

Golden City C.D.C., Inc.

INFANT INDIVIDUAL TOILET TRAINING PLAN

Date: _____ New: _____ Update: _____ No changes: _____

Child's Name: _____ Age: _____ B.D: _____

Wears disposable diapers: _____ Cloth: _____ (please read guidelines for cloth diapers)

Do you use:

A&D _____ Desitin _____ Powder: _____ Special Wipes: _____ Other _____

Is diaper rash a problem? _____ If so, how do you treat it? _____

How often do you change your child?: _____

What age do you want to begin toilet training? _____

When do you want to introduce?

Pull-up _____ underwear _____ Other: _____

(Infants who are being toilet trained shall not be required to wear diapers unless specifically indicated by parent)

Methods of toilet training? _____

How often do you change your infant's clothes: _____

Sleeping Behavior:

Nap time/s: _____

What does he/she take to bed (blanket, bottle, pacifier, etc.) _____

Nap time procedures: _____

What is mood upon awakening? _____

Sleep in crib: _____ bed: _____

If under 2, is child permitted to sleep on mat at child care center if he prefers?

Yes _____ No _____ Parent Initials _____.

Infant Representative: _____ Date: _____

Teacher: _____ Date: _____

Director: _____ Date: _____