

**Lower Columbia College Head Start/EHS/ECEAP
Toileting Plan**

Child's Last, First Middle Name: _____ DOB: _____

Date: _____ LOC ID: _____ Teaching Team: _____

CHILD'S NEEDS ARE:	PROPOSED ACTION TO SUPPORT NEEDS:	CENTER RESPONSIBILITIES:	PARENT RESPONSIBILITIES:
Staff will support child with the need(s) that has been identified and marked. ○ Needs Reminders ○ Needs Pull-Ups ○ Physical support to sit on toilet ○ Social-emotional Support (child is scared of bathroom) ○ Support child with clothing need (zipper/buttons) ○ Needs support with wiping ○ Not potty trained yet and still wears a diaper ○ Other:	Please mark all the step(s) needed to support child: ○ Provide schedule to remind child to go to the restroom (before and after transitions or every_____). ○ Assist child on/off the toilet if needed. ○ Encourage child and walk child to the bathroom and stand by door (if needed) ○ Assist child with buttons or zippers ○ Staff will encourage child to wipe themselves and assist child only if absolutely needed. ○ Staff will assist with changing child's clothing ○ Support child remove pull-up if needed ○ Other:	The Center will: Support and encourage toileting Make toileting a positive experience for child Provide pull-ups or diapers Provide a mat to change child (if needed) Keep parent informed on toileting Inform parent if plan is no longer needed Follow the center's diapering procedure	The Parent(s) will: Support and encourage toileting at home Send an extra set of clothing for child to have at the center Inform center of any changes that pertain to toileting Keep staff informed on toileting Inform center if plan is no longer needed

Original in File

Copy to Parent (if requested)

(C: 03/24)

Parent Comments and Progress:	Staff Comments and Progress:	Other Center Ideas and Plans:	Other Parent Ideas and Plans:
Parent Signature	Staff Signature	Date Plan Created:	Date of Plan Completed:
Parent Signature	Staff Signature		
Parent Signature	Staff Signature		