



September 21, 2022

Dear Elementary Educators, Educational and Health Assistants and Principals,

Some elementary schools in APS are experiencing a growing number of students in the primary grades who are not yet fully potty trained.

These students are in general education and thus the situation poses questions about who in the school can help the students learn to be independent and help clean up accidents. This is especially difficult because general education teachers cannot leave their class unsupervised.

Considerations for your site-based plan:

- Employees asked to change or help with toileting should be on a voluntary basis. From there each school will set up a rotation process to ensure the process is fair.
- Differential pay will be granted to all those in the AFCP bargaining unit who volunteer and conduct diapering/toileting. Only for Students in K-3 in Primary General Ed.
- When needing to help a student to change or diaper, employees should work in pairs and with students who are the same gender as the employees.
- A private facility needs to be identified for the diapering/toileting.
- Employees WILL NOT use the student restrooms for diapering/toileting.
- Data of how many schools and students per school doing diapering/toileting for 1st grade and older will be kept and recorded this data will be shared with both local unions AFCP and ATF.
- Parents will be requested to provide extra change of clothes for their kids who require toilet training.

Pasted below is guidance from nursing services. We are asking that each site's Instructional Council work out a "toilet training plan" plan based on your student's need and amiable staff. Create rotating roles and responsibilities so that more than one person is pitching in to address student's needs and cover classes. Educational Assistants need to have input for the "Plan" put in place when working with students.

Thank you,

Valerie Hoose (APS HR), Ellen Bernstein (ATF), and Kathy Chavez (AFCP)

Potty Training Guidelines
APS Nursing Services

1. It is not a requirement in the Student Handbook nor in Board Policy/Procedural Directive, for kindergarten or primary school start, that students are fully potty trained; it is a developmental expectation by that time but not a school requirement. Students cannot be refused access to education if they are not fully potty trained. Potty training is distinguished from diapering and toileting that is required for students with disabilities.

2. Some key **Questions to Ask** are:
 - Are there any additional/other deficits the child is experiencing?
 - Are there any MLSS interventions in place for any other reason?
 - Is the child taking medication that impacts ability to use the bathroom independently?
 - Has the child been referred to the SAT process for evaluation?
 - What is the medical condition that parents are providing?
 - What accommodations are being requested?

3. If there is a medical reason to have an Individualized Healthcare Plan for toileting, then the rationale is the student would probably be eligible for a 504. However, if there is no medical diagnosis, it would be up to the teachers and the administration as to how they will handle it as part of MLSS. Potty training is an educational, and developmental, process. This is a process that is managed in the classroom by teachers and EAs with support, as needed, from health office staff.

4. Optimally, the year would start with a Health and Wellness meeting to create a plan of action that should include a toileting schedule for each day with regular visits to the bathroom from the classroom (assisted by teacher and EA) and a foundation of parameters around care of accidents: ie. students should be gaining independence in cleaning themselves. If they need cleaning, a system whereby 2 people are present is needed so there is a witness on the off chance that allegations arise. The meeting would include a discussion about personnel needed and the supplies needed from parent/guardian such as pull ups, wipes, and extra clothing. Potty training bathroom visits (or “toileting”) should be to the nearest restroom. It is not a requirement that the Health Office bathroom be used as it might be in use for chronic medical conditions requiring toileting for other reasons. It is critical to go through the SAT process to determine if there is a presence of disability requiring either 504 or IDEA interventions and that multiple levels of support are utilized and individualized.

5. Potty training, in and of itself, is not historically covered under 504 plans (when there is no evidence of a mental/physical disability). This may be a situation where the child has not had the opportunity to learn. If a toileting plan is created for a young, un-potty trained, student who also has an IEP, the plan can be included in that documentation.