

CHAPTER 68

(HB 778)

AN ACT relating to child welfare.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. KRS 199.462 is amended to read as follows:

- (1) Before an applicant is approved to provide foster care or relative caregiver services to a child, ***to be*** considered a fictive kin placement for a child, or ~~approved~~ to receive a child for adoption, the Cabinet for Health and Family Services shall:
 - (a) Require a criminal background investigation of the applicant and any of the applicant's adult household members by means of a fingerprint check by the Department of Kentucky State Police and the Federal Bureau of Investigation; or
 - (b) Request from the Justice and Public Safety Cabinet records of all conviction information for the applicant and any of the applicant's adult household members. The Justice and Public Safety Cabinet shall furnish the information to the Cabinet for Health and Family Services and shall also send a copy of the information to the applicant.
- (2) The request for records shall be in a manner approved by the Justice and Public Safety Cabinet, and the Justice and Public Safety Cabinet may charge a fee to be paid by the applicant for the actual cost of processing the request.
- (3) The Cabinet for Health and Family Services shall not disapprove of any placement or custody arrangement, including but not limited to foster care, relative caregiver services, fictive kin placement, temporary custody, permanent custody, or adoption on the sole basis of a disability of the prospective caregiver without considering whether targeted adaptive or supportive services could enable the prospective caregiver to provide essential care and protection for the child.
- (4) During a certified adoptive or foster home's annual reevaluation, the Cabinet for Health and Family Services may:
 - (a) Require a background investigation for each adult household member of the certified adoptive or foster home under subsections (1) and (2) of this section; or
 - (b) Register each adult household member of a certified adoptive or foster home under subsections (1) and (2) of this section in the rap back system.
- (5) If a child is placed and resides in a fictive kin home for more than seventy-two (72) hours, the Cabinet for Health and Family Services shall take action, including but not limited to the following:
 - (a) Provide information on how to recognize and report child abuse or neglect; and
 - (b) Ensure that, within the first five (5) days of a child under the age of five (5) years old being placed in a fictive kin home, the fictive kin has completed a one (1) time training course of one and one-half (1.5) hours of training covering the prevention and recognition of pediatric abusive head trauma, as defined in KRS 620.020.
- (6) ***The Cabinet for Health and Family Services shall not approve an individual to provide foster care or relative caregiver services to a child, to be considered a fictive kin placement for a child, or to receive a child for adoption if the individual:***
 - (a) ***Is a registrant as defined in KRS 17.500;***
 - (b) ***Has an adult living in the individual's home who is a registrant as defined in KRS 17.500; or***
 - (c) ***Has a minor child living in the individual's home who is a registrant as defined in KRS 17.500 or who has been declared a juvenile sex offender under KRS 635.510.***
- (7) The Cabinet for Health and Family Services shall promulgate an administrative regulation ***in accordance with KRS Chapter 13A*** to implement this section.

➔Section 2. KRS 199.801 is amended to read as follows:

- (1) The department shall establish a procedure throughout the state that is designed to determine and expedite the placement of children who are in the custody of or committed to the department. The procedure shall utilize state-level and regional placement coordinators who may be state employees or employees of a contracted entity.
- (2) The type of placement selected for a child in the custody of or committed to the department shall be the best alternative for the child that is in closest proximity to the child's home county, including considerations of the child's current early care and education provider or school, in order to promote educational stability for the child to the extent practicable in accordance with KRS 199.802 and the federal Every Student Succeeds Act of 2015, Pub. L. No. 114-95.
- (3) If the type of placement that best suits the child's needs is not available in the child's home county, the regional placement coordinator shall document the circumstance as an unmet need and may seek a placement in surrounding counties, regions, and the state, in that order.
- (4) If the type of placement that best suits the child's needs is not available within the state, the regional placement coordinator shall contact the commissioner of the department or the commissioner's designee to explore out-of-state placement.
- (5) The department shall develop a diligent recruitment plan and reporting to support the recruitment and retention of family foster homes that are responsive to the needs of children in care, areas of unmet need, and strategies to meet the need. The plan and reporting shall be used as a guide in the establishment and modification of agreements with placements for the care of children in the custody of or committed to the cabinet and shall be made available upon request.
- (6) ***The department shall ensure that placement provisions exist to ensure that:***
 - (a) ***Safe and adequate foster care placements designed to meet the individual needs of all children, including in prevention, safety, ongoing, and adoptive services are occurring; and***
 - (b) ***Placements are the least restrictive, most family-like setting consistent with the child's specific individual needs.***

➔Section 3. KRS 600.020 is amended to read as follows:

As used in KRS Chapters 600 to 645, unless the context otherwise requires:

- (1) "Abused or neglected child" means a child whose health or welfare is harmed or threatened with harm when:
 - (a) His or her parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person exercising custodial control or supervision of the child:
 1. Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
 2. Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
 3. Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child, including but not limited to parental incapacity due to a substance use disorder as defined in KRS 222.005;
 4. Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
 5. Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
 6. Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
 7. Abandons or exploits the child;
 8. Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being when financially able to do so or offered financial or other means to do so. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for

a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child;

9. Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) cumulative months out of forty-eight (48) months; or
 10. Commits or allows female genital mutilation as defined in KRS 508.125 to be committed; or
- (b) A person twenty-one (21) years of age or older commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon a child less than sixteen (16) years of age;
- (2) "Age or developmentally appropriate" has the same meaning as in 42 U.S.C. sec. 675(11);
 - (3) "Aggravated circumstances" means the existence of one (1) or more of the following conditions:
 - (a) The parent has not attempted or has not had contact with the child for a period of not less than ninety (90) days;
 - (b) The parent is incarcerated and will be unavailable to care for the child for a period of at least one (1) year from the date of the child's entry into foster care and there is no appropriate relative placement available during this period of time;
 - (c) The parent has sexually abused the child and has refused available treatment;
 - (d) The parent has been found by the cabinet to have engaged in abuse of the child that required removal from the parent's home two (2) or more times in the past two (2) years; or
 - (e) The parent has caused the child serious physical injury;
 - (4) "Beyond the control of parents" means a child who has repeatedly failed to follow the reasonable directives of his or her parents, legal guardian, or person exercising custodial control or supervision other than a state agency, which behavior results in danger to the child or others, and which behavior does not constitute behavior that would warrant the filing of a petition under KRS Chapter 645;
 - (5) "Beyond the control of school" means any child who has been found by the court to have repeatedly violated the lawful regulations for the government of the school as provided in KRS 158.150, and as documented in writing by the school as a part of the school's petition or as an attachment to the school's petition. The petition or attachment shall describe the student's behavior and all intervention strategies attempted by the school;
 - (6) "Boarding home" means a privately owned and operated home for the boarding and lodging of individuals which is approved by the Department of Juvenile Justice or the cabinet for the placement of children committed to the department or the cabinet;
 - (7) "Cabinet" means the Cabinet for Health and Family Services;
 - (8) "Certified juvenile facility staff" means individuals who meet the qualifications of, and who have completed a course of education and training in juvenile detention developed and approved by, the Department of Juvenile Justice after consultation with other appropriate state agencies;
 - (9) "Child" means any person who has not reached his or her eighteenth birthday, unless otherwise provided;
 - (10) "Child-caring facility" means any facility or group home other than a state facility, Department of Juvenile Justice contract facility or group home, or one certified by an appropriate agency as operated primarily for educational or medical purposes, providing residential care on a twenty-four (24) hour basis to children not related by blood, adoption, or marriage to the person maintaining the facility;
 - (11) "Child-placing agency" means any agency, other than a state agency, which supervises the placement of children in foster family homes or child-caring facilities or which places children for adoption;
 - (12) "Clinical treatment facility" means a facility with more than eight (8) beds designated by the Department of Juvenile Justice or the cabinet for the treatment of mentally ill children. The treatment program of such facilities shall be supervised by a qualified mental health professional;
 - (13) "Commitment" means an order of the court which places a child under the custodial control or supervision of the Cabinet for Health and Family Services, Department of Juvenile Justice, or another facility or agency until the child attains the age of eighteen (18) unless otherwise provided by law;

- (14) "Community-based facility" means any nonsecure, homelike facility licensed, operated, or permitted to operate by the Department of Juvenile Justice or the cabinet, which is located within a reasonable proximity of the child's family and home community, which affords the child the opportunity, if a Kentucky resident, to continue family and community contact;
- (15) "Complaint" means a verified statement setting forth allegations in regard to the child which contain sufficient facts for the formulation of a subsequent petition;
- (16) "Court" means the juvenile session of District Court unless a statute specifies the adult session of District Court or the Circuit Court;
- (17) "Court-designated worker" means that organization or individual delegated by the Administrative Office of the Courts for the purposes of placing children in alternative placements prior to arraignment, conducting preliminary investigations, and formulating, entering into, and supervising diversion agreements and performing such other functions as authorized by law or court order;
- (18) "Deadly weapon" has the same meaning as it does in KRS 500.080;
- (19) "Department" means the Department for Community Based Services;
- (20) "Dependent child" means any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child;
- (21) "Detention" means the safe and temporary custody of a juvenile who is accused of conduct subject to the jurisdiction of the court who requires a restricted or closely supervised environment for his or her own or the community's protection;
- (22) "Detention hearing" means a hearing held by a judge or trial commissioner within twenty-four (24) hours, exclusive of weekends and holidays, of the start of any period of detention prior to adjudication;
- (23) "Diversion agreement" means a mechanism designed to hold a child accountable for his or her behavior and, if appropriate, securing services to serve the best ~~interests~~^{interest} of the child and to provide redress for that behavior without court action and without the creation of a formal court record;
- (24) "Eligible youth" means a person who:
- (a) Is or has been committed to the cabinet as dependent, neglected, or abused;
 - (b) Is eighteen (18) years of age to ***no older than twenty (20) years and six (6) months*** ~~nineteen (19) years~~ of age; and
 - (c) Is requesting to extend or reinstate his or her commitment to the cabinet in order to participate in state or federal educational programs or to establish independent living arrangements;
- (25) "Emergency shelter" is a group home, private residence, foster home, or similar homelike facility which provides temporary or emergency care of children and adequate staff and services consistent with the needs of each child;
- (26) "Emotional injury" means an injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial and observable impairment in the child's ability to function within a normal range of performance and behavior with due regard to his or her age, development, culture, and environment as testified to by a qualified mental health professional;
- (27) "Evidence-based practices" means policies, procedures, programs, and practices proven by scientific research to reliably produce reductions in recidivism;
- (28) "Fictive kin" means an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child, or an emotionally significant relationship with a biological parent, siblings, or half-siblings of the child in the case of a child from birth to twelve (12) months of age, prior to placement;
- (29) "Firearm" shall have the same meaning as in KRS 237.060 and 527.010;
- (30) "Foster family home" means a private home in which children are placed for foster family care under supervision of the cabinet or a licensed child-placing agency;
- (31) "Graduated sanction" means any of a continuum of accountability measures, programs, and sanctions, ranging from less restrictive to more restrictive in nature, that may include but are not limited to:

- (a) Electronic monitoring;
 - (b) Drug and alcohol screening, testing, or monitoring;
 - (c) Day or evening reporting centers;
 - (d) Reporting requirements;
 - (e) Community service; and
 - (f) Rehabilitative interventions such as family counseling, substance abuse treatment, restorative justice programs, and behavioral or mental health treatment;
- (32) "Habitual runaway" means any child who has been found by the court to have been absent from his or her place of lawful residence without the permission of his or her custodian for at least three (3) days during a one (1) year period;
- (33) "Habitual truant" means any child who has been found by the court to have been reported as a truant as defined in KRS 159.150(1) two (2) or more times during a one (1) year period;
- (34) "Hospital" means, except for purposes of KRS Chapter 645, a licensed private or public facility, health care facility, or part thereof, which is approved by the cabinet to treat children;
- (35) "Independent living" means those activities necessary to assist a committed child to establish independent living arrangements;
- (36) "Informal adjustment" means an agreement reached among the parties, with consultation, but not the consent, of the victim of the crime or other persons specified in KRS 610.070 if the victim chooses not to or is unable to participate, after a petition has been filed, which is approved by the court, that the best *interests*~~[interest]~~ of the child would be served without formal adjudication and disposition;
- (37) "Intentionally" means, with respect to a result or to conduct described by a statute which defines an offense, that the actor's conscious objective is to cause that result or to engage in that conduct;
- (38) "Least restrictive alternative" means, except for purposes of KRS Chapter 645, that the program developed on the child's behalf is no more harsh, hazardous, or intrusive than necessary; or involves no restrictions on physical movements nor requirements for residential care except as reasonably necessary for the protection of the child from physical injury; or protection of the community, and is conducted at the suitable available facility closest to the child's place of residence to allow for appropriate family engagement;
- (39) "Motor vehicle offense" means any violation of the nonfelony provisions of KRS Chapters 186, 189, or 189A, KRS 177.300, 304.39-110, or 304.39-117;
- (40) "Near fatality" means an injury that, as certified by a physician, places a child in serious or critical condition;
- (41) "Needs of the child" means necessary food, clothing, health, shelter, and education;
- (42) "Nonoffender" means a child alleged to be dependent, neglected, or abused and who has not been otherwise charged with a status or public offense;
- (43) "Nonsecure facility" means a facility which provides its residents access to the surrounding community and which does not rely primarily on the use of physically restricting construction and hardware to restrict freedom;
- (44) "Nonsecure setting" means a nonsecure facility or a residential home, including a child's own home, where a child may be temporarily placed pending further court action. Children before the court in a county that is served by a state operated secure detention facility, who are in the detention custody of the Department of Juvenile Justice, and who are placed in a nonsecure alternative by the Department of Juvenile Justice, shall be supervised by the Department of Juvenile Justice;
- (45) "Out-of-home placement" means a placement other than in the home of a parent, relative, or guardian, in a boarding home, clinical treatment facility, community-based facility, detention facility, emergency shelter, fictive kin home, foster family home, hospital, nonsecure facility, physically secure facility, residential treatment facility, or youth alternative center;
- (46) "Parent" means the biological or adoptive mother or father of a child;

- (47) "Person exercising custodial control or supervision" means a person or agency that has assumed the role and responsibility of a parent or guardian for the child, but that does not necessarily have legal custody of the child;
- (48) "Petition" means a verified statement, setting forth allegations in regard to the child, which initiates formal court involvement in the child's case;
- (49) "Physical injury" means substantial physical pain or any impairment of physical condition;
- (50) "Physically secure facility" means a facility that relies primarily on the use of construction and hardware such as locks, bars, and fences to restrict freedom;
- (51) "Public offense action" means an action, excluding contempt, brought in the interest of a child who is accused of committing an offense under KRS Chapter 527 or a public offense which, if committed by an adult, would be a crime, whether the same is a felony, misdemeanor, or violation, other than an action alleging that a child sixteen (16) years of age or older has committed a motor vehicle offense;
- (52) "Qualified mental health professional" means:
- (a) A physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;
 - (b) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, and who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;
 - (c) A psychologist with the health service provider designation, a psychological practitioner, a certified psychologist, or a psychological associate licensed under the provisions of KRS Chapter 319;
 - (d) A licensed registered nurse with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons, or a licensed registered nurse with a bachelor's degree in nursing from an accredited institution who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and who is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional comprehensive care center;
 - (e) A licensed clinical social worker licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional comprehensive care center;
 - (f) A marriage and family therapist licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional comprehensive care center;
 - (g) A professional counselor credentialed under the provisions of KRS 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional comprehensive care center; or
 - (h) A physician assistant licensed under KRS 311.840 to 311.862, who meets one (1) of the following requirements:
 1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;

2. Has completed at least one thousand (1,000) hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
 3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has two (2) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least two (2) years; or
 4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has three (3) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least three (3) years;
- (53) "Reasonable and prudent parent standard" has the same meaning as in 42 U.S.C. sec. 675(10);
- (54) "Residential treatment facility" means a facility or group home with more than eight (8) beds designated by the Department of Juvenile Justice or the cabinet for the treatment of children;
- (55) "Retain in custody" means, after a child has been taken into custody, the continued holding of the child by a peace officer for a period of time not to exceed twelve (12) hours when authorized by the court or the court-designated worker for the purpose of making preliminary inquiries;
- (56) "Risk and needs assessment" means an actuarial tool scientifically proven to identify specific factors and needs that are related to delinquent and noncriminal misconduct;
- (57) "Safety plan" means a written agreement developed by the cabinet and agreed to by a family that clearly describes the protective services that the cabinet will provide the family in order to manage risks to a child's safety;
- (58) "School personnel" means those certified persons under the supervision of the local public or private education agency;
- (59) "Secretary" means the secretary of the Cabinet for Health and Family Services;
- (60) "Secure juvenile detention facility" means any physically secure facility used for the secure detention of children other than any facility in which adult prisoners are confined;
- (61) "Serious physical injury" means physical injury which creates a substantial risk of death or which causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily member or organ;
- (62) "Sexual abuse" includes but is not necessarily limited to any contacts or interactions in which the parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of the child or responsibility for his or her welfare, uses or allows, permits, or encourages the use of the child for the purposes of the sexual stimulation of the perpetrator or another person;
- (63) "Sexual exploitation" includes but is not limited to a situation in which a parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of a child or responsible for his or her welfare, allows, permits, or encourages the child to engage in an act which constitutes prostitution under Kentucky law; or a parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision

of a child or responsible for his or her welfare, allows, permits, or encourages the child to engage in an act of obscene or pornographic photographing, filming, or depicting of a child as provided for under Kentucky law;

- (64) "Social service worker" means any employee of the cabinet or any private agency designated as such by the secretary of the cabinet or a social worker employed by a county or city who has been approved by the cabinet to provide, under its supervision, services to families and children;
- (65) "Staff secure facility for residential treatment" means any setting which assures that all entrances and exits are under the exclusive control of the facility staff, and in which a child may reside for the purpose of receiving treatment;
- (66) "Statewide reporting system" means a system for making and compiling reports of child dependency, neglect, and abuse in Kentucky made via telephone call or in writing by a member of the public;
- (67) (a) "Status offense action" is any action brought in the interest of a child who is accused of committing acts, which if committed by an adult, would not be a crime. Such behavior shall not be considered criminal or delinquent and such children shall be termed status offenders. Status offenses shall include:
1. Beyond the control of school or beyond the control of parents;
 2. Habitual runaway;
 3. Habitual truant; and
 4. Alcohol offenses as provided in KRS 244.085.
- (b) Status offenses shall not include violations of state or local ordinances which may apply to children such as a violation of curfew;
- (68) "Take into custody" means the procedure by which a peace officer or other authorized person initially assumes custody of a child. A child may be taken into custody for a period of time not to exceed two (2) hours;
- (69) "Transitional living support" means all benefits to which an eligible youth is entitled upon being granted extended or reinstated commitment to the cabinet by the court;
- (70) "Transition plan" means a plan that is personalized at the direction of the youth that:
- (a) Includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and workforce supports and employment services; and
 - (b) Is as detailed as the youth may elect;
- (71) "Valid court order" means a court order issued by a judge to a child alleged or found to be a status offender:
- (a) Who was brought before the court and made subject to the order;
 - (b) Whose future conduct was regulated by the order;
 - (c) Who was given written and verbal warning of the consequences of the violation of the order at the time the order was issued and whose attorney or parent or legal guardian was also provided with a written notice of the consequences of violation of the order, which notification is reflected in the record of the court proceedings; and
 - (d) Who received, before the issuance of the order, the full due process rights guaranteed by the Constitution of the United States;
- (72) "Violation" means any offense, other than a traffic infraction, for which a sentence of a fine only can be imposed;
- (73) "Youth alternative center" means a nonsecure facility, approved by the Department of Juvenile Justice, for the detention of juveniles, both prior to adjudication and after adjudication, which meets the criteria specified in KRS 15A.320; and
- (74) "Youthful offender" means any person regardless of age, transferred to Circuit Court under the provisions of KRS Chapter 635 or 640 and who is subsequently convicted in Circuit Court.

➔Section 4. KRS 610.030 is amended to read as follows:

Except as otherwise provided in KRS Chapters 600 to 645:

- (1) If any person files a complaint alleging that a child, except a child alleged to be neglected, abused, dependent, or mentally ill who is subject to the jurisdiction of the court, may be within the purview of KRS Chapters 600 to 645, the court-designated worker shall make a preliminary determination as to whether the complaint is complete. In any case where the court-designated worker finds that the complaint is incomplete, the court-designated worker shall return the complaint without delay to the person or agency originating the complaint or having knowledge of the facts, or to the appropriate law enforcement agency having investigative jurisdiction of the offense, and request additional information in order to complete the complaint. The complainant shall promptly furnish the additional information requested;
- (2)
 - (a) Upon receipt of a complaint which appears to be complete and which alleges that a child has committed a public offense, the court-designated worker shall refer the complaint to the county attorney for review pursuant to KRS 635.010.
 - (b) If after review the county attorney elects to proceed, the court-designated worker shall conduct a preliminary intake inquiry to recommend whether the interests of the child or the public require that further action be taken or whether, in the interest of justice, the complaint can be resolved informally without the filing of a petition;
- (3) Upon receipt of a complaint that appears to be complete and that alleges that the child has committed a status offense, the court-designated worker shall conduct a preliminary intake inquiry to determine whether the interests of the child or the public require that further action be taken;
- (4) Prior to conducting a preliminary intake inquiry, the court-designated worker shall notify the child and the child's parent, guardian, or other person exercising custodial control or supervision of the child in writing:
 - (a) Of their opportunity to be present at the preliminary intake inquiry;
 - (b) That they may have counsel present during the preliminary intake inquiry as well as the formal conference thereafter;
 - (c)
 1. That all information supplied by the child to a court-designated worker during any process prior to the filing of the petition shall be deemed confidential and shall not be subject to subpoena or to disclosure without the written consent of the child.
 2. Information may be shared between treatment providers, the court-designated worker, and the family accountability, intervention, and response team to enable the court-designated worker to facilitate services and facilitate compliance with the diversion agreement; and
 - (d) That the child has the right to deny the allegation and demand a formal court hearing;
- (5) The preliminary intake inquiry shall include the administration of an evidence-based screening tool and, if appropriate and available, a validated risk and needs assessment, in order to identify whether the child and his or her family are in need of services and the level of intervention needed;
- (6)
 - (a) Upon the completion of the preliminary intake inquiry for a minor who is alleged to be a status offender under KRS 630.020(3) and is alleged to have been absent without excuse for fifteen (15) or more days during a school year, the court-designated worker shall refer the complaint to the county attorney. The county attorney shall then refer the complaint:
 1. For formal court action; or
 2. To be handled under subsection (8) of this section.
 - (b) Upon the completion of the preliminary intake inquiry for all other allegations, the court-designated worker may:
 1. If the complaint alleges a status offense, determine that no further action be taken subject to review by the family accountability, intervention, and response team;
 2. If the complaint alleges a public offense, refer the complaint to the county attorney;
 3. Refer a public offense complaint for informal adjustment; or
 4. Based upon the results of the preliminary intake inquiry, other information obtained, and a determination that the interests of the child and the public would be better served, and with the written approval of the county attorney for a public offense complaint, if necessary, conduct a formal conference and enter into a diversion agreement;

- (7) Upon receiving written approval of the county attorney, if necessary, to divert a public offense complaint, and prior to conducting a formal conference, the court-designated worker shall advise in writing the complainant, the victim if any, and the law enforcement agency having investigative jurisdiction of the offense:
- (a) Of the recommendation and the reasons therefor and that the complainant, victim, or law enforcement agency may submit within ten (10) days from receipt of such notice a complaint to the county attorney for special review; or
 - (b) In the case of a misdemeanor diverted pursuant to KRS 635.010(4), of the fact that the child was statutorily entitled to divert the case;
- (8) A formal conference shall include the child and his or her parent, guardian, or other person exercising custodial control or supervision. The formal conference shall be used to:
- (a) Present information obtained at the preliminary intake inquiry; and
 - (b) 1. Develop a diversion agreement that shall:
 - a. i. Require that the child regularly attend school; and
 - ii. For a child against whom a complaint alleging truancy has been filed, require that if the child is absent from school without excuse for four (4) days during a diversion agreement, the child shall immediately be considered to have failed to complete the diversion agreement and subsection (9)(b)3. of this section shall immediately apply; and
 - b. Not exceed twelve (12) months in duration, and may include:
 - i. Referral of the child, and family if appropriate, to a public or private entity or person for the provision of identified services to address the complaint or assessed needs;
 - ii. Referral of the child, and family if appropriate, to a community service program within the limitations provided under KRS 635.080(2);
 - iii. Restitution, limited to the actual pecuniary loss suffered by the victim, if the child has the means or ability to make restitution;
 - iv. Notification that the court-designated worker may apply graduated sanctions for failure to comply with the diversion agreement;
 - v. Any other program or effort which reasonably benefits the community and the child; and
 - vi. A plan for monitoring the child's progress and completion of the agreement.
 - 2. Prior to developing the diversion agreement, the court-designated worker or court-designated specialist shall contact the school district that the child attends to obtain background information from school personnel regarding family background, education records, any services previously provided, and any recommended trauma informed strategies.
 - 3.
 - a. Upon developing a diversion agreement, the court-designated ***worker shall provide summary information regarding the child to be given to the individuals specified in this subparagraph. The summary information shall include the:***
 - i. Child's name;***
 - ii. Underlying charge for which diversion was granted;***
 - iii. Date the child was placed on diversion; and***
 - iv. Anticipated end date of the diversion period.***
 - b. ***The summary information shall be accessible to the county attorney, who shall be provided the summary information and who may share that information with any law enforcement officer who specifically requests that information and who has a legitimate reason, related to his or her employment, to receive the information; and***

- c. *The summary information shall be accessible to the superintendent of the public school district in which the child is enrolled, or the principal of any private elementary or secondary school that the child attends, subject to the following:*
- i. *A superintendent receiving the information pursuant to this subparagraph may share the information with the director of pupil personnel and any school resource officer or any other contract employee hired to provide security services for the school that the child attends; and*
 - ii. *A principal of a private school receiving the information pursuant to this subparagraph may share the information with any person who provides security services for the school that the child attends; ~~specialist shall make all details of the agreement accessible to all members of the family, accountability, intervention, and response team through an electronic platform provided by the Administrative Office of the Courts;~~*
- (9) (a) If a child successfully completes a diversion agreement, the underlying complaint shall be dismissed and further action related to that complaint shall be prohibited.
- (b) If a child fails to appear for a preliminary intake inquiry, declines to enter into a diversion agreement, or fails to complete a diversion agreement, then:
1. For a public offense complaint, the matter shall be referred to the county attorney for formal court action and, if a petition is filed, the child may request that the court dismiss the complaint based upon his or her substantial compliance with the terms of diversion;
 2. For a status offense complaint, except as provided for in subparagraph 3. of this paragraph, the court-designated worker shall refer the matter to the family accountability, intervention, and response team for review and further action; and
 3. For a status offense complaint alleging truancy for which the child failed diversion in accordance with subsection (8)(b)1.a.ii. of this section, the matter shall immediately be referred to the county attorney for formal court action.
- (c) If the child enters into a diversion agreement or is referred to the family accountability, intervention, and response team for truancy and there is no action implemented by the family accountability, intervention, and response team within thirty (30) days, the family accountability, intervention, and response team shall report to the court the reasons for inaction and shall provide a plan for action on the child's case. The court shall review on the record any diversion agreement and any report, without the attendance or appearance of the child, at regular intervals at the court's discretion to verify family accountability, intervention, and response team member attendance, team accountability, and performance.
- (d) If a child fails to appear for a preliminary intake inquiry or fails to complete a diversion agreement due to lack of parental cooperation, the court-designated worker shall make a determination that the child failed to complete the diversion due to lack of parent cooperation;
- (10) If a complaint is referred to the court, the complaint and findings of the court-designated worker's preliminary intake inquiry shall be submitted to the court for the court to determine whether process should issue;
- (11) If the court receives a report with a determination that the diversion is failed due to lack of parental cooperation, the court may order parental cooperation and refer the case back to the court-designated worker. The child shall not be detained upon this finding; and
- (12) At any stage in the proceedings described in this section, the court or the county attorney may review any decision of the court-designated worker. The court upon its own motion or upon written request of the county attorney may refer any complaint for a formal hearing.

➔Section 5. KRS 610.345 is amended to read as follows:

- (1) When a child is adjudicated guilty of an offense which classifies him or her as a youthful offender, the judge in the court in which the matter was tried shall direct the clerk to notify the superintendent *and the director of pupil personnel* of the public school district in which the child is enrolled, or the principal of any private elementary or secondary school which the child attends of the adjudication and the petition and disposition of the case.

- (2) When a child is adjudicated guilty of an offense which would classify him or her as a violent offender under KRS 439.3401, or be a felony under KRS Chapter 218A, 508, 510, or 527 if committed by an adult, but which would not classify him or her as a youthful offender, the judge in the court in which the matter was tried shall direct the clerk to notify the superintendent *and the director of pupil personnel* of the public school district in which the child is enrolled, or the principal of any private elementary or secondary school which the child attends of the charge, the adjudication, and the disposition of the case.
- (3) *When a child is the respondent or petitioner for a domestic violence order issued under KRS 403.740 or an interpersonal protective order issued under KRS 456.060, the judge in the court in which the matter was tried shall direct the clerk to notify:*
- (a) *The superintendent and director of pupil personnel of the public school district in which the child is enrolled, or the principal of any private elementary or secondary school that the child attends; and*
 - (b) *The school resource officer or any other contract employee hired to provide security services for the school.*
- (4) When a court-designated worker receives notice that a county attorney has made a determination pursuant to KRS 635.010(1) that probable cause exists to file a public offense petition alleging that the child committed an offense that, if committed by an adult, would be a:
- (a) Felony; or
 - (b) Misdemeanor involving:
 1. A controlled substance;
 2. The possession, carrying, or use of a deadly weapon;
 3. Physical injury to another person;
 4. Sexual contact;
 5. Sexual intercourse; or
 6. Deviate sexual intercourse;

the court-designated worker shall notify the superintendent *and the director of pupil personnel* of the public school district in which the child is enrolled, or the principal of any private elementary or secondary school ~~that~~~~which~~ the child attends of the charge. If the complaint is successfully diverted, the court-designated worker shall notify the superintendent *and the director of pupil personnel* or the principal of the successful diversion, and all records of the incident or notification created in the school district or the school under this subsection shall be destroyed and shall not be included in the child's school records.

- ~~(5)~~~~(4)~~ When a child is adjudicated guilty of an offense that meets the criteria set forth in subsection ~~(4)~~~~(3)~~(a) or (b) of this section, the judge in the court in which the matter is considered shall direct the clerk to notify the superintendent *and the director of pupil personnel* of the public school district in which the child is enrolled, or the principal of any private elementary or secondary school that the child attends of the charge, the adjudication, and the disposition of the case. If the petition is dismissed or informally adjusted, the clerk shall notify the superintendent *and the director of pupil personnel* or the principal of the disposition, and all records of the incident or notification created in the school district or the school under this subsection shall be destroyed and shall not be included in the child's school records.
- ~~(6)~~~~(5)~~ The notifications required in subsections (1) to ~~(5)~~~~(4)~~ of this section shall be made within twenty-four (24) hours of the county attorney's determination pursuant to KRS 635.010(1), successful completion of diversion, or entry of the court order. The name of the complainant shall be deleted. The county attorney may, upon request by the school district or the school, provide a statement of the facts in the case, not to include the complainant's name.
- ~~(7)~~~~(6)~~ Notice to a district superintendent referenced in subsections (1) to ~~(5)~~~~(4)~~ of this section shall be released by the superintendent to the principal of the school in which the child is enrolled. A principal of a public or private school receiving notice shall release the information to *any school resource officer or* employees of the school having responsibility for classroom instruction or counseling of the child, and may release it to other school personnel as described in subsection ~~(8)~~~~(7)~~ of this section, but the information shall otherwise be confidential and shall not be shared by school personnel with any other person or agency except as may otherwise be required by law. ~~The notification in writing of the nature of the offense committed by the child and any probation requirements shall not become a part of the child's student record.~~

- ~~(8)(7)~~ Records or information disclosed pursuant to this section shall be limited to records of that student's criminal petition and the disposition thereof covered by this section, shall be subject to the provisions of KRS 610.320 and 610.340, and shall not be disclosed to any other person, including school personnel, except to a district superintendent, *director of pupil personnel*, public or private elementary and secondary school administrative, transportation, and counseling personnel, and to any *school resource officer*, teacher, or school employee with whom the student may come in contact. This section shall not authorize the disclosure of any other juvenile record or information relating to the child.
- ~~(9)(8)~~ The Department of Juvenile Justice shall provide a child's offense history information pursuant to this section to the superintendent *and the director of pupil personnel* of the local school district in which the child, who is committed to the department, is placed.
- ~~(10)(9)~~ Records or information received by the school pursuant to this section shall:
- (a) Be kept in a locked file, when not in use, to be opened only on permission of the administrator *or any school resource officer*; and
 - (b) For the purposes of destruction required in this section, not include education records, as defined in KRS 160.700, created by the school.
- ~~(11)(10)~~ A superintendent of a public school district may designate an employee of the school district to receive notices and carry out the superintendent's responsibilities under this section. The superintendent shall provide the clerk and the court-designated worker with notice of any designation and the name and contact information for the superintendent's designee.

➔Section 6. KRS 620.050 is amended to read as follows:

- (1) Anyone acting upon reasonable cause in the making of a report or acting under KRS 620.030 to 620.050 in good faith shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report or action. However, any person who knowingly makes a false report and does so with malice shall be guilty of a Class A misdemeanor.
- (2) Any employee or designated agent of a children's advocacy center shall be immune from any civil liability arising from performance within the scope of the person's duties as provided in KRS 620.030 to 620.050. Any such person shall have the same immunity with respect to participation in any judicial proceeding. Nothing in this subsection shall limit liability for negligence. Upon the request of an employee or designated agent of a children's advocacy center, the Attorney General shall provide for the defense of any civil action brought against the employee or designated agent as provided under KRS 12.211 to 12.215.
- (3) Neither the husband-wife nor any professional-client/patient privilege, except the attorney-client and clergy-penitent privilege, shall be a ground for refusing to report under this section or for excluding evidence regarding a dependent, neglected, or abused child or the cause thereof, in any judicial proceedings resulting from a report pursuant to this section. This subsection shall also apply in any criminal proceeding in District or Circuit Court regarding a dependent, neglected, or abused child.
- (4) Upon receipt of a report of an abused, neglected, or dependent child pursuant to this chapter, the cabinet as the designated agency or its delegated representative shall initiate a prompt investigation or assessment of family needs, take necessary action, and shall offer protective services toward safeguarding the welfare of the child. The cabinet shall work toward preventing further dependency, neglect, or abuse of the child or any other child under the same care, and preserve and strengthen family life, where possible, by enhancing parental capacity for adequate child care. If an oral or written report, including but not limited to electronic submissions, alleging that a child is dependent, neglected, or abused is made pursuant to this section, and the cabinet determines that the report does not meet criteria for an investigation, the cabinet shall refer the family to appropriate community-based child and family service agencies for services to preserve and strengthen family life in accordance with the requirements in 42 U.S.C. sec. 5106a.
- (5) The report of suspected child abuse, neglect, or dependency and all information obtained by the cabinet or its delegated representative, as a result of an investigation or assessment made pursuant to this chapter, except for those records provided for in subsection (6) of this section, shall ~~only~~~~not~~ be divulged to ~~anyone except~~:
 - (a) Persons suspected of causing dependency, neglect, or abuse;
 - (b) The custodial parent or legal guardian of the child alleged to be dependent, neglected, or abused;

- (c) Persons within the cabinet with a legitimate interest or responsibility related to the case;
- (d) A licensed child-caring facility or child-placing agency evaluating placement for or serving a child who is believed to be the victim of an abuse, neglect, or dependency report;
- (e) Other medical, psychological, educational, or social service agencies, child care administrators, corrections personnel, or law enforcement agencies, including the county attorney's office, the coroner, and the local child fatality response team, that have a legitimate interest in the case;
- (f) A noncustodial parent when the dependency, neglect, or abuse is substantiated;
- (g) Members of multidisciplinary teams as defined by KRS 620.020 and which operate pursuant to KRS 431.600;
- (h) Employees or designated agents of a children's advocacy center;
- (i) Those persons so authorized by court order;
- (j) The external child fatality and near fatality review panel established by KRS 620.055;
- (k) ***A person, agency, or organization engaged in a bona fide research, quality improvement, or evaluation project having value as determined by the cabinet. This paragraph shall not limit the authority of the cabinet to decline to share data in cases where it deems a research, quality improvement, or evaluation project lacks sufficient merit or value, or where it deems the perceived risks to be unacceptably high. Data sharing shall be driven by the aims of advancing human knowledge, complying with federal requirements, and facilitating future planning for programs that support families, serve maltreated children, or inform the development of policy. Data may be shared under this paragraph only when the following conditions are met:***
 - 1. ***The person, agency, or organization enters into a data-use agreement with the cabinet and complies with the data security and privacy conditions outlined by the Office of Data Analytics within the cabinet;***
 - 2. ***Any confidential information provided for a research, quality improvement, or evaluation project under this paragraph shall not be redisclosed. The cabinet shall not share personally identifiable information under this paragraph, except in cases where the information is essential to the completion of the project. As used in this subparagraph, "personally identifiable information" means the current definition promulgated by the United States National Institute of Standards and Technology at the time of data sharing; and***
 - 3. ***If a research, quality improvement, or evaluation project results in the publication or public dissemination of related material, confidential information provided for a research, quality improvement, or evaluation project under this subparagraph shall not be disclosed in the results; or***
- ~~(l)(k)~~ The Commonwealth Office of the Ombudsman established pursuant to KRS 43.035.
- (6) (a) Files, reports, notes, photographs, records, electronic and other communications, and working papers used or developed by a children's advocacy center in providing services under this chapter are confidential and shall not be disclosed except to the following persons:
 - 1. Staff employed by the cabinet, law enforcement officers, and Commonwealth's and county attorneys who are directly involved in the investigation or prosecution of the case, including a cabinet investigation or assessment of child abuse, neglect, and dependency in accordance with this chapter;
 - 2. Medical and mental health professionals listed by name in a release of information signed by the guardian of the child, provided that the information shared is limited to that necessary to promote the physical or psychological health of the child or to treat the child for abuse-related symptoms;
 - 3. The court and those persons so authorized by a court order;
 - 4. The external child fatality and near fatality review panel established by KRS 620.055;
 - 5. The Commonwealth Office of the Ombudsman established pursuant to KRS 43.035; **and**
 - 6. The parties to an administrative hearing conducted by the cabinet or its designee in accordance with KRS Chapter 13B in an appeal of a cabinet-substantiated finding of abuse or neglect. The

children's advocacy center may, in its sole discretion, provide testimony in lieu of files, reports, notes, photographs, records, electronic and other communications, and working papers used or developed by the center if the center determines that the release poses a threat to the safety or well-being of the child, or would be in the best interests of the child. Following the administrative hearing and any judicial review, the parties to the administrative hearing shall return all files, reports, notes, photographs, records, electronic and other communications, and working papers used or developed by the children's advocacy center to the center; and

- ~~7. A person, agency, or organization engaged in a bona fide research, quality improvement, or evaluation project having value as determined by the cabinet. Nothing in this subparagraph shall limit the authority of the cabinet to decline to share data in cases where it deems a research, quality improvement, or evaluation project lacks sufficient merit or value, or the perceived risks are unacceptably high. Data sharing shall be driven by the aims of advancing human knowledge, complying with federal requirements, and facilitating future planning for programs that support families, serve maltreated children, or inform the development of policy. Data may be shared under this subparagraph provided that the following conditions are met:~~
- ~~a. The person, agency, or organization enters into a data use agreement with the cabinet and complies with the data security and privacy conditions outlined by the Office of Data Analytics within the cabinet;~~
 - ~~b. Any confidential information provided for a research, quality improvement, or evaluation project under this subparagraph shall not be redisclosed. The cabinet shall not share personally identifiable information under this subparagraph, except in cases where such information is essential to the completion of the project. For the purposes of this subdivision, "personally identifiable information" means the current definition promulgated by the United States National Institute of Standards and Technology at the time of data sharing; and~~
 - ~~e. If a research or evaluation project results in the publication or public dissemination of related material, confidential information provided for a research, quality improvement, or evaluation project under this subparagraph shall not be disclosed in the results.~~
- (b) The provisions of this subsection shall not be construed as to contravene the Rules of Criminal Procedure relating to discovery.
- (7) Nothing in this section shall prohibit a parent or guardian from accessing records for his or her child providing that the parent or guardian is not currently under investigation by a law enforcement agency or the cabinet relating to the abuse or neglect of a child.
- (8) Nothing in this section shall prohibit employees or designated agents of a children's advocacy center from disclosing information during a multidisciplinary team review of a child sexual abuse case as set forth under KRS 620.040. Persons receiving this information shall sign a confidentiality statement consistent with statutory prohibitions on disclosure of this information.
- (9) Employees or designated agents of a children's advocacy center may confirm to another children's advocacy center that a child has been seen for services. If an information release has been signed by the guardian of the child, a children's advocacy center may disclose relevant information to another children's advocacy center.
- (10) (a) An interview of a child recorded at a children's advocacy center shall not be duplicated, except that the Commonwealth's or county attorney prosecuting the case may:
- 1. Make and retain one (1) copy of the interview; and
 - 2. Make one (1) copy for the defendant's or respondent's counsel that the defendant's or respondent's counsel shall not duplicate.
- (b) The defendant's or respondent's counsel shall file the copy with the court clerk at the close of the case.
- (c) Unless objected to by the victim or victims, the court, on its own motion, or on motion of the attorney for the Commonwealth shall order all recorded interviews that are introduced into evidence or are in the possession of the children's advocacy center, law enforcement, the prosecution, or the court to be sealed.

- (d) The provisions of this subsection shall not be construed as to contravene the Rules of Criminal Procedure relating to discovery.
- (11) Identifying information concerning the individual initiating the report under KRS 620.030 shall not be disclosed except:
- (a) To law enforcement officials that have a legitimate interest in the case;
 - (b) To the agency designated by the cabinet to investigate or assess the report;
 - (c) To members of multidisciplinary teams as defined by KRS 620.020 that operated under KRS 431.600;
 - (d) Under a court order, after the court has conducted an in camera review of the record of the state related to the report and has found reasonable cause to believe that the reporter knowingly made a false report; or
 - (e) The external child fatality and near fatality review panel established by KRS 620.055.
- (12) (a) Information may be publicly disclosed by the cabinet in a case where child abuse or neglect has resulted in a child fatality or near fatality.
- (b) The cabinet shall conduct an internal review of any case where child abuse or neglect has resulted in a child fatality or near fatality and the cabinet had prior involvement with the child or family. The cabinet shall prepare a summary that includes an account of:
1. The cabinet's actions and any policy or personnel changes taken or to be taken, including the results of appeals, as a result of the findings from the internal review; and
 2. Any cooperation, assistance, or information from any agency of the state or any other agency, institution, or facility providing services to the child or family that were requested and received by the cabinet during the investigation of a child fatality or near fatality.
- (c) The cabinet shall submit a report by September 1 of each year containing an analysis of all summaries of internal reviews occurring during the previous year and an analysis of historical trends to the Governor, the General Assembly, and the state child fatality review team created under KRS 211.684.
- (13) When an adult who is the subject of information made confidential by subsection (5) of this section publicly reveals or causes to be revealed any significant part of the confidential matter or information, the confidentiality afforded by subsection (5) of this section is presumed voluntarily waived, and confidential information and records about the person making or causing the public disclosure, not already disclosed but related to the information made public, may be disclosed if disclosure is in the best interest of the child or is necessary for the administration of the cabinet's duties under this chapter.
- (14) (a) As a result of any report of suspected child abuse or neglect:~~;~~
1. Photographs and X-rays;~~;~~
 2. *A comprehensive urine drug screen using confirmatory methodology that shall include the following synthetic opioids:*
 - a. *Buprenorphine;*
 - b. *Fentanyl;*
 - c. *Methadone; and*
 - d. *Xylazine; or*
 3. Other appropriate medical diagnostic procedures;
- may be taken or caused to be taken, without the consent of the parent or other person exercising custodial control or supervision of the child, as a part of the medical evaluation or investigation of these reports.~~;~~
- (b) These photographs and X-rays, *comprehensive drug screens*, or results of other medical diagnostic procedures may be introduced into evidence in any subsequent judicial proceedings or an administrative hearing conducted by the cabinet or its designee in accordance with KRS Chapter 13B in an appeal of a cabinet-substantiated finding of child abuse or neglect.~~;~~

- (c) The person performing the diagnostic procedures, ~~or~~ taking photographs or X-rays, **or administering the comprehensive drug screen** shall be immune from criminal or civil liability for having performed the act. Nothing herein shall limit liability for negligence.
- (15) In accordance with 42 U.S.C. sec. 671, the cabinet shall share information about a child in the custody of the cabinet with a relative or a parent of the child's sibling for the purposes of:
 - (a) Evaluating or arranging a placement for the child;
 - (b) Arranging appropriate treatment services for the child; or
 - (c) Establishing visitation between the child and a relative, including a sibling of the child.
- (16) In accordance with 42 U.S.C. sec. 671, the cabinet shall, in the case of siblings removed from their home who are not jointly placed, provide for frequent visitation or other ongoing interaction between the siblings, unless the cabinet determines that frequent visitation or other ongoing interaction would be contrary to the safety or well-being of any of the siblings.
- (17) This section shall not be interpreted as prohibiting the Commonwealth Office of the Ombudsman from reporting pursuant to KRS 43.035 on de-identified information made confidential by this section.

➔Section 7. KRS 620.140 is amended to read as follows:

- (1) In determining the disposition of all cases brought on behalf of dependent, neglected, or abused children, the juvenile session of the District Court **or the family division of the Circuit Court**, in the best **interests** ~~interest~~ of the child, shall have but shall not be limited to the following dispositional alternatives:
 - (a) Informal adjustment of the case by agreement, which may be entered into at any time. Informal adjustment may include an agreed plan by which:
 - 1. The parent or other person exercising custodial control or supervision agrees that grounds exist for a finding of dependency, neglect, or abuse, and agrees to the conditions of protective orders under paragraph (b) of this subsection for a duration of up to one (1) year;
 - 2. The action will be dismissed by the court, without hearing, at the end of the period agreed upon if no motion is brought alleging a violation of a protective order; and
 - 3. If a motion is brought alleging a violation of a protective order, a hearing will be held at which the parent or other person exercising custodial control or supervision may contest the alleged violation, but may not contest the original grounds for a finding of dependency, neglect, or abuse. If a violation is found to have occurred, the court may consider other dispositional alternatives pursuant to this section;
 - (b) Protective orders, such as the following:
 - 1. Requiring the parent or any other person to abstain from any conduct abusing, neglecting, or making the child dependent;
 - 2. Placing the child in his or her own home under supervision of the cabinet or its designee with services as determined to be appropriate by the cabinet; and
 - 3. Orders authorized by KRS 403.715 to 403.785 and by KRS Chapter 456;
 - (c) Removal of the child to the custody of an adult relative, fictive kin, other person, or child-caring facility or child-placing agency, taking into consideration the wishes of the parent or other person exercising custodial control or supervision. Before any child is committed to the cabinet or placed out of his or her home under the supervision of the cabinet, the court shall determine that reasonable efforts have been made by the court or the cabinet to prevent or eliminate the need for removal and that continuation in the home would be contrary to the welfare of the child. If a child is to be placed with an adult relative or fictive kin, the child, if able, parent, or other person exercising custodial control or supervision shall provide a list to the cabinet of possible persons to be considered;
 - (d) Commitment of the child to the custody of the cabinet for placement for an indeterminate period of time not to exceed his or her attainment of the age eighteen (18), unless the youth elects to extend his or her commitment beyond the age of eighteen (18) under paragraph (e) of this subsection. Beginning at least six (6) months prior to an eligible youth attaining the age of eighteen (18), the cabinet shall provide the eligible youth with education, encouragement, assistance, and support regarding the development of a

transition plan, and inform the eligible youth of his or her right to extend commitment beyond the age of eighteen (18); or

- (e) ***Upon the receipt of the request and with concurrence of the cabinet***, extend or reinstate ***the youth's commitment or custody***~~[an eligible youth's commitment]~~ up to the age of twenty-one (21) to receive transitional living support. The request shall be made by the youth prior to attaining twenty (20) years ***and six (6) months*** of age. A youth may ***extend or reinstate his or her***~~[opt in or out of extended]~~ commitment up to ***three (3)***~~[two (2)]~~ times prior to attaining twenty (20) years ***and six (6) months*** of age, ***without seeking approval from the commissioner of the department. A youth may extend or reinstate his or her commitment more than three (3) times prior to attaining twenty (20) years and six (6) months of age if approved by the commissioner of the department or his or her designee***~~[with a ninety (90) day grace period between the time he or she exits and then reenters custody so long as there is documentation that his or her request was submitted prior to attaining twenty (20) years of age]~~. The court may grant an extension or reinstatement of a youth's commitment even if the concurrence of the cabinet occurs after the youth attains twenty (20) years ***and six (6) months*** of age~~. Upon receipt of the request and with the concurrence of the cabinet, the court may authorize commitment up to the age of twenty one (21)]~~.

- (2) An order of temporary custody to the cabinet shall not be considered as a permissible dispositional alternative.

➔Section 8. KRS 620.055 is amended to read as follows:

- (1) An external child fatality and near fatality review panel is hereby created and established for the purpose of conducting comprehensive reviews of child fatalities and near fatalities, reported to the Cabinet for Health and Family Services, suspected to be a result of abuse or neglect. The panel shall be attached to the Justice and Public Safety Cabinet for staff and administrative purposes.
- (2) The external child fatality and near fatality review panel shall be composed of the following five (5) ex officio nonvoting members and seventeen (17) voting members:
- (a) Two (2) members of the Kentucky General Assembly, one (1) appointed by the President of the Senate and one (1) appointed by the Speaker of the House of Representatives, who shall be ex officio nonvoting members;
 - (b) The commissioner of the Department for Community Based Services, who shall be an ex officio nonvoting member;
 - (c) The commissioner of the Department for Public Health, who shall be an ex officio nonvoting member;
 - (d) A family court judge selected by the Chief Justice of the Kentucky Supreme Court, who shall be an ex officio nonvoting ***member***~~[members]~~;
 - (e) A pediatrician from the University of Kentucky's Department of Pediatrics who is licensed and experienced in forensic medicine relating to child abuse and neglect to be selected by the Attorney General from a list of three (3) names provided by the dean of the University of Kentucky School of Medicine;
 - (f) A pediatrician from the University of Louisville's Department of Pediatrics who is licensed and experienced in forensic medicine relating to child abuse and neglect to be selected by the Attorney General from a list of three (3) names provided by the dean of the University of Louisville School of Medicine;
 - (g) The state medical examiner or designee;
 - (h) A court-appointed special advocate (CASA) program director to be selected by the Attorney General from a list of three (3) names provided by the Kentucky CASA Association;
 - (i) A peace officer with experience investigating child abuse and neglect fatalities and near fatalities to be selected by the Attorney General from a list of three (3) names provided by the commissioner of the Kentucky State Police;
 - (j) A representative from Prevent Child Abuse Kentucky, Inc. to be selected by the Attorney General from a list of three (3) names provided by the president of the Prevent Child Abuse Kentucky, Inc. board of directors;
 - (k) A practicing local prosecutor to be selected by the Attorney General;

- (l) The executive director of the Kentucky Domestic Violence Association or the executive director's designee;
 - (m) The chairperson of the State Child Fatality Review Team established in accordance with KRS 211.684 or the chairperson's designee;
 - (n) A practicing social work clinician to be selected by the Attorney General from a list of three (3) names provided by the Board of Social Work;
 - (o) A practicing addiction counselor to be selected by the Attorney General from a list of three (3) names provided by the Kentucky Association of Addiction Professionals;
 - (p) A representative from the family resource and youth service centers to be selected by the Attorney General from a list of three (3) names submitted by the Cabinet for Health and Family Services;
 - (q) A representative of a community mental health center to be selected by the Attorney General from a list of three (3) names provided by the Kentucky Association of Regional Mental Health and Mental Retardation Programs, Inc.;
 - (r) A member of a citizen foster care review board selected by the Chief Justice of the Kentucky Supreme Court;
 - (s) An at-large representative who shall serve as chairperson to be selected by the Secretary of State;
 - (t) The president of the Kentucky Coroners Association; and
 - (u) A practicing medication-assisted treatment provider to be selected by the Attorney General from a list of three (3) names provided by the Kentucky Board of Medical Licensure.
- (3) (a) ~~By August 1, 2013,~~ The appointing authority or the appointing authorities, as the case may be, shall have appointed panel members. Initial terms of members, other than those serving ex officio, shall be staggered to provide continuity. Initial appointments shall be: five (5) members for terms of one (1) year, five (5) members for terms of two (2) years, and five (5) members for terms of three (3) years, these terms to expire, in each instance, on June 30 and thereafter until a successor is appointed and accepts appointment.
- (b) Upon the expiration of these initial staggered terms, successors shall be appointed by the respective appointing authorities~~[-]~~ for terms of two (2) years~~[-]~~ and until successors are appointed and accept their appointments. Members shall be eligible for reappointment. Vacancies in the membership of the panel shall be filled in the same manner as the original appointments.
- (c) At any time, a panel member shall recuse himself or herself from the review of a case if the panel member believes he or she has a personal or private conflict of interest.
- (d) If a voting panel member is absent from two (2) or more consecutive, regularly scheduled meetings, the member shall be considered to have resigned and shall be replaced with a new member in the same manner as the original appointment.
- (e) If a voting panel member is proven to have violated subsection (13) of this section, the member shall be removed from the panel, and the member shall be replaced with a new member in the same manner as the original appointment.
- (4) The panel shall meet at least quarterly and may meet upon the call of the chairperson of the panel.
- (5) Members of the panel shall receive no compensation for their duties related to the panel, but may be reimbursed for expenses incurred in accordance with state guidelines and administrative regulations.
- (6) Each panel member shall be provided copies of all information set out in this subsection, including but not limited to records and information, upon request, to be gathered, unredacted, and submitted to the panel within thirty (30) days by the Cabinet for Health and Family Services from the Department for Community Based Services or any agency, organization, or entity involved with a child subject to a fatality or near fatality:
- (a) Cabinet for Health and Family Services records and documentation regarding the deceased or injured child and his or her caregivers, residents of the home, and persons supervising the child at the time of the incident that include all records and documentation set out in this paragraph:
 - 1. All prior and ongoing investigations, services, or contacts;

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2. ~~[Any and]~~ All records of services to the family provided by agencies or individuals contracted by the Cabinet for Health and Family Services; and
 3. All documentation of actions taken as a result of child fatality internal reviews conducted pursuant to KRS 620.050(12)(b);
- (b) Licensing reports from the Cabinet for Health and Family Services, Office of Inspector General, if an incident occurred in a licensed facility;
 - (c) All available records regarding protective services provided out of state;
 - (d) All records of services provided by the Department for Juvenile Justice regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident;
 - (e) Autopsy reports;
 - (f) Emergency medical service, fire department, law enforcement, coroner, and other first responder reports, including but not limited to photos and interviews with family members and witnesses;
 - (g) Medical records regarding the deceased or injured child, including but not limited to all records and documentation set out in this paragraph:
 1. Primary care records, including progress notes; developmental milestones; growth charts that include head circumference; all laboratory and X-ray requests and results; and birth record that includes record of delivery type, complications, and initial physical exam of baby;
 2. In-home provider care notes about observations of the family, bonding, others in home, and concerns;
 3. Hospitalization and emergency department records;
 4. Dental records;
 5. Specialist records; and
 6. All photographs of injuries of the child that are available;
 - (h) Educational records of the deceased or injured child, or other children residing in the home where the incident occurred, including but not limited to the records and documents set out in this paragraph:
 1. Attendance records;
 2. Special education services;
 3. School-based health records; and
 4. Documentation of any interaction and services provided to the children and family.

The release of educational records shall ~~comply with~~ ~~be in compliance with~~ the Family Educational Rights and Privacy Act, 20 U.S.C. sec. 1232g and its implementing regulations;
 - (i) Head Start records or records from any other child care or early child care provider;
 - (j) Records of any Family, Circuit, or District Court involvement with the deceased or injured child and his or her caregivers, residents of the home and persons involved with the child at the time of the incident that include but are not limited to the juvenile and family court records and orders set out in this paragraph, pursuant to KRS Chapters 199, 403, 405, 406, and 600 to 645:
 1. Petitions;
 2. Court reports by the Department for Community Based Services, guardian ad litem, court-appointed special advocate, and the Citizen Foster Care Review Board;
 3. All orders of the court, including temporary, dispositional, or adjudicatory; and
 4. Documentation of annual or any other review by the court;
 - (k) Home visit records from the Department for Public Health or other services;
 - (l) All information on prior allegations of abuse or neglect and deaths of children of adults residing in the household;

- (m) All law enforcement records and documentation regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident; ~~and~~
 - (n) Mental health records regarding the deceased or injured child and his or her caregivers, residents of the home, and persons involved with the child at the time of the incident; *and*
 - (o) *All supervisory consult notes, documents, and information related to all fatal and near fatal cases.*
- (7) The panel may seek the advice of experts, such as persons specializing in the fields of psychiatric and forensic medicine, nursing, psychology, social work, education, law enforcement, family law, or other related fields, if the facts of a case warrant additional expertise.
- (8) *The panel shall have full access to The Workers Information System, known as TWIST, and the internet The Workers Information System, known as iTWIST, that are maintained by the Cabinet for Health and Family Services.*
- (9) *The panel shall be provided with the quarterly System Safety Review Report that is submitted to the Safety Action Group (SAG) and with any additional reports, minutes, and recommendations from the SAG meetings that are not part of the recommendations incorporated in the Cabinet for Health and Family Services Annual Fatality Report.*
- (10) The panel shall post updates after each meeting to the website of the Justice and Public Safety Cabinet regarding case reviews, findings, and recommendations.
- ~~(11)(9)~~ The panel chairperson, or other requested persons, shall report a summary of the panel's discussions and proposed or actual recommendations to the Interim Joint Committee on Families and Children of the Kentucky General Assembly monthly or at the request of a committee co-chair. The goal of the committee shall be to ensure impartiality regarding the operations of the panel during its review process.
- ~~(12)(10)~~ (a) The panel shall publish an annual report by February 1 of each year consisting of case reviews, findings, and recommendations for system and process improvements to help prevent child fatalities and near fatalities that are due to abuse and neglect. The report shall be submitted to the Governor, the secretary of the Cabinet for Health and Family Services, the Chief Justice of the Supreme Court, the Attorney General, the State Child Abuse and Neglect Prevention Board established pursuant to KRS 15.905, and the director of the Legislative Research Commission for distribution to the Interim Joint Committee on Families and Children, and the Interim Joint Committee on Judiciary.
- (b) The panel shall determine which agency is responsible for implementing each recommendation, and shall forward each recommendation in writing to the appropriate agency.
- (c) Any agency that receives a recommendation from the panel shall, within ninety (90) days of receipt:
1. Respond to the panel with a written notice of intent to implement the recommendation, an explanation of how the recommendation will be implemented, and an approximate time frame of implementation; or
 2. Respond to the panel with a written notice that the agency does not intend to implement the recommendation, and a detailed explanation of why the recommendation cannot be implemented.
- (13) ~~(a)(11)~~ Information and record copies that are confidential under state or federal law and are provided to the external child fatality and near fatality review panel by the Cabinet for Health and Family Services, the Department for Community Based Services, or any agency, organization, or entity for review shall not become the information and records of the panel and shall not lose their confidentiality by virtue of the panel's access to the information and records. ~~and~~
- (b) The original information and records used to generate information and record copies provided to the panel in accordance with subsection (6) of this section shall be maintained by the appropriate agency in accordance with state and federal law and shall be subject to the Kentucky Open Records Act, KRS 61.870 to 61.884. ~~and~~
- (c) All open records requests shall be made to the appropriate agency, not to the external child fatality and near fatality review panel or any of the panel members. Information and record copies provided to the panel for review shall be exempt from the Kentucky Open Records Act, KRS 61.870 to 61.884. ~~and~~
- (d) At the conclusion of the panel's examination, all copies of information and records provided to the panel involving an individual case shall be destroyed by the Justice and Public Safety Cabinet.

- (14) (a) ~~(12)~~ Notwithstanding any provision of law to the contrary, the portions of the external child fatality and near fatality review panel meetings during which an individual child fatality or near fatality case is reviewed or discussed by panel members may be a closed session and subject to the provisions of KRS 61.815(1) and shall only occur following the conclusion of an open session. At the conclusion of the closed session, the panel shall immediately convene an open session and give a summary of what occurred during the closed session.
- (b) *The external child fatality and near fatality review panel shall develop a procedure for discussion of cases that are being reviewed by the panel with the agency that was responsible for the investigation of the case and shall include the following requirements:*
1. *Any discussions about a case shall be held in a closed session;*
 2. *Anything said by an employee of the investigating agency shall not be used as evidence in any civil, criminal, or administrative hearing;*
 3. *Any employee of the investigating agency may attend with the employee or employees who investigated the case being discussed; and*
 4. *The investigating agency shall not be asked to attend until after final judgment was entered by the court in that case or the Commonwealth declined to prosecute the case.*
- (15) ~~(13)~~ Each member of the external child fatality and near fatality review panel, any person attending a closed panel session, and any person presenting information or records on an individual child fatality or near fatality shall not release information or records not available under the Kentucky Open Records Act, KRS 61.870 to 61.884 to the public.
- (16) ~~(14)~~ A member of the external child fatality and near fatality review panel shall not be prohibited from making a good faith report to any state or federal agency of any information or issue that the panel member believes should be reported or disclosed ~~in an effort~~ to facilitate effectiveness and transparency in Kentucky's child protective services.
- (17) ~~(15)~~ A member of the external child fatality and near fatality review panel shall not be held liable for any civil damages or criminal penalties pursuant to KRS 620.990 as a result of any action taken or omitted in the performance of the member's duties pursuant to this section and KRS 620.050, except for violations of subsection (13) ~~(11)~~, (14) ~~(12)~~, or (15) ~~(13)~~ of this section.
- (18) ~~(16)~~ The proceedings, records, opinions, and deliberations of the external child fatality and near fatality review panel shall be privileged and shall not be subject to discovery, subpoena, or introduction into evidence in any civil or criminal actions in any manner that would directly or indirectly identify specific persons or cases reviewed by the panel. Nothing in this subsection shall be construed to restrict or limit the right to discover or use in any civil action any evidence that is discoverable independent of the proceedings of the panel.
- (19) ~~(17)~~ The Legislative Oversight and Investigations Committee of the Kentucky General Assembly shall conduct an annual evaluation of the external child fatality and near fatality review panel established pursuant to this section to monitor the operations, procedures, and recommendations of the panel and shall report its findings to the General Assembly.

➔ SECTION 9. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

- (1) *As used in this section:*
- (a) *"Department" means Department for Community Based Services within the Cabinet for Health and Family Services;*
 - (b) *"Plan of Safe Care" means a safety-focused and preventive plan developed and administered by the department to address the:*
 1. *Health, safety, and developmental needs of a substance-exposed infant; and*
 2. *Treatment, recovery, and support needs of a substance-exposed infant family or caregiver;*
 - (c) *"Plan of Safe Care Safety Assessment Response" means a preventive child safety response plan developed and administered by the department and authorized under this section; and*
 - (d) *"Substance-exposed infant":*

1. *Means an infant identified at birth as having been knowingly prenatally exposed to alcohol, illegal substances, or misused prescription medications, regardless of whether the infant exhibits withdrawal symptoms or receives a diagnosis of Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder; and*
2. *Does not mean an infant identified at birth as having been prenatally exposed to prescription medications for which the mother holds a valid and properly used prescription or medications administered to the mother under supervision of a licensed healthcare provider during childbirth.*

Identification as a substance-exposed infant shall not by itself constitute abuse or neglect absent findings under KRS 600.020.

- (2) *A health care provider or facility involved in the delivery or care of an infant shall notify the department when an infant is suspected to be a substance-exposed infant.*
- (3) *Participation in a Plan of Safe Care shall be supportive and preventive in nature. Participation may be required as reasonably necessary to ensure child safety under the department's authority but shall not alone constitute a finding of abuse or neglect.*
- (4) *Notwithstanding KRS 620.030, a notification involving a substance-exposed infant shall be accepted for assessment under the Plan of Safe Care Safety Assessment Response regardless of whether the notification alleges abuse or neglect.*
- (5) *Notification under this section shall:*
 - (a) *Not require a determination or allegation of abuse or neglect;*
 - (b) *Not be limited to infants diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder; and*
 - (c) *Be made for preventive safety and service coordination purposes and not for criminal prosecution.*
- (6) *The department shall, when a substance-exposed infant is born in a hospital or freestanding birthing center facility:*
 - (a) *Conduct a safety-focused assessment to determine the safety and needs of the substance-exposed infant and of any other children residing in the household;*
 - (b) *Attempt initial contact with the caregiver and infant prior to discharge, with consent of the caregiver or consistent with authority pursuant to KRS Chapter 620. Initial contact shall not constitute completion of the Plan of Safe Care assessment;*
 - (c) *Attempt post discharge contact with the caregiver and infant if contact does not occur prior to discharge with consent of the caregiver or consistent with authority pursuant to KRS Chapter 620;*
 - (d) *Complete the Plan of Safe Care and the Plan of Safe Care Safety Assessment Response within a timeline established by the department;*
 - (e) *Document safety findings prior to case closure and verify through direct contact if the infant and other children may safely remain in the home environment; and*
 - (f) *Collect aggregate data regarding implementation outcomes and compliance related to requirements of the Child Abuse Prevention and Treatment Act 42 U.S.C. sec. 5106a and submit a report on the data by December 1, 2026, and annually thereafter to the Legislative Research Committee for referral to the Interim Joint Committees on Families and Children and Health Services.*
- (7) *The department may utilize public or private service providers to implement this section.*

➔SECTION 10. A NEW SECTION OF KRS CHAPTER 625 IS CREATED TO READ AS FOLLOWS:

 - (1) *By December 1, 2026, and annually thereafter until December 1, 2029, the Administrative Office of the Courts shall collect data from each Circuit Court detailing the length of time that lapses from the filing of each petition for involuntary termination of parental rights, including any appeals, until the final disposition of the case. The data shall be reported to the Legislative Research Commission for referral to the Interim Joint Committees on Judiciary and Families and Children.*

- (2) ***By December 1, 2026, and annually thereafter until December 1, 2029, the Cabinet for Health and Family Services shall collect data detailing the length of time that each child remains in foster care placement prior to the filing of a petition for involuntary termination of parental rights. The data shall be delineated by county and reported to the Legislative Research Commission for referral to the Interim Joint Committees on Judiciary and Families and Children.***

➔Section 11. KRS 508.090 is amended to read as follows:

As ~~used~~~~[The following definitions apply]~~ in KRS 508.100 to 508.120 unless the context *requires otherwise*~~[otherwise requires]~~:

- (1) "Abuse *or neglect*" means
- (a) The infliction of:
 1. Physical pain~~[-]~~ *or* injury, ***including ingestion or inhalation of a controlled substance***; *or*
 2. Mental injury;~~[-]~~ *or*
 - (b) The deprivation of services by a person which are necessary to maintain the health and welfare of a person, or a situation in which an adult, living alone, is unable to provide *or* obtain for himself *or herself* the services which are necessary to maintain his *or her* health *or* welfare;~~[-]~~
- (2) ***"Controlled substance" has the same meaning as in KRS 218A.010; and***
- (3) "Physically helpless" and "mentally helpless" means a person who lacks substantial capacity to defend himself *or herself* *or* solicit protection from law enforcement agencies.

➔Section 12. KRS 508.100 is amended to read as follows:

- (1) A person is guilty of criminal abuse *or neglect* in the first degree when he *or she* intentionally abuses *or neglects* another person or permits another person of whom he *or she* has actual custody to be abused *or neglected* and thereby:
- (a) Causes serious physical injury;
 - (b) Places him *or her* in a situation that ***creates a substantial and unjustifiable risk of***~~[may cause him]~~ serious physical injury; *or*
 - (c) Causes torture, cruel confinement, or cruel punishment;
- to a person ***under thirteen (13) years old***~~[twelve (12) years of age or less]~~, or who is physically helpless or mentally helpless.
- (2) Criminal abuse *or neglect* in the first degree is a Class C felony unless the victim is under ***thirteen (13)***~~[twelve (12)]~~ years old, in which case it is a Class B felony.

➔Section 13. KRS 508.110 is amended to read as follows:

- (1) A person is guilty of criminal abuse *or neglect* in the second degree when he *or she* wantonly abuses *or neglects* another person or permits another person of whom he *or she* has actual custody to be abused *or neglected* and thereby:
- (a) Causes serious physical injury; *or*
 - (b) Places him *or her* in a situation that ***creates a substantial and unjustifiable risk of***~~[may cause him]~~ serious physical injury; *or*
 - (c) Causes torture, cruel confinement, or cruel punishment;
- to a person ***under thirteen (13) years old***~~[twelve (12) years of age or less]~~, or who is physically helpless or mentally helpless.
- (2) Criminal abuse *or neglect* in the second degree is a Class D felony.

➔Section 14. KRS 508.120 is amended to read as follows:

- (1) A person is guilty of criminal abuse *or neglect* in the third degree when he *or she* recklessly abuses *or neglects* another person or permits another person of whom he *or she* has actual custody to be abused *or neglected* and thereby:
- (a) Causes serious physical injury; *or*

(b) Places him *or her* in a situation that *creates a substantial and unjustifiable risk of* ~~may cause him~~ serious physical injury; or

(c) Causes torture, cruel confinement, or cruel punishment;

to a person *under thirteen (13) years old* ~~twelve (12) years of age or less~~, or who is physically helpless or mentally helpless.

(2) Criminal abuse *or neglect* in the third degree is a Class A misdemeanor *unless the person is under thirteen (13) years old and the person has suffered serious physical injury by the ingestion or inhalation of a controlled substance, in which case it is a Class D felony.*

➔Section 15. KRS 15.440 is amended to read as follows:

(1) Each unit of government that meets the following requirements shall be eligible to share in the distribution of funds from the Law Enforcement Foundation Program fund:

(a) Employs one (1) or more police officers;

(b) Pays every police officer at least the minimum federal wage;

(c) Requires all police officers to have, at a minimum, a high school degree, or its equivalent as determined by the council, except that each police officer employed prior to the date on which the officer's police department was included as a participant under KRS 15.410 to 15.510 shall be deemed to have met the requirements of this subsection;

(d) 1. Requires all police officers to successfully complete a basic training course of nine hundred twenty-eight (928) hours' duration within one (1) year of the date of employment at a school certified or recognized by the council, which may provide a different number of hours of instruction as established in this paragraph, except that each police officer employed prior to the date on which the officer's police department was included as a participant under KRS 15.410 to 15.510 shall be deemed to have met the requirements of this subsection.

2. As the exclusive method by which the number of hours required for basic training courses shall be modified from that which is specifically established by this paragraph, the council may, by the promulgation of administrative regulations in accordance with the provisions of KRS Chapter 13A, explicitly set the exact number of hours for basic training at a number different from nine hundred twenty-eight (928) hours based upon a training curriculum approved by the Kentucky Law Enforcement Council as determined by a validated job task analysis.

3. If the council sets an exact number of hours different from nine hundred twenty-eight (928) in an administrative regulation as provided by this paragraph, it shall not further change the number of hours required for basic training without promulgating administrative regulations in accordance with the provisions of KRS Chapter 13A.

4. Nothing in this paragraph shall be interpreted to prevent the council, pursuant to its authority under KRS 15.330, from approving training schools with a curriculum requiring attendance of a number of hours that exceeds nine hundred twenty-eight (928) hours or the number of hours established in an administrative regulation as provided by subparagraphs 2. and 3. of this paragraph. However, the training programs and schools for the basic training of law enforcement personnel conducted by the department pursuant to KRS 15A.070 shall not contain a curriculum that requires attendance of a number of hours for basic training that is different from nine hundred twenty-eight (928) hours or the number of hours established in an administrative regulation promulgated by the council pursuant to the provisions of KRS Chapter 13A as provided by subparagraphs 2. and 3. of this paragraph.

5. KRS 15.400 and 15.404(1) and subparagraphs 1. to 4. of this paragraph to the contrary notwithstanding, the council may, through the promulgation of administrative regulations in accordance with KRS Chapter 13A, approve basic training credit for:

a. Years of service credit as a law enforcement officer with previous service in another state; and

b. Basic training completed in another state.

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6. KRS 15.400 and 15.404(1) and subparagraphs 1. to 4. of this paragraph to the contrary notwithstanding, the council may, through the promulgation of administrative regulations in accordance with KRS Chapter 13A, approve basic training credit for:
 - a. Completion of eight hundred forty-eight (848) hours of training at a school established pursuant to KRS 15A.070;
 - b. A minimum of fifteen (15) years of experience as a certified law enforcement instructor at a school established pursuant to KRS 15A.070;
 - c. Completion of an average of forty (40) hours of Kentucky Law Enforcement Council approved in-service training annually from January 1, 1997, through January 1, 2020;
 - d. Three (3) years of active, full-time service as a:
 - i. City, county, urban-county, charter county, consolidated local, or unified local government police officer;
 - ii. Sheriff's deputy, excluding special deputies appointed under KRS 70.045;
 - iii. Department of Kentucky State Police officer; or
 - iv. Kentucky Department of Fish and Wildlife Resources game warden exercising peace officer powers under KRS 150.090; and
 - e. Completion of the:
 - i. Twenty-four (24) hour legal update Penal Code course;
 - ii. Sixteen (16) hour legal update constitutional procedure course; and
 - iii. Forty (40) hour basic officer skills course within one (1) year prior to applying for certification;
- (e) Requires all police officers to successfully complete each calendar year an in-service training course, appropriate to the officer's rank and responsibility and the size and location of the officer's police department, of forty (40) hours' duration, at a school certified or recognized by the council which may include a four (4) hour course which meets the requirements of paragraph (j) of this subsection. This in-service training requirement shall be waived for the period of time that a peace officer is serving on active duty in the United States Armed Forces. This waiver shall be retroactive for peace officers from the date of September 11, 2001;
- (f) Complies with all provisions of law applicable to police officers or police departments, including:
 1. Transmission of data to the centralized criminal history record information system as required by KRS 17.150; and
 2. Transmission of reports as required by KRS 15.391;
- (g) Complies with all rules and regulations, appropriate to the size and location of the police department issued by the cabinet to facilitate the administration of the fund and further the purposes of KRS 15.410 to 15.510;
- (h) Possesses a written policy and procedures manual related to domestic violence for law enforcement agencies that has been approved by the cabinet. The policy shall comply with the provisions of KRS 403.715 to 403.785. The policy shall include:
 1. A purpose statement;
 2. Definitions;
 3. Supervisory responsibilities;
 4. Procedures for twenty-four (24) hour access to protective orders;
 5. Procedures for enforcement of court orders or relief when protective orders are violated;
 6. Procedures for timely and contemporaneous reporting of adult abuse and domestic violence to the Cabinet for Health and Family Services, Department for Community Based Services;
 7. Victim rights, assistance, and service responsibilities; and

8. Duties related to timely completion of records;
 - (i) Possesses ~~by January 1, 2023,~~ a written policy and procedures manual related to sexual assault examinations that meets the standards provided by, and has been approved by, the cabinet, and which includes:
 1. A requirement that evidence collected as a result of an examination performed under KRS 216B.400 be taken into custody within five (5) days of notice from the collecting facility that the evidence is available for retrieval;
 2. A requirement that evidence received from a collecting facility relating to an incident which occurred outside the jurisdiction of the police department be transmitted to a police department with jurisdiction within ten (10) days of its receipt by the police department;
 3. A requirement that all evidence retrieved from a collecting facility under this paragraph be transmitted to the Department of Kentucky State Police forensic laboratory within thirty (30) days of its receipt by the police department;
 4. A requirement that a suspect standard, if available, be transmitted to the Department of Kentucky State Police forensic laboratory with the evidence received from a collecting facility;
 5. A process for notifying the victim from whom the evidence was collected of the progress of the testing, whether the testing resulted in a match to other DNA samples, and if the evidence is to be destroyed. The policy may include provisions for delaying notice until a suspect is apprehended or the office of the Commonwealth's attorney consents to the notification, but shall not automatically require the disclosure of the identity of any person to whom the evidence matched; and
 6. A requirement that DNA samples collected as a result of an examination performed under KRS 216B.400 that are voluntarily submitted solely for elimination purposes shall not be checked against any DNA index, retained, or included in any DNA index; ~~and~~
 - (j) Requires all police officers to successfully complete by December 31, 2022, and every two (2) years thereafter, a training course certified by the council of not less than four (4) hours in emergency vehicle operation; *and*
 - (k) ***Possesses by December 1, 2026, a written policy and procedures manual related to pediatric ingestion or inhalation of controlled substances that includes a requirement that:***
 1. ***In each case where a child:***
 - a. ***Is suspected to have ingested or inhaled a controlled substance as defined in KRS 218A.010; and***
 - b. ***Requires medical attention;***

a police officer shall seek a search warrant for a urine, blood, or other appropriate test for the person who was responsible for the supervision of the child when the controlled substance was ingested or inhaled; and
 2. ***Any test sought under subparagraph 1. of this paragraph shall test for the presence of a wide range of substances that are commonly abused, including but not limited to:***
 - a. ***Buprenorphine;***
 - b. ***Cocaine;***
 - c. ***Fentanyl;***
 - d. ***Marijuana;***
 - e. ***Methadone;***
 - f. ***Methamphetamine;***
 - g. ***Tetrahydrocannabinol;***
 - h. ***Xylazine; and***

i. Any salt, compound, or derivative of any substance listed in subdivisions a. to h. of this subparagraph.

- (2) A unit of government which meets the criteria of this section shall be eligible to continue sharing in the distribution of funds from the Law Enforcement Foundation Program fund only if the police department of the unit of government remains in compliance with the requirements of this section.
- (3) Deputies employed by a sheriff's office shall be eligible to participate in the distribution of funds from the Law Enforcement Foundation Program fund regardless of participation by the sheriff.
- (4) Failure to meet a deadline established in a policy adopted pursuant to subsection (1)(i) of this section for the retrieval or submission of evidence shall not be a basis for a dismissal of a criminal action or a bar to the admissibility of the evidence in a criminal action.

➔Section 16. KRS 15.334 is amended to read as follows:

- (1) The Kentucky Law Enforcement Council shall approve mandatory training subjects to be taught to all students attending a law enforcement basic training course that include but are not limited to:
 - (a) Abuse, neglect, and exploitation of the elderly and other crimes against the elderly, including the use of multidisciplinary teams in the investigation and prosecution of crimes against the elderly;
 - (b) The dynamics of domestic violence, pediatric abusive head trauma, as defined in KRS 620.020, child physical and sexual abuse, and rape; child development; the effects of abuse and crime on adult and child victims, including the impact of abuse and violence on child development; legal remedies for protection; lethality and risk issues; profiles of offenders and offender treatment; model protocols for addressing domestic violence, rape, pediatric abusive head trauma, as defined in KRS 620.020, and child abuse; available community resources and victim services; and reporting requirements. This training shall be developed in consultation with legal, victim services, victim advocacy, and mental health professionals with expertise in domestic violence, child abuse, and rape. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric abusive head trauma approved by the secretary of the Cabinet for Health and Family Services;
 - (c) Human immunodeficiency virus infection and acquired immunodeficiency virus syndrome;
 - (d) Identification and investigation of, responding to, and reporting bias-related crime, victimization, or intimidation that is a result of or reasonably related to race, color, religion, sex, or national origin;
 - (e) The characteristics and dynamics of human trafficking, state and federal laws relating to human trafficking, the investigation of cases involving human trafficking, including but not limited to screening for human trafficking, and resources for assistance to the victims of human trafficking;
 - (f) ~~{Beginning January 1, 2017, the council shall require that a law enforcement basic training course include}~~At least eight (8) hours of training relevant to sexual assault;~~{and}~~
 - (g) Education on female genital mutilation as defined in KRS 508.125, including the risk factors associated with female genital mutilation, the criminal penalties for committing female genital mutilation, and the psychological and health effects on a victim of female genital mutilation; **and**
 - (h) ***The characteristics, dynamics, and investigation of pediatric ingestion or inhalation of controlled substances.***
- (2)
 - (a) The council shall develop and approve mandatory in-service training courses to be presented to all certified peace officers. The council may promulgate administrative regulations in accordance with KRS Chapter 13A setting forth the deadlines by which all certified peace officers shall attend the mandatory in-service training courses.
 - (b) ~~{Beginning January 1, 2017, }~~The council shall establish a forty (40) hour sexual assault investigation training course. ~~{After January 1, 2019, }~~Agencies shall maintain officers on staff who have completed the forty (40) hour sexual assault investigation training course in accordance with the following:
 1. Agencies with more than ten (10) but fewer than twenty-one (21) full-time officers shall maintain one (1) officer who has completed the forty (40) hour sexual assault investigation training course;

2. Agencies with twenty-one (21) or more but fewer than fifty-one (51) full-time officers shall maintain at least two (2) officers who have completed the forty (40) hour sexual assault investigation training course; and
 3. Agencies with fifty-one (51) or more full-time officers shall maintain at least four (4) officers who have completed the sexual assault investigation course.
- (c) An agency shall not make an officer directly responsible for the investigation or processing of sexual assault offenses unless that officer has completed the forty (40) hour sexual assault investigation training course.
 - (d) The council may, upon application by any agency, grant an exemption from the training requirements set forth in paragraph (b) of this subsection if that agency, by limitations arising from its scope of authority, does not conduct sexual assault investigations.
 - (e) Any agency failing to comply with paragraph (b) or (c) of this subsection shall, from the date the noncompliance commences, have one (1) year to reestablish the minimum number of trained officers required.
- (3) (a) The Justice and Public Safety Cabinet shall provide training on the subjects of:
 1. Domestic violence and abuse~~[and may do so utilizing currently available technology]~~. All certified peace officers shall be required to complete this training at least once every two (2) years; *and*
 2. *Pediatric ingestion or inhalation of controlled substances. All certified peace officers shall be required to complete this training at least once every three (3) years.*
 - (b) *Training required under paragraph (a) of this subsection may be completed utilizing currently available technology.*
- (4) The council shall promulgate administrative regulations in accordance with KRS Chapter 13A to establish mandatory basic training and in-service training courses.

➔Section 17. KRS 194A.545 is amended to read as follows:

- (1) The secretary for health and family services shall develop an initial training course and continuing education courses for employees of the Department for Community Based Services concerning the:
 - (a) Dynamics of domestic violence and elder abuse, neglect, and exploitation; effects of domestic violence and elder abuse, neglect, and exploitation on adult and child victims;
 - (b) Legal remedies for protection;
 - (c) Lethality and risk issues;
 - (d) Model protocols for addressing domestic violence; *and*
 - (e) Available community resources and victim services; and reporting requirements.

The training shall be developed in consultation with legal, victim services, victim advocacy, and mental health professionals with an expertise in domestic violence.

- (2) Each person employed by the Department for Community Based Services who provides supervisory or direct service at the local, district, or state level shall successfully complete the initial training course and, at least once every two (2) years, the continuing education course developed under subsection (1) of this section.
- (3) The secretary is encouraged to include an educational component covering the recognition and prevention of:
 - (a) Pediatric abusive head trauma, as defined in KRS 620.020; ~~and~~
 - (b) *Pediatric ingestion or inhalation of controlled substances;*

as part of the initial training and continuing education for Department for Community Based Services front-line child protection staff.

➔Section 18. KRS 199.896 is amended to read as follows:

- (1) ~~A~~~~No~~ person, association, or organization shall *not* conduct, operate, maintain, or advertise any child-care center without obtaining a license as provided in KRS 199.892 to 199.896.

- (2) The cabinet may promulgate administrative regulations pursuant to KRS Chapter 13A relating to license fees and may, in the administrative regulations, establish standards of care and service for a child-care center, criteria for the denial of a license if criminal records indicate convictions that may impact the safety and security of children in care, and procedures for enforcement of penalties which are not in contravention of this section.
- (3) Each initial application for a license shall be made to the cabinet and shall be accompanied by a fee that shall not exceed administrative costs of the program to the cabinet and shall be renewable annually upon expiration and reapplication when accompanied by a renewal fee that shall not exceed administrative costs of the program to the cabinet. Regular licenses and renewals thereof shall expire one (1) year from their effective date.
- (4) ~~A~~~~No~~ child-care center shall *not* be refused a license or have its license revoked for failure to meet standards set by the secretary until after the expiration of a period not to exceed six (6) months from the date of the first official notice that the standards have not been met. ~~If, however,~~ the cabinet has probable cause to believe that an immediate threat to the public health, safety, or welfare exists, the cabinet may take emergency action pursuant to KRS 13B.125. All administrative hearings conducted under authority of KRS 199.892 to 199.896 shall be conducted in accordance with KRS Chapter 13B.
- (5) If, upon inspection or investigation, the inspector general finds that a child-care center licensed under this section has violated the administrative regulations, standards, or requirements of the cabinet, the inspector general shall issue a statement of deficiency to the center containing:
 - (a) A statement of fact;
 - (b) A statement of how an administrative regulation, standard, or requirement of the cabinet was violated; and
 - (c) The timeframe, negotiated with the child-care center, within which a violation is to be corrected, except that a violation that poses an immediate threat to the health, safety, or welfare of children in the center shall be corrected in no event later than five (5) working days from the date of the statement of deficiency.
- (6) The Cabinet for Health and Family Services, in consultation with the Office of the Inspector General, shall establish by administrative regulations promulgated in accordance with KRS Chapter 13A an informal dispute resolution process through which a child-care provider may dispute licensure deficiencies that have an adverse effect on the child-care provider's license.
- (7) A child-care center shall have the right to appeal to the Cabinet for Health and Family Services under KRS Chapter 13B any action adverse to its license or the assessment of a civil penalty issued by the inspector general as the result of a violation contained in a statement of deficiency within twenty (20) days of the issuance of the action or assessment of the civil penalty. An appeal shall not act to stay the correction of a violation.
- (8) In assessing the civil penalty to be levied against a child-care center for a violation contained in a statement of deficiency issued under this section, the inspector general or the inspector general's designee shall take into consideration the following factors:
 - (a) The gravity of the threat to the health, safety, or welfare of children posed by the violation;
 - (b) The number and type of previous violations of the child-care center;
 - (c) The reasonable diligence exercised by the child-care center and efforts to correct the violation; and
 - (d) The amount of assessment necessary to assure immediate and continued compliance.
- (9) Upon a child-care center's failure to take action to correct a violation of the administrative regulations, standards, or requirements of the cabinet contained in a statement of deficiency, or at any time when the operation of a child-care center poses an immediate threat to the health, safety, or welfare of children in the center, and the child-care center continues to operate after the cabinet has taken emergency action to deny, suspend, or revoke its license, the cabinet or the cabinet's designee shall take at least one (1) of the following actions against the center:
 - (a) Institute proceedings to obtain an order compelling compliance with the administrative regulations, standards, and requirements of the cabinet;
 - (b) Institute injunctive proceedings in Circuit Court to terminate the operation of the center;

- (c) Institute action to discontinue payment of child-care subsidies; or
 - (d) Suspend or revoke the license or impose other penalties provided by law.
- (10) Upon request of any person, the cabinet shall provide information regarding the denial, revocation, suspension, or violation of any type of child-care center license of the operator. Identifying information regarding children and their families shall remain confidential.
- (11) The cabinet shall provide, upon request, public information regarding the inspections of and the plans of correction for the child-care center within the past year. All information distributed by the cabinet under this subsection shall include a statement indicating that the reports as provided under this subsection from the past five (5) years are available from the child-care center upon the parent's, custodian's, guardian's, or other interested person's request.
- (12) All fees collected under the provisions of KRS 199.892 to 199.896 for license and certification applications shall be paid into the State Treasury and credited to a special fund for the purpose of administering KRS 199.892 to 199.896 including the payment of expenses of and to the participants in child-care workshops. The funds collected are hereby appropriated for the use of the cabinet. The balance of the special fund shall lapse to the general fund at the end of each biennium.
- (13) Any advertisement for child-care services shall include the address of where the service is being provided.
- (14) All inspections of licensed and unlicensed child-care centers by the Cabinet for Health and Family Services shall be unannounced.
- (15) All employees and owners of a child-care center who provide care to children shall demonstrate within the first three (3) months of employment completion of at least a total of six (6) hours of orientation in the following areas:
- (a) Basic health, safety, and sanitation;
 - (b) Recognizing and reporting child abuse; and
 - (c) Developmentally appropriate child-care practice.
- (16) All employees and owners of a child-care center who provide care to children shall annually demonstrate to the department completion of at least six (6) hours of training in child development. These hours shall include but are not limited to:
- (a) One and one-half (1.5) hours one (1) time every five (5) years of continuing education in the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric head trauma approved by the secretary of the Cabinet for Health and Family Services; **and**
 - (b) ***One (1) hour one (1) time every three (3) years of continuing education in the recognition and prevention of pediatric ingestion or inhalation of controlled substances.***
- The ***continuing education***~~one and one-half (1.5) hours~~ required under this ***subsection***~~section~~ shall be included in the current number of required continuing education hours.
- (17) The Cabinet for Health and Family Services shall make available either through the development or approval of a model training curriculum and training materials, including video instructional materials, to cover the areas specified in subsection (15) of this section. The cabinet shall develop or approve the model training curriculum and training materials to cover the areas specified in subsection (15) of this section.
- (18) Child-care centers licensed pursuant to this section and family child-care homes certified pursuant to KRS 199.8982 shall not use corporal physical discipline, including the use of spanking, shaking, or paddling, as a means of punishment, discipline, behavior modification, or for any other reason. For the purposes of this section, "corporal physical discipline" means the deliberate infliction of physical pain and does not include spontaneous physical contact that is intended to protect a child from immediate danger.
- (19) Child-care centers that provide instructional and educational programs for preschool-aged children that operate for a maximum of twenty (20) hours per week and that a child attends for no more than fifteen (15) hours per week shall:
- (a) Notify the cabinet in writing that the center is operating;

- (b) Meet all child-care center licensure requirements and administrative regulations related to employee background checks;
 - (c) Meet all child-care center licensure requirements and administrative regulations related to tuberculosis screenings; and
 - (d) Be exempt from all other child-care center licensure requirements and administrative regulations.
- (20) Child-care centers that provide instructional and educational programs for preschool-aged children that operate for a maximum of twenty (20) hours per week and that a child attends for no more than ten (10) hours per week shall be exempt from all child-care licensure requirements and administrative regulations.
- (21) Instructional programs for school-age children that offer, whether free or for a fee, recreational, educational, sports training, or vacation programs that include but are not limited to martial arts and dance programs to children under eighteen (18) years of age, that a child attends outside the presence of his or her parent or legal guardian, shall be exempt from all child-care licensure administrative regulations if the following criteria are met:
- (a) The program provides primary instruction in a skill, talent, ability, expertise, or proficiency;
 - (b) The program operates outside the time period when school is in session, including before or after school hours, holidays, school breaks, teaching planning days, or summer vacation;
 - (c) The program does not advertise or otherwise represent that the program is a licensed child-care center or that the program offers child-care services;
 - (d) The program informs the parent or guardian:
 1. That the program is not licensed by the cabinet; and
 2. About the physical risks a child may face while participating in the program; and
 - (e) The program conducts the following background checks for all program employees and volunteers who work with children:
 1. Check of the child abuse and neglect records maintained by the cabinet; and
 2. In-state criminal background information check from the Justice and Public Safety Cabinet or Administrative Office of the Courts.
- (22) Directors and employees of child-care centers in a position that involves supervisory or disciplinary power over a minor, or direct contact with a minor, shall submit to a criminal record check in accordance with KRS 199.8965.
- (23) A director or employee of a child-care center may be employed on a probationary status pending receipt of the criminal background check. Application for the criminal record of a probationary employee shall be made no later than the date probationary employment begins.
- (24) The cabinet shall promulgate administrative regulations to identify emergency care providers who provide essential child-care services during an identified state of emergency.
- (25) Notwithstanding any state law, administrative regulation, executive order, or executive directive to the contrary, during the 2020 or 2021 state of emergency declared by the Governor in response to COVID-19, including but not limited to any mutated strain of the COVID-19 virus, the cabinet shall not establish any restrictions on capacity for class or group size or the ability to combine classes and groups for capacity limits in the morning or afternoon that is below the number that was in effect on February 1, 2020.

➔Section 19. KRS 199.8982 is amended to read as follows:

- (1) (a) The cabinet shall establish a family child-care home certification program which shall be administered by the department. A family child-care provider shall apply for certification of the provider's home if the provider is caring for four (4) to six (6) children unrelated to the provider. A family child-care provider caring for three (3) or fewer children may apply for certification of the provider's home at the discretion of the provider. Applicants for certification shall not have been found by the cabinet or a court to have abused or neglected a child, and shall meet the following minimum requirements:
1. Submit two (2) written character references;

2. Provide a written statement from a physician or advanced practice registered nurse that the applicant is in good health;
 3. Submit to a criminal record check in accordance with KRS 199.8965;
 4. Provide smoke detectors, a telephone, an adequate water supply, sufficient lighting and space, and a safe environment in the residence in which care is provided;
 5. Provide a copy of the results of a tuberculosis risk assessment and the results of any appropriate follow-up with skin testing or chest X-ray for applicants who are determined to be at risk for developing tuberculosis in accordance with the recommendations of the Centers for Disease Control and Prevention within thirty (30) days of the date of application for certification; and
 6. Demonstrate completion of a total of at least six (6) hours of training in the following areas within three (3) months of application for certification:
 - a. Basic health, safety, and sanitation;
 - b. Recognizing and reporting child abuse; and
 - c. Developmentally appropriate child-care practice.
- (b) Initial applications for certification shall be made to the department. The cabinet may promulgate administrative regulations to establish fees that shall not exceed costs of the program to the cabinet, for proper administration of the certification. The department shall issue a certificate of operation upon inspecting the family child-care home and determining the provider's compliance with the provisions of this section. The inspection shall be unannounced. A certificate of operation issued pursuant to this section shall not be transferable and shall be renewed every two (2) years for a fee that shall not exceed costs of the program to the cabinet for renewal.
- (c) A certified family child-care provider shall display the certificate of operation in a prominent place within the residence in which care is provided. The cabinet shall provide the certified family child-care provider with written information explaining the requirements for a family day-care provider and instructions on the method of reporting violations of the requirements which the provider shall distribute to parents.
- (d) Upon request of any person, the cabinet shall provide information regarding the denial, revocation, suspension, or violation of any type of day-care license of the family child-care provider. Identifying information regarding children and their families shall remain confidential.
- (e) The cabinet shall provide, upon request, public information regarding the inspections of and the plans of correction for the family child-care home within the past year. All information distributed by the cabinet under this paragraph shall include a statement indicating that the reports as provided under this paragraph from the past five (5) years are available from the family child-care home upon the parent's, custodian's, guardian's, or other interested person's request.
- (f) The cabinet shall promulgate administrative regulations in accordance with KRS Chapter 13A which establish standards for the issuance, monitoring, release of information under this section and KRS 199.896 and 199.898, renewal, denial, revocation, and suspension of a certificate of operation for a family child-care home and establish criteria for the denial of certification if criminal records indicate convictions that may impact the safety and security of children in care. A denial, suspension, or revocation of a certificate may be appealed, and upon appeal an administrative hearing shall be conducted in accordance with KRS Chapter 13B. If the cabinet has probable cause to believe that there is an immediate threat to the public health, safety, or welfare, the cabinet may take emergency action to suspend a certificate pursuant to KRS 13B.125. The cabinet shall promulgate administrative regulations to impose minimum staff-to-child ratios. The cabinet may promulgate administrative regulations relating to other requirements necessary to ensure minimum safety in family child-care homes. The cabinet shall develop and provide an ~~easy-to-read~~ guide containing the following information to a family child-care provider seeking certification of his *or her* home:
1. Certification requirements and procedures;
 2. Information about available child-care training; and
 3. Child-care food sponsoring organizations.

- (2) Family child-care providers shall annually demonstrate to the department completion of at least six (6) hours of training in child development. These hours shall include but are not limited to:

- (a) One and one-half (1.5) hours one (1) time every five (5) years of continuing education in the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric abusive head trauma approved by the secretary of the Cabinet for Health and Family Services; **and**
- (b) ***One (1) hour one (1) time every three (3) years of continuing education in the recognition and prevention of pediatric ingestion or inhalation of controlled substances.***

The ~~one and one-half (1.5) hours of~~ continuing education required under this ~~subsection~~~~section~~ shall be included in the current number of required continuing education hours.

- (3) The cabinet shall, either through the development of or approval of, make available a model training curriculum and training materials, including video instructional materials, to cover the areas specified in subsection (1)(a)6. of this section. The cabinet shall develop or approve the model training curriculum and training materials to cover the areas specified in subsection (1)(a)6. of this section.
- (4) (a) As used in this subsection "local government" means a city, county, charter county, urban-county government, consolidated local government, or unified local government.
- (b) The provisions of this section shall supersede all local government ordinances or regulations pertaining to the certification, licensure, and training requirements related to the operation of family child-care homes and ~~a~~~~no~~ local government shall **not** adopt or enforce any additional licensure, certification, or training requirements specifically applicable to family child-care homes in addition to those provided in this section. This subsection shall not be interpreted or construed to exempt family child-care homes from compliance with local government ordinances and regulations that apply generally within the jurisdiction.
- (c) Because the availability of adequate child-care as an essential business is vital to the Commonwealth's state and local economies, ~~by January 1, 2022,~~ a local government that has adopted land use regulations pursuant to KRS Chapter 100 shall specifically name family child-care homes in the text of its zoning regulations to authorize the board of adjustments to separately consider the applications of proposed family child-care homes for conditional use permits within the residential zones of the planning unit where they are not a fully permitted use pursuant to KRS 100.237.

➔Section 20. KRS 216B.405 is amended to read as follows:

- (1) As used in this section, "urgent treatment facility" or "urgent care facility" means a facility that delivers medically necessary ambulatory medical care apart from a hospital emergency department setting usually on a walk-in basis.
- (2) All urgent treatment or urgent care facilities shall make available at least:
- (a) One (1) time every two (2) years a continuing education course relating to the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric abusive head trauma approved by the secretary of the Cabinet for Health and Family Services; **and**
- (b) ***One (1) hour one (1) time every three (3) years of continuing education in the recognition and prevention of pediatric ingestion or inhalation of controlled substances.***

➔Section 21. KRS 218A.205 is amended to read as follows:

- (1) As used in this section:
- (a) "Reporting agency" includes:
1. The Department of Kentucky State Police;
 2. The Office of the Attorney General;
 3. The Cabinet for Health and Family Services; and
 4. The applicable state licensing board; and

- (b) "State licensing board" means:
1. The Kentucky Board of Medical Licensure;
 2. The Kentucky Board of Nursing;
 3. The Kentucky Board of Dentistry;
 4. The Kentucky Board of Optometric Examiners;
 5. The State Board of Podiatry; and
 6. Any other board that licenses or regulates a person who is entitled to prescribe or dispense controlled substances to humans.
- (2) (a) When a reporting agency or a law enforcement agency receives a report of improper, inappropriate, or illegal prescribing or dispensing of a controlled substance it may, to the extent otherwise allowed by law, send a copy of the report within three (3) business days to every other reporting agency.
- (b) A county attorney or Commonwealth's attorney shall notify the Office of the Attorney General and the appropriate state licensing board within three (3) business days of an indictment or a waiver of indictment becoming public in his or her jurisdiction charging a licensed person with a felony offense relating to the manufacture of, trafficking in, prescribing, dispensing, or possession of a controlled substance.
- (3) Each state licensing board shall, in consultation with the Kentucky Office of Drug Control Policy, establish the following by administrative regulation for those licensees authorized to prescribe or dispense controlled substances:
- (a) Mandatory prescribing and dispensing standards related to controlled substances, the requirements of which shall include the diagnostic, treatment, review, and other protocols and standards established for Schedule II controlled substances and Schedule III controlled substances containing hydrocodone under KRS 218A.172 and which may include the exemptions authorized by KRS 218A.172(4);
- (b) In accord with the CDC Guideline for Prescribing Opioids for Chronic Pain published in 2016, a prohibition on a practitioner issuing a prescription for a Schedule II controlled substance for more than a three (3) day supply of a Schedule II controlled substance if the prescription is intended to treat pain as an acute medical condition, with the following exceptions:
1. The practitioner, in his or her professional judgment, believes that more than a three (3) day supply of a Schedule II controlled substance is medically necessary to treat the patient's pain as an acute medical condition and the practitioner adequately documents the acute medical condition and lack of alternative treatment options which justifies deviation from the three (3) day supply limit established in this subsection in the patient's medical records;
 2. The prescription for a Schedule II controlled substance is prescribed to treat chronic pain;
 3. The prescription for a Schedule II controlled substance is prescribed to treat pain associated with a valid cancer diagnosis;
 4. The prescription for a Schedule II controlled substance is prescribed to treat pain while the patient is receiving hospice or end-of-life treatment or is receiving care from a certified community based palliative care program;
 5. The prescription for a Schedule II controlled substance is prescribed as part of a narcotic treatment program licensed by the Cabinet for Health and Family Services;
 6. The prescription for a Schedule II controlled substance is prescribed to treat pain following a major surgery or the treatment of significant trauma, as defined by the state licensing board in consultation with the Kentucky Office of Drug Control Policy;
 7. The Schedule II controlled substance is dispensed or administered directly to an ultimate user in an inpatient setting; or
 8. Any additional treatment scenario deemed medically necessary by the state licensing board in consultation with the Kentucky Office of Drug Control Policy.

Nothing in this paragraph shall authorize a state licensing board to promulgate regulations which expand any practitioner's prescriptive authority beyond that which existed prior to June 29, 2017;

- (c) A prohibition on a practitioner dispensing greater than a forty-eight (48) hour supply of any Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone unless the dispensing is done as part of a narcotic treatment program licensed by the Cabinet for Health and Family Services;
 - (d) A procedure for temporarily suspending, limiting, or restricting a license held by a named licensee where a substantial likelihood exists to believe that the continued unrestricted practice by the named licensee would constitute a danger to the health, welfare, or safety of the licensee's patients or of the general public;
 - (e) A procedure for the expedited review of complaints filed against their licensees pertaining to the improper, inappropriate, or illegal prescribing or dispensing of controlled substances that is designed to commence an investigation within seven (7) days of a complaint being filed and produce a charging decision by the board on the complaint within one hundred twenty (120) days of the receipt of the complaint, unless an extension for a definite period of time is requested by a law enforcement agency due to an ongoing criminal investigation;
 - (f) The establishment and enforcement of licensure standards that conform to the following:
 - 1. A permanent ban on licensees and applicants convicted after July 20, 2012, in this state or any other state of any felony offense relating to controlled substances from prescribing or dispensing a controlled substance;
 - 2. Restrictions short of a permanent ban on licensees and applicants convicted in this state or any other state of any misdemeanor offense relating to prescribing or dispensing a controlled substance;
 - 3. Restrictions mirroring in time and scope any disciplinary limitation placed on a licensee or applicant by a licensing board of another state if the disciplinary action results from improper, inappropriate, or illegal prescribing or dispensing of controlled substances; and
 - 4. A requirement that licensees and applicants report to the board any conviction or disciplinary action covered by this subsection with appropriate sanctions for any failure to make this required report;
 - (g) A procedure for the continuous submission of all disciplinary and other reportable information to the National Practitioner Data Bank of the United States Department of Health and Human Services;
 - (h) If not otherwise required by other law, a process for submitting a query on each applicant for licensure to the National Practitioner Data Bank of the United States Department of Health and Human Services to retrieve any relevant data on the applicant; and
 - (i) Continuing education requirements ~~beginning with the first full educational year occurring after July 1, 2012,~~ that specify that at least seven and one-half percent (7.5%) of the continuing education required of the licensed practitioner relate to the use of the electronic monitoring system established in KRS 218A.202, pain management, ~~for~~ **addiction disorders, or *pediatric ingestion or inhalation of controlled substances and include one (1) hour on the recognition and prevention of pediatric ingestion or inhalation of controlled substances.***
- (4) For the purposes of pharmacy dispensing, the medical necessity for a Schedule II controlled substance as documented by the practitioner in the patient's medical record and the prescription for more than a three (3) day supply of that controlled substance are presumed to be valid.
 - (5) A state licensing board shall employ or obtain the services of a specialist in the treatment of pain and a specialist in drug addiction to evaluate information received regarding a licensee's prescribing or dispensing practices related to controlled substances if the board or its staff does not possess such expertise, to ascertain if the licensee under investigation is engaging in improper, inappropriate, or illegal practices.
 - (6) Any statute to the contrary notwithstanding, no state licensing board shall require that a grievance or complaint against a licensee relating to controlled substances be sworn to or notarized, but the grievance or complaint shall identify the name and address of the grievant or complainant, unless the board by administrative regulation authorizes the filing of anonymous complaints. Any such authorizing administrative regulation shall require that an anonymous complaint or grievance be accompanied by sufficient corroborating evidence as

would allow the board to believe, based upon a totality of the circumstances, that a reasonable probability exists that the complaint or grievance is meritorious.

- (7) Every state licensing board shall cooperate to the maximum extent permitted by law with all state, local, and federal law enforcement agencies, and all professional licensing boards and agencies, state and federal, in the United States or its territories in the coordination of actions to deter the improper, inappropriate, or illegal prescribing or dispensing of a controlled substance.
- (8) Each state licensing board shall require a fingerprint-supported criminal record check by the Department of Kentucky State Police and the Federal Bureau of Investigation of any applicant for initial licensure to practice any profession authorized to prescribe or dispense controlled substances.

➔Section 22. KRS 311.844 is amended to read as follows:

- (1) To be licensed by the board as a physician assistant, an applicant shall:
 - (a) Submit a completed application form with the required fee;
 - (b) Be of good character and reputation;
 - (c) Be a graduate of an approved program; and
 - (d) Have passed an examination approved by the board within three (3) attempts.
- (2) A physician assistant who is authorized to practice in another state and who is in good standing may apply for licensure by endorsement from the state of his or her credentialing if that state has standards substantially equivalent to those of this Commonwealth.
- (3) A physician assistant's license shall be valid for two (2) years and shall be renewed by the board upon fulfillment of the following requirements:
 - (a) The holder shall be of good character and reputation;
 - (b) The holder shall provide evidence of completion, during the previous two (2) years, of a minimum of one hundred (100) hours of continuing education approved by the American Medical Association, the American Osteopathic Association, the American Academy of Family Physicians, the American Academy of Physician Assistants, or by another entity approved by the board. The one hundred (100) hours of continuing education required by this paragraph shall include:
 - 1. During the first two (2) years of licensure or prior to the first licensure renewal:
 - a. One and one-half (1.5) hours of continuing education in the prevention and recognition of pediatric abusive head trauma, as defined in KRS 620.020, except that graduating physician assistant students may apply pediatric abusive head trauma curriculum taught in their physician assistant graduate education to count towards the required one and one-half (1.5) hours; and
 - b. As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees and the evolving needs of the growing senior population, the board shall ensure physician assistants licensed under KRS Chapter 311 complete a one (1) time course of one (1) hour of continuing education approved by the board. The course shall be completed one (1) time and count towards the current number of required continuing education hours, except that graduating student physician assistants may submit Alzheimer's and other forms of dementia course curriculum taught in their programs of study towards the required one (1) hour for approval. The course topics shall include but not be limited to:
 - i. The warning signs and symptoms of Alzheimer's disease and other forms of dementia;
 - ii. The importance of early detection, diagnosis, and appropriate communication techniques for discussion of memory concerns with the patient and his or her caregiver;
 - iii. Cognitive assessment and care planning billing codes;
 - iv. The variety of tools used to assess a patient's cognition; and

- v. Current treatments that may be available to the patient;~~and~~
- 2. If the license holder is authorized, pursuant to KRS 311.858(5), to prescribe and administer Schedule III, IV, or V controlled substances, a minimum of seven and one-half (7.5) hours of approved continuing education relating to controlled substance diversion, pain management, addiction disorders, use of the electronic system for monitoring controlled substances established in KRS 218A.202, or any combination of two (2) or more of these subjects; and
- 3. ***At least one (1) hour one (1) time every three (3) years continuing education in the recognition and prevention of pediatric ingestion or inhalation of controlled substances; and***
- (c) The holder shall provide proof of current certification with the National Commission on Certification of Physician Assistants.

➔Section 23. KRS 311A.120 is amended to read as follows:

- (1) As a condition of being issued a certificate or license as an emergency medical technician, advanced emergency medical technician, emergency medical responder, or paramedic, the applicant shall have completed a Kentucky Board of Emergency Medical Services-approved educational course on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change.
- (2) The board shall promulgate administrative regulations to require continuing education for emergency medical technicians, advanced emergency medical technicians, emergency medical responders, or paramedics that includes the completion of:
 - (a) One (1) hour of board-approved continuing education covering the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020, at least one (1) time every two (2) year renewal cycle; ***and***
 - (b) ***One (1) hour one (1) time every three (3) years continuing education of board-approved continuing education covering the recognition and prevention of pediatric ingestion or inhalation of controlled substances.***

The ***continuing education***~~one (1) hour~~ required under this ***subsection***~~section~~ shall be included in the current number of required continuing education hours.

- (3) The board shall promulgate administrative regulations to require continuing education for emergency medical technicians or first responders which includes the completion of a training course of at least one (1) hour covering awareness of sexual violence, including reporting options, care options, pre-hospital treatment considerations, knowledge of regional rape crisis centers, and how to access the SANE-ready list, at least one (1) time every two (2) year renewal cycle. The one (1) hour of continuing education required under this subsection shall be included in the current number of required continuing education hours.

➔Section 24. KRS 314.073 is amended to read as follows:

- (1) As a prerequisite for license renewal, all individuals licensed under provisions of this chapter shall be required to document continuing competency during the immediate past licensure period as prescribed in regulations promulgated by the board.
- (2) The continuing competency requirement shall be documented and reported as set forth by the board in administrative regulations promulgated in accordance with KRS Chapter 13A.
- (3) The board shall approve providers of continuing education. The approval may include recognition of providers approved by national organizations and state boards of nursing with comparable standards. Standards for these approvals shall be set by the board in administrative regulations promulgated in accordance with the provisions of KRS Chapter 13A.
- (4) The board shall work cooperatively with professional nursing organizations, approved nursing schools, and other potential sources of continuing education programs to ensure that adequate continuing education offerings are available statewide. The board may enter into contractual agreements to implement the provisions of this section.
- (5) The board shall be responsible for notifying applicants for licensure and licensees applying for license renewal, of continuing competency requirements.

- (6) As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees, the board shall ensure practitioners licensed under KRS Chapter 314 complete:
- (a) A one-time training course of at least one and one-half (1.5) hours covering the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020; **and**
 - (b) ***One (1) hour one (1) time every three (3) years covering the recognition and prevention of pediatric ingestion or inhalation of controlled substances.***

The ~~continuing education~~~~one and one-half (1.5) hours~~ required under this ~~subsection~~~~section~~ shall be included in the current number of required continuing education hours.

- (7) As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees and the evolving needs of the growing senior population, the board shall ensure practitioners licensed under KRS Chapter 314 complete a one (1) time course of one (1) hour of continuing education approved by the board. The course shall be completed one (1) time and count towards the current number of required continuing education hours, except that graduating student practitioners may submit Alzheimer's and other forms of dementia course curriculum taught in their programs of study towards the required one (1) hour for approval. The course topics shall include but not be limited to:
- (a) The warning signs and symptoms of Alzheimer's disease and other forms of dementia;
 - (b) The importance of early detection, diagnosis, and appropriate communication techniques for discussion of memory concerns with the patient and his or her caregiver;
 - (c) Cognitive assessment and care planning billing codes;
 - (d) The variety of tools used to assess a patient's cognition; and
 - (e) Current treatments that may be available to the patient.
- (8) In order to offset administrative costs incurred in the implementation of the mandatory continuing competency requirements, the board may charge reasonable fees as established by regulation in accordance with the provisions of KRS Chapter 13A.
- (9) The continuing competency requirements shall include at least five (5) contact hours in pharmacology continuing education for any person licensed as an advanced practice registered nurse.

➔Section 25. KRS 335.130 is amended to read as follows:

- (1) Each certified social worker, licensed social worker and licensed clinical social worker shall renew his **or her** license every three (3) years, and shall pay the board a renewal fee as established by the board by promulgation of an administrative regulation.
- (2) Licensees whose licenses are renewed by the board shall be issued a renewal license.
- (3) Renewal fees shall be waived for any licensee actually serving in the Armed Forces of the United States. The waiver shall be effective for six (6) months following honorable discharge, separation, or release from the Armed Forces, after which period a license shall be considered lapsed.
- (4) The board may, at its discretion, require continuing education as a condition of license renewal.
- (5) If the board requires continuing education as authorized in subsection (4), the continuing education requirements for each licensed social worker and each licensed clinical social worker shall include:
 - (a) One and one-half (1.5) hours of continuing education approved by the board and covering the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020, at least one (1) time every six (6) years; **and**
 - (b) ***One (1) hour one (1) time every three (3) years of continuing education approved by the board and covering the recognition and prevention of pediatric ingestion or inhalation of controlled substances.***

The ~~one and one-half (1.5) hours of~~ continuing education required under this ~~subsection~~~~section~~ shall be included in the current number of required continuing education hours.

➔Section 26. KRS 216B.305 is amended to read as follows:

- (1) ~~A~~~~No~~ person, association, business entity, or organization shall **not** advertise, solicit boarders, or operate a boarding home without registering, on an annual basis, in a manner and form prescribed by the secretary.

~~A [No]~~ person who has been convicted of a crime of abuse *or neglect* under KRS 508.100 to 508.120 or who has had a report of abuse substantiated by the cabinet shall *not* be registered to operate a boarding home. The secretary shall impose a fee, not to exceed one hundred dollars (\$100), for this registration.

- (2) The secretary shall adopt standards, by administrative regulation pursuant to KRS Chapter 13A, for the operation of boarding homes. The administrative regulations shall include minimum requirements in the following areas:
 - (a) Minimum room sizes for rooms occupied for sleeping purposes. Rooms occupied by one (1) boarding home resident shall contain at least sixty (60) square feet of floor space. Rooms occupied by more than one (1) occupant shall contain at least forty (40) square feet of floor space for each occupant;
 - (b) Bedding, linens, and laundry services provided to residents;
 - (c) Sanitary and plumbing fixtures, water supply, sewage disposal, and sanitation of the premises;
 - (d) Heating, lighting, and fire prevention, including the installation and maintenance of smoke detectors;
 - (e) Maintenance of the building;
 - (f) Food handling, preparation, and storage, and kitchen sanitation;
 - (g) Nutritional standards sufficient to meet the boarder's need;
 - (h) Complaint procedures whereby residents may lodge complaints with the cabinet concerning the operation of the boarding home; and
 - (i) Initial and periodic screening procedures to ensure that individuals meet the definition of "boarder" under KRS 216B.300(3).
- (3) Prior to the initial or annual registration of a boarding home, the cabinet shall cause an unannounced inspection to be made of the boarding home, either by cabinet personnel or through the local health department acting on behalf of the cabinet, to determine if the boarding home is in compliance with:
 - (a) Standards established in subsections (1) and (2) of this section;
 - (b) Administrative regulations relating to the operation of boarding homes promulgated pursuant to subsection (2) of this section; and
 - (c) All applicable local health, fire, building, and safety codes and zoning ordinances.
- (4)
 - (a) A boarding home shall not be registered to any person, association, business entity, or organization that has been previously penalized for operating a boarding home without a registration or that has had a previously denied or revoked registration to operate a boarding home, for a period of five (5) years following the date of imposition of the previous penalty or denial or revocation of registration.
 - (b) A boarding home operator may appeal the cabinet's denial of initial or annual registration, and an administrative hearing shall be conducted in accordance with KRS Chapter 13B. A hearing held for a summary suspension shall be expedited and shall be in accordance with administrative regulations promulgated by the cabinet. If a boarding home continues to operate in violation of administrative regulations promulgated pursuant to subsection (2) of this section, the cabinet shall institute injunctive proceedings in Circuit Court to terminate the operation of the boarding home.
- (5) Any person, association, business entity, or organization that submits an application to register a boarding home that conceals a previously denied or revoked application or conceals a penalty received for operating a boarding home without a registration shall be liable for a civil penalty of at least one thousand dollars (\$1,000) but not more than five thousand dollars (\$5,000). Any registration issued in reliance upon the application concealing information shall be immediately revoked.
- (6) Initial and annual registration may be denied and existing registration may be revoked for any of the following:
 - (a) The boarding home fails to achieve or maintain substantial and continuing compliance with administrative regulations promulgated pursuant to subsection (2) of this section;
 - (b) The boarding home fails or refuses to correct violations within a reasonable time as specified by the cabinet; or

- (c) The applicant for registration or the registrant has been convicted of a crime related to abuse, neglect, or exploitation of an adult or has had an incident of adult abuse, neglect, or exploitation as defined in KRS 209.020, substantiated by the cabinet.
- (7) Employees or designated agents of the cabinet shall have the authority to enter at any time a boarding home or any premises suspected of operating as an unregistered boarding home for the purpose of conducting an inspection or investigating a complaint.
- (8) A boarding home shall not handle, store, dispense, or assist with the dispensing of a boarder's prescription or non-prescription medications.
- (9) Upon request of the boarder, the boarding home shall provide access to a lockable compartment for use by a resident who requests secure storage for prescription medication.
- (10) If a boarding home fails to meet a minimum standard established in subsection (2) or (3) of this section and is in such a condition that the cabinet determines that the boarding home's continued operation poses a significant risk to the health and safety of its residents, the cabinet may summarily suspend the registration of the boarding home by ordering that its operations cease until corrections are made or until a hearing is held on the appropriateness of the suspension.
- (11) Nothing in this section or KRS 216B.303 shall be construed to prohibit local governments from imposing requirements on boarding homes that are stricter than those imposed by administrative regulations of the Cabinet for Health and Family Services.

➔Section 27. KRS 439.3401 is amended to read as follows:

- (1) As used in this section, "violent offender" means any person who has been convicted of or pled guilty to the:
 - (a) Commission or attempted commission of:
 - 1. A capital offense;
 - 2. A Class A felony; or
 - 3. A felony sexual offense described in KRS Chapter 510; or
 - (b) Commission of:
 - 1. A felony involving the death of the victim or serious physical injury to a victim;
 - 2. Use of a minor in a sexual performance as described in KRS 531.310;
 - 3. Promoting a sexual performance by a minor as described in KRS 531.320;
 - 4. Unlawful transaction with a minor in the first degree as described in KRS 530.064(1)(a);
 - 5. Human trafficking under KRS 529.100 involving commercial sexual activity where the victim is a minor;
 - 6. Criminal abuse *or neglect* in the first degree as described in KRS 508.100;
 - 7. Burglary in the first degree accompanied by the commission or attempted commission of an assault as described in KRS 508.010, 508.020, 508.032, or 508.060;
 - 8. Burglary in the first degree accompanied by commission or attempted commission of kidnapping as described in KRS 509.040;
 - 9. Burglary in the first degree as described in KRS 511.020, if a person other than a participant in the crime was present in the building during the commission of the offense;
 - 10. Robbery in the first degree as described in KRS 515.020;
 - 11. Robbery in the second degree as described in KRS 515.030;
 - 12. Incest as described in KRS 530.020(2)(b) or (c);
 - 13. Arson in the first degree as described in KRS 513.020;
 - 14. Strangulation in the first degree as described in KRS 508.170;
 - 15. Carjacking as described in KRS 515.040;

16. A Class C felony violation of promoting contraband in the first degree as described in KRS 520.050; or
 17. Wanton endangerment in the first degree as described in KRS 508.060 involving the discharge of a firearm.
- (2) The court shall designate in its judgment if:
 - (a) The victim suffered death or serious physical injury; and
 - (b) A person other than a participant in the crime was present in the building during the commission of burglary in the first degree.
 - (3) A violent offender who has been convicted of a capital offense and who has received a life sentence and has not been sentenced to twenty-five (25) years without parole or imprisonment for life without benefit of probation or parole, or a Class A felony and receives a life sentence, or to death and his or her sentence is commuted to a life sentence shall not be released on probation or parole until he or she has served at least twenty (20) years in the penitentiary. Violent offenders may have a greater minimum parole eligibility date than other offenders who receive longer sentences, including a sentence of life imprisonment.
 - (4) A violent offender with a sentence of a term of years shall not be released on probation, shock probation, parole, conditional discharge, or other form of early release until he or she has served at least eighty-five percent (85%) of the sentence imposed.
 - (5) A violent offender shall only be awarded credit on his or her sentence authorized by KRS 197.045(1)(a)1.
 - (6) This section shall not apply to a person who has been determined by a court to have been a victim of domestic violence or abuse pursuant to KRS 533.060 with regard to the offenses involving the death of the victim or serious physical injury to the victim. The provisions of this subsection shall not extend to rape in the first degree or sodomy in the first degree by the defendant.
 - (7) This section shall apply only to those persons who commit offenses after July 15, 1998.
 - (8) For offenses committed prior to July 15, 1998, the version of this statute in effect immediately prior to that date shall continue to apply.
 - (9) The provisions of subsection (1) of this section extending the definition of "violent offender" to persons convicted of or pleading guilty to robbery in the first degree shall apply only to persons whose crime was committed after July 15, 2002.

➔Section 28. KRS 507.010 is amended to read as follows:

As used in this chapter:

- (1) "Abuse *or neglect*" has the same meaning as in KRS 508.090;
- (2) "Criminal homicide" means that a person is guilty of causing the death of another human being under circumstances which constitute murder, manslaughter in the first degree, manslaughter in the second degree, or reckless homicide; and
- (3) "Physically helpless" and "mentally helpless" have the same meaning as in KRS 508.090.

➔Section 29. KRS 507.030 is amended to read as follows:

- (1) A person is guilty of manslaughter in the first degree when:
 - (a) With intent to cause serious physical injury to another person, he or she causes the death of such person or of a third person;
 - (b) With intent to cause the death of another person, he or she causes the death of such person or of a third person under circumstances which do not constitute murder because he or she acts under the influence of extreme emotional disturbance, as defined in subsection (1)(a) of KRS 507.020;
 - (c) Through circumstances not otherwise constituting the offense of murder, he or she intentionally abuses *or neglects* another person or knowingly permits another person of whom he or she has actual custody to be abused *or neglected* and thereby causes death to a person twelve (12) years of age or less, or who is physically helpless or mentally helpless; or

- (d) He or she knowingly sells fentanyl or a fentanyl derivative to another person, and the injection, ingestion, inhalation, or other introduction of the fentanyl or fentanyl derivative causes the death of the person.
- (2) Manslaughter in the first degree is a Class B felony.

Signed by Governor April 10, 2026.