAN MARTHIN ROJAS MOLINA | 1011111034 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 6 | JESUS DAVID BARRIOS SANCHEZ | CD 04549154 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 7 | JORDAN JESUS BOLIVAR ANGULO | 1238346033 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 8 | JUAN SEBASTIAN RIVERA CRUZ | 1023987761 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 9 | DANNA SALOME RANGEL VARGAS | 1023987665 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 10 | LIONEL ANDREYS GOMEZ JIMENEZ | 1235342262 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 11 | LUICIANNYS SOFIA ROMERO GALINDO | 1245078180 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 12 | MATHIAS PERDOMO CELIS | 1074536457 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 13 | MARIA JOSE CORTES GARZON | 1243759041 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 14 | MARIAHN MICHELLE MARTINEZ ALDANA | 1028675106 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 15 | MANUEL MATHIAS LOPEZ MUÑOZ | 1026603488 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 16 | MELANY GIBEEL MOSQUERA RUIZ | 1206226545 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 17 | ZARA VALENTINA BARBOSA ARELLANO | 1054320663 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 18 | JUAN ESTEBAN VARGAS CARDOZO | 1016760286 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 19 | DULCE MARIA BENAVIDES MORENO | 1120824456 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 20 | MIA ISABELLA PENAGOS PINTO | 1023987220 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | 12 | 20 | 20 | 20 | 20 | | | | | | | | | | | | | | | | | | | | |

Diana Diaz

FIRMA PROFESIONAL O TÉCNICA(O) A CARGO DEL GRUPO

FIRMA RESPONSABLE UNIDAD OPERATIVA

02-12-2024

OBSERVACIONES:

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ALCALDÍA MAYOR DE BOGOTÁ D.C.
SECRETARÍA DE INTEGRACIÓN SOCIAL

PROCESO PRESTACIÓN DE SERVICIOS SOCIALES PARA LA INCLUSIÓN SOCIAL

FORMATO REGISTRO DIARIO DE ASISTENCIA JARDINES INFANTILES

| | |
|---|---|
| Código: | FOR-PSS-160 |
| Versión: | 3 |
| Fecha: | Memo I2024017078 - 24/05/2024 |
| Página: | 1 de 1 |

Razón social de la unidad operativa: **AVESOL** Nivel: **PRE JARDIN**

Operador: **FUNDACION SOCAIL CASTILLO SAN LUCAS** Grupo: **PRE JARDIN 3**

Persona atención a la primera infancia: **DIANA DUQUE** Mes: DICIEMBRE Año: **2024**

CONVENCIONES: A: ASISTIO D: DIGESTIVA E: ERUPTIVA N: NO MEDICAS O: OSTEOMUSCULAR P: OTRAS PATOLOGIAS MEDICAS R: RESPIRATORIA S: SUSPENDIDO EG: EGRESADO X: INASISTENCIA SIN JUSTIFICACION

| No. | NOMBRES Y APELLIDOS | No. DOCUMENTO ID | PRIMERA SEMANA | | | | | SEGUNDA SEMANA | | | | | TERCERA SEMANA | | | | | CUARTA SEMANA | | | | | QUINTA SEMANA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V | L | M | M | J | V |
| 1 | IVAN MATIAS CORREA ACOSTA | 1021695535 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 2 | NICOLLE VALERIA LARA SUAREZ | 1021695503 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 3 | ANNE MARTINA LOVERA NIÑO | 1016749864 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 4 | MIAH VALENTINA PERDOMO VACA | 1016749549 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 5 | CARLOS ABRAHAM PEREZ GONZALEZ | 1233699888 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 6 | ETHAN MATEO SABOGAL CUERVO | 1016749458 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 7 | ANA ISABELLA VARGAS MEDINA | CDO415543 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 8 | DYLAN SANTIAGO VEGA BARCAS | 1021695859 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 9 | GAEL LEONARDO SANCHEZ RODRIGUEZ | 1016749318 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 10 | EMILY ISABELLA MOLANO RAMIREZ | 1021695433 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 11 | EIMY SAMARA MOYA PEÑA | 1016749551 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 12 | ANGEL FELIPE ZAPATA LADINO | 1016749926 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 13 | EMANUEL DAVID GUIO AVENDAÑO | 1016750405 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 14 | ADRIAN MATHIAS CRUZ BUCURU | 1016749321 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 15 | EMMANUEL MORALES MARTINEZ | 1021695238 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 16 | ANNIE VALERIA TORRES GARCIA | 1011259258 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 17 | JULIAN MAURICIO MELO CENDALES | 1034792235 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 18 | ABRAHAN AQUILES ARANGUREN LOPEZ | CD570463 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 19 | HELLEN VALERIA PARRA GARCIA | 1032880206 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 20 | DEVINSON RODRIGUEZ SANCHEZ | 1016749580 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 21 | JONATHAN STEVEN NUÑEZ BERMUDEZ | 1113154480 | X | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 22 | ANA VICTORIA GONZALEZ LOBO | 1032513421 | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | 10 | 22 | 22 | 22 | 22 | | | | | | | | | | | | | | | | | | | | |

FIRMA PROFESIONAL O TÉCNICO(O) A CARGO DEL GRUPO

FIRMA RESPONSABLE UNIDAD OPERATIVA

02-12-2024

OBSERVACIONES:

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