

1 AN ACT relating to the protection of children.

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

3 ➔Section 1. KRS 508.090 is amended to read as follows:

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

6 (1) "Abuse **or neglect**" means

7 **(a)** The infliction of:

8 **1.** Physical pain~~[,]~~ **or** injury, **including ingestion or inhalation of a**  
9 **controlled substance;** or

10 **2.** Mental injury;~~[,]~~ or

11 **(b)** The deprivation of services by a person which are necessary to maintain the  
12 health and welfare of a person, or a situation in which an adult, living alone, is  
13 unable to provide or obtain for himself **or herself** the services which are  
14 necessary to maintain his **or her** health or welfare;~~[,]~~

15 (2) **"Controlled substance" has the same meaning as in KRS 218A.010; and**

16 **(3)** "Physically helpless" and "mentally helpless" means a person who lacks substantial  
17 capacity to defend himself **or herself** or solicit protection from law enforcement  
18 agencies.

19 ➔Section 2. KRS 508.100 is amended to read as follows:

20 (1) A person is guilty of criminal abuse **or neglect** in the first degree when he **or she**  
21 intentionally abuses **or neglects** another person or permits another person of whom  
22 he **or she** has actual custody to be abused **or neglected** and thereby:

23 (a) Causes serious physical injury;

24 (b) Places him **or her** in a situation that may cause him **or her** serious physical  
25 injury; or

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

27 to a person **under thirteen (13) years old**~~[twelve (12) years of age or less]~~, or who

1 is physically helpless or mentally helpless.

2 (2) Criminal abuse or neglect in the first degree is a Class C felony unless the victim is  
3 under twelve (12) years old, in which case it is a Class B felony.

4 ➔Section 3. KRS 508.110 is amended to read as follows:

5 (1) A person is guilty of criminal abuse or neglect in the second degree when he or she  
6 wantonly abuses or neglects another person or permits another person of whom he  
7 or she has actual custody to be abused or neglected and thereby:

8 (a) Causes serious physical injury; or

9 (b) Places him or her in a situation that may cause him or her serious physical  
10 injury; or

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

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

14 (2) Criminal abuse or neglect in the second degree is a Class D felony.

15 ➔Section 4. KRS 508.120 is amended to read as follows:

16 (1) A person is guilty of criminal abuse or neglect in the third degree when he or she  
17 recklessly abuses or neglects another person or permits another person of whom he  
18 or she has actual custody to be abused or neglected and thereby:

19 (a) Causes serious physical injury; or

20 (b) Places him or her in a situation that may cause him or her serious physical  
21 injury; or

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

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

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

1       case it is a Class D felony.

2       ➔Section 5. KRS 15.440 is amended to read as follows:

- 3       (1) Each unit of government that meets the following requirements shall be eligible to  
4       share in the distribution of funds from the Law Enforcement Foundation Program  
5       fund:
- 6       (a) Employs one (1) or more police officers;
- 7       (b) Pays every police officer at least the minimum federal wage;
- 8       (c) Requires all police officers to have, at a minimum, a high school degree, or its  
9       equivalent as determined by the council, except that each police officer  
10      employed prior to the date on which the officer's police department was  
11      included as a participant under KRS 15.410 to 15.510 shall be deemed to have  
12      met the requirements of this subsection;
- 13      (d) 1. Requires all police officers to successfully complete a basic training  
14      course of nine hundred twenty-eight (928) hours' duration within one (1)  
15      year of the date of employment at a school certified or recognized by the  
16      council, which may provide a different number of hours of instruction as  
17      established in this paragraph, except that each police officer employed  
18      prior to the date on which the officer's police department was included  
19      as a participant under KRS 15.410 to 15.510 shall be deemed to have  
20      met the requirements of this subsection.
- 21      2. As the exclusive method by which the number of hours required for  
22      basic training courses shall be modified from that which is specifically  
23      established by this paragraph, the council may, by the promulgation of  
24      administrative regulations in accordance with the provisions of KRS  
25      Chapter 13A, explicitly set the exact number of hours for basic training  
26      at a number different from nine hundred twenty-eight (928) hours based  
27      upon a training curriculum approved by the Kentucky Law Enforcement

- 1 Council as determined by a validated job task analysis.
- 2 3. If the council sets an exact number of hours different from nine hundred  
3 twenty-eight (928) in an administrative regulation as provided by this  
4 paragraph, it shall not further change the number of hours required for  
5 basic training without promulgating administrative regulations in  
6 accordance with the provisions of KRS Chapter 13A.
- 7 4. Nothing in this paragraph shall be interpreted to prevent the council,  
8 pursuant to its authority under KRS 15.330, from approving training  
9 schools with a curriculum requiring attendance of a number of hours  
10 that exceeds nine hundred twenty-eight (928) hours or the number of  
11 hours established in an administrative regulation as provided by  
12 subparagraphs 2. and 3. of this paragraph. However, the training  
13 programs and schools for the basic training of law enforcement  
14 personnel conducted by the department pursuant to KRS 15A.070 shall  
15 not contain a curriculum that requires attendance of a number of hours  
16 for basic training that is different from nine hundred twenty-eight (928)  
17 hours or the number of hours established in an administrative regulation  
18 promulgated by the council pursuant to the provisions of KRS Chapter  
19 13A as provided by subparagraphs 2. and 3. of this paragraph.
- 20 5. KRS 15.400 and 15.404(1) and subparagraphs 1. to 4. of this paragraph  
21 to the contrary notwithstanding, the council may, through the  
22 promulgation of administrative regulations in accordance with KRS  
23 Chapter 13A, approve basic training credit for:
- 24 a. Years of service credit as a law enforcement officer with previous  
25 service in another state; and
- 26 b. Basic training completed in another state.
- 27 6. KRS 15.400 and 15.404(1) and subparagraphs 1. to 4. of this paragraph

1 to the contrary notwithstanding, the council may, through the  
2 promulgation of administrative regulations in accordance with KRS  
3 Chapter 13A, approve basic training credit for:

- 4 a. Completion of eight hundred forty-eight (848) hours of training at  
5 a school established pursuant to KRS 15A.070;
- 6 b. A minimum of fifteen (15) years of experience as a certified law  
7 enforcement instructor at a school established pursuant to KRS  
8 15A.070;
- 9 c. Completion of an average of forty (40) hours of Kentucky Law  
10 Enforcement Council approved in-service training annually from  
11 January 1, 1997, through January 1, 2020;
- 12 d. Three (3) years of active, full-time service as a:
  - 13 i. City, county, urban-county, charter county, consolidated  
14 local, or unified local government police officer;
  - 15 ii. Sheriff's deputy, excluding special deputies appointed under  
16 KRS 70.045;
  - 17 iii. Department of Kentucky State Police officer; or
  - 18 iv. Kentucky Department of Fish and Wildlife Resources game  
19 warden exercising peace officer powers under KRS 150.090;
  - 20 and
- 21 e. Completion of the:
  - 22 i. Twenty-four (24) hour legal update Penal Code course;
  - 23 ii. Sixteen (16) hour legal update constitutional procedure  
24 course; and
  - 25 iii. Forty (40) hour basic officer skills course within one (1) year  
26 prior to applying for certification;

27 (e) Requires all police officers to successfully complete each calendar year an in-

1 service training course, appropriate to the officer's rank and responsibility and  
2 the size and location of the officer's police department, of forty (40) hours'  
3 duration, at a school certified or recognized by the council which may include  
4 a four (4) hour course which meets the requirements of paragraph (j) of this  
5 subsection. This in-service training requirement shall be waived for the period  
6 of time that a peace officer is serving on active duty in the United States  
7 Armed Forces. This waiver shall be retroactive for peace officers from the  
8 date of September 11, 2001;

9 (f) Complies with all provisions of law applicable to police officers or police  
10 departments, including:

11 1. Transmission of data to the centralized criminal history record  
12 information system as required by KRS 17.150; and

13 2. Transmission of reports as required by KRS 15.391;

14 (g) Complies with all rules and regulations, appropriate to the size and location of  
15 the police department issued by the cabinet to facilitate the administration of  
16 the fund and further the purposes of KRS 15.410 to 15.510;

17 (h) Possesses a written policy and procedures manual related to domestic violence  
18 for law enforcement agencies that has been approved by the cabinet. The  
19 policy shall comply with the provisions of KRS 403.715 to 403.785. The  
20 policy shall include:

21 1. A purpose statement;

22 2. Definitions;

23 3. Supervisory responsibilities;

24 4. Procedures for twenty-four (24) hour access to protective orders;

25 5. Procedures for enforcement of court orders or relief when protective  
26 orders are violated;

27 6. Procedures for timely and contemporaneous reporting of adult abuse and

1 domestic violence to the Cabinet for Health and Family Services,  
2 Department for Community Based Services;

3 7. Victim rights, assistance, and service responsibilities; and

4 8. Duties related to timely completion of records;

5 (i) Possesses~~[ by January 1, 2023,]~~ a written policy and procedures manual  
6 related to sexual assault examinations that meets the standards provided by,  
7 and has been approved by, the cabinet, and which includes:

- 8 1. A requirement that evidence collected as a result of an examination  
9 performed under KRS 216B.400 be taken into custody within five (5)  
10 days of notice from the collecting facility that the evidence is available  
11 for retrieval;
- 12 2. A requirement that evidence received from a collecting facility relating  
13 to an incident which occurred outside the jurisdiction of the police  
14 department be transmitted to a police department with jurisdiction  
15 within ten (10) days of its receipt by the police department;
- 16 3. A requirement that all evidence retrieved from a collecting facility under  
17 this paragraph be transmitted to the Department of Kentucky State  
18 Police forensic laboratory within thirty (30) days of its receipt by the  
19 police department;
- 20 4. A requirement that a suspect standard, if available, be transmitted to the  
21 Department of Kentucky State Police forensic laboratory with the  
22 evidence received from a collecting facility;
- 23 5. A process for notifying the victim from whom the evidence was  
24 collected of the progress of the testing, whether the testing resulted in a  
25 match to other DNA samples, and if the evidence is to be destroyed. The  
26 policy may include provisions for delaying notice until a suspect is  
27 apprehended or the office of the Commonwealth's attorney consents to

1 the notification, but shall not automatically require the disclosure of the  
2 identity of any person to whom the evidence matched; and

3 6. A requirement that DNA samples collected as a result of an examination  
4 performed under KRS 216B.400 that are voluntarily submitted solely for  
5 elimination purposes shall not be checked against any DNA index,  
6 retained, or included in any DNA index;~~[-and]~~

7 (j) Requires all police officers to successfully complete by December 31, 2022,  
8 and every two (2) years thereafter, a training course certified by the council of  
9 not less than four (4) hours in emergency vehicle operation; and

10 (k) Possesses by December 1, 2026, a written policy and procedures manual  
11 related to pediatric ingestion or inhalation of controlled substances that  
12 includes a requirement that:

13 1. In each case where a child is suspected to have ingested or inhaled a  
14 controlled substance as defined in Section 1 of this Act, a police  
15 officer shall seek a search warrant for a urine, blood, or other  
16 appropriate test for the person who was responsible for the supervision  
17 of the child when the controlled substance was ingested or inhaled;  
18 and

19 2. Any test sought under subparagraph 1. of this paragraph shall test for  
20 the presence of a wide range of substances that include but are not  
21 limited to:

22 a. Buprenorphine;

23 b. Fentanyl;

24 c. Methadone; and

25 d. Xylazine.

26 (2) A unit of government which meets the criteria of this section shall be eligible to  
27 continue sharing in the distribution of funds from the Law Enforcement Foundation



1 Program fund only if the police department of the unit of government remains in  
2 compliance with the requirements of this section.

3 (3) Deputies employed by a sheriff's office shall be eligible to participate in the  
4 distribution of funds from the Law Enforcement Foundation Program fund  
5 regardless of participation by the sheriff.

6 (4) Failure to meet a deadline established in a policy adopted pursuant to subsection  
7 (1)(i) of this section for the retrieval or submission of evidence shall not be a basis  
8 for a dismissal of a criminal action or a bar to the admissibility of the evidence in a  
9 criminal action.

10 ➔Section 6. KRS 620.055 is amended to read as follows:

11 (1) An external child fatality and near fatality review panel is hereby created and  
12 established for the purpose of conducting comprehensive reviews of child fatalities  
13 and near fatalities, reported to the Cabinet for Health and Family Services,  
14 suspected to be a result of abuse or neglect. The panel shall be attached to the  
15 Justice and Public Safety Cabinet for staff and administrative purposes.

16 (2) The external child fatality and near fatality review panel shall be composed of the  
17 following five (5) ex officio nonvoting members and seventeen (17) voting  
18 members:

19 (a) Two (2) members of the Kentucky General Assembly, one (1) appointed by  
20 the President of the Senate and one (1) appointed by the Speaker of the House  
21 of Representatives, who shall be ex officio nonvoting members;

22 (b) The commissioner of the Department for Community Based Services, who  
23 shall be an ex officio nonvoting member;

24 (c) The commissioner of the Department for Public Health, who shall be an ex  
25 officio nonvoting member;

26 (d) A family court judge selected by the Chief Justice of the Kentucky Supreme  
27 Court, who shall be an ex officio nonvoting member~~[members]~~;

- 1 (e) A pediatrician from the University of Kentucky's Department of Pediatrics  
2 who is licensed and experienced in forensic medicine relating to child abuse  
3 and neglect to be selected by the Attorney General from a list of three (3)  
4 names provided by the dean of the University of Kentucky School of  
5 Medicine;
- 6 (f) A pediatrician from the University of Louisville's Department of Pediatrics  
7 who is licensed and experienced in forensic medicine relating to child abuse  
8 and neglect to be selected by the Attorney General from a list of three (3)  
9 names provided by the dean of the University of Louisville School of  
10 Medicine;
- 11 (g) The state medical examiner or designee;
- 12 (h) A court-appointed special advocate (CASA) program director to be selected  
13 by the Attorney General from a list of three (3) names provided by the  
14 Kentucky CASA Association;
- 15 (i) A peace officer with experience investigating child abuse and neglect  
16 fatalities and near fatalities to be selected by the Attorney General from a list  
17 of three (3) names provided by the commissioner of the Kentucky State  
18 Police;
- 19 (j) A representative from Prevent Child Abuse Kentucky, Inc. to be selected by  
20 the Attorney General from a list of three (3) names provided by the president  
21 of the Prevent Child Abuse Kentucky, Inc. board of directors;
- 22 (k) A practicing local prosecutor to be selected by the Attorney General;
- 23 (l) The executive director of the Kentucky Domestic Violence Association or the  
24 executive director's designee;
- 25 (m) The chairperson of the State Child Fatality Review Team established in  
26 accordance with KRS 211.684 or the chairperson's designee;
- 27 (n) A practicing social work clinician to be selected by the Attorney General from

- 1 a list of three (3) names provided by the Board of Social Work;
- 2 (o) A practicing addiction counselor to be selected by the Attorney General from
- 3 a list of three (3) names provided by the Kentucky Association of Addiction
- 4 Professionals;
- 5 (p) A representative from the family resource and youth service centers to be
- 6 selected by the Attorney General from a list of three (3) names submitted by
- 7 the Cabinet for Health and Family Services;
- 8 (q) A representative of a community mental health center to be selected by the
- 9 Attorney General from a list of three (3) names provided by the Kentucky
- 10 Association of Regional Mental Health and Mental Retardation Programs,
- 11 Inc.;
- 12 (r) A member of a citizen foster care review board selected by the Chief Justice
- 13 of the Kentucky Supreme Court;
- 14 (s) An at-large representative who shall serve as chairperson to be selected by the
- 15 Secretary of State;
- 16 (t) The president of the Kentucky Coroners Association; and
- 17 (u) A practicing medication-assisted treatment provider to be selected by the
- 18 Attorney General from a list of three (3) names provided by the Kentucky
- 19 Board of Medical Licensure.
- 20 (3) (a) ~~By August 1, 2013,~~ The appointing authority or the appointing authorities,
- 21 as the case may be, shall have appointed panel members. Initial terms of
- 22 members, other than those serving ex officio, shall be staggered to provide
- 23 continuity. Initial appointments shall be: five (5) members for terms of one (1)
- 24 year, five (5) members for terms of two (2) years, and five (5) members for
- 25 terms of three (3) years, these terms to expire, in each instance, on June 30
- 26 and thereafter until a successor is appointed and accepts appointment.
- 27 (b) Upon the expiration of these initial staggered terms, successors shall be

1 appointed by the respective appointing authorities~~[,]~~ for terms of two (2)  
2 years~~[,]~~ and until successors are appointed and accept their appointments.  
3 Members shall be eligible for reappointment. Vacancies in the membership of  
4 the panel shall be filled in the same manner as the original appointments.

5 (c) At any time, a panel member shall recuse himself or herself from the review  
6 of a case if the panel member believes he or she has a personal or private  
7 conflict of interest.

8 (d) If a voting panel member is absent from two (2) or more consecutive,  
9 regularly scheduled meetings, the member shall be considered to have  
10 resigned and shall be replaced with a new member in the same manner as the  
11 original appointment.

12 (e) If a voting panel member is proven to have violated subsection (13) of this  
13 section, the member shall be removed from the panel, and the member shall  
14 be replaced with a new member in the same manner as the original  
15 appointment.

16 (4) The panel shall meet at least quarterly and may meet upon the call of the  
17 chairperson of the panel.

18 (5) Members of the panel shall receive no compensation for their duties related to the  
19 panel, but may be reimbursed for expenses incurred in accordance with state  
20 guidelines and administrative regulations.

21 (6) Each panel member shall be provided copies of all information set out in this  
22 subsection, including but not limited to records and information, upon request, to be  
23 gathered, unredacted, and submitted to the panel within thirty (30) days by the  
24 Cabinet for Health and Family Services from the Department for Community Based  
25 Services or any agency, organization, or entity involved with a child subject to a  
26 fatality or near fatality:

27 (a) Cabinet for Health and Family Services records and documentation regarding

1 the deceased or injured child and his or her caregivers, residents of the home,  
2 and persons supervising the child at the time of the incident that include all  
3 records and documentation set out in this paragraph:

- 4 1. All prior and ongoing investigations, services, or contacts;
- 5 2. ~~Any and~~ All records of services to the family provided by agencies or  
6 individuals contracted by the Cabinet for Health and Family Services;  
7 and
- 8 3. All documentation of actions taken as a result of child fatality internal  
9 reviews conducted pursuant to KRS 620.050(12)(b);

10 (b) Licensing reports from the Cabinet for Health and Family Services, Office of  
11 Inspector General, if an incident occurred in a licensed facility;

12 (c) All available records regarding protective services provided out of state;

13 (d) All records of services provided by the Department for Juvenile Justice  
14 regarding the deceased or injured child and his or her caregivers, residents of  
15 the home, and persons involved with the child at the time of the incident;

16 (e) Autopsy reports;

17 (f) Emergency medical service, fire department, law enforcement, coroner, and  
18 other first responder reports, including but not limited to photos and  
19 interviews with family members and witnesses;

20 (g) Medical records regarding the deceased or injured child, including but not  
21 limited to all records and documentation set out in this paragraph:

- 22 1. Primary care records, including progress notes; developmental  
23 milestones; growth charts that include head circumference; all  
24 laboratory and X-ray requests and results; and birth record that includes  
25 record of delivery type, complications, and initial physical exam of  
26 baby;

- 27 2. In-home provider care notes about observations of the family, bonding,

- 1 others in home, and concerns;
- 2 3. Hospitalization and emergency department records;
- 3 4. Dental records;
- 4 5. Specialist records; and
- 5 6. All photographs of injuries of the child that are available;
- 6 (h) Educational records of the deceased or injured child, or other children residing
- 7 in the home where the incident occurred, including but not limited to the
- 8 records and documents set out in this paragraph:
- 9 1. Attendance records;
- 10 2. Special education services;
- 11 3. School-based health records; and
- 12 4. Documentation of any interaction and services provided to the children
- 13 and family.
- 14 The release of educational records shall comply~~be in compliance~~ with the
- 15 Family Educational Rights and Privacy Act, 20 U.S.C. sec. 1232g and its
- 16 implementing regulations;
- 17 (i) Head Start records or records from any other child care or early child care
- 18 provider;
- 19 (j) Records of any Family, Circuit, or District Court involvement with the
- 20 deceased or injured child and his or her caregivers, residents of the home and
- 21 persons involved with the child at the time of the incident that include but are
- 22 not limited to the juvenile and family court records and orders set out in this
- 23 paragraph, pursuant to KRS Chapters 199, 403, 405, 406, and 600 to 645:
- 24 1. Petitions;
- 25 2. Court reports by the Department for Community Based Services,
- 26 guardian ad litem, court-appointed special advocate, and the Citizen
- 27 Foster Care Review Board;

- 1           3. All orders of the court, including temporary, dispositional, or  
2           adjudicatory; and
- 3           4. Documentation of annual or any other review by the court;
- 4       (k) Home visit records from the Department for Public Health or other services;
- 5       (l) All information on prior allegations of abuse or neglect and deaths of children  
6           of adults residing in the household;
- 7       (m) All law enforcement records and documentation regarding the deceased or  
8           injured child and his or her caregivers, residents of the home, and persons  
9           involved with the child at the time of the incident; and
- 10       (n) Mental health records regarding the deceased or injured child and his or her  
11           caregivers, residents of the home, and persons involved with the child at the  
12           time of the incident.
- 13   (7) The panel may seek the advice of experts, such as persons specializing in the fields  
14       of psychiatric and forensic medicine, nursing, psychology, social work, education,  
15       law enforcement, family law, or other related fields, if the facts of a case warrant  
16       additional expertise.
- 17   (8) The panel shall post updates after each meeting to the website of the Justice and  
18       Public Safety Cabinet regarding case reviews, findings, and recommendations.
- 19   (9) The panel chairperson, or other requested persons, shall report a summary of the  
20       panel's discussions and proposed or actual recommendations to the Interim Joint  
21       Committee on Families and Children of the Kentucky General Assembly monthly  
22       or at the request of a committee co-chair. The goal of the committee shall be to  
23       ensure impartiality regarding the operations of the panel during its review process.
- 24   (10) (a) The panel shall publish an annual report by February 1 of each year consisting  
25           of case reviews, findings, and recommendations for system and process  
26           improvements to help prevent child fatalities and near fatalities that are due to  
27           abuse and neglect. The report shall be submitted to the Governor, the

1            secretary of the Cabinet for Health and Family Services, the Chief Justice of  
2            the Supreme Court, the Attorney General, the State Child Abuse and Neglect  
3            Prevention Board established pursuant to KRS 15.905, and the director of the  
4            Legislative Research Commission for distribution to the Interim Joint  
5            Committee on Families and Children~~[-]~~ and the Interim Joint Committee on  
6            Judiciary.

7            (b) The panel shall determine which agency is responsible for implementing each  
8            recommendation, and shall forward each recommendation in writing to the  
9            appropriate agency.

10          (c) Any agency that receives a recommendation from the panel shall, within  
11          ninety (90) days of receipt:

- 12            1. Respond to the panel with a written notice of intent to implement the  
13            recommendation, an explanation of how the recommendation will be  
14            implemented, and an approximate time frame of implementation; or
- 15            2. Respond to the panel with a written notice that the agency does not  
16            intend to implement the recommendation, and a detailed explanation of  
17            why the recommendation cannot be implemented.

18          (11) (a) Information and record copies that are confidential under state or federal law  
19            and are provided to the external child fatality and near fatality review panel by  
20            the Cabinet for Health and Family Services, the Department for Community  
21            Based Services, or any agency, organization, or entity for review shall not  
22            become the information and records of the panel and shall not lose their  
23            confidentiality by virtue of the panel's access to the information and records.

24          (b) The original information and records used to generate information and record  
25            copies provided to the panel in accordance with subsection (6) of this section  
26            shall be maintained by the appropriate agency in accordance with state and  
27            federal law and shall be subject to the Kentucky Open Records Act, KRS



1 61.870 to 61.884.

2 (c) All open records requests shall be made to the appropriate agency, not to the  
3 external child fatality and near fatality review panel or any of the panel  
4 members. Information and record copies provided to the panel for review  
5 shall be exempt from the Kentucky Open Records Act, KRS 61.870 to 61.884.

6 (d) At the conclusion of the panel's examination, all copies of information and  
7 records provided to the panel involving an individual case shall be destroyed  
8 by the Justice and Public Safety Cabinet.

9 (12) (a) Notwithstanding any provision of law to the contrary, the portions of the  
10 external child fatality and near fatality review panel meetings during which an  
11 individual child fatality or near fatality case is reviewed or discussed by panel  
12 members may be a closed session and subject to the provisions of KRS  
13 61.815(1) and shall only occur following the conclusion of an open session.  
14 At the conclusion of the closed session, the panel shall immediately convene  
15 an open session and give a summary of what occurred during the closed  
16 session.

17 (b) The external child fatality and near fatality review panel may compel the  
18 attendance of individuals from an investigating agency to discuss cases that  
19 are being reviewed or discussed by the panel under paragraph (a) of this  
20 subsection in closed session.

21 (13) Each member of the external child fatality and near fatality review panel, any  
22 person attending a closed panel session, and any person presenting information or  
23 records on an individual child fatality or near fatality shall not release information  
24 or records not available under the Kentucky Open Records Act, KRS 61.870 to  
25 61.884, to the public.

26 (14) A member of the external child fatality and near fatality review panel shall not be  
27 prohibited from making a good faith report to any state or federal agency of any

1 information or issue that the panel member believes should be reported or disclosed  
2 ~~in an effort~~ to facilitate effectiveness and transparency in Kentucky's child  
3 protective services.

4 (15) A member of the external child fatality and near fatality review panel shall not be  
5 held liable for any civil damages or criminal penalties pursuant to KRS 620.990 as  
6 a result of any action taken or omitted in the performance of the member's duties  
7 pursuant to this section and KRS 620.050, except for violations of subsection (11),  
8 (12), or (13) of this section.

9 (16) The proceedings, records, opinions, and deliberations of the external child fatality  
10 and near fatality review panel shall be privileged and shall not be subject to  
11 discovery, subpoena, or introduction into evidence in any civil or criminal actions  
12 in any manner that would directly or indirectly identify specific persons or cases  
13 reviewed by the panel. Nothing in this subsection shall be construed to restrict or  
14 limit the right to discover or use in any civil action any evidence that is  
15 discoverable independent of the proceedings of the panel.

16 (17) The Legislative Oversight and Investigations Committee of the Kentucky General  
17 Assembly shall conduct an annual evaluation of the external child fatality and near  
18 fatality review panel established pursuant to this section to monitor the operations,  
19 procedures, and recommendations of the panel and shall report its findings to the  
20 General Assembly.

21 ➔Section 7. KRS 15.334 is amended to read as follows:

22 (1) The Kentucky Law Enforcement Council shall approve mandatory training subjects  
23 to be taught to all students attending a law enforcement basic training course that  
24 include but are not limited to:

25 (a) Abuse, neglect, and exploitation of the elderly and other crimes against the  
26 elderly, including the use of multidisciplinary teams in the investigation and  
27 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]~~

1 (g) Education on female genital mutilation as defined in KRS 508.125, including  
2 the risk factors associated with female genital mutilation, the criminal  
3 penalties for committing female genital mutilation, and the psychological and  
4 health effects on a victim of female genital mutilation; and

5 (h) The characteristics, dynamics, and investigation of pediatric ingestion or  
6 inhalation of controlled substances.

7 (2) (a) The council shall develop and approve mandatory in-service training courses  
8 to be presented to all certified peace officers. The council may promulgate  
9 administrative regulations in accordance with KRS Chapter 13A setting forth  
10 the deadlines by which all certified peace officers shall attend the mandatory  
11 in-service training courses.

12 (b) ~~[Beginning January 1, 2017, ]~~The council shall establish a forty (40) hour  
13 sexual assault investigation training course. ~~[After January 1, 2019, ]~~Agencies  
14 shall maintain officers on staff who have completed the forty (40) hour sexual  
15 assault investigation training course in accordance with the following:

16 1. Agencies with more than ten (10) but fewer than twenty-one (21) full-  
17 time officers shall maintain one (1) officer who has completed the forty  
18 (40) hour sexual assault investigation training course;

19 2. Agencies with twenty-one (21) or more but fewer than fifty-one (51)  
20 full-time officers shall maintain at least two (2) officers who have  
21 completed the forty (40) hour sexual assault investigation training  
22 course; and

23 3. Agencies with fifty-one (51) or more full-time officers shall maintain at  
24 least four (4) officers who have completed the sexual assault  
25 investigation course.

26 (c) An agency shall not make an officer directly responsible for the investigation  
27 or processing of sexual assault offenses unless that officer has completed the

1           forty (40) hour sexual assault investigation training course.

2           (d) The council may, upon application by any agency, grant an exemption from  
3           the training requirements set forth in paragraph (b) of this subsection if that  
4           agency, by limitations arising from its scope of authority, does not conduct  
5           sexual assault investigations.

6           (e) Any agency failing to comply with paragraph (b) or (c) of this subsection  
7           shall, from the date the noncompliance commences, have one (1) year to  
8           reestablish the minimum number of trained officers required.

9       (3) (a) The Justice and Public Safety Cabinet shall provide training on the subjects  
10       of:

11       1. Domestic violence and abuse~~[and may do so utilizing currently~~  
12       ~~available technology]~~. All certified peace officers shall be required to  
13       complete this training at least once every two (2) years; and

14       2. Pediatric ingestion or inhalation of controlled substances. All certified  
15       peace officers shall be required to complete this training at least once  
16       every three (3) years.

17       (b) Training required under paragraph (a) of this subsection may be completed  
18       utilizing currently available technology.

19       (4) The council shall promulgate administrative regulations in accordance with KRS  
20       Chapter 13A to establish mandatory basic training and in-service training courses.

21       ➔Section 8. KRS 194A.545 is amended to read as follows:

22       (1) The secretary for health and family services shall develop an initial training course  
23       and continuing education courses for employees of the Department for Community  
24       Based Services concerning the:

25       (a) Dynamics of domestic violence and elder abuse, neglect, and exploitation;  
26       effects of domestic violence and elder abuse, neglect, and exploitation on  
27       adult and child victims;

- 1       **(b)** Legal remedies for protection;  
2       **(c)** Lethality and risk issues;  
3       **(d)** Model protocols for addressing domestic violence; **and**  
4       **(e)** Available community resources and victim services; and reporting  
5       requirements.

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

- 8       (2) Each person employed by the Department for Community Based Services who  
9       provides supervisory or direct service at the local, district, or state level shall  
10      successfully complete the initial training course and, at least once every two (2)  
11      years, the continuing education course developed under subsection (1) of this  
12      section.

- 13      (3) The secretary is encouraged to include an educational component covering the  
14      recognition and prevention of:

15      **(a)** Pediatric abusive head trauma, as defined in KRS 620.020; **and** ~~[-]~~

16      **(b) Pediatric ingestion or inhalation of controlled substances;**

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

19      ➔Section 9. KRS 199.896 is amended to read as follows:

- 20      (1) ~~A[No]~~ person, association, or organization shall **not** conduct, operate, maintain, or  
21      advertise any child-care center without obtaining a license as provided in KRS  
22      199.892 to 199.896.

- 23      (2) The cabinet may promulgate administrative regulations pursuant to KRS Chapter  
24      13A relating to license fees and may, in the administrative regulations, establish  
25      standards of care and service for a child-care center, criteria for the denial of a  
26      license if criminal records indicate convictions that may impact the safety and  
27      security of children in care, and procedures for enforcement of penalties which are

1 not in contravention of this section.

2 (3) Each initial application for a license shall be made to the cabinet and shall be  
3 accompanied by a fee that shall not exceed administrative costs of the program to  
4 the cabinet and shall be renewable annually upon expiration and reapplication when  
5 accompanied by a renewal fee that shall not exceed administrative costs of the  
6 program to the cabinet. Regular licenses and renewals thereof shall expire one (1)  
7 year from their effective date.

8 (4) ~~A [No]~~ child-care center shall ***not*** be refused a license or have its license revoked for  
9 failure to meet standards set by the secretary until after the expiration of a period  
10 not to exceed six (6) months from the date of the first official notice that the  
11 standards have not been met. ~~If, however,~~ the cabinet has probable cause to  
12 believe that an immediate threat to the public health, safety, or welfare exists, the  
13 cabinet may take emergency action pursuant to KRS 13B.125. All administrative  
14 hearings conducted under authority of KRS 199.892 to 199.896 shall be conducted  
15 in accordance with KRS Chapter 13B.

16 (5) If, upon inspection or investigation, the inspector general finds that a child-care  
17 center licensed under this section has violated the administrative regulations,  
18 standards, or requirements of the cabinet, the inspector general shall issue a  
19 statement of deficiency to the center containing:

20 (a) A statement of fact;

21 (b) A statement of how an administrative regulation, standard, or requirement of  
22 the cabinet was violated; and

23 (c) The timeframe, negotiated with the child-care center, within which a violation  
24 is to be corrected, except that a violation that poses an immediate threat to the  
25 health, safety, or welfare of children in the center shall be corrected in no  
26 event later than five (5) working days from the date of the statement of  
27 deficiency.

- 1 (6) The Cabinet for Health and Family Services, in consultation with the Office of the  
2 Inspector General, shall establish by administrative regulations promulgated in  
3 accordance with KRS Chapter 13A an informal dispute resolution process through  
4 which a child-care provider may dispute licensure deficiencies that have an adverse  
5 effect on the child-care provider's license.
- 6 (7) A child-care center shall have the right to appeal to the Cabinet for Health and  
7 Family Services under KRS Chapter 13B any action adverse to its license or the  
8 assessment of a civil penalty issued by the inspector general as the result of a  
9 violation contained in a statement of deficiency within twenty (20) days of the  
10 issuance of the action or assessment of the civil penalty. An appeal shall not act to  
11 stay the correction of a violation.
- 12 (8) In assessing the civil penalty to be levied against a child-care center for a violation  
13 contained in a statement of deficiency issued under this section, the inspector  
14 general or the inspector general's designee shall take into consideration the  
15 following factors:
- 16 (a) The gravity of the threat to the health, safety, or welfare of children posed by  
17 the violation;
- 18 (b) The number and type of previous violations of the child-care center;
- 19 (c) The reasonable diligence exercised by the child-care center and efforts to  
20 correct the violation; and
- 21 (d) The amount of assessment necessary to assure immediate and continued  
22 compliance.
- 23 (9) Upon a child-care center's failure to take action to correct a violation of the  
24 administrative regulations, standards, or requirements of the cabinet contained in a  
25 statement of deficiency, or at any time when the operation of a child-care center  
26 poses an immediate threat to the health, safety, or welfare of children in the center,  
27 and the child-care center continues to operate after the cabinet has taken emergency



- 1 action to deny, suspend, or revoke its license, the cabinet or the cabinet's designee  
2 shall take at least one (1) of the following actions against the center:
- 3 (a) Institute proceedings to obtain an order compelling compliance with the  
4 administrative regulations, standards, and requirements of the cabinet;
- 5 (b) Institute injunctive proceedings in Circuit Court to terminate the operation of  
6 the center;
- 7 (c) Institute action to discontinue payment of child-care subsidies; or  
8 (d) Suspend or revoke the license or impose other penalties provided by law.
- 9 (10) Upon request of any person, the cabinet shall provide information regarding the  
10 denial, revocation, suspension, or violation of any type of child-care center license  
11 of the operator. Identifying information regarding children and their families shall  
12 remain confidential.
- 13 (11) The cabinet shall provide, upon request, public information regarding the  
14 inspections of and the plans of correction for the child-care center within the past  
15 year. All information distributed by the cabinet under this subsection shall include a  
16 statement indicating that the reports as provided under this subsection from the past  
17 five (5) years are available from the child-care center upon the parent's, custodian's,  
18 guardian's, or other interested person's request.
- 19 (12) All fees collected under the provisions of KRS 199.892 to 199.896 for license and  
20 certification applications shall be paid into the State Treasury and credited to a  
21 special fund for the purpose of administering KRS 199.892 to 199.896 including the  
22 payment of expenses of and to the participants in child-care workshops. The funds  
23 collected are hereby appropriated for the use of the cabinet. The balance of the  
24 special fund shall lapse to the general fund at the end of each biennium.
- 25 (13) Any advertisement for child-care services shall include the address of where the  
26 service is being provided.
- 27 (14) All inspections of licensed and unlicensed child-care centers by the Cabinet for

1 Health and Family Services shall be unannounced.

2 (15) All employees and owners of a child-care center who provide care to children shall  
3 demonstrate within the first three (3) months of employment completion of at least  
4 a total of six (6) hours of orientation in the following areas:

5 (a) Basic health, safety, and sanitation;

6 (b) Recognizing and reporting child abuse; and

7 (c) Developmentally appropriate child-care practice.

8 (16) All employees and owners of a child-care center who provide care to children shall  
9 annually demonstrate to the department completion of at least six (6) hours of  
10 training in child development. These hours shall include but are not limited to:

11 (a) One and one-half (1.5) hours one (1) time every five (5) years of continuing  
12 education in the recognition and prevention of pediatric abusive head trauma,  
13 as defined in KRS 620.020. Training in recognizing pediatric abusive head  
14 trauma may be designed in collaboration with organizations and agencies that  
15 specialize in the prevention and recognition of pediatric head trauma approved  
16 by the secretary of the Cabinet for Health and Family Services; and

17 (b) One (1) hour one (1) time every three (3) years of continuing education in  
18 the recognition and prevention of pediatric ingestion or inhalation of  
19 controlled substances.

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

23 (17) The Cabinet for Health and Family Services shall make available either through the  
24 development or approval of a model training curriculum and training materials,  
25 including video instructional materials, to cover the areas specified in subsection  
26 (15) of this section. The cabinet shall develop or approve the model training  
27 curriculum and training materials to cover the areas specified in subsection (15) of

1       this section.

2       (18) Child-care centers licensed pursuant to this section and family child-care homes  
3       certified pursuant to KRS 199.8982 shall not use corporal physical discipline,  
4       including the use of spanking, shaking, or paddling, as a means of punishment,  
5       discipline, behavior modification, or for any other reason. For the purposes of this  
6       section, "corporal physical discipline" means the deliberate infliction of physical  
7       pain and does not include spontaneous physical contact that is intended to protect a  
8       child from immediate danger.

9       (19) Child-care centers that provide instructional and educational programs for  
10      preschool-aged children that operate for a maximum of twenty (20) hours per week  
11      and that a child attends for no more than fifteen (15) hours per week shall:

12      (a) Notify the cabinet in writing that the center is operating;

13      (b) Meet all child-care center licensure requirements and administrative  
14      regulations related to employee background checks;

15      (c) Meet all child-care center licensure requirements and administrative  
16      regulations related to tuberculosis screenings; and

17      (d) Be exempt from all other child-care center licensure requirements and  
18      administrative regulations.

19      (20) Child-care centers that provide instructional and educational programs for  
20      preschool-aged children that operate for a maximum of twenty (20) hours per week  
21      and that a child attends for no more than ten (10) hours per week shall be exempt  
22      from all child-care licensure requirements and administrative regulations.

23      (21) Instructional programs for school-age children that offer, whether free or for a fee,  
24      recreational, educational, sports training, or vacation programs that include but are  
25      not limited to martial arts and dance programs to children under eighteen (18) years  
26      of age, that a child attends outside the presence of his or her parent or legal  
27      guardian, shall be exempt from all child-care licensure administrative regulations if

1 the following criteria are met:

2 (a) The program provides primary instruction in a skill, talent, ability, expertise,  
3 or proficiency;

4 (b) The program operates outside the time period when school is in session,  
5 including before or after school hours, holidays, school breaks, teaching  
6 planning days, or summer vacation;

7 (c) The program does not advertise or otherwise represent that the program is a  
8 licensed child-care center or that the program offers child-care services;

9 (d) The program informs the parent or guardian:

10 1. That the program is not licensed by the cabinet; and

11 2. About the physical risks a child may face while participating in the  
12 program; and

13 (e) The program conducts the following background checks for all program  
14 employees and volunteers who work with children:

15 1. Check of the child abuse and neglect records maintained by the cabinet;  
16 and

17 2. In-state criminal background information check from the Justice and  
18 Public Safety Cabinet or Administrative Office of the Courts.

19 (22) Directors and employees of child-care centers in a position that involves  
20 supervisory or disciplinary power over a minor, or direct contact with a minor, shall  
21 submit to a criminal record check in accordance with KRS 199.8965.

22 (23) A director or employee of a child-care center may be employed on a probationary  
23 status pending receipt of the criminal background check. Application for the  
24 criminal record of a probationary employee shall be made no later than the date  
25 probationary employment begins.

26 (24) The cabinet shall promulgate administrative regulations to identify emergency care  
27 providers who provide essential child-care services during an identified state of

1 emergency.

2 (25) Notwithstanding any state law, administrative regulation, executive order, or  
3 executive directive to the contrary, during the 2020 or 2021 state of emergency  
4 declared by the Governor in response to COVID-19, including but not limited to  
5 any mutated strain of the COVID-19 virus, the cabinet shall not establish any  
6 restrictions on capacity for class or group size or the ability to combine classes and  
7 groups for capacity limits in the morning or afternoon that is below the number that  
8 was in effect on February 1, 2020.

9 ➔Section 10. KRS 199.8982 is amended to read as follows:

10 (1) (a) The cabinet shall establish a family child-care home certification program  
11 which shall be administered by the department. A family child-care provider  
12 shall apply for certification of the provider's home if the provider is caring for  
13 four (4) to six (6) children unrelated to the provider. A family child-care  
14 provider caring for three (3) or fewer children may apply for certification of  
15 the provider's home at the discretion of the provider. Applicants for  
16 certification shall not have been found by the cabinet or a court to have  
17 abused or neglected a child, and shall meet the following minimum  
18 requirements:

- 19 1. Submit two (2) written character references;
- 20 2. Provide a written statement from a physician or advanced practice  
21 registered nurse that the applicant is in good health;
- 22 3. Submit to a criminal record check in accordance with KRS 199.8965;
- 23 4. Provide smoke detectors, a telephone, an adequate water supply,  
24 sufficient lighting and space, and a safe environment in the residence in  
25 which care is provided;
- 26 5. Provide a copy of the results of a tuberculosis risk assessment and the  
27 results of any appropriate follow-up with skin testing or chest X-ray for

- 1 applicants who are determined to be at risk for developing tuberculosis  
2 in accordance with the recommendations of the Centers for Disease  
3 Control and Prevention within thirty (30) days of the date of application  
4 for certification; and
- 5 6. Demonstrate completion of a total of at least six (6) hours of training in  
6 the following areas within three (3) months of application for  
7 certification:
- 8 a. Basic health, safety, and sanitation;  
9 b. Recognizing and reporting child abuse; and  
10 c. Developmentally appropriate child-care practice.
- 11 (b) Initial applications for certification shall be made to the department. The  
12 cabinet may promulgate administrative regulations to establish fees that shall  
13 not exceed costs of the program to the cabinet, for proper administration of  
14 the certification. The department shall issue a certificate of operation upon  
15 inspecting the family child-care home and determining the provider's  
16 compliance with the provisions of this section. The inspection shall be  
17 unannounced. A certificate of operation issued pursuant to this section shall  
18 not be transferable and shall be renewed every two (2) years for a fee that  
19 shall not exceed costs of the program to the cabinet for renewal.
- 20 (c) A certified family child-care provider shall display the certificate of operation  
21 in a prominent place within the residence in which care is provided. The  
22 cabinet shall provide the certified family child-care provider with written  
23 information explaining the requirements for a family day-care provider and  
24 instructions on the method of reporting violations of the requirements which  
25 the provider shall distribute to parents.
- 26 (d) Upon request of any person, the cabinet shall provide information regarding  
27 the denial, revocation, suspension, or violation of any type of day-care license

1 of the family child-care provider. Identifying information regarding children  
2 and their families shall remain confidential.

3 (e) The cabinet shall provide, upon request, public information regarding the  
4 inspections of and the plans of correction for the family child-care home  
5 within the past year. All information distributed by the cabinet under this  
6 paragraph shall include a statement indicating that the reports as provided  
7 under this paragraph from the past five (5) years are available from the family  
8 child-care home upon the parent's, custodian's, guardian's, or other interested  
9 person's request.

10 (f) The cabinet shall promulgate administrative regulations in accordance with  
11 KRS Chapter 13A which establish standards for the issuance, monitoring,  
12 release of information under this section and KRS 199.896 and 199.898,  
13 renewal, denial, revocation, and suspension of a certificate of operation for a  
14 family child-care home and establish criteria for the denial of certification if  
15 criminal records indicate convictions that may impact the safety and security  
16 of children in care. A denial, suspension, or revocation of a certificate may be  
17 appealed, and upon appeal an administrative hearing shall be conducted in  
18 accordance with KRS Chapter 13B. If the cabinet has probable cause to  
19 believe that there is an immediate threat to the public health, safety, or  
20 welfare, the cabinet may take emergency action to suspend a certificate  
21 pursuant to KRS 13B.125. The cabinet shall promulgate administrative  
22 regulations to impose minimum staff-to-child ratios. The cabinet may  
23 promulgate administrative regulations relating to other requirements  
24 necessary to ensure minimum safety in family child-care homes. The cabinet  
25 shall develop and provide an {"easy-to-read"} guide containing the following  
26 information to a family child-care provider seeking certification of his or her  
27 home:

- 1           1.    Certification requirements and procedures;
- 2           2.    Information about available child-care training; and
- 3           3.    Child-care food sponsoring organizations.
- 4   (2)   Family child-care providers shall annually demonstrate to the department
- 5       completion of at least six (6) hours of training in child development. These hours
- 6       shall include but are not limited to:
- 7       (a)   One and one-half (1.5) hours one (1) time every five (5) years of continuing
- 8       education in the recognition and prevention of pediatric abusive head trauma,
- 9       as defined in KRS 620.020. Training in recognizing pediatric abusive head
- 10      trauma may be designed in collaboration with organizations and agencies that
- 11      specialize in the prevention and recognition of pediatric abusive head trauma
- 12      approved by the secretary of the Cabinet for Health and Family Services; and
- 13      (b)   One (1) hour one (1) time every three (3) years of continuing education in
- 14      the recognition and prevention of pediatric ingestion or inhalation of
- 15      controlled substances.
- 16      The ~~one and one half (1.5) hours of~~ continuing education required under this
- 17      subsection~~[section]~~ shall be included in the current number of required continuing
- 18      education hours.
- 19   (3)   The cabinet shall, either through the development of or approval of, make available
- 20       a model training curriculum and training materials, including video instructional
- 21       materials, to cover the areas specified in subsection (1)(a)6. of this section. The
- 22       cabinet shall develop or approve the model training curriculum and training
- 23       materials to cover the areas specified in subsection (1)(a)6. of this section.
- 24   (4)   (a)   As used in this subsection "local government" means a city, county, charter
- 25       county, urban-county government, consolidated local government, or unified
- 26       local government.
- 27       (b)   The provisions of this section shall supersede all local government ordinances



1 or regulations pertaining to the certification, licensure, and training  
2 requirements related to the operation of family child-care homes and ~~and~~  
3 local government shall not adopt or enforce any additional licensure,  
4 certification, or training requirements specifically applicable to family child-  
5 care homes in addition to those provided in this section. This subsection shall  
6 not be interpreted or construed to exempt family child-care homes from  
7 compliance with local government ordinances and regulations that apply  
8 generally within the jurisdiction.

- 9 (c) Because the availability of adequate child-care as an essential business is vital  
10 to the Commonwealth's state and local economies, ~~[by January 1, 2022,]~~ a  
11 local government that has adopted land use regulations pursuant to KRS  
12 Chapter 100 shall specifically name family child-care homes in the text of its  
13 zoning regulations to authorize the board of adjustments to separately  
14 consider the applications of proposed family child-care homes for conditional  
15 use permits within the residential zones of the planning unit where they are  
16 not a fully permitted use pursuant to KRS 100.237.

17 ➔Section 11. KRS 216B.405 is amended to read as follows:

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

1       **(b) One (1) hour one (1) time every three (3) years of continuing education in**  
2       **the recognition and prevention of pediatric ingestion or inhalation of**  
3       **controlled substances.**

4       ➔Section 12. KRS 311.601 is amended to read as follows:

5       (1) The board may adopt reasonable rules and regulations to effectuate and implement  
6       the provisions of KRS 311.550 to 311.620, including but not limited to regulations  
7       designed to ensure the continuing professional competency of present and future  
8       licensees. As an adjunct to the power conferred upon the board by this section, the  
9       board may require licensees to submit to interrogation as to the nature and extent of  
10      their postgraduate medical education and to require licensees found to be deficient  
11      in their efforts to keep abreast of new methods and technology~~[,]~~ to obtain  
12      additional instruction and training~~[therein]~~.

13      (2) As part of the continuing medical education which the board adopts to ensure  
14      continuing professional competency of present and future licensees, the board shall  
15      ensure that:

16      (a) Current practicing pediatricians, including those certified in medicine and  
17      pediatrics, radiologists, family practitioners, and those physicians practicing  
18      in an emergency medicine or urgent care setting, demonstrate completion of:

19          **1.** A one (1) time course of at least one (1) hour of continuing medical  
20          education approved by the board and covering the recognition and  
21          prevention of:

22              **a.** Pediatric abusive head trauma, as defined in KRS 620.020; ~~and~~  
23              ~~prior to December 31, 2017]~~

24              **b. Pediatric ingestion or inhalation of controlled substances.**

25              **The continuing education required under this subparagraph shall be**  
26              **included in the current number of required continuing education**  
27              **hours; and**

1            2. At least one (1) hour of the required four and one-half (4.5) hours of  
2            approved continuing education relating to the use of the Kentucky All  
3            Schedule Prescription Electronic Reporting system, pain management,  
4            and addiction disorders shall include educating clients on safe  
5            storage, recognizing signs and symptoms of occult pediatric  
6            ingestions, and proper toxicology screening for commonly ingested  
7            controlled substances in pediatric patients; and

8            (b) Future practicing pediatricians, including those certified in medicine and  
9            pediatrics, radiologists, family practitioners, and those physicians who will  
10           practice in an emergency medicine or urgent care setting, demonstrate  
11           completion of a:

12           1. One (1) time course of at least one (1) hour of continuing medical  
13           education, or its equivalent, approved by the board and covering the  
14           recognition and prevention of:

15           a. Pediatric abusive head trauma, as defined in KRS 620.020; ~~and~~[-]

16           b. Pediatric ingestion or inhalation of controlled substances;

17           within five (5) years of licensure.

18           2. Future practicing pediatricians, including those certified in medicine and  
19           pediatrics, radiologists, family practitioners, and those physicians who  
20           will practice in an emergency medicine or urgent care setting may apply  
21           pediatric abusive head trauma or pediatric ingestion or inhalation of  
22           controlled substances curriculum taught in their medical school  
23           education to count towards the required one (1) hour of continuing  
24           medical education.

25           ➔Section 13. KRS 311.844 is amended to read as follows:

26           (1) To be licensed by the board as a physician assistant, an applicant shall:

27           (a) Submit a completed application form with the required fee;

- 1 (b) Be of good character and reputation;
- 2 (c) Be a graduate of an approved program; and
- 3 (d) Have passed an examination approved by the board within three (3) attempts.
- 4 (2) A physician assistant who is authorized to practice in another state and who is in
- 5 good standing may apply for licensure by endorsement from the state of his or her
- 6 credentialing if that state has standards substantially equivalent to those of this
- 7 Commonwealth.
- 8 (3) A physician assistant's license shall be valid for two (2) years and shall be renewed
- 9 by the board upon fulfillment of the following requirements:
- 10 (a) The holder shall be of good character and reputation;
- 11 (b) The holder shall provide evidence of completion, during the previous two (2)
- 12 years, of a minimum of one hundred (100) hours of continuing education
- 13 approved by the American Medical Association, the American Osteopathic
- 14 Association, the American Academy of Family Physicians, the American
- 15 Academy of Physician Assistants, or by another entity approved by the board.
- 16 The one hundred (100) hours of continuing education required by this
- 17 paragraph shall include:
- 18 1. During the first two (2) years of licensure or prior to the first licensure
- 19 renewal:
- 20 a. One and one-half (1.5) hours of continuing education in the
- 21 prevention and recognition of pediatric abusive head trauma, as
- 22 defined in KRS 620.020, except that graduating physician assistant
- 23 students may apply pediatric abusive head trauma curriculum
- 24 taught in their physician assistant graduate education to count
- 25 towards the required one and one-half (1.5) hours; and
- 26 b. As a part of the continuing education requirements that the board
- 27 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 in the recognition and prevention of pediatric ingestion or inhalation of

1                   *controlled substances; and*

2           (c) The holder shall provide proof of current certification with the National  
3           Commission on Certification of Physician Assistants.

4           ➔Section 14. KRS 311A.120 is amended to read as follows:

5       (1) As a condition of being issued a certificate or license as an emergency medical  
6           technician, advanced emergency medical technician, emergency medical responder,  
7           or paramedic, the applicant shall have completed a Kentucky Board of Emergency  
8           Medical Services-approved educational course on the transmission, control,  
9           treatment, and prevention of the human immunodeficiency virus and acquired  
10          immunodeficiency syndrome with an emphasis on appropriate behavior and attitude  
11          change.

12       (2) The board shall promulgate administrative regulations to require continuing  
13          education for emergency medical technicians, advanced emergency medical  
14          technicians, emergency medical responders, or paramedics that includes the  
15          completion of:

16       (a) One (1) hour of board-approved continuing education covering the  
17          recognition and prevention of pediatric abusive head trauma, as defined in  
18          KRS 620.020, at least one (1) time every two (2) year renewal cycle; and

19       (b) One (1) hour one (1) time every three (3) years of board-approved  
20       continuing education covering the recognition and prevention of pediatric  
21       ingestion or inhalation of controlled substances.

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

24       (3) The board shall promulgate administrative regulations to require continuing  
25          education for emergency medical technicians or first responders which includes the  
26          completion of a training course of at least one (1) hour covering awareness of  
27          sexual violence, including reporting options, care options, pre-hospital treatment

1 considerations, knowledge of regional rape crisis centers, and how to access the  
2 SANE-ready list, at least one (1) time every two (2) year renewal cycle. The one (1)  
3 hour of continuing education required under this subsection shall be included in the  
4 current number of required continuing education hours.

5 ➔Section 15. KRS 314.073 is amended to read as follows:

6 (1) As a prerequisite for license renewal, all individuals licensed under provisions of  
7 this chapter shall be required to document continuing competency during the  
8 immediate past licensure period as prescribed in regulations promulgated by the  
9 board.

10 (2) The continuing competency requirement shall be documented and reported as set  
11 forth by the board in administrative regulations promulgated in accordance with  
12 KRS Chapter 13A.

13 (3) The board shall approve providers of continuing education. The approval may  
14 include recognition of providers approved by national organizations and state  
15 boards of nursing with comparable standards. Standards for these approvals shall be  
16 set by the board in administrative regulations promulgated in accordance with the  
17 provisions of KRS Chapter 13A.

18 (4) The board shall work cooperatively with professional nursing organizations,  
19 approved nursing schools, and other potential sources of continuing education  
20 programs to ensure that adequate continuing education offerings are available  
21 statewide. The board may enter into contractual agreements to implement the  
22 provisions of this section.

23 (5) The board shall be responsible for notifying applicants for licensure and licensees  
24 applying for license renewal, of continuing competency requirements.

25 (6) As a part of the continuing education requirements that the board adopts to ensure  
26 continuing competency of present and future licensees, the board shall ensure  
27 practitioners licensed under KRS Chapter 314 complete;

1        (a) A one-time training course of at least one and one-half (1.5) hours covering  
2                the recognition and prevention of pediatric abusive head trauma, as defined in  
3                KRS 620.020; and

4        (b) One (1) hour one (1) time every three (3) years covering the recognition and  
5                prevention of pediatric ingestion or inhalation of controlled substances.

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

9        (7) As a part of the continuing education requirements that the board adopts to ensure  
10               continuing competency of present and future licensees and the evolving needs of  
11               the growing senior population, the board shall ensure practitioners licensed under  
12               KRS Chapter 314 complete a one (1) time course of one (1) hour of continuing  
13               education approved by the board. The course shall be completed one (1) time and  
14               count towards the current number of required continuing education hours, except  
15               that graduating student practitioners may submit Alzheimer's and other forms of  
16               dementia course curriculum taught in their programs of study towards the required  
17               one (1) hour for approval. The course topics shall include but not be limited to:

18               (a) The warning signs and symptoms of Alzheimer's disease and other forms of  
19               dementia;

20               (b) The importance of early detection, diagnosis, and appropriate communication  
21               techniques for discussion of memory concerns with the patient and his or her  
22               caregiver;

23               (c) Cognitive assessment and care planning billing codes;

24               (d) The variety of tools used to assess a patient's cognition; and

25               (e) Current treatments that may be available to the patient.

26        (8) In order to offset administrative costs incurred in the implementation of the  
27               mandatory continuing competency requirements, the board may charge reasonable



1 fees as established by regulation in accordance with the provisions of KRS Chapter  
2 13A.

3 (9) The continuing competency requirements shall include at least five (5) contact  
4 hours in pharmacology continuing education for any person licensed as an  
5 advanced practice registered nurse.

6 ➔Section 16. KRS 335.130 is amended to read as follows:

7 (1) Each certified social worker, licensed social worker and licensed clinical social  
8 worker shall renew his or her license every three (3) years, and shall pay the board  
9 a renewal fee as established by the board by promulgation of an administrative  
10 regulation.

11 (2) Licensees whose licenses are renewed by the board shall be issued a renewal  
12 license.

13 (3) Renewal fees shall be waived for any licensee actually serving in the Armed Forces  
14 of the United States. The waiver shall be effective for six (6) months following  
15 honorable discharge, separation, or release from the Armed Forces, after which  
16 period a license shall be considered lapsed.

17 (4) The board may, at its discretion, require continuing education as a condition of  
18 license renewal.

19 (5) If the board requires continuing education as authorized in subsection (4), the  
20 continuing education requirements for each licensed social worker and each  
21 licensed clinical social worker shall include:

22 (a) One and one-half (1.5) hours of continuing education approved by the board  
23 and covering the recognition and prevention of pediatric abusive head trauma,  
24 as defined in KRS 620.020, at least one (1) time every six (6) years; and

25 (b) One (1) hour one (1) time every three (3) years of continuing education  
26 approved by the board and covering the recognition and prevention of  
27 pediatric ingestion or inhalation of controlled substances.

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

4       ➔Section 17. KRS 620.050 is amended to read as follows:

- 5       (1) Anyone acting upon reasonable cause in the making of a report or acting under  
6       KRS 620.030 to 620.050 in good faith shall have immunity from any liability, civil  
7       or criminal, that might otherwise be incurred or imposed. Any such participant shall  
8       have the same immunity with respect to participation in any judicial proceeding  
9       resulting from such report or action. However, any person who knowingly makes a  
10      false report and does so with malice shall be guilty of a Class A misdemeanor.
- 11      (2) Any employee or designated agent of a children's advocacy center shall be immune  
12      from any civil liability arising from performance within the scope of the person's  
13      duties as provided in KRS 620.030 to 620.050. Any such person shall have the  
14      same immunity with respect to participation in any judicial proceeding. Nothing in  
15      this subsection shall limit liability for negligence. Upon the request of an employee  
16      or designated agent of a children's advocacy center, the Attorney General shall  
17      provide for the defense of any civil action brought against the employee or  
18      designated agent as provided under KRS 12.211 to 12.215.
- 19      (3) Neither the husband-wife nor any professional-client/patient privilege, except the  
20      attorney-client and clergy-penitent privilege, shall be a ground for refusing to report  
21      under this section or for excluding evidence regarding a dependent, neglected, or  
22      abused child or the cause thereof, in any judicial proceedings resulting from a report  
23      pursuant to this section. This subsection shall also apply in any criminal proceeding  
24      in District or Circuit Court regarding a dependent, neglected, or abused child.
- 25      (4) Upon receipt of a report of an abused, neglected, or dependent child pursuant to this  
26      chapter, the cabinet as the designated agency or its delegated representative shall  
27      initiate a prompt investigation or assessment of family needs, take necessary action,

1 and shall offer protective services toward safeguarding the welfare of the child. The  
2 cabinet shall work toward preventing further dependency, neglect, or abuse of the  
3 child or any other child under the same care, and preserve and strengthen family  
4 life, where possible, by enhancing parental capacity for adequate child care. If an  
5 oral or written report, including but not limited to electronic submissions, alleging  
6 that a child is dependent, neglected, or abused is made pursuant to this section, and  
7 the cabinet determines that the report does not meet criteria for an investigation, the  
8 cabinet shall refer the family to appropriate community-based child and family  
9 service agencies for services to preserve and strengthen family life in accordance  
10 with the requirements in 42 U.S.C. sec. 5106a.

11 (5) The report of suspected child abuse, neglect, or dependency and all information  
12 obtained by the cabinet or its delegated representative, as a result of an investigation  
13 or assessment made pursuant to this chapter, except for those records provided for  
14 in subsection (6) of this section, shall not be divulged to anyone except:

- 15 (a) Persons suspected of causing dependency, neglect, or abuse;
- 16 (b) The custodial parent or legal guardian of the child alleged to be dependent,  
17 neglected, or abused;
- 18 (c) Persons within the cabinet with a legitimate interest or responsibility related  
19 to the case;
- 20 (d) A licensed child-caring facility or child-placing agency evaluating placement  
21 for or serving a child who is believed to be the victim of an abuse, neglect, or  
22 dependency report;
- 23 (e) Other medical, psychological, educational, or social service agencies, child  
24 care administrators, corrections personnel, or law enforcement agencies,  
25 including the county attorney's office, the coroner, and the local child fatality  
26 response team, that have a legitimate interest in the case;
- 27 (f) A noncustodial parent when the dependency, neglect, or abuse is

- 1 substantiated;
- 2 (g) Members of multidisciplinary teams as defined by KRS 620.020 and which
- 3 operate pursuant to KRS 431.600;
- 4 (h) Employees or designated agents of a children's advocacy center;
- 5 (i) Those persons so authorized by court order;
- 6 (j) The external child fatality and near fatality review panel established by KRS
- 7 620.055; or
- 8 (k) The Commonwealth Office of the Ombudsman established pursuant to KRS
- 9 43.035.
- 10 (6) (a) Files, reports, notes, photographs, records, electronic and other
- 11 communications, and working papers used or developed by a children's
- 12 advocacy center in providing services under this chapter are confidential and
- 13 shall not be disclosed except to the following persons:
- 14 1. Staff employed by the cabinet, law enforcement officers, and
- 15 Commonwealth's and county attorneys who are directly involved in the
- 16 investigation or prosecution of the case, including a cabinet
- 17 investigation or assessment of child abuse, neglect, and dependency in
- 18 accordance with this chapter;
- 19 2. Medical and mental health professionals listed by name in a release of
- 20 information signed by the guardian of the child, provided that the
- 21 information shared is limited to that necessary to promote the physical
- 22 or psychological health of the child or to treat the child for abuse-related
- 23 symptoms;
- 24 3. The court and those persons so authorized by a court order;
- 25 4. The external child fatality and near fatality review panel established by
- 26 KRS 620.055;
- 27 5. The Commonwealth Office of the Ombudsman established pursuant to

1 KRS 43.035;

2 6. The parties to an administrative hearing conducted by the cabinet or its  
3 designee in accordance with KRS Chapter 13B in an appeal of a cabinet-  
4 substantiated finding of abuse or neglect. The children's advocacy center  
5 may, in its sole discretion, provide testimony in lieu of files, reports,  
6 notes, photographs, records, electronic and other communications, and  
7 working papers used or developed by the center if the center determines  
8 that the release poses a threat to the safety or well-being of the child, or  
9 would be in the best interests of the child. Following the administrative  
10 hearing and any judicial review, the parties to the administrative hearing  
11 shall return all files, reports, notes, photographs, records, electronic and  
12 other communications, and working papers used or developed by the  
13 children's advocacy center to the center; and

14 7. A person, agency, or organization engaged in a bona fide research,  
15 quality improvement, or evaluation project having value as determined  
16 by the cabinet. Nothing in this subparagraph shall limit the authority of  
17 the cabinet to decline to share data in cases where it deems a research,  
18 quality improvement, or evaluation project lacks sufficient merit or  
19 value, or the perceived risks are unacceptably high. Data sharing shall  
20 be driven by the aims of advancing human knowledge, complying with  
21 federal requirements, and facilitating future planning for programs that  
22 support families, serve maltreated children, or inform the development  
23 of policy. Data may be shared under this subparagraph provided that the  
24 following conditions are met:

25 a. The person, agency, or organization enters into a data-use  
26 agreement with the cabinet and complies with the data security  
27 and privacy conditions outlined by the Office of Data Analytics

1 within the cabinet;

2 b. Any confidential information provided for a research, quality  
3 improvement, or evaluation project under this subparagraph shall  
4 not be redisclosed. The cabinet shall not share personally  
5 identifiable information under this subparagraph, except in cases  
6 where such information is essential to the completion of the  
7 project. For the purposes of this subdivision, "personally  
8 identifiable information" means the current definition promulgated  
9 by the United States National Institute of Standards and  
10 Technology at the time of data sharing; and

11 c. If a research or evaluation project results in the publication or  
12 public dissemination of related material, confidential information  
13 provided for a research, quality improvement, or evaluation project  
14 under this subparagraph shall not be disclosed in the results.

15 (b) The provisions of this subsection shall not be construed as to contravene the  
16 Rules of Criminal Procedure relating to discovery.

17 (7) Nothing in this section shall prohibit a parent or guardian from accessing records  
18 for his or her child providing that the parent or guardian is not currently under  
19 investigation by a law enforcement agency or the cabinet relating to the abuse or  
20 neglect of a child.

21 (8) Nothing in this section shall prohibit employees or designated agents of a children's  
22 advocacy center from disclosing information during a multidisciplinary team  
23 review of a child sexual abuse case as set forth under KRS 620.040. Persons  
24 receiving this information shall sign a confidentiality statement consistent with  
25 statutory prohibitions on disclosure of this information.

26 (9) Employees or designated agents of a children's advocacy center may confirm to  
27 another children's advocacy center that a child has been seen for services. If an

1 information release has been signed by the guardian of the child, a children's  
2 advocacy center may disclose relevant information to another children's advocacy  
3 center.

4 (10) (a) An interview of a child recorded at a children's advocacy center shall not be  
5 duplicated, except that the Commonwealth's or county attorney prosecuting  
6 the case may:

- 7 1. Make and retain one (1) copy of the interview; and
- 8 2. Make one (1) copy for the defendant's or respondent's counsel that the  
9 defendant's or respondent's counsel shall not duplicate.

10 (b) The defendant's or respondent's counsel shall file the copy with the court clerk  
11 at the close of the case.

12 (c) Unless objected to by the victim or victims, the court, on its own motion, or  
13 on motion of the attorney for the Commonwealth shall order all recorded  
14 interviews that are introduced into evidence or are in the possession of the  
15 children's advocacy center, law enforcement, the prosecution, or the court to  
16 be sealed.

17 (d) The provisions of this subsection shall not be construed as to contravene the  
18 Rules of Criminal Procedure relating to discovery.

19 (11) Identifying information concerning the individual initiating the report under KRS  
20 620.030 shall not be disclosed except:

- 21 (a) To law enforcement officials that have a legitimate interest in the case;
- 22 (b) To the agency designated by the cabinet to investigate or assess the report;
- 23 (c) To members of multidisciplinary teams as defined by KRS 620.020 that  
24 operated under KRS 431.600;
- 25 (d) Under a court order, after the court has conducted an in camera review of the  
26 record of the state related to the report and has found reasonable cause to  
27 believe that the reporter knowingly made a false report; or

1 (e) The external child fatality and near fatality review panel established by KRS  
2 620.055.

3 (12) (a) Information may be publicly disclosed by the cabinet in a case where child  
4 abuse or neglect has resulted in a child fatality or near fatality.

5 (b) The cabinet shall conduct an internal review of any case where child abuse or  
6 neglect has resulted in a child fatality or near fatality and the cabinet had prior  
7 involvement with the child or family. The cabinet shall prepare a summary  
8 that includes an account of:

9 1. The cabinet's actions and any policy or personnel changes taken or to be  
10 taken, including the results of appeals, as a result of the findings from  
11 the internal review; and

12 2. Any cooperation, assistance, or information from any agency of the state  
13 or any other agency, institution, or facility providing services to the  
14 child or family that were requested and received by the cabinet during  
15 the investigation of a child fatality or near fatality.

16 (c) The cabinet shall submit a report by September 1 of each year containing an  
17 analysis of all summaries of internal reviews occurring during the previous  
18 year and an analysis of historical trends to the Governor, the General  
19 Assembly, and the state child fatality review team created under KRS  
20 211.684.

21 (13) When an adult who is the subject of information made confidential by subsection  
22 (5) of this section publicly reveals or causes to be revealed any significant part of  
23 the confidential matter or information, the confidentiality afforded by subsection (5)  
24 of this section is presumed voluntarily waived, and confidential information and  
25 records about the person making or causing the public disclosure, not already  
26 disclosed but related to the information made public, may be disclosed if disclosure  
27 is in the best interest of the child or is necessary for the administration of the



1 cabinet's duties under this chapter.

2 (14) (a) As a result of any report of suspected child abuse or neglect:~~;~~<sup>;</sup>

3 1. Photographs and X-rays;~~;~~<sup>;</sup>

4 2. *A comprehensive urine drug screen using confirmatory methodology*  
5 *that shall include the following synthetic opioids:*

6 a. *Buprenorphine;*

7 b. *Fentanyl;*

8 c. *Methadone; and*

9 d. *Xylazine; or*

10 3. Other appropriate medical diagnostic procedures;

11 may be taken or caused to be taken, without the consent of the parent or other  
12 person exercising custodial control or supervision of the child, as a part of the  
13 medical evaluation or investigation of these reports.

14 (b) These photographs and X-rays, *comprehensive drug screens,* or results of  
15 other medical diagnostic procedures may be introduced into evidence in any  
16 subsequent judicial proceedings or an administrative hearing conducted by the  
17 cabinet or its designee in accordance with KRS Chapter 13B in an appeal of a  
18 cabinet-substantiated finding of child abuse or neglect.

19 (c) The person performing the diagnostic procedures, ~~for~~<sup>;</sup> taking photographs or  
20 X-rays, *or administering the comprehensive drug screen* shall be immune  
21 from criminal or civil liability for having performed the act. Nothing herein  
22 shall limit liability for negligence.

23 (15) In accordance with 42 U.S.C. sec. 671, the cabinet shall share information about a  
24 child in the custody of the cabinet with a relative or a parent of the child's sibling  
25 for the purposes of:

26 (a) Evaluating or arranging a placement for the child;

27 (b) Arranging appropriate treatment services for the child; or

1 (c) Establishing visitation between the child and a relative, including a sibling of  
2 the child.

3 (16) In accordance with 42 U.S.C. sec. 671, the cabinet shall, in the case of siblings  
4 removed from their home who are not jointly placed, provide for frequent visitation  
5 or other ongoing interaction between the siblings, unless the cabinet determines that  
6 frequent visitation or other ongoing interaction would be contrary to the safety or  
7 well-being of any of the siblings.

8 (17) This section shall not be interpreted as prohibiting the Commonwealth Office of the  
9 Ombudsman from reporting pursuant to KRS 43.035 on de-identified information  
10 made confidential by this section.

11 ➔Section 18. KRS 216B.305 is amended to read as follows:

12 (1) ~~A[No]~~ person, association, business entity, or organization shall ***not*** advertise,  
13 solicit boarders, or operate a boarding home without registering, on an annual basis,  
14 in a manner and form prescribed by the secretary. ~~A[No]~~ person who has been  
15 convicted of a crime of abuse ***or neglect*** under KRS 508.100 to 508.120 or who has  
16 had a report of abuse substantiated by the cabinet shall ***not*** be registered to operate  
17 a boarding home. The secretary shall impose a fee, not to exceed one hundred  
18 dollars (\$100), for this registration.

19 (2) The secretary shall adopt standards, by administrative regulation pursuant to KRS  
20 Chapter 13A, for the operation of boarding homes. The administrative regulations  
21 shall include minimum requirements in the following areas:

22 (a) Minimum room sizes for rooms occupied for sleeping purposes. Rooms  
23 occupied by one (1) boarding home resident shall contain at least sixty (60)  
24 square feet of floor space. Rooms occupied by more than one (1) occupant  
25 shall contain at least forty (40) square feet of floor space for each occupant;

26 (b) Bedding, linens, and laundry services provided to residents;

27 (c) Sanitary and plumbing fixtures, water supply, sewage disposal, and sanitation

- 1 of the premises;
- 2 (d) Heating, lighting, and fire prevention, including the installation and
- 3 maintenance of smoke detectors;
- 4 (e) Maintenance of the building;
- 5 (f) Food handling, preparation, and storage, and kitchen sanitation;
- 6 (g) Nutritional standards sufficient to meet the boarder's need;
- 7 (h) Complaint procedures whereby residents may lodge complaints with the
- 8 cabinet concerning the operation of the boarding home; and
- 9 (i) Initial and periodic screening procedures to ensure that individuals meet the
- 10 definition of "boarder" under KRS 216B.300(3).
- 11 (3) Prior to the initial or annual registration of a boarding home, the cabinet shall cause
- 12 an unannounced inspection to be made of the boarding home, either by cabinet
- 13 personnel or through the local health department acting on behalf of the cabinet, to
- 14 determine if the boarding home is in compliance with:
- 15 (a) Standards established in subsections (1) and (2) of this section;
- 16 (b) Administrative regulations relating to the operation of boarding homes
- 17 promulgated pursuant to subsection (2) of this section; and
- 18 (c) All applicable local health, fire, building, and safety codes and zoning
- 19 ordinances.
- 20 (4) (a) A boarding home shall not be registered to any person, association, business
- 21 entity, or organization that has been previously penalized for operating a
- 22 boarding home without a registration or that has had a previously denied or
- 23 revoked registration to operate a boarding home, for a period of five (5) years
- 24 following the date of imposition of the previous penalty or denial or
- 25 revocation of registration.
- 26 (b) A boarding home operator may appeal the cabinet's denial of initial or annual
- 27 registration, and an administrative hearing shall be conducted in accordance

1 with KRS Chapter 13B. A hearing held for a summary suspension shall be  
2 expedited and shall be in accordance with administrative regulations  
3 promulgated by the cabinet. If a boarding home continues to operate in  
4 violation of administrative regulations promulgated pursuant to subsection (2)  
5 of this section, the cabinet shall institute injunctive proceedings in Circuit  
6 Court to terminate the operation of the boarding home.

7 (5) Any person, association, business entity, or organization that submits an application  
8 to register a boarding home that conceals a previously denied or revoked  
9 application or conceals a penalty received for operating a boarding home without a  
10 registration shall be liable for a civil penalty of at least one thousand dollars  
11 (\$1,000) but not more than five thousand dollars (\$5,000). Any registration issued  
12 in reliance upon the application concealing information shall be immediately  
13 revoked.

14 (6) Initial and annual registration may be denied and existing registration may be  
15 revoked for any of the following:

16 (a) The boarding home fails to achieve or maintain substantial and continuing  
17 compliance with administrative regulations promulgated pursuant to  
18 subsection (2) of this section;

19 (b) The boarding home fails or refuses to correct violations within a reasonable  
20 time as specified by the cabinet; or

21 (c) The applicant for registration or the registrant has been convicted of a crime  
22 related to abuse, neglect, or exploitation of an adult or has had an incident of  
23 adult abuse, neglect, or exploitation as defined in KRS 209.020, substantiated  
24 by the cabinet.

25 (7) Employees or designated agents of the cabinet shall have the authority to enter at  
26 any time a boarding home or any premises suspected of operating as an  
27 unregistered boarding home for the purpose of conducting an inspection or

1 investigating a complaint.

2 (8) A boarding home shall not handle, store, dispense, or assist with the dispensing of a  
3 boarder's prescription or non-prescription medications.

4 (9) Upon request of the boarder, the boarding home shall provide access to a lockable  
5 compartment for use by a resident who requests secure storage for prescription  
6 medication.

7 (10) If a boarding home fails to meet a minimum standard established in subsection (2)  
8 or (3) of this section and is in such a condition that the cabinet determines that the  
9 boarding home's continued operation poses a significant risk to the health and  
10 safety of its residents, the cabinet may summarily suspend the registration of the  
11 boarding home by ordering that its operations cease until corrections are made or  
12 until a hearing is held on the appropriateness of the suspension.

13 (11) Nothing in this section or KRS 216B.303 shall be construed to prohibit local  
14 governments from imposing requirements on boarding homes that are stricter than  
15 those imposed by administrative regulations of the Cabinet for Health and Family  
16 Services.

17 ➔Section 19. KRS 439.3401 is amended to read as follows:

18 (1) As used in this section, "violent offender" means any person who has been  
19 convicted of or pled guilty to the:

20 (a) Commission or attempted commission of:

- 21 1. A capital offense;  
22 2. A Class A felony; or  
23 3. A felony sexual offense described in KRS Chapter 510; or

24 (b) Commission of:

- 25 1. A felony involving the death of the victim or serious physical injury to a  
26 victim;  
27 2. Use of a minor in a sexual performance as described in KRS 531.310;

- 1           3. Promoting a sexual performance by a minor as described in KRS
- 2           531.320;
- 3           4. Unlawful transaction with a minor in the first degree as described in
- 4           KRS 530.064(1)(a);
- 5           5. Human trafficking under KRS 529.100 involving commercial sexual
- 6           activity where the victim is a minor;
- 7           6. Criminal abuse or neglect in the first degree as described in KRS
- 8           508.100;
- 9           7. Burglary in the first degree accompanied by the commission or
- 10          attempted commission of an assault as described in KRS 508.010,
- 11          508.020, 508.032, or 508.060;
- 12          8. Burglary in the first degree accompanied by commission or attempted
- 13          commission of kidnapping as described in KRS 509.040;
- 14          9. Burglary in the first degree as described in KRS 511.020, if a person
- 15          other than a participant in the crime was present in the building during
- 16          the commission of the offense;
- 17          10. Robbery in the first degree as described in KRS 515.020;
- 18          11. Robbery in the second degree as described in KRS 515.030;
- 19          12. Incest as described in KRS 530.020(2)(b) or (c);
- 20          13. Arson in the first degree as described in KRS 513.020;
- 21          14. Strangulation in the first degree as described in KRS 508.170;
- 22          15. Carjacking as described in KRS 515.040;
- 23          16. A Class C felony violation of promoting contraband in the first degree
- 24          as described in KRS 520.050; or
- 25          17. Wanton endangerment in the first degree as described in KRS 508.060
- 26          involving the discharge of a firearm.
- 27    (2) The court shall designate in its judgment if:

- 1 (a) The victim suffered death or serious physical injury; and
- 2 (b) A person other than a participant in the crime was present in the building
- 3 during the commission of burglary in the first degree.
- 4 (3) A violent offender who has been convicted of a capital offense and who has
- 5 received a life sentence and has not been sentenced to twenty-five (25) years
- 6 without parole or imprisonment for life without benefit of probation or parole, or a
- 7 Class A felony and receives a life sentence, or to death and his or her sentence is
- 8 commuted to a life sentence shall not be released on probation or parole until he or
- 9 she has served at least twenty (20) years in the penitentiary. Violent offenders may
- 10 have a greater minimum parole eligibility date than other offenders who receive
- 11 longer sentences, including a sentence of life imprisonment.
- 12 (4) A violent offender with a sentence of a term of years shall not be released on
- 13 probation, shock probation, parole, conditional discharge, or other form of early
- 14 release until he or she has served at least eighty-five percent (85%) of the sentence
- 15 imposed.
- 16 (5) A violent offender shall only be awarded credit on his or her sentence authorized by
- 17 KRS 197.045(1)(a)1.
- 18 (6) This section shall not apply to a person who has been determined by a court to have
- 19 been a victim of domestic violence or abuse pursuant to KRS 533.060 with regard
- 20 to the offenses involving the death of the victim or serious physical injury to the
- 21 victim. The provisions of this subsection shall not extend to rape in the first degree
- 22 or sodomy in the first degree by the defendant.
- 23 (7) This section shall apply only to those persons who commit offenses after July 15,
- 24 1998.
- 25 (8) For offenses committed prior to July 15, 1998, the version of this statute in effect
- 26 immediately prior to that date shall continue to apply.
- 27 (9) The provisions of subsection (1) of this section extending the definition of "violent

1 offender" to persons convicted of or pleading guilty to robbery in the first degree  
2 shall apply only to persons whose crime was committed after July 15, 2002.

3 ➔Section 20. KRS 507.010 is amended to read as follows:

4 As used in this chapter:

- 5 (1) "Abuse or neglect" has the same meaning as in KRS 508.090;
- 6 (2) "Criminal homicide" means that a person is guilty of causing the death of another  
7 human being under circumstances which constitute murder, manslaughter in the  
8 first degree, manslaughter in the second degree, or reckless homicide; and
- 9 (3) "Physically helpless" and "mentally helpless" have the same meaning as in KRS  
10 508.090.

11 ➔Section 21. KRS 507.030 is amended to read as follows:

- 12 (1) A person is guilty of manslaughter in the first degree when:
- 13 (a) With intent to cause serious physical injury to another person, he or she  
14 causes the death of such person or of a third person;
- 15 (b) With intent to cause the death of another person, he or she causes the death of  
16 such person or of a third person under circumstances which do not constitute  
17 murder because he or she acts under the influence of extreme emotional  
18 disturbance, as defined in subsection (1)(a) of KRS 507.020;
- 19 (c) Through circumstances not otherwise constituting the offense of murder, he or  
20 she intentionally abuses or neglects another person or knowingly permits  
21 another person of whom he or she has actual custody to be abused or  
22 neglected and thereby causes death to a person twelve (12) years of age or  
23 less, or who is physically helpless or mentally helpless; or
- 24 (d) He or she knowingly sells fentanyl or a fentanyl derivative to another person,  
25 and the injection, ingestion, inhalation, or other introduction of the fentanyl or  
26 fentanyl derivative causes the death of the person.
- 27 (2) Manslaughter in the first degree is a Class B felony.