**Toilet Training Report**

**Policy:** Parents 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 supervisor and the child’s parents.

 **Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **W=Wet****BM=Bowel Movement****WBM=Both W and BM****D=Dry** | **Tried to use Toilet**  | **Urinated in Toilet** | **Bowel Movement in Toilet** | **Child Wearing:****D=Diaper PU=Pull-Up** **U=Underwear**  | **Staff Assisting** **(First and last name)** | **Notes** |
| ***4/26/21*** | ***10:30am*** | ***W*** |  |  |  | ***D*** | ***Sally Fields*** | ***Put on new D.*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Original: Child File Copy to: Parent, Site Supervisor and Site Coordinator** Reference: Licensing R 400.8137 (10) R400.8146 (3) (c)

2/22 (Revised 7/21) P:/Head Start Files/ADMIN/Procedure Manual/Licensing/Toilet Training Report