

Diapering and Toileting

Head Start Performance Standards

§ 1302.47 (b) (6)

§ 1302.31 (e) (3)

§ 1302.42 (e) (1)

§ 1302.22 (d)

Policy

- Diapering and Toileting P&P **must** be hung in all bathrooms where diapering and pull up changing takes place.

Orientation

During Orientation, the **Diapering and Toileting Policy and Procedure** is shared with parents.

Diapers are provided by the program for enrolled children. Parents are not charged a diaper fee.

Cloth diapers are provided by the program when a child cannot wear plastic/disposable diapers for medical reasons. Soiled cloth diapers are placed in a separate foot-pedaled receptacle.

If a family is experiencing a crisis (such as job loss, housing instability, and lack of funds) and requests diapers, program staff will provide a one-time supply of supplemental diapers and assist in connecting the family to resources for accessing low-cost or free diapers.

Safety

Changing tables should have nothing placed or stored on them because of the possibility of cross-contamination among staff and children.

Changing and sanitation supplies must be stored within arm's reach of the changing station and high enough that children cannot reach them.

Babies and toddlers are reminded who is next to be changed, are invited to the changing or toilet area and are given reasonable opportunities. Mobile children are encouraged to navigate the steps up to the changing area.

Hygiene

Children's diapers must be checked every two hours or more frequently as needed.

All children in diapers/pull-ups must be dry when transitioning to rest time.

When a child is transitioning from diapers to using the toilet, staff members may change diapers in the bathroom with the child standing up.

Children with soiled or wet clothing will be changed into a fresh set of clothing. Soiled or wet clothing are placed in a closed plastic bag in their cubie to be sent home the same day. Clothing changes for HCDC Infant's, One's and Two's will be noted in the Infant/Toddler Daily Activity Report.

Children must be dry before transitioning to the bus.

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Challenges

If the child is on an **Individual Family Service Plan (IFSP)**, the Disabilities & Mental Health Supervisor will be consulted to help the parent and teacher decide whether to add toileting as a goal on the plan.

If a child refuses to be changed, staff will contact the **Health Services Supervisor** to see whether a **Classroom Support Plan** is necessary.

Procedure

- Staff will contact the **Health Services Supervisor** to discuss chronic refusals during diapering and toileting transitions.
- Staff will schedule a meeting with the parent(s)/guardian(s) to complete a **Diapering and Toileting Support Plan**.
- Plans will be uploaded to ChildPlus under the health module.
- All attempt and refusal must be documented on the **Toileting Tracking** form. Document all communication in the communication log in ChildPlus
- Tracking forms will be kept in the child file in the classroom.

The urgency of a diaper change depends on the condition of the diaper (e.g., bowel movement, excessive wetness).

Plans should be flexible to accommodate individual needs while ensuring the child's health, hygiene, and comfort.

Changing Table Procedure

1. Wash your hands with warm soapy water.
2. Prepare the area with gloves, wipes and diaper.
3. Help the child onto the changing table or mat. Always keep one hand on the child. Never step away from the mat, even for a moment.
4. Put on gloves.
5. Remove clothes from the child's bottom half.
6. Remove the old or soiled diaper.
7. Wipe the child's bottom from front to back.
8. Remove one glove and wrap the diaper with the glove, soiled side in.
9. Remove the other glove.
10. Place the soiled diaper in the pail/garbage.
11. Put a clean diaper on the child.
12. Put the child's clothes back on.
13. Wash the child's hands under warm running water with soap for 10 seconds.
14. Place the child back into the group.

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15. Disinfect the table with the approved disinfectant solution. Leave the solution to air dry or wipe it off after two minutes.
16. Wash your hands under warm running water for at least 20 seconds.
17. Dry your hands with a paper towel and then turn off the water using the same paper towel **or** turn off the water with a paper towel and then use a clean paper towel to dry your hands.
18. Mark the diaper change on the **EHS Daily Report**.

Mat Changing Procedure- (If using the mat procedure, you must have supplies available to follow licensing and sanitation rules. Reach out to the **Health Services Supervisor** for supplies and guidelines.)

1. Wash your hands with warm soapy water.
2. Prepare the area with gloves, wipes and diaper.
3. Help the child onto the changing mat.
4. Put on gloves.
5. Remove clothes from the child's bottom half.
6. Remove soiled diaper / pull-up and place into a lined, covered trash container.
7. Wipe the child's bottom from front to back (one wipe per swipe) and throw it away into trash container. Gloves must be discarded at this time.
8. Put on clean diaper/ pull-up and redress the child.
9. Have the child wash their hands under warm running water with soap for 10 seconds.
10. Clean and disinfect the Mat. If there are any spills on the floor, clean and disinfect this area too.
11. Wash your hands under warm running water for at least 20 seconds.

Standing Diapering Procedure

1. Wash your hands with warm soapy water.
2. Prepare the area with gloves, wipes, and diapers.
3. Put on gloves.
4. When changing a child standing up, clothing and shoes must be removed first to keep clothing from being soiled.
5. Ask the child to hold their shirt/sweater up above their waist to avoid contamination.
6. Do not slide the diaper or pull-up down the child's leg. Instead, pull the sides apart to remove the diaper/pull-up.
7. Remove soiled diaper / pull-up and place into a lined, covered trash container.
8. Use a wipe to clean child's bottom from front to back (one wipe per swipe) and throw away into trash container. Gloves must be discarded at this time.
9. Put on clean diaper/ pull-up and redress the child.
10. Have child wash hands.

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11. Clean, sanitize and disinfect the area. If there are any spills on the floor, clean, sanitize and disinfect this area too.
12. Wash your hands under warm running water for at least 20 seconds.

Diaper Rash

If a child develops or arrives at the center with chapping or chafing commonly known as diaper rash, the staff will take steps to relieve the irritation. Any lotions or ointments will only be used in accordance with DELC's Rules for Certification of Child Care Centers and our program's **Medication Administration Policy and Procedure**.

A signed, dated, written authorization needs to be on file. Authorizations for prescription medications must be given by a medical authority. Authorizations for non-prescription medications may be written by a parent or guardian.

All medications given or applied to children, including any non-prescription products, must be provided by the parent and must be in the original container, labeled with child's name, dosage, and directions for administering.

Maintain a written record and inform parents daily of all medications administered or applied to children.

In Home-Based and Coffee Creek Early Head Start classrooms, parent(s)/guardian(s) will be encouraged to monitor and change children's diapers frequently. The parent/guardian of any child attending the Coffee Creek Early Head Start program may choose to supply diaper rash medication for use at school. The product must be provided in the original container, labeled with the child's name, and stored in a designated location out of children's reach.

Diaper Rash Treatment Procedure

Cleanse skin gently with warm water. Use a spray bottle of plain water to moisten severely irritated skin. Avoid vigorous scrubbing and use mild soap *only* if needed to aid in removing feces.

If the child has no known drug allergies, and the parent has agreed, Head Start staff may apply medication (such as Vaseline, A & D ointment, or Desitin) supplied by the parent after each diaper change. For any medication, staff must adhere to the Head Start **Medication Administration Policy and Procedure**.

If the rash worsens or shows no improvement after three days, staff will ask the parent to consult with their child's medical provider.

In Home-Based and Coffee Creek Early Head Start classrooms, diaper rash medications will be supplied by the parent/guardian if they choose. The parent/guardian will apply the product to their own child.

Toilet Learning

A child will show readiness for independent toileting in three ways: physically, cognitively, and emotionally.

Physical readiness: Child can stay dry for two or more hours during the day, wakes up dry from naps and may wake up dry in the morning.

Forms Reference:
[Individual Family Service Plan, EHS Daily Report,
Head Start Standards of Conduct]

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Cognitive readiness: Child wants to watch people using the toilet, wants to flush the toilet and asks questions about it.

Emotional readiness: Child asks to be changed when wet, pretends to use the toilet, and asks to use it.

The presence of all three readiness signals indicates the most opportune time for learning toilet independence. This critical period usually emerges between ages two and four.

When all the signs are present, staff will make it convenient for the child to use the toilet and provide help as needed. Potty chairs are not used in center-based programs. Modified potty seats may be used but must be cleaned and disinfected after each use. Teacher will reach out to Health Services Supervisor to request supplies to support use of potty seats. Parents will be asked to assist in toilet learning by dressing the child in loose-fitting clothing that the child and caregiver can easily remove. Use of diapers and pull-ups is not recommended during this time. Staff will be available and helpful but will not hover or pressure children. In line with our **Head Start Standards of Conduct**, staff members will not force a child to remain on the toilet or punish a child for wetting or soiling their clothing.

- Staff members will only use pre-approved learning materials to help support toilet learning. If you need pre-approved toilet learning materials reach out to the Disabilities and Mental Health team. Audio-visual technologies are prohibited in the bathroom or toileting process.
- Staff will use appropriate language when encouraging children to use the toilet such as “It’s time to go potty”, “Do you need to go pee/pee-pee or poop/poo-poo?”, “Do you need to go to the bathroom?” or “Do you need to use the toilet?”.
- Staff members supervising children while engaged in toilet learning must always protect the child’s privacy.
- Staff members will directly supervise children who are engaged in toilet learning and will not leave them unattended. To prevent infection and maintain cleanliness, staff will teach and assist all children to wipe from front to back, ensuring they are clean, and to wash their hands after using the toilet.