Toilet Training Guidelines: Day Care Providers—The Role of the Day Care Provider in Toilet Training

Day care providers’ participation in the toilet training process is invaluable because they often are among the first to recognize when a child is developmentally ready to toilet train, they communicate with and educate parents to provide appropriate and continuous toilet training methods and messages, and they help teach the child proper toilet training practices.

DEVELOPMENTAL SIGNS OF READINESS

- The initiation of toilet training should always be based on the child’s developmental level rather than on the child’s age. Initiating toilet training before the child is developmentally ready can create stress and anxiety for the child and the family, and increase the length of time it takes to train the child.
- It is important for the child to begin toilet training when he/she exhibits signs of interest and readiness. Failure to recognize and act on these signs may cause the child’s interest to wane and can delay the toilet training process. Therefore, readiness should be viewed as a valuable window of opportunity that day care providers can help parents to identify and respond to.
- Day care providers can recognize the signs of readiness by understanding certain cues. Readiness cues include the following:
  1. The child can imitate his/her parents’ behavior.
  2. The child begins to put things where they belong.
  3. The child can demonstrate independence by saying “no.”
  4. The child can express interest in toilet training.
  5. The child can walk and is ready to sit down.
  6. The child can communicate his/her need to eliminate (urinate/defecate).
  7. The child is able to pull clothes up and down (on and off).
  8. The temperament of the child, which includes motor activity, intensity of reactions, mood, regularity (especially behavioral), initial approach/withdrawal response, adaptability to new situations, attention span/persistence, distractibility, and sensory threshold/frustration level, needs to be considered when determining the child’s readiness and the caregivers’ strategy for toilet training.
- Day care providers must advise parents that toilet training is a multistep process and that setbacks are common, should be anticipated, and need not be seen as a failure, but rather as a temporary step back to a more comfortable place and, indeed, another natural step toward progress.
- If the child has not been toilet trained by the age of 4, the day care provider can suggest to parents that:
  1. The child be seen by a pediatrician for a physical and neurologic evaluation.
  2. The pediatrician speak with the parents about toilet training methods and techniques.

TOILET TRAINING PRACTICES IN THE DAY CARE SETTING

- Because toilet training is a major learning experience that occurs when the child is in day care, day care facilities should be recognized by providers and parents as a place where toilet training is guided. Therefore, day care providers are in a unique position to teach children toilet training skills.
- Day care providers can include toilet training into their established curriculum. For example, day care providers can read stories to the children about how big boy Bobby or big girl Sally goes to the potty, and they can organize games that reinforce toilet training practices.
- Day care providers can make the toilet training experience as positive, natural, and nonterrorizing as possible, so the child feels confident that he/she is doing the training on his/her own.
- Day care providers should practice toilet training within the context of helping the child develop self-esteem and independence. Because toilet training involves discussing, undressing, going, wiping, dressing, flushing, and hand-washing, the day care provider can reinforce the child’s success at each step.
- Children often learn skills and benefit from observing and imitating their parents and peers. Although parents can avoid pressuring their child to toilet train, the pressure that a child receives from his/her peers cannot be as regulated. Whereas parental pressure can hinder the toilet training process, shared experience with peers can benefit the child by helping to boost the child’s interest in and desire to learn.
- With this in mind, day care providers may encourage peer observation/participation of toilet training practices by implementing a variety of group activities while remaining sensitive, at all times, to privacy needs of the child.
- Day care providers should stress to parents the importance of good nutrition on a child’s growth and development. Because increasing intake of high-fiber foods and reducing consumption of dairy products can help soften stools while helping to develop and maintain regular bowel movements, day care providers should offer fiber-rich foods for lunch and snacks.
THE ROLE OF DIAPERS
• Regular/frequent diaper changing is part of the day care center’s routine activities. Diapers should be checked for wetness or feces every hour and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. Diapers should be changed when they are found to be wet or soiled.
• Toddler skin, which is as susceptible to rash as infant skin, may suffer more when exposed to urine and feces because of the friction caused by increased movement and activity. Frequency and severity of diaper dermatitis are lower when diapers are changed more often.

DAY CARE PROVIDERS AND PARENTS IN PARTNERSHIP
• At the time a child is enrolled in day care, day care providers can inform parents about their experiences and established practices for toilet training in a group setting while learning about parents’ views, goals, and preferred methods on toilet training for their child. If parents are inexperienced or lack knowledge about toilet training practices, day care providers can provide parents with information (verbal or written) and advise parents on a variety of successful toilet training methods and techniques.
• It is important for the day care provider to be sensitive to and take into consideration each family’s cultural values or a child’s special needs when planning a child’s toilet training strategy. Any involvement by a day care provider can be confusing to a child unless the day care provider is fully aware of the parent’s training goal and adheres to that same goal.
• Toilet training, when initiated, should follow a prescribed, sequential plan that complements toilet training methods practiced at home.
• Day care providers can remind parents that toilet training is best started when the child is not experiencing any other change (eg, moving, new siblings, new school, new child care situation).
• To make toilet training easier for the child, day care providers can remind parents to dress their child in easy-to-remove clothing. For example, belts and overalls should be avoided because they are difficult for a child to manipulate.
• Day care providers should welcome and encourage parents to speak freely about concerns they have about their child’s development or problems with toilet training. Providers can schedule meetings with parents to discuss and resolve any crises and/or special problems.

RECORD-KEEPING
• Because usually more than one provider cares for the child, there needs to be continuity and consistency in the record-keeping of the child’s activities and developmental progress.
• Because parents need to have accurate information about their child’s development and progress, a periodic assessment of the child should be conducted and communicated to parents. Parents should be given an opportunity to discuss, in person, these findings with the day care provider.

DAY CARE SETTINGS/FACILITIES
• Day care venues include day care centers, care with relatives or other home type settings, community centers, and places of worship. Therefore, it is important for day care providers to adjust toilet training practices to fit the day care setting.
• A changing area should include a changing table that can be cleaned and disinfected after each use, a sink, and a place, such as a closed receptacle, to dispose of diapers safely, and it should be designated for all children regardless of age. This changing area should not be near the kitchen, eating area, or play areas.
• Toilet rooms, flush toilets, toilet training equipment, and fixtures should be in good working condition; they should be cleaned and sanitized at least daily and when soiled.
• Toilet training equipment should be provided for and accessible to children who are being toilet trained. Toilets and sinks should be small enough for a child to use comfortably (maximum toilet height should be 11 inches and maximum sink height should be 22 inches). Safe step aids and modified toilet seats can be used in facilities where adult-sized toilets are present.
• Potty chairs in the day care environment are not practical—they need to be cleaned out regularly, they may cause children who already are toilet trained to regress, they take up too much space, and they are considered unsafe because of contamination and infectious disease risks. Their use should be discouraged. However, if child-sized toilets, step aids, or modified toilet seats cannot be used, potty chairs that can be cleaned and sanitized easily should be provided for toddlers, preschoolers, and children with disabilities who require them.
• If potty chairs are used, they should be emptied into a toilet, cleaned in a utility sink, sanitized after each use, and stored in the bathroom.
• Whereas nondisposable training pants prevent a possible infectious disease risk because they are hard to remove when full and can be a source of contamination when stored in a plastic bag to be sent home, diapers and disposable training pants offer containment, comfort, and convenience.