



Department
of Children
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Disabilities

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& Workforce

Guidance on Diapering and Toileting Hygiene in Ohio Schools

Collaborative publication from the Ohio Departments of Children & Youth, Health,
Developmental Disabilities, and Education & Workforce

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Purpose

Frequent inquiries from families and educators about how to support children who need toileting support has prompted the creation of this guidance document for schools. Ultimately, a public school district cannot refuse to enroll or serve a child who has toileting support needs.

Toileting is an activity of daily living. Just as bathroom breaks and restrooms are provided in every building where individuals learn, live, and work; it is best practice for schools to have supportive interventions in place for all children and focus efforts along the continuum of care. Working together with families of children with diapering and/or toileting needs is likely to have a positive effect on attendance, confidence, and social and emotional well-being.¹ If children are excessively absent or disengaged from school due to an issue with diapering or toileting, this guidance can support local efforts to transform approaches to health and safety practices for the child and staff.

Each Local Educational Agency (LEA) and early care and education program is encouraged to adopt sanitation and hygiene procedures for assisting with toileting and diapering that protect the health and safety of all children and staff. The determination of which personnel within a setting can be asked to assist with toileting and diapering is a local matter.

Background

Transitioning into early care and education programs, kindergarten, elementary, middle, or high school can be a time of uncertainty and anxiety for some children and their families.^{2,3} Providing support, understanding, a toileting routine, and consistent communication with the family will support the goal of every child becoming independent.

It is important to build relationships with the families of the children in your local programs among the continuum of care from infancy through graduation. The knowledge and understanding of cultural differences may differ from the expectations of school personnel. If there are medical needs, the child should be connected to his/her school nurse and may already have an Individualized Healthcare Plan. If there is a documented disability, the student may already have an Individualized Education Program or a 504 plan. Any planning for supports should be rooted in the [Whole Child](#) approach, with conversation and understanding all the ways the school is supporting the students' access to education. The family or legal guardian will need to supply clean clothes, underwear, pull-ups, and/or diapers for the individual child depending on the need. The school may assist the family in identifying resources for clean clothing or products, if needed.

Lack of bladder and bowel control is generally called incontinence. In addition to incomplete toilet training, there are other possible causes of incontinence that should be considered. This is particularly true if the child starts to become incontinent after previous toileting success, as well as for children over the age of six years. These include:

- Adverse Childhood Experiences.⁴
- Child abuse or neglect.⁵
- Constipation (can impact both bladder and bowel) or impaction.
- Diabetes.
- Infection.
- Side effects of medication.
- Stress.
- Undiagnosed neurological disease.

There is a wide variety of possible causes of incontinence. Important considerations include being aware of these potential causes and working as a team to identify possible causes and treatments. In addition, if someone working in a school has a suspicion of child abuse or neglect (not confirmation—just a suspicion), then as mandated reporters they must contact Child Protective Services (CPS) to make a report. CPS is responsible for investigating the situation, evaluating the safety of the child in the situation, and providing support to the family to help them be successful.

Families, children, school staff, and healthcare providers may find incontinence distressing. It is important for all to work together to identify the cause of incontinence and a plan to work together to help the student.

Definitions Used in this Guidance:

Toileting Needs: Assisting or supervising in using the toilet, which may include pulling pants down, lifting student, wiping perineum, hand hygiene.

Diapering Needs: Assisting, changing, or supervising with cloth or disposable diapers or pull-ups/disposable underwear used to collect urine and stool. May include pulling diaper up, down, or off, lifting student, wiping perineum, hand hygiene. Students with medical support such as a colostomy bag should be connected with the school nurse for supports needed during the school day.

Laws:

State law citations provided below provide additional information. The federal Individuals with Disabilities Education Act provides the right for a Free and Appropriate Public Education (FAPE) to each and every student. This guide provides sample strategies and forms which may be adopted by the local education agency. Consult your local legal team if there are questions about local policies, procedures, or processes aligning to state and/or federal law requirements.

ORC 5180-37-12 Diapering	ORC 3313.6413 Free feminine hygiene products in schools	U.S. Department of Education Individuals with Disabilities 34 CFR 300.320 Definition of individualized education program
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Guiding Principles for Diapering and Toileting in Ohio Schools

Bathroom independence is a fundamental skill for independent living and dignity. We want each student to be as independent as possible in the bathroom. For those students who need adult support:

- Provide age-appropriate education for peers to foster understanding and reduce stigma. Teaching students about disability inclusivity, respect, and the importance of supportive school environments will promote disability awareness in peer groups.
- Install universal changing tables and inclusive bathroom designs in every school building to ensure equity and access for all.
- Consider the environment and what is the least restrictive setting. A student bathroom is more typical/less restrictive than a staff bathroom. The Opportunities for Ohioans with Disabilities has provided guidance on [Universal Changing Tables](#).
- Assume that students are capable of learning new skills and routines.
- Adults should model boundaries by telling students when and why they are touching the student's private areas.
- Assume the student is listening to everything you say.
- Respect the student's privacy and protect their privacy around peers. Do not talk about the child's needs in front of other students or families and practice discretion.
- Respect student autonomy by seeking verbal or non-verbal consent before providing assistance, reinforcing the child's sense of agency and safety.
- Understand that students who are not yet independent in the bathroom may be vulnerable.
- For the protection of both students and staff, it is **highly recommended that two adults be present** in the bathroom assisting the student with clothing removal, changing, or wiping. Also recommended is that the diapering/bathroom assistance is performed by an adult of the same gender as the child.
- While having two adults present is ideal for safety, schools must also respect the student's privacy and dignity. When this is not feasible, ensure safeguards such as auditory monitoring or visible changing areas are in place.
- Consider using a bathroom that is in sight and/or auditory vicinity of other adults. Other students should never be involved in the changing routine.
- Staff should use appropriate Personal Protective Equipment (PPE).
- If physical transfer of student is necessary, ensure that staff doing transfer have been trained by the Physical Therapist/Licensed Healthcare Professional on appropriate transferring procedure. If equipment is required, please consult your school nurse and local [County Board of Developmental Disabilities](#) for resources which may be available.
- Never leave a person being diapered unattended on an elevated diapering surface.
- Clean clothes should always be available as well as a plastic sanitary bag for wet/soiled clothes so not to contaminate.
- **A Routine Personal Care Plan** (diapering or toileting) could be developed by a team, which may include Occupational Therapy (OT) or Physical Therapy (PT). ***A sample has been provided at the end of this document, which can be adjusted for your use.***

- Training on the Routine Personal Care Plan, when determined necessary and put into place, should be provided and documented in the personnel file. *Note that there is no standardized training yet available on the topic.*
If you see a need for training to be created and available for staff, email the need and request to childcarepolicy@childrenandyouth.ohio.gov.
- The school may assist the student’s family in identifying resources for clean clothing or products, if needed, for use at home and in the community.
- Cultural differences and intersectional factors (e.g., race, disability, socioeconomic status) may shape toileting practices. Schools should provide culturally competent training for staff to foster understanding and inclusivity.

Diapering Best Practices:

People of all ages may require a diaper at some or many points in their life. For children who are not yet in kindergarten, diapers or pull-ups need changing in accordance with [OAC 5180-37-12](#). For kindergarten age or older students, a frequency of toileting or diapering is determined on an individualized basis. Once it is determined that a student needs adult support in their toileting that requires diapers, the steps to consider in their Routine Personal Care Plan include:

Basic procedure for full change (Remember, the goal is for the student to take over performing tasks as they are able):

1. Identify a designated diaper changing area that includes considerations such as privacy.
2. Provide age appropriate privacy and practice discretion around others not involved directly in care, including peers.
3. Inspect the designated changing area and make sure that all the necessary equipment and supplies are available in the area (i.e., gloves, wipes, etc.).
4. Designated diaper changing area should not be in the immediate vicinity of a food preparation or food service area.
5. Bring/Direct student to the changing area.
6. Prepare table/surface where the student will be changed by wiping with a sanitized cloth and/or by placing protective paper on the table surface.
7. Wear appropriate Personal Protective Equipment (PPE) gloves, eye protection, and gown if necessary.
8. Talk to student about what you are doing and why (i.e., “I’m going to use the wipes to clean your buttocks now.”).
9. Equipment may be necessary, depending on the individual student’s needs. If so, make sure that the adults know how to use the equipment and there are people who have been trained available whenever the student is in attendance.
10. Transfer student to changing table (per Physical Therapy training) or standing position if able.
11. Remove soiled diaper and place it in a covered waste receptacle.
 - a. Weighing of diaper may be needed if ordered by a Healthcare Prescriber. Follow Individualized Healthcare Plan for monitoring of urine output.
12. Clean/Assist student using disposable wipes and dispose of in covered waste receptacle.
13. Dispose of soiled gloves and put on clean pair of gloves.
14. Place/Assist student with a clean diaper.
15. Transfer/Direct student out of the changing area.
16. Remove paper and clean surface with disposable cleaning wipe.
17. Waste disposal should be in a covered can and appropriate bagging that minimizes odor.

18. Work with your building custodian to ensure that appropriate trashcans and bags are accessible *and* being removed from the building on a daily basis.
19. Wash hands with soap and running water.
20. Document complete procedure and student tolerance, as needed.
21. Notify Licensed Healthcare provider of skin redness or breakdown, blood, strong odors, or any unusual discharge.

Toileting Best Practices:

The school nurse, physical therapist, occupational therapist, teacher, paraprofessional, certified nurse's aide, and other certified personnel can support children of all ages to learn developmentally appropriate toileting practices. Some young children might not be fully toilet trained upon entering kindergarten or may experience accidents during the school day. Public and community schools may not deny enrollment or unenroll a student for toileting accidents, wearing disposable training pants to school, or for requiring assistance with toileting. Once it is determined that a student needs adult support in their toileting routines, the steps to consider in their Routine Personal Care Plan include:

1. Provide privacy and practice discretion around others who are not involved directly in care, including peers.
2. Wear appropriate Personal Protective Equipment (PPE) – gloves (eye protection and gown if needed).
3. If clothes are wet or soiled, have students remove clothing and provide dry clothes (and assist as needed). Provide wet bag (water-proof bag for soiled clothing). Ensure bags are labeled with child's name and store in a secure area to send home with student.
4. Where and when possible, teach students to wipe from front to back and to discard toilet tissue into the toilet.
5. If rectal or buttock area remains soiled and the student is unable to adequately complete the cleaning, wipe area front to back with disposable moist wipes if available. *Use gentle pressure.* Place moist wipes in plastic lined waste disposal container.
6. Document complete procedure and student tolerance, as needed.
7. Encourage the skill-building for individual tasks, appropriate for the individual child's skill building and development, so we are working on the students' progress toward he/she taking over performing tasks as they are able.
8. Consider the use of devices like grab bars, toilet seat risers, adaptive clothing, or other accessibility options to increase the independence of the student.

Incorporating Technology for Toileting and Hygiene Support

Advancements in technology can offer innovative solutions to promote independence and enhance support for students with toileting needs. Schools are encouraged to explore tools such as automated toileting systems, visual communication apps, and wearable alerts to improve accessibility and streamline care. When integrating these technologies, staff should collaborate with families, students, and therapists to ensure appropriateness and effectiveness, provide training to caregivers and staff, and regularly evaluate their impact. Leveraging these resources can transform how schools approach toileting and hygiene support, fostering dignity, independence, and confidence for all students.

How to Integrate Technology into School Policies and Practices

1. **Assess Individual Needs:** Collaborate with families, students, and therapists to determine which technologies are most appropriate and effective for each student's needs.
2. **Provide Training:** Ensure staff is trained on using these technologies effectively and safely, with regular updates as new tools are introduced.
3. **Pilot and Evaluate:** Start with pilot programs to evaluate the effectiveness of technology solutions before scaling across the school or district.
4. **Funding and Resources:** Identify funding opportunities to procure assistive technologies and reduce the financial burden on schools and families.
5. **Accessibility Standards:** Ensure that all technological solutions comply with accessibility standards and are user-friendly for both students and staff.

Example Technology for Assistance in Diapering and Toileting Hygiene

Assistive Technology for Toileting

- **Automated Toileting Systems:** These systems include self-cleaning toilets, adjustable height features, and bidet functions that can promote independence for students with mobility challenges.
- **Toilet Training Devices:** Sensors or apps that monitor and alert students about toileting schedules based on physical cues or pre-set routines can aid in skill development and reduce accidents.
- **Tracking Apps:** Encourage families to use apps designed for people with developmental disabilities that provide simplified reminders for hygiene tasks.

Communication Tools

- **Visual Communication Apps:** For students with communication challenges, apps with visuals, symbols, or audio prompts can help them express when they need toileting assistance.
- **Wearable Alerts:** Devices that provide vibrations or sounds to remind users of bathroom schedules can promote independence and prevent accidents.

Hygiene Support Systems

- **Handwashing Stations with Visual Prompts:** Use motion-activated sinks with embedded prompts (e.g., "scrub now") to teach proper hand hygiene post-toileting.
- **Sanitation Alerts:** Smart dispensers for hand sanitizer that monitor usage and notify staff when supplies need replenishment.

Monitoring and Feedback

- **Smart Diapers:** Products equipped with sensors can notify caregivers when a change is needed, reducing discomfort and promoting hygiene.
- **Real-Time Communication Tools:** Use secure messaging platforms for families and school staff to share updates on toileting routines or progress without breaching privacy.

Accessibility in Bathrooms

- **Touchless Technology:** Install touchless soap dispensers, flush systems, and doors to enhance hygiene and accessibility for students with physical or sensory challenges.
- **Universal Changing Tables with Smart Features:** Include height-adjustable tables that track usage or send alerts when cleaning is required.

Resources on Technology

Assistive Technology of Ohio: <https://atohio.org/>

OCALI Lending Library: <https://ocali.org/lending-library>

AT3 Center: <https://at3center.net/>

American Speech-Language-Hearing Association: <https://www.asha.org/>

Resource Guide for Parents

Early Connections Zero to Three:

<https://www.zerotothree.org/resources/266-potty-training-learning-to-the-use-the-toilet>

American Academy of Pediatrics:

<https://www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/Creating-a-Toilet-Training-Plan.aspx>

Mayo Clinic:

<https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/potty-training/art-20045230>

Citations Used in Guidance

¹<https://pmc.ncbi.nlm.nih.gov/articles/PMC5446552/>

²<https://www.researchgate.net/publication/367403557> Child Self-Report Measures of Primary-Secondary Transition Experiences and Emotional Wellbeing An International Systematic Literature Review

³<https://www.researchgate.net/publication/283575298> Supporting Young Children’s Transitions to School Recommendations for Families

⁴<https://pmc.ncbi.nlm.nih.gov/articles/PMC4597773/#:~:text=Results,than%20those%20with%20no%20factors>

⁵<https://www.researchgate.net/publication/370226440> Mental health problems stressful life events and new-onset urinary incontinence in primary school-age children a prospective cohort study

⁶<https://www.cdc.gov/nchs/data/nhsr/nhsr146-508.pdf>

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Sample Routine Personal Care Plan

This sample plan may be used as a guide. It may be changed, edited, or altered for individual school use and is not a required form for any purpose. We recommend that the following sample is used as a guide or discussion prompts during a conversation where the team listens and actively collaborates with the child's family member(s) to construct a co-created plan.

Student Name: _____ Date of Birth: _____

This plan has been recommended by: _____

Background Information –

Tell us about your child's experiences and present level of skill for meeting his/her own bathroom needs (Completed by the parent/adult caregiver responsible for the child).

1. Can your child walk to and sit on a toilet?
Yes, unassisted
No
Yes, but only with assistance
2. Can your child pull down his or her pants and pull them up again?
Yes, unassisted
No
Yes, but only with assistance
3. Is your child able to stay dry for up to two hours? Yes or No
4. Does your child understand and follow basic directions? Yes or No
5. Does your child communicate when he or she needs to use the bathroom?
Yes, almost always
Yes, most of the time
Sometimes, but inconsistent
Very rarely
Not yet/Not at all
6. Does your child seem interested in using the toilet by him/herself? Yes or No
7. Does your child wear a diaper or pull-up while at home?
Yes
No
Only at certain times (please specify):
8. Has your child used the toilet independently with success at any time in his/her life?
Yes
No
9. Is independent toileting an issue in specific situations or places (for example, in public or crowded situations)?
Yes (please specify):
No
10. Is your child hesitant to ask for help when needing to use the bathroom?
Yes (please specify and provide relevant information, like does he/she only ask a specific person to help, but no one else? Is he/she less likely to ask in the mornings or when occupied with playing?)
No
11. Are there certain situations or experiences that we should know about around toileting success or struggles?
12. Is there anything else that is important to understand and know about your child so that we can help him/her be successful at school?
13. What are your hopes for sharing this information with us? What do you want to avoid or ensure happens while your child is at school around toileting?

Team identified to provide input on this plan for this student:

Plan: Below is an example of the questions which should be considered in crafting a plan of support.

Vision: What we aim to accomplish with this plan:

People involved in the bathroom routines at school:

Locations/time periods involved:

- Before school:
- Bus ride/Transportation:
- Homeroom/AM:
- Gym/Art/Music/Specials:
- Lunch/Snack time:
- Recess/Outdoor play:
- Afternoon:
- Nap time, when applicable:
- Swimming, when applicable:
- After school:
- Bus ride/Transportation:

Supports Needed:

- Requires assistance with wiping
- Assistance with clothing fasteners, up or down removal to use toilet
- Needs reminders or scheduled cues or bathroom visits
 - Environmental support (i.e. smaller toilet, cushion seat)
 - Medical support
 - Complete diapering/ pull-up support
 - Other (please specify):

Supplies Needed:

- Does the child need diapers, pull-ups, wipes, extra clothes, plastic bags for soiled clothes?
- Who is responsible for alerting who when supplies are running low?
- Who is responsible for providing the supplies to who?

Other Important Information:

- What will be documented? When and how will information be shared and who will it be shared from and to?
- Is a Medical Support Plan needed as part of this plan? (If specific medicine or cream is needed, school must have permission from parent and prescriber if warranted)

Include a review date

Once the plan is created and shared, all adults who have a part in the plan, plus the students' parents, should have the opportunity to review and make suggested changes. Once it is final, all should sign the plan with their name, their role in the school or family, and the date.



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