

**Community Action Team**  
**CHILD & FAMILY DEVELOPMENT PROGRAMS**  
Individual Toileting Plan

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**Describe Toileting Assistance Or/Diaper Changing Schedule at School:**

\_\_\_\_\_  
\_\_\_\_\_

**Diaper/Pull Up (circle one) and Size:** \_\_\_\_\_

**Change of Clothing**

- provided by parent/guardian
- provided by school (whatever clothing items available)

**Toileting Assistance for Diaper/Pull up Changing Method Used at School**

- Stand Up (preferred diaper changing used with children 3 or older unless there is a special need)
- Lying Down

**Creams, Lotions, and cleaning Items to be used when diapering (list)**

\_\_\_\_\_

**Updates to Toileting Plan:**

\_\_\_\_\_

**Date of Update:** \_\_\_\_\_

**Parent(s) or Guardian(s) Signature:** \_\_\_\_\_

**Head Start Staff Signature:** \_\_\_\_\_

**\*Document in Child Plus in the health module. Upload as an attachment in the health module and shred or give the parent the original.**