

# **DC Family Policy Seminar**

*A community service project of Georgetown University*

September 26, 1996

**Diane Doherty MSW, Moderator**  
**Project Director**  
**Children's Safety Network**  
**National Center for Education in Maternal and Child Health**

*The environments we provide for our children speak to how we feel about our children and how we value them.*

- Injuries are the leading cause of death for children ages 0-19 in the United States. A quarter of all injuries to children age 5-19 occur on school grounds. This is a concern to parents and educators because not only are injuries costly (an estimated \$3.2 billion was spent on medical spending for injuries), but they are 100 percent preventable. Primary prevention is an important component of reducing injuries.
- A common definition of primary prevention to help combat injuries is: "primary prevention is an active process of creating conditions in fostering personal attributes that promote well-being." We all need to be involved in this active process to provide safer environments for our children in D.C. Public Schools.
- The question is--who's responsible for responding and preventing injuries?
  1. educators
  2. parents
  3. administrators/principles
  4. government officials
  5. program planners in and out of school
  6. health providers
- We need to look beyond this core group and look to businesses, fire and police departments, and others for solutions.
- The goals of today's seminar are numerous. We hope to educate each other about injury prevention in the schools, and in particular, primary prevention. We also want to provide information about what's already happening in the city with respect to injury prevention in the schools and look at areas that we can improve. In this sense, we hope that organizations will come together to form collaboratives to build on prevention strategies that is already in place.

**Henry Williams, MD, MPH**  
**Chairperson, D.C. Disability and Injury Prevention Program**

*The goals of the D.C. Disability and Injury Prevention Program are to spread the word on the concept of Partnerships for Disability and Injury Prevention and hope that it will become a "schoolhouse" and "household" phrase. This will not only empower the community, but also promote wellness and healthy lives, so that death will truly be a natural process.*

**Main Points:**

- The D.C. Commission of Public Health's Disability and Injury Prevention Program (DIPP) is a collaborative endeavor between the D.C. Department of Human Service, Commission of Public Health and the federal Centers for Disease Control and Prevention. A major focus of DIPP is to address the need to identify and ameliorate at-risk conditions which result in a disability or injury and identify risk conditions for injuries which may lead to a primary or secondary disability. A key component of DIPP is the injury subcommittee that was formed to address the need to institute strategies for injury prevention throughout the District of Columbia. The DIPP injury subcommittee is promoting the goal of injury and disability prevention by advocating for:

1. The establishment of a trauma registry for neurological injuries.
2. The establishment of a surveillance system to identify, track, and monitor the prevalence an incidence of injuries across all age cohorts for D.C.
3. The establishment of a regional surveillance network that will monitor and exchange information across jurisdictions.
4. The identification of the leading causes of intentional and unintentional injuries across gender and age cohorts.
5. The identification of risk factors associated with injuries among persons with disabilities and those risks which may contribute to a secondary disability.

- School related intentional and unintentional injury is of grave concern to DIPP's injury subcommittee. They are particularly concerned with head and spinal cord injuries which may result from a fall from a jungle gym or monkey bars on the playground and from injuries sustained while playing intramural school sports.

- Nationally, school-related injury is a public health concern in terms of human losses due to death and disability, and in financial terms. With significant concentration of injuries occurring in persons between 15-19 years of age, society cannot afford the continued loss of young lives, the extreme high cost of medical treatment, or the cost to support those who are permanently disabled.

- Efforts to prevent school related injuries are justified on moral and ethical grounds as well as economic reasons. The American Public Health Association and the American Academy of Pediatrics developed a set of National Standards Relating to Injury Prevention to serve as a guide to correct hazards in schools and child care centers. Implementation of these standards through policy development and practice could significantly reduce or prevent injuries to young children. These standards focus on the following:

1. Outdoor hazards - building fences for pools, building playground away from busy streets, ensuring the proper height of playground equipment, and call for the building of resilient surfaces under playground equipment;

2. Structure of the facility - elevated structures such as balconies or porches should be provided with railings or other safety features, windows with appropriate screens and latches,
3. Indoor hazards - toys and furniture should be free of splinters and sharp edges; poisons, hazardous substance and medications should be kept in locked places;
4. Fire/burns - working fire and smoke detectors should be present in all schools, eliminate the use of free standing space heaters, and ensure that water temperatures do not exceed 120 degrees;
5. Emergency procedures - first aid kits should be in all schools or classrooms, at least one staff person should be certified in CPR;
6. Supervision - adult supervision at all times for young children;
7. Safety education - safety education for parents, and for children;
8. Transportation - ensure that all passengers are seated in seats with suitable restraint systems.

- In a recent survey entitled *National Standards Relating to Injury Prevention*, only half the states had regulations similar to the recommendations above. Although safety policies and measures, particularly with school buses, playground safety, and intramural sports have made a difference in reducing the mortality and morbidity rate, the ability of neurosurgery to have a favorable impact on long term disabilities is extremely poor. Thus, prevention is the key.

- Nationally, nearly 3.7 million children suffer injuries at school each year at a cost of \$3.2 billion and another \$89 billion in good health lost. A district-wide trauma registry and surveillance system are needed to identify, collect, and analyze causes of injury and the related outcomes.

- Culturally sensitive and age appropriate intervention and prevention strategies must be designed in collaboration with targeted populations.

- Presently, the Commission of Public Health, under the leadership of Dr. Harvey Sloane, and the Health Transformation Team chaired by Dr. Ahkter, is assessing the high costs associated with treating injuries, and other conditions such as chronic illnesses and diseases.

- In a recent national study supported by the Maternal and Child Health Bureau, Dr. Ted Miller and Rebecca Spicer, with the Economics and Insurance Resource Center-Children's Safety Network, examined six years of National Health Interview Survey data to estimate the frequency and cost of injuries among school children 5-19 years of age (see attached handouts).

- The conclusion of this study and recommendations reiterate the urgency to address injury in the schools, particularly among students at the middle and high school levels. The authors also noted that epidemiological studies to identify the causes and outcomes of school injuries are also needed.

- These recommendations and findings are consistent with the work being conducted by DIPP's injury subcommittee. In a recent Partnerships Promoting Disability and Injury Prevention forum held in June 1996 at Howard University, an injury prevention coalition was formed. Coalition members included consumers with disabilities due to injuries, representatives from preventive health, maternal and child health, D.C. Public Schools, area hospitals, Rehabilitation Services Administration, advocacy groups, D.C. Department of Recreation, Developmental Disabilities Planning Council, universities, Metropolitan Police Department, Safe KIDS, Fire Department, City Council, Mayor's Committee on Persons with Disabilities, the Office on Early Childhood Development, and the National Rehabilitation Hospital to name a few. These individuals made the following recommendations to address the critical injury problem, in the District of Columbia:

1. Reinstate the D.C. Chapter of the National Brain Injury Association.
2. Support prevention coalitions to encourage individual and organizational prevention activities.
3. Develop an injury/disability directory and calendar of events.
4. Support legislation effecting injury prevention.
5. Improve the response time to emergency calls related to personal injuries.
6. Require more safety education before issuing driver licenses to adolescents and young adults.
7. Develop a central trauma registry to include persons not admitted to the hospital.
8. Develop more systematic data collection efforts to collect information associated with risk factors with persons with disabilities.

- As a government system, the Commission of Public Health realizes that efforts to reduce injury in the schools and in our neighborhoods will only be realized when the community is empowered. The Commission of Public Health recognizing the importance of community empowerment and has recently trained some 25 community health educators.

- The staff of DIPP have also been working to formulate prevention partnerships with the community. Some of the recent activities have included the following developments:

1. The development of a Disability and Injury Strategic Plan that will provide a blue-print for agencies and organizations to adopt and institutionalize prevention strategies in their annual departmental or program plans.
2. A *Consumers Guide to Disability and Injury Prevention* was developed - it is designed to solicit District residents to sign on with the Commission of Public Health as a Partner for Disability and Injury Prevention. Citizens signing up will receive a certificate of membership and a prevention cup.
3. *Preventive Health Activity Books: Facts About Disability and Injury Prevention* were designed to educate young children 2-6; in turn these children will become educators for their families on the consequences of risky behaviors and unsafe environments. Presently, we are working with the D.C. Office on Early Childhood Development and D.C. Public Schools to implement this program.
4. The development of a Disability and Injury Prevention Curriculum which promotes the wellness concept by addressing the prevention of primary and secondary disabilities.
5. Development of a *Disability and Injury Data Book* which will identify relevant data sources on disabilities and injuries, so that programs and the community at-large can focus their community planning and prevention action efforts in a cost-effective manner.
6. Implementation of coalition meetings and community forums which are designed to educate and train persons at the Mayor, City-Council, and the Administration level; the program level, and throughout the community at a grass-roots level. Targeted training sites will include schools, day care centers, Advisory Neighborhood Councils (ANC) and Public Housing Tenant Associations.

- These are but a few of Public Health's leadership efforts. It is our hope that the concept of Partnerships for Disability and Injury Prevention will become a schoolhouse and household phase, to not only empower the community, but to also promote wellness and healthy lives, so that death will truly be a natural process.

**Mary Levy**  
**Washington Lawyers Committee for Civil Rights and Urban Affairs**

*It is important that we look to prevention models and push enforcement of safety codes in the schools. We need to teach everyone what it is they need to do to keep kids safe. If we approach this in a very positive way, we'll save kids—and everyone around them—a lot of pain and suffering.*

**Main Points**

• There are a number of laws, rules and regulations affecting public school facilities safety in the District of Columbia. Following is a list (not comprehensive) of some D.C. laws and regulations schools must meet:

1. D.C. Fire Code Regulations (12 DCMR):
  - To prevent outbreak of fires, notify building occupants if fire occurs, contain fire and smoke, permit quick egress from building, provide means for extinguishing small fires.
  - includes alarms and backup power, fit of interior doors, condition of floors, safety glass in doors, breaches or missing tiles in ceilings or walls, peeling paint, condition of electrical devices, fire evacuation plan and fire drill requirements, fire extinguishers.
2. D.C. Building Code Regulations(12 DCMR) -- covers boilers, roofs, windows.
3. D.C. Code -- laws establishing fire and building codes, including boilers
4. Laws requiring abatement of asbestos and lead.
5. Occupational Safety and Health, both federal and local rules and enforcement to protect employees.

• Information on injuries at school: In 1989, at the time of investigation preceding the fire code lawsuit, we obtained D.C. Public Safety incident reports (on injuries, both accidental and intentional) for a period of three years. No analysis was ever written up. Most reports related to fights or assaults, and playground injuries (anecdotal information derived from reports recorded in examples below.

• What can happen as a result of unsafe conditions in school facilities?

1. Fires: few, if any, recorded fire injuries in recent years, but fires do occur frequently, the majority as a result of arson. What can happen, particularly if a fire spreads in a building with fire code violations is frightening. For instance, at my children's high school last year, fires were lit in trash cans. If nobody had noticed them, they would have spread to other rooms and floor due to the holes in the wall and missing ceiling tiles before the alarm would be rung.
2. Recorded injuries also occur from wide variety of facilities deficiencies. For example:
  - a boy slipped in the bathroom and fell on a radiator and cut and burned his eye
  - a boy was asked by a chemistry teacher to raise the window, when he did, it fell out (100 pounds) and hit him on the head.
  - a young girl on a playground had her shoe penetrated by a used hypodermic needle.
  - children found a gun on the playground at an elementary school.
  - dead rats in the cafeteria from sewage overflow from public housing.

- What to do to prevent or mitigate injuries:
  1. Fix the facilities: to do this means large-scale infusion of capital funding to eliminate code violations and hazardous conditions (total cost \$600 million) and to provide regular maintenance of facilities and regular monitoring for safety. However, this will not occur without continuing public awareness and pressure (there is a lot of competition for capital funds) and will almost certainly require creative new ways of financing to carry out major facilities renovations or replacements.
  2. Educate the public: this requires educating students and parents about conditions, dangers, preventive measures. We can educate others by using existing smaller scale networks for parents, and also school nurses and school employee unions.
  3. Enforce existing laws and regulations: included in this is employee training as part of the enforcement effort.

- We went to see the Mayor to tell him about the problems in the schools and ask for money to repair them. He said that it was more important to fix the streets. A lot more people complain about the streets than in the public schools. The only way to get the money spent on public schools to take care of basic safety needs is if the public pressures elected officials to allocate the needed funds.

- On the subject of law enforcement: as a lawyer, I know that lawsuits are the worst way to solve disputes. Unfortunately, lawsuits are slow and painful, and generally brought when it's too late and damage has already been done. Parents United filed a lawsuit with the city on fire code violations only as a last resort. We got a short-term result for patch-up repairs, but we also got schools closed, which we did not want, and the causative deficiencies still have not been fixed, so more fire code violations occur all the time. We need prevention, education, and public attention, so that lawsuits become a fail-safe only.

**Gene Kilby**  
**Manager, Environmental Systems Compliance**  
**D.C. Public Schools**

*The school system is in dire need of financial resources to repair and maintain facilities.*

**Main Points:**

- I was hired to correct fire code violations in the schools. When I started in 1994, there were around 9,000 violations in the public schools. So far, my department has fixed over 5,000 violations. Unfortunately, the problem is so overwhelming that simple maintenance is not enough.
- This year, we've run into a similar problem and we were cited for about 3,900 violations. Half of these violations can be categorized as "simple" violations (e.g., improper storage, improper use of extension cords, broken doors). Other violations such as problems with ceiling tiles, were caused by leaking roofs. But we have not been given the capital to fix some of these major violations. Since 1991 we have replaced about 15 roofs on schools, but when there are 149 roofs that are leaking, we need more funds.
- What is the school systems role in providing a safe environment where school children can learn? Our main objective is to educate the children. Thus, we have to deal with all the problems that come up whether we have the resources to deal with them or not.
- The Environmental Systems Office goal is to provide a safe environment for all those that interact with the schools. Our safety program is not separate from our regular work. Accident prevention must be interwoven into every level of management in the school system. Our goal is to develop, supervise, and evaluate materials for educators, children and administrators at the school for safety procedures. We serve as a liaison with the fire department, construction companies, and with civil defense. In sum, our role is to oversee all safety programs in the D.C. Public Schools.
- Responsibility for the safety program is split between three groups:
  1. The *Environmental Systems Branch* is responsible for the system-wide approach to develop the policies and principles for all schools.
  2. *Principals* adopt the safety procedures for personnel to report dangerous practices and unsafe conditions as they become known, train personnel to be safety conscious, and evaluate school accidents.
  3. *Teachers* have the best opportunity to share the educational and safety program with the students and the community. They also play an important role in recommendations for specific instructional needs. They can call my office for suggestions on how to best teach safety for the kids.
- Some programs have succeeded in cutting injuries in the schools:
  1. In 1992, we went through an entire playground equipment improvement and resurfacing program. Based on injury reports since 1992, these changes have reduced injuries and accidents on the playgrounds.
  2. Introduction of local school management. Within this framework, we have instituted a casualty prevention program. This program contains a check list of certain items that the school themselves should be checking on a periodic basis (e.g., fire alarm system, boilers, playground equipment). The top priority of this program is to fix fire code violations and to look at all health and safety issues of all students and staff.

- Our office also handles all the hazardous materials problems in the school. Unfortunately, until we have more resources we can't completely fix some of these problems; we can only identify where the problem exists and "manage" the problem (i.e., ensure the problem doesn't get out of control and find temporary measures to combat the problem). We manage the following in the schools: asbestos, lead, indoor air quality, code enforcements, and reports of injury.
- We do have some ideas and strategies for improving the facilities. Prevention of any kind needs to come from the local school level. One idea is to establish a safety committee at each school. When there is not enough resources, it is important to have local control of certain issues. If parents, students, and teachers are educated and empowered to make decisions and choices at a local school level, I feel we can reduce the amount of injuries and promote safety and training. Participants in a safety committee on a local level can be made up of the school nurse, PE teacher, parents, a community group that has resources to help, and many others. I envision that the goal of this committee would be to establish procedures to inspect the facilities on a periodic basis and to promote safety and training to establish school safety programs.
- This is my first public service position. When I was in the private sector and we found out that our product wasn't working or wasn't selling, we'd just stop selling the product. However, in the public sector, we have to deal with our problem "product" effectively. In the public sector we can't stop, we need to keep on looking for suggestions and solutions. While I work with many committed individuals, we need help: we need help from the community and we need resources to solve some of these real problems. Once a building or structure has outlasted its useful life, maintenance and problems will increase. Without the proper resources, we will never succeed in maintaining our school buildings and keeping them safe for all who enter.

**Marilyn Jones  
Nurse/Educator  
D.C. Lead Poisoning Prevention Program**

*All children must be tested for lead poisoning between the ages of six months to six years old. Lead poisoning is 100% preventable and only by being aware and vigilant, will we be able to halt this life-threatening disease.*

**Main Points:**

- What is lead poisoning? Lead poisoning is a disease caused by swallowing or inhaling lead. It is the number one environmental disease that threatens children and is the number one preventable disease in young children.
- Lead poisoning facts:
  1. Children under age 6 are most at risk. Over 2,000,000 American children have dangerously high levels of lead in their blood.
  2. Young children face great risks because they put everything in their mouths; their bodies absorb and retain more of the ingested lead than adult bodies do.
  3. Lead is toxic to the body and when absorbed can cause serious harmful effects.
  4. Lead is not just an inner city problem. Middle and upper-income families who renovate older homes are likely to encounter lead paint, as are those with lower incomes. Suburban homes, as well as city apartments; have lead problems too.
  5. Too much exposure to lead can irreversibly damage a child.
  6. There is no known cure for lead poisoning.
- The Student Health Care Amendment Act (DC Code 31-2402) was recently passed. The Act requires:
  1. students attending public or private school in the District be tested for, and furnish a certificate of testing for, lead poisoning (if they do not, the parent or guardian is subject to a fine not to exceed \$100)
  2. mandatory reporting of lead testing results
  3. the collection and study of lead data.
- How do elevated blood levels affect children?
  1. Low levels of lead in the blood are not that obvious, but studies show that a child's development is harmed in the following ways: red blood cell production is damaged, lower IQ scores, and some children have behavior problems.
  2. At higher levels, damage may occur to the: nervous system, kidneys, reproductive system, mental development, and brain development.
  3. With long term exposure, children can have lasting mental impairment, lapse into a coma, or even die.
- Symptoms of lead poisoning mirror some of the other common childhood illnesses. Sometimes these signs are mistaken for the flu. Lead poisoning symptoms may include:
  1. stomach ache and cramps
  2. irritability
  3. fatigue
  4. frequent vomiting
  5. constipation
  6. headache
  7. sleep disorders

8. poor appetite

As more lead accumulates, children become clumsy, weak, and lose acquired skills.

- Common places to find lead:

1. In the home/schools (e.g., window sills, walls, floors, doors, painted metallic objects).
2. Outside: (e.g., paint on stucco walls, roads, gravel driveways, porches and stairs, demolition areas, pets' fur).
3. In water (e.g., copper pipes with lead solder, well pumps).
4. Schools (e.g., dirt around playgrounds, paint, water).

- Families can take the following precautions to protect against lead poisoning and lead exposure in their children:

1. Wash child's hands often (especially after playing and before eating).
2. Keep paint chips out of children's reach.
3. Remove dust from floors, walls, and furniture (damp mop floors and wash walls using Tri Sodium Phosphate or a high detergent such as dishwasher powder. Repeat two times a week).
4. Feed children a balanced diet, high in Iron, low in fat.
5. Remove children and pregnant women during lead base paint removal of home.

- Primary prevention activities to reduce lead poisoning hazards on children in D.C. include:

1. Public education and community outreach. To inform parents, teachers, health care providers, pediatricians, and child care providers about the hazards and prevention of lead poisoning.
2. Screening activities. All children under six years of age need to be screened annually by their health care providers. Our department provides free, walk-in screening for lead poisoning.
3. Medical management. A complete diagnostic evaluation, periodic testing, and treatment where indicated is done by our office for children with lead poisoning.
4. Lead central registry. A lead registry is necessary maintains records of all children screened and a tracking system for lead poisoned children.
5. Lead source(s) identification. A trained sanitarian conducts a thorough investigation of the child's environment for identification of all possible lead exposures.
6. Lead hazard(s) remediation. All lead hazards must be removed from the child's environment by a contractor trained in the safe removal of lead hazards, especially lead based paint.

- Temporary ways to reduce exposure to lead in and around the home:

1. Wash children's hands after playing, before meals, and before bedtime.
2. Wash children's toys or pacifiers often to reduce dust.
3. Remove flaking or peeling paint inside or outside the home.
4. Damp mop each week to reduce dust in the home.
5. Use tri-sodium phosphate or automatic dish washing detergent to wash surfaces each week.
6. Cover cracked walls or ceilings with contact paper, tape, cloth or canvas to prevent plaster and paint chips from falling to the floor.
7. Cover lead-based painted woodwork with cloth, canvas or layers of heavy wrapping paper.
8. Move children's cribs away from walls that have peeling paint.
9. Plant ground cover on bare soil around the yard.
10. Let standing water run from the tap until the water changes temperature.

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## Community Announcements and Discussion

*The DC Family Policy Seminar graciously acknowledges the generous space and facilities offered by the Academy for Educational Development, and the help provided by the Center for Youth Development in obtaining the space.*

### COMMUNITY ANNOUNCEMENTS

#### **Fire Prevention Programs for Children**

The D.C. Fire Department Fire Prevention Division provides educational programs to children in District schools to teach them fire safety skills. Schools are invited to call me to set up a program for their students—from nursery school to 8th grade—at (202) 727-1614. The program usually lasts an hour and I bring an engine company with me to help educate the children.

*Pat Everett, D.C., Fire Department*

#### **Lead Prevention Programs**

The public can help us speak out about lead by joining our speakers bureau. We train individuals to help us teach the community about lead prevention and abatement. Please call us at (202) 727-9850.

*Marilyn Jones, D.C. Lead Poisoning Prevention Program*

#### **Violence Prevention**

Our center is dedicated to reducing gun related violence in the schools. We have two national programs: (1) Based on a public health model, we have developed an educational program with the American Academy of Pediatrics that is intended for physicians to use in their waiting rooms. (2) STAR (Straight Talk About Risks) is the second national program run by our office. It is a violence prevention curriculum for students in pre-Kindergarten through 12th grade. Our office produces a six hour training program for instructors. We can also help you secure funding for the training via local resources. We have already started working with schools in Ward 7 and 8 and we've also worked with the D.C. Department of Recreation and Parks. I can be reached at (202) 289-7319.

*Dave Bass, Center to Prevent Handgun Violence*

### QUESTION & ANSWER/DISCUSSION

#### **Lead Prevention in D.C. Public Schools**

**Q:** What specific lead prevention programs exist for children in the public school system?

*Diane Doherty, CSN/NCEMCH*

**A:** In the schools, our primary concern is the children. Our office goes out to where the kids are to teach them about lead prevention. We go to child care centers, nurseries, and all D.C. Public Schools, and talk to all children. We provide testing free of charge at all these locations. If there is a problem and a child has elevated blood levels, we go into the home and anywhere else the child may spend a lot of time, to find out where the lead is coming from.

Also, the National Lead Safety Council has made a video using Sesame Street characters to educate children about lead poisoning. This video is offered free of charge and can be ordered at 1-800-424-LEAD (5323). This video is effective for kids of all levels and is a great tool to help them remind one another about lead poisoning prevention strategies. Adults cannot be around all

the time and this video reinforces lead prevention in a fun and musical way so that children remember and help one another remember to watch out for lead.

We are also available to come out to you and provide educational seminars and screenings. We screen churches, community groups, and other settings seven days a week. Mary Robinson is our coordinator for screening. Please give her a call at our office (202) 727-9870.

*Bernard Wren, Preventative Health Services Administration, D.C. Commission on Public Health*

**Q:** What kind of home products are there for consumers to test the levels of asbestos and lead?  
*Peter Hundley, Planned Parenthood of Metropolitan Washington*

**A:** For lead, you can find a kit at the hardware store that will tell you that you have a problem. The only way to find out the actual levels is to go to a laboratory. Currently, to sell your home you have to disclose how much lead is in the house and that is the job only a certified laboratory can do.

*Bernard Wren, D.C. Lead Prevention Program*

### **School Based Initiatives**

**Q:** I see a great disparity across administrations in the schools. Some schools are much more strict and concerned about school safety versus other schools that are more lenient. However, in order to be effective, Mr. Kilby suggested that safety committees have to be established at each of the schools at the local school level. My question is, how far have you gone to make sure that each school has a safety committee?

*Maua Johnson, Clean and Pure*

**A:** With the transition to school based management, each school now has the responsibility to set up their own committees. We thought that safety would be reconsidered under the "local restructuring team." Unfortunately, everyone has his or her own personal agenda and safety seems to have been left out. I suggested that we establish a safety committee that focuses only on safety so that it is not forgotten. Without certain "education" of the committee people, a lot of programs will not be successful.

*Gene Kilby*

### **Modernizing the Schools**

**Q:** Is there a capital improvement budget for the D.C. Public Schools? In many states they build new schools or conduct major renovations frequently. Has there been money available to improve the schools? Are there specific goals to renovate and modernize D.C. Schools for technology (e.g., computers)? Our children need a safe environment and need to feel ownership to help them with their academic goals.

*Doris Lee, Office of Paternity and Child Support Enforcement*

**A:** In 1991 we had an independent study and assessment of all school properties in the District. The figures for repairs were so astronomical that no one acted on them. We are currently in the process of developing a comprehensive facilities plan. This will be an update of the 1991 assessment. It will include recommendations for building new facilities, maintenance. We need additional dollars to keep our current schools open until we can fix the situation we are in now. We have come up with so many plans, but they are not worth much without dollars attached to the plans.

There are several initiatives going on, such as the partnership with the Oyster Elementary School Project. That school is supposed to go under a complete renovation and will be rebuilt. But the District has 161 schools which is overwhelming. Renovations have to occur over time and can't happen overnight. We need to have a continuous effort over time to accomplish all our goals.

*Gene Kilby*

### **Fire Code Violations in D.C. Public Schools**

**Q:** I understand that you are in serious need of resources to correct many of the problems that are currently plaguing our schools. What is your department doing about getting resources and support from the community and from parents so that you are not doing this alone.

*Nadia Casseus, D.C. Hotline*

**A:** We have a volunteer program and we also work with the unions to get volunteers to do some work. It is very difficult to get volunteers to do skilled trade work, like the work needed to repair our roofs, for example. School athletes have been very helpful in providing a helping hand; they have painted doors, fixed gyms, etc. We work with different companies to negotiate roof repairs by using their products and providing publicity. Though there is a lot going on, it sometimes takes getting into the newspaper before you see results.

*Gene Kilby*

**Q:** How do you determine safety priorities in the school system?

*Vicki Rayfield, United Planning Organization*

**A:** We order our priorities in the order in which they could possibly threaten the closure of a facility. Because we are under court order to fix certain violations under the fire code, the fire code violations are our first priority. Our second priority is the health and safety of our children and staff. While fire code violations would generally be included in health and safety considerations, we had to separate it out as its own priority due to the current lawsuit.

*Gene Kilby*

### **Involving the Media**

**Q:** Is there a strategy to educate the media about what's going on in the schools? For instance, when there are injuries at the school, this is an opportune moment to educate people more about hazards and prevention strategies.

*Diane Doherty*

**A:** As for lead prevention, we will be going on cable television with lead prevention advertising "spots" to educate the public about lead issues. While you educate the public, you educate the media at the same time, and we may be able to make great strides in prevention efforts.

*Marilyn Jones*

**A:** Unfortunately, the media only wants to focus on the negative. Our program has been around for 20 years and barely anyone knows that we have a free program to test children. By educating the public, we may be able to get on the media's agenda. Unfortunately, if it is not newsworthy, it is difficult to get them involved.

*Bernard Wren*

### **Injury Prevention Standards and Regulations**

**Q:** Is there any pending legislation relating to injury prevention in the school, or are there any recommendations for standards that would be helpful for us to know about?

*Shelley Stark, National Center for Education on Maternal and Child Health*

**A:** It is mandated that kids get tested between 6 months and 6 years old. There is a bill in front of the city council on mandating testing for school aged kids as well.

*Marilyn Jones*