**Toilet Training Report**

**Policy:** Parents will receive a written daily record regarding bathroom occurrences when assistance is needed.

**Procedure:** If a child regularly needs assistance with toileting, then use the Toilet Training Report with each bathroom occurrence. Fill out details for the child’s name, site, date and time of occurrence. Use an X to log what type of occurrence. Document any notes if necessary. **Record wet/soiled clothes or diarrhea on the Illness/Incident Report.** Records will be kept on file and distributed to the Site Supervisor and the child’s parents.

**WEEK OF**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Child’s Name:** | | | | | | | | **Site:** | | |
| **Date** | | **Time** | **Wet** | **Bowel Movement** | **Both W and BM** | **Used Toilet** | **Dry** | **Urinated** | | **Assisting Staff Name** | **Notes** |
| **Monday** | |  |  |  |  |  |  |  | |  |  |
| **Tuesday** | |  |  |  |  |  |  |  | |  |  |
| **Wednesday** | |  |  |  |  |  |  |  | |  |  |
| **Thursday** | |  |  |  |  |  |  |  | |  |  |
| **Friday** | |  |  |  |  |  |  |  | |  |  |

**Original: Child File Copy to: Parent and Site Supervisor** Reference: Licensing R400.8146 (3) (c) 7/19 P:/Head Start Files/Admin/Procedure Manual/Site