Sacramento City Unified School District

# CHILD DEVELOPMENT DEPARTMENT

**TOILETING PLAN**

***(Classes with Head Start Funding)***

**Child: Site: ❒AM ❒PM**

**Program: ❒** EHS **❒** HS **❒** HB **❒** Wrap **❒** FD

*The child listed above is not toilet-trained and will need assistance during the school day. This plan identifies activities to be conducted by both classroom teacher and parent/guardian that will assist the child in meeting his/her toileting needs.*

* Words child uses to indicate toileting needs:
* Frequency of urination:
* Frequency of bowel movement:

**The parent/guardian agrees to:**

Provide extra changes of clothing

Dress the child in clothing that facilitates successful toilet-training

*If the child demonstrates toileting readiness*, the parent/guardian will encourage toilet-training in the home. The parent/guardian will keep the teacher informed of toileting progress so that the teacher will plan classroom experiences that will support home toilet-training efforts.

Other:

**The classroom teacher agrees to:**

Change the child, or assign staff to change the child, when wet or soiled.

**\***Change child in a location that allows for privacy

Provide plastic bags to dispose of soiled diapers, etc., and to send home soiled clothing

Wear plastic gloves when changing the child.

*If the child demonstrates toileting readiness*, the teacher will encourage regularly planned visits to the bathroom. Teachers will use positive reinforcement techniques to encourage independent toilet use. The teacher will keep the parent/guardian informed of the child’s toileting progress.

Provide disposable diapers or pull-ups: Size Weight

Provide diaper wipes

Other**:**

**\**Each site has varying bathroom accommodations. The parent/guardian is encouraged to visit the site and discuss the site accommodations with the classroom teacher. All teachers follow diapering and toilet-training guidelines that have been approved by the program and meet health standards.***

Parent/Guardian Signature: Date:

Relationship to child (circle one): Mother Father Aunt Uncle Grandmother Grandfather

Teacher Signature: Date:

Date of Follow-up Meeting: (*agreed upon by parent/guardian and teacher)*

Date Toileting Goals Met: Initials: Teacher Parent

**Distribution: White** – Child’s Classroom File **Yellow** – Parent