Pennsylvania
Department of Health

Child Care Tracking Worksheet **PRINTABLE VERSION**

How to Use

Print out this document. Gather your enrollment data for every child at your center and split them into the following groups by their age now.

Birth to 3 months
4 months to 5 months
6 months to 11 months
12 months to 18 months
19 months to 47 months
48 months (4 years) to 60 months (5 years)

There is a page for each age group, labeled at top right of the page. For each child in the age group, write their name, mark any exemption status, and then (if no exemption exists) make a check or X through that child's current status for each vaccine.

Example: An up-to-date 0-3 month old child with no exemptions would be entered like this.

Name	Exempt	Hep B		Rotavirus		DTaP		Hib		PCV13		IPV	
	Medical (M), Ethical (E), or Religious (R)	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses
John Doe		X		X		X		X		X		X	

If a child has an exemption for all vaccines, write the letter of the exemption type in the "Exempt" box and do not fill in any of the vaccine boxes.

If a child has an exemption but has received some vaccines, write the letter of the exemption type and fill in any applicable boxes.

Once you are finished with the page, count up the number of checks in each category. Make sure none of the totals are higher than the number of kids in the age group.

If you run out of space, print more than one copy of this document or consider using the electronic Excel version that was sent via email.

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Child Care Tracking Worksheet **PRINTABLE VERSION** **Birth-3 months**

Total Enrolled Birth-3 months: _____

Name	Exempt	Hep B		Rotavirus		DTaP		Hib		PCV15 or PCV20		IPV		RSV	
	Medical (M), Ethical (E), or Religious (R)	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses	1 dose (meets req)	No doses
Total (must match Total Enrolled):															

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Child Care Tracking Worksheet **PRINTABLE VERSION** **4-5 months**

Total Enrolled 4-5 months: _____

Name	Exempt	Hep B			Rotavirus			DTaP			Hib			PCV15 or PCV20			IPV		
	Medical (M), Ethical (E), or Religious (R)	2 doses (meets req)	In progress	No doses	2 doses (meets req)	In progress	No doses	2 doses (meets req)	In progress	No doses	2 doses (meets req)	In progress	No doses	2 doses (meets req)	In progress	No doses	2 doses (meets req)	In progress	No doses
Total (must match Total Enrolled):																			

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Child Care Tracking Worksheet **PRINTABLE VERSION** **6-11 months**

Total Enrolled 6-11 months: _____

Name	Exempt	Hep B			Rotavirus			DTaP			Hib			PCV15 or PCV20			IPV			Flu	
	Medical (M), Ethical (E), or Religious (R)	3 doses (meets req)	In progress	No doses	2 doses (meets req)	In progress	No doses	3 doses (meets req)	In progress	No doses	2 doses (meets req)	In progress	No doses	3 doses (meets req)	In progress	No doses	3 doses (meets req)	In progress	No doses	Current (meets req)	Not current
Total (must match Total Enrolled):																					

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Child Care Tracking Worksheet **PRINTABLE VERSION** **12-18 months**

Total Enrolled 12-18 months: _____

Name	Exempt	Hep B			Rotavirus			DTaP			Hib			PCV15 or PCV20			IPV			Flu		MMR		Varicella		Hep A		
	Medical (M), Ethical (E), or Religious (R)	3 doses (meets req)	In Progress	No doses	2 doses (meets req)	In Progress	No doses	4 doses (meets req)	In Progress	No doses	3 doses (meets req)	In Progress	No doses	4 doses (meets req)	In Progress	No doses	3 doses (meets req)	In Progress	No doses	Current (meets req)	Not current	1 dose (meets req)	No doses	1 dose (meets req)	No doses	2 doses (meets req)	In Progress	No doses
Total:																												

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Child Care Tracking Worksheet **PRINTABLE VERSION** **19-47 months**

Total Enrolled 19-47 months: _____

Name	Exempt	Hep B			Rotavirus			DTaP			Hib			PCV15 or PCV20			IPV			Flu		MMR			Varicella			Hep A		
	Medical (M), Ethical (E), or Religious (R)	3 doses (meets req)	In Progress	No doses	2 doses (meets req)	In Progress	No doses	4 doses (meets req)	In Progress	No doses	3 doses (meets req)	In Progress	No doses	4 doses (meets req)	In Progress	No doses	3 doses (meets req)	In Progress	No doses	Current (meets req)	Not current	1 dose (meets req)	In Progress	No doses	1 dose (meets req)	In Progress	No doses	2 doses (meets req)	In Progress	No doses
Total:																														

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Child Care Tracking Worksheet **PRINTABLE VERSION** **48-60 months (4-5 years)**

Total Enrolled 48-60 months: _____

Name	Exempt	Hep B			Rotavirus			DTaP			Hib			PCV15 or PCV20			IPV			Flu		MMR			Varicella			Hep A		
	Medical (M), Ethical (E), or Religious (R)	3 doses (meets req)	In Progress	No doses	2 doses (meets req)	In Progress	No doses	5 doses (meets req)	In Progress	No doses	3 doses (meets req)	In Progress	No doses	4 doses (meets req)	In Progress	No doses	4 doses (meets req)	In Progress	No doses	Current (meets req)	Not current	2 doses (meets req)	In Progress	No doses	2 doses (meets req)	In Progress	No doses	2 doses (meets req)	In Progress	No doses
Total:																														