

**Title:** Support-First Kindergarten Readiness — House Bill 2486

**Speaker:** Rep. Sherri Brantley

**Time:** ~5 minutes

***Madam Chair, I have an amendment. I move to amend House Bill 2486 by striking out the language that removes Section 3(d).***

***READ AMENDMENT***

Chair and members of the Committee, thank you for the opportunity to speak in support of House Bill 2486.

This bill is not about denying access to education; it is about early support and intervention so every child can start kindergarten safely, confidently, and ready to learn. By setting a clear readiness expectation—while also establishing compassionate pathways for families who need help, we strengthen both student outcomes and classroom conditions.

House Bill 2486 requires that children enrolling in kindergarten be toilet trained, and it carefully defines what “toilet trained” means: the child can communicate the need to use the bathroom, use the toilet independently, and manage personal hygiene—including changing clothes—after an accident.

Equally important, the bill respects and protects children with disabilities or medical conditions by providing explicit exceptions for students whose needs are documented through an IEP, a Section 504 plan, or a verified medical condition.

The bill also directs school districts to adopt policies that consider whether toileting delays may indicate an exceptionality, refer families to social workers or counselors for support, and, under limited circumstances, allow a parent-designated adult to assist the child at school.

**The amendment before you remove any language about “removal/reintegration,” underscoring that the bill is purely support-first and not exclusionary.**

Why does this matter for teaching and learning?

Decades of longitudinal research demonstrate that early identification and support improve academic trajectories. Children who receive timely developmental assistance in the early grades are more likely to meet grade-level benchmarks by third grade and maintain stronger literacy and numeracy growth thereafter (National Center for Education Statistics, Early Childhood Longitudinal Studies).

When classrooms are not pulled off task for routine hygiene emergencies, teachers can protect instructional time—a critical driver of achievement—and students benefit from consistent, uninterrupted learning (American Federation of Teachers classroom management findings; Journal of School Health discussions of health-related disruptions).

**The health rationale is just as compelling.** Evidence from the Centers for Disease Control and Prevention shows that effective hand hygiene programs in schools reduce diarrheal illness by roughly 31 percent and respiratory illness by about 21 percent. Fewer illnesses mean better attendance—for students and staff—and a steadier instructional rhythm that helps children keep pace academically (CDC, “Handwashing: Clean Hands Save Lives”; CDC, School Health Guidelines). Aligning kindergarten readiness with independent toileting is a practical component of the broader hygiene framework schools already implement.

**There is also a child safety and dignity component that deserves attention.** Toileting regression can be a signal of developmental or medical needs, and—in some cases—of psychosocial stress, trauma, or neglect. The American Academy of Pediatrics advises responding to toileting difficulties with supportive, non-punitive strategies, and the U.S. Department of Health & Human Services’ Child Welfare Information Gateway documents that maltreatment can manifest in developmental delays and regression behaviors, including toileting.

By requiring districts to consider exceptionality and to connect families with social worker and counselor support, the bill creates an early, trauma-informed pathway to help identify underlying needs, engage families compassionately, and, when necessary, activate protections for the child (AAP, Toilet Training Guidance; HHS Child Welfare Information Gateway on maltreatment and developmental outcomes).

Safeguards from abuse are strengthened under a support-first approach. Kansas already requires mandatory reporting of suspected child abuse or neglect, and school personnel are part of that safety net.

Clear district procedures for responding to toileting concerns—combined with training on trauma-informed practices—help staff recognize potential red flags and follow required reporting protocols promptly and appropriately (Kansas Statutes Annotated § 38-2223; Kansas Department for Children and Families guidance). In practice, a well-designed policy standardizes how concerns are documented, how parents are engaged, and how referrals are made, reducing the likelihood that issues go unnoticed or unmanaged.

**The bill also addresses an underdiscussed area: student privacy and teacher liability when staff are asked to assist with pull-ups or diaper changes.** These intimate care tasks, when performed in classroom settings, can introduce privacy and safety concerns for the child and create legal risk for educators who may not be trained or authorized for

such care. Districts often rely on safeguards such as a two-adult presence, documented consent, and clear protocols to protect students and staff.

By reducing the frequency of scenarios that require intimate care in kindergarten—and replacing them with family-centered supports—the bill minimizes exposure to these risks, preserves student dignity, and lets teachers focus on instruction (NSBA risk management guidance; FERPA-aligned privacy practices; district policy best practices).

In short, readiness plus support is a safer, smarter path than informal, undefined intimate care in the classroom.

**I want to emphasize that the amendment removing “removal/reintegration” language makes the bill’s intent unmistakable: schools are to partner with families, not exclude children.**

Social workers and counselors connect caregivers to practical strategies and local resources.

School nurses and pediatric providers help rule out medical causes and advise on supportive plans.

Special education teams evaluate services when appropriate. The goal is success in kindergarten—now—so that children don’t face compounding setbacks later.

**Passing HB 2486 reaffirms our commitment to safe, healthy, and reasonable classrooms.**

It protects instructional time, strengthens hygiene and attendance, supports trauma-informed identification of needs, and reduces privacy and liability risks associated with intimate care tasks.

Most importantly, it gives families the guided assistance they need so their children can thrive from day one. Thank you for your consideration, and I welcome your questions.