

Unedited Transcript of the Equity, Community Affairs, Housing, Health and Education
Committee Meeting - June 17, 2026

TRANSCRIPTION

Equity, Community Affairs, Housing, Health, and Education Committee - THIS MEETING IS
BEING HELD VIA VIDEO TELECONFERENCE

hear me? You can hear you, Sandra. Come on. Okay. We can hear you, Barbara. Okay. I'm sorry.\r\n\r\nOkay. I was telling my office. Yeah, I was on. Okay. Has it been 30s? Good afternoon. This is equity, community affairs, housing, health and education committee. My name is Stuart Benson.\r\n\r\nI'm vice chair. We're joined with Barbara Shanklin, the the chair virtual. And we also have Tammy Hawkins who's with us. Virtue. We got Dan Simes. Jp Linenger, and that's it. That's that's all it's here right now.\r\n\r\nToday our topic is child abuse mandated reporting. We got Billy Jenkins, Shawnee. Shawnee. No, wait a minute. That's Hollywood. Wait a minute. Who's. Okay?\r\n\r\nHolly, I got anyway, as you all come up, you identify yourself for the record. And so, Billy, are you the who? Who's going to start off the conversation? Yes, sir. Yes, sir. Thank you, thank you, thank you, thank you very much. Thank you.\r\n\r\nGreetings, everyone. It's certainly a pleasure to be before your presence today to COUNCILWOMAN Shanklin and Vice Chair Stewart Benson and all the council members and staff that are here today. We certainly do thank you for this opportunity to be able to be before your presence, to talk about a very important issue, and I have some colleagues here with me. I have Holly almond with me. I also have Dennis Haeften with me, and I have Hunter Knapp as well. They're with me. They work in our recruitment and certification office for.\r\n\r\nAnd they have a responsibility of recruiting and certifying foster parents and, and prospective adoptive parents as well. And so again, thank you for your time to talk about this very important topic. And also thank you for your, your service to our community. And I know it's a tough job, but thank you. But again, my name is Billy Jenkins. I am a resident of the city of Louisville, lifelong resident here in Louisville, and proud resident. And, and so I, I work as one of our service region administrator associates in the Department for Community Based Services.\r\n\r\nAnd, and so I will let Holly introduce herself as well. Good morning. My name is Holly Allman. I work with Dcbs as a service region administrator associate. I work in the Family Support division, our particular division. We take applications for food stamps, Medicaid, transitional aid to to families and long term care, Medicaid as well. Thank you.\r\n\r\nAnd so we're here to talk about a very important issue, which is mandated reporting. And the

reason why mandated reporting is an important issue is because it's a shared community responsibility that we all have to ensure the safety, permanency, and protection of and well-being of children that are in our community, as well as vulnerable adults. And so just a brief overview of our agency, which is under the big umbrella of the cabinet for Health and Family Services. And so we are the Department for Community Based Services. And so our mission statement is to be a diverse and inclusive organization that provides programs and services and support to protect and promote the health and well-being of all Kentuckians in their communities. And our vision is to be a commonwealth where every Kentuckian reaches their fullest potential. And so the pillars of what we do are under like five titles of equity, health and well-being, structural and economic support, resilient individuals and communities, and operational excellence.

And so our agency, the Department for Community Based Services, is really a very large organization that has like nine service regions. We work in one of those nine service regions, and each of these service regions cover 120 counties in the Commonwealth of Kentucky. And so we provide child protective services, adult protective services, guardianship, and we do family support. So I like to look at Dcbs as like one big house where, where you have different rooms in the house. And we're all serving the community from that particular house. And so Dcbs also in the vein of family support, we, we have and Holly can speak to family support because that's what she does. Supplemental assistance program, Supplemental Nutrition Assistance program, Medicaid, adult Medical assistance, Ctap kinship care families, or fas family Assistance, Short term and Kentucky Works Program.

Do you want to communicate anything about those? Yes of course. Snap. Snap is Snap is the program that used to be called food stamps. It is. It helps needy families with lower income to to be able to feed their children and their families. Another thing that's that I don't see on the slide though, is we also do child care assistance program.

That is to help parents who need assistance paying for child care so that they can work in the community. And of course, we do all kinds of medical assistance for individuals who MAY lack insurance and the ability to get insurance through an employer and for for those who are receiving benefits through Ctap, we have the Kentucky Works Program, which is a program designed over five years to help individuals get an education or, you know, get training in areas for a career that they MAY want to be able to elevate them and their families and help them. And so the, the, the topic for which we are here is again to talk about Dcbs. And we consider Louisville Metro a partner because we have a partnership with Louisville Metro through through the neighborhood play sites. Neighborhood play sites are in different parts of the city, and you all have Louisville Metro staff there. We also have state government staff there as well. And the thing about Louisville Metro and this partnership between Dcbs at the neighborhood play sites is it gives us an opportunity to be able to meet families where they are.

And so instead of coming down to the l and m building, which is kind of like the main hub, families

can access services at these neighborhood play sites throughout the community. And so having that partnership is certainly something where I believe all families win because families get their needs met within the communities in which they reside. And so I would say in that vein, anything that could be done more to continue to strengthen that particular partnership that we have with each other would certainly be great. But we're going to framework this particular discussion around the who, the how and the what and with the who. Who should make a report under the broad heading of mandated reporting, the how is how to make a report the what is what happens if we don't make a report? What do we need to report? And what happens after the report is made and what.

What happens during the course of a Dcbs investigation? And so under the broad heading of who should make a report, everyone should make a report because Kentucky is a mandated reporting state. And so everyone who knows about allegations regarding child abuse, neglect or dependency should make a report. And at the same time, those who make those reports can be considered as collateral contacts, and their information is included in those referrals that are made to our what we what is commonly referred to as the Child Abuse Hotline, we call it in our in our agency, we call it centralized intake. And so as you can see in the slides, the law states that it is the duty of everyone. Everyone who has a reasonable cause to believe that a child is dependent, abused, or neglect to report this information. And that information is reported to our child abuse hotline or centralized intake.

And under the heading again of how to make a report. Which reporting method is best? The child abuse hotline calling that number that's on the slide 875 two 66,200 is the preferred method, and the benefits of calling the Child Abuse hotline is you get an opportunity to be able to speak with someone, a live person, and you can actually engage with a live person. You can ask that person, that social worker who's on centralized intake questions and you can ask, you know, you can they can also provide answers as much as possible. Depending on the information that they are receiving. They can provide information and answers to those questions. But we also have a web referral system as well.

And the benefits of the web before web referral system is you can do it at your leisure, or you can do it on your break. Perhaps let's say you go out to lunch and you see something that MAY, that you MAY think MAY need the attention of Dcbs. Well, you can come back from your lunch break, send that web report referral over to centralized intake, and someone will review that particular referral. And so when someone believes a child is in immediate danger and centralized intake doesn't make the same determination, one of the questions is, is what steps should we take? And basically, our initiation time frames are four hours, 24 hours, 72 hours. And we also have five working days for our alternative response referrals. But if someone believes someone, a child, to be at imminent risk of harm, they can also call law enforcement as well.

And the turnaround time again for our initiation of our investigations in Dcbs are four hours, 24 hours, 48 hours, 72 hours. And those are what we

call traditional investigative pathways. But then within five working days for our alternative response pathway. And the question is, do you does the referral source have to notify the parent? No, the referral source doesn't have to notify the parent. Referral sources can remain anonymous. And if they choose to, if they want to notify the parent, they would have to do that on their own volition.

But we will not disclose to the parents who made the referral. And again, what happens if we fail to make a report. The Commonwealth of Kentucky is a mandated reporting state, and so there are penalties outlined. If someone fails to make a report and it's quoted from the statute, any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall immediately cause an oral or written report, including but not limited to electronic submissions to be made to a local law enforcement agency or to the Department of Kentucky State Police or the cabinet, or it's a representative. And so the penalties are outlined on the screen. Any person who intentionally violates the provision for the second offense and a class d felony for each subsequent offense. And what exactly do we need to report to d, c, b s? What is the criteria?

And the criteria is based upon our policies, which are derived from the Kentucky Revised Statutes and the information that we receive at the time that the report is made. Can a person or group of individuals fill out a report on behalf of another person if they're given enough information? If you're told the second hand information, should you make a report? And under that particular question, that common question, right, there is anyone who believes a child is being abused or neglected can make a report to the cabinet for Health and Family Services. You can make a report to centralized intake. And when there is a reason to believe a child, or even for that matter, an adult is being abused, neglected or dependent, or even a victim of human trafficking. You can contact the hotline and that number and information is there.

But if a child appears to be in imminent danger, we advise those referral sources, though those individuals and organizations to call 911, because police can get law enforcement can get there faster a lot of times than we can. And they also have the ability to remove a minor child from a, you know, a harmful environment, a threatening environment. If they feel that the child is in imminent risk of death or serious physical injury. What can we do in our reports to help dcbs? That's another common question. Or what should be included in our reports? The child and caretakers name definitely the current location, including the correct address.

There are many of our staff who go out in the community, and sometimes the address that we receive is not often the correct address, which kind of delays us getting to the child to be able to make that particular assessment of the child in the situation. You definitely want to tell the centralized intake staff concerns about the child's immediate safety, and also include any person who is believed to be responsible for the abuse and neglect of the child, and the nature and extent and occurrence of the abuse and neglect. And try not to paraphrase or interpret any of the

child's statements and provide as much objective information as possible. Phone number. Email address of the reporting source is definitely helpful because we can always call the reporting source back if there's some information that we need to clarify. And so having the reporting source's name, phone number, contact information is definitely helpful. From our perspective.

What happens after a report is made to Dcbs? After a report is made to us, you usually can get follow up information because every report that is made to centralized intake is either assigned a intake id or a web id, and if the reporting source wants some follow up information, they can also call centralized intake. And when they call centralized intake, they should provide the intake or web id. And once a report is made to centralized intake, usually the social service worker whom the person speaks to or the referral source speaks to, they usually have three hours to process the report, and then they submit that particular report to their supervisor for review. But the supervisor also has three hours to review the information as well. And then that particular supervisor in centralized intake will assign that report to a team. And so after the first report is made, if there is some additional information like the original report, a second incident can be assigned.

And so if there are multiple reports, if an allegation is received within 15 working days of the original allegation, and it's not the same program slash sub program or same allegations as the original, the social worker can add new information to the existing report as a second incident, and there's only one second incident that can be attached to an intake. A third or fourth incident cannot be added. However, case modification can. If someone from Dcbs calls for additional information. As one of our front line social workers who are in direct service calls a referral source or calls an organization for additional information, usually they are reaching out to get collateral information because the information that our collateral contacts provide, especially. And so how can we be notified if the case does not get accepted or, or picked up or doesn't meet criteria? We are bound by state law from disclosing any confidential information about any case that we receive, unless that person has a legitimate interest in the case itself.

And so but the after the report has been made, the the referral source or any concerned citizen can always call centralized intake and take. If that report has been accepted and who that report is assigned to, and that particular social worker supervisor. One of the things that are common that commonly comes up as well is under the heading of what happens after the report is made is where does the social worker usually meet with the child after the report is made? Usually we like to meet with our children at school. I mean, because the reason we like to meet with our children at school is because we can usually get a more believable story when the alleged perpetrator is not in the presence of the child. So a more reliable story. If a case is open, does Dcbs keep the referral source informed?

We're bound by confidentiality. However, if the referral source is having ongoing contact, let's say with the frontline social worker, and they have some additional information that they would like

to share, they can certainly always share that additional information with that particular social worker. And when a report is made, our Dcbs social worker is aware of previous reports on the same child or a student. And we MAY be aware because we usually do. What happens is when that report is made to centralized intake, we usually run case history on that particular child or children based upon the information that we have, and even the parents as well, to see if there are current cases or current referrals that are currently open, or if there is some history, whether that be cps history, Adult Protective Services history, or even criminal history for that matter, because that helps us in our assessment of the family as a whole. After a report is made under that particular question, how can a referral source best support a child? They can best support a child by referring the child if.\r\n\r\nIf they have the means to do so, to. Perhaps a therapist to to meet their behavioral mental health needs. Because child abuse is traumatic. And whenever we're involved with a family, sometimes it can cause a child to have a lot of questions. And so referring the child to a mental health professional is certainly something that can definitely help the child as that case to assess child safety, I again, we will review the history. We'll consult with the supervisors. We'll initiate the report based on the initiation time frame.\r\n\r\nWe'll assess for safety. Will utilize the evidence that is before us. And no two cases will be assessed the same because no two families are the same. The circumstances surrounding every family is unique and different. And so we approach each famil based upon the allegations we have before us. And so if we're investigating allegations, what should someone expect afterwards? The social worker will usually initiate contact with the alleged victim because a referral is not initiated until contact.\r\n\r\nFace to face contact has been made with the alleged victim. And so we usually try to locate the alleged victim or victims, usually at school, at home or another location that MAY be identified on the record. A space to be able to meet with the child privately so that we can be able to make the child feel comfortable and allow the child to be able to disclose any information they MAY have about the allegations contained on the referral. And then afterwards, usually we advise all of our social workers to speak with collaterals who MAY be able to provide additional information, and so usually referral sources want to know how do they get in contact with someone or social worker in our agency who is working their case. And for general questions, there is the one 800 number 1-800-372-2973 number. Also we advise hfs listens and all of our social workers that work for Dcbs are on global. And so like my email address is billy.Jenkins@ky.Gov.\r\n\r\nAnd so all of our social workers have that ky.Gov email address and chs listens is very good about getting back with citizens who contact about who reach out for contact about a particular referral, a particular case, or you can also reach out to our service region administrators. We have two in Jefferson. Unlike the other regions, we have two service region administrators. In Jefferson, we have Samantha Author, who's over operations, and we have Shante West, who is over community. And if someone desires

again to know more about a report, I always advise calling centralized intake with that intake id or that web id. Centralized intake will usually be able to direct a concerned citizen or someone who has that web id or intake id to the social worker who is assigned to the case, and the supervisor as well. However, if those two means don't work because sometimes one of the.

The chief concerns that we receive is that the wait time on for centralized intake to speak to someone. And so someone can always again contact chs listens or the one 800 number that's on the screen. They are usually very timely in getting back with us, to let us know that a citizen or a family member has a particular concern regarding a particular case. And so our agency is just one agency that has the responsibility of protecting children. However protection is a community. It definitely is. It's a community responsibility.

It's a shared community responsibility. And again, we consider Louisville Metro as partners in that effort. And so child protection is a whole community's responsibility. Are there any. Questions? Yes, I figured there would be questions. Our first one, COUNCILMAN Jp he's he's anxious to ask a question.

Thank you, MR. Chair. And thank you all for being here and the work that you do. My question is. What is the level of observed behavior that triggers being a mandated reporter? For example, if I see physical discipline in public, is that something that I need to report? The reasonable or prudent standard is, is typically the standard that we all typically utilize.

And so any person, normal, rational person, if you, you know, I don't want to give specific examples because if someone is using physical discipline and if you are concerned about perhaps the way that physical discipline is being utilized and you suspect that that child, based upon the way the physical discipline is being utilized, then by all means call that information into the child abuse hotline or centralized intake. At the same time, we also understand that using physical discipline is not necessarily something that is prohibited by state law. However, if you, being a concerned citizen, have concerns about the way in which physical discipline is being administered. By all means. Again, contact centralized intake. All right. Thank you.

Next question is from Tammy Hawkins. Thank you. Thank you for being here today. I have a couple of questions. And then if I need to get back in queue, I will. The first thing I want to say is I really, really, really want to commend the Department of Child Care. I want to say that Christy Trachsel is amazing.

Okay. You can let her know that COUNCILWOMAN Hawkins did state that their office really meets people where they're at. Whether that's a person that's becoming a new director who can't facilitate the paperwork if they need assistance to be able to get that one on one help, even as a business owner, sometimes it can become challenging. And their office just has always been supportive. So I want to first start off with that. My next concern is, you know, I'm I'm an echo of my colleague just a little bit. You know, to, to what is the severity if someone calls in, if someone calls in and say, hey, you know, I seen a child getting pulled with a belt or whatever.

But I mean, I just gotta say the stuff that people normally just don't say,

you know, our youth has really gotten out of hand, right? And the minute that we allow people to have the option to be able to call in and say that their child was getting abused or someone was getting abused, was the minute that a lot of us lost control of being able to control our kids, right? These kids nowadays, they need a good old beating, excuse my French, but but but that's what they need, you know? And, you know, I just gotta say it be. But now a lot of the community and a lot of people feel like that they cannot discipline their child because, you know, they'll get in trouble. Right? So, you know, it's like a blessing. \r\n\r\nAnd then it's like a curse, right? You know, we tell people, where's your kids? Get your kids, you know, but when you go as an adult or a parent, you gotta put your hands on your kids. And then here come the department saying, you can't do that. So have we gotten anywhere with being able to actually determine. That we just need to beat these kids to get their attention? Because if we don't, then we're going to lose our kids. \r\n\r\nAnd it's just as simple as that. If we don't start letting these kids know that we're the parents and we can discipline them, then eventually, because the minute that they feel like y'all and y'all going to protect them, you know, we're going to have more kids in the system. And then we, we're going to have more parents that are just scared to start to really discipline their kids. So at what level do you look at it and, and just be like, nah, this wasn't that. This is just a parent or there's no scale. Is there a structured scale? Is it, you know, let me go do an investigation. \r\n\r\nLike what is the level? What is the levels for that? I'm sorry. Well, physical injury is, you know, leaving marks, bruises, welts. And so if a parent or caretaker is using an object to discipline their child, whether that is a belt, an extension cord, a shoe, a switch. The likelihood of those objects leaving marks is, is high. And that's where the line is crossed. \r\n\r\nIt's, it's not prohibited to, not to, to utilize corporal punishment. So a parent could theoretically swat their child on the rear end and at the same time, at the same time, if that, that same parent picks up a belt and begins to utilize physical discipline on their child, and that that particular object leaves a mark. If that child, let's say, goes to school and shows school professional that welt on their leg, that could trigger a report. All right. Thank you. And lastly, and I'm hand it over. Okay. \r\n\r\nSo then my last concern is so okay, I know you said that you all protect you all are our partners. My question is, is in a sense, I beg to differ because when I first came on Metro Council, I know my colleague Barbara Shanklin probably can remember this. I want to know what is going on with the kids that are being placed in the basement of the building. I heard about that, and when I heard about it, you know, when I went to my colleagues, you know, I was fresh on Metro Council. You know, they was like, we don't mandate that we don't govern them. And literally, it was someone that was in house that had, you know, let that be known that there were kids being in the basement sleeping. And, you know, how are we going to discipline a parents for mistreating their kids in a home or not having beds in a home? \r\n\r\nAnd, and, and if we're like, y'all not policing yourselves, right? So who's policing to make sure that our kids or have

you all found somewhere to place those kids besides being in the basement, if someone's not taking them? Because the way I got it was, and I mean, for me, let me be very clear, if it was happening, it was happening, right? If there's not a place, if there's not a place for, if there's not a placement for a family to take these kids, what do we do with them? Instead of letting them stay in the basement? You know how you know, what do we do with them?

COUNCILWOMAN Hawkins, I appreciate the work that you do in the community. I must say that children sleeping in the basement of the building is a myth. And the reason why I say it's a myth is, is even when there were issues around children having to temporarily stay in the building, we use makeshift makeshift beds, cots, so, so right. So so you, you said it was a myth, but then you said even if it was temporarily so, it was happening, whether temporary or not, it was happening. Right. What I meant myth is, is myth by the basement. If you ever been to the l and m building, I guess I wouldn't want to sleep in that basement. I don't think anybody's going to sleep in that basement.

That's a little more like a. You know, you wouldn't want. Yeah, yeah. It's a very old building. Lots of creepy things down there. When children were sleeping in the l and m building. And it's not a myth that they that they were sleeping in them because they were. I mean, there have been times where we we have had children sleeping in, in, in the l building, which we technically we call it nontraditional placement.

At first, when it first initially happened, before we could really get a grasp on it, we had the cots and we had it set up to where it was in the basement. It was like in one of our visitation areas. And so it wasn't like it was happening every day. Periodically we would have some, some, some youth who had some behavioral needs that, you know, caused some placement, some reservation to, to be able to want to take them into their, their placement or their foster home. And so after we started really getting the grasp of what was going on, we had some donations from some community partners and we actually have beds. We have two spaces that are identified in the l and m building that are like bedrooms that we have opened up, where children who have to temporarily be in those particular spaces can stay, perhaps until we can work out a placement situation for them. And we also have a partnership with the ymca Safe Place, where we can also take our children over there as well, which will allow them access to, to be able to, you know, have those accesses readily at hand and available.

And so I will say that. As time has elapsed in regards to children having to stay in the l and m building, when those times are happening, they're not it's not like it's happening every day. We have protocols in place to have staff, our own staff that actually sit around the clock with those particular youth at the ymca safe place, and to monitor, to fill out reports and to let leadership know what's happening until we can work on a strategy to find a placement. Because some children have unique behavioral needs, mental health needs that need to be assessed. And sometimes, let's say a child who has unique behavioral and mental health needs, sometimes it we MAY not have all that information at

the time of removal. And so for some youth who have some unique, unique mental health and behavioral needs, sometimes it MAY take us a few hours, especially if it happens if a removal happens at 3 A.M. In the morning. I understand it takes time to be able to get all the information.

I appreciate your honesty with that, and I appreciate you all working with those kids. I know it can be challenging, you know, even for that, because for them to be able to place into a home, you don't really know what levels they are at as of yet. In order for a family to be able to say, yeah, we'll take them or yeah, we won't. So now I just have a better level of understanding and I appreciate that. Thank you. And whatever we can do as far as to help, whatever it looks like, just let me know. I'd like to meet with you and to see how we can, you know, help you all feel that gap right there. Yes.

And we certainly would receive all the help to help us, you know, meet the needs of families and children in this community. And I would also say that our service region administrators, they would, you know, gladly, you know, let any of our staff take a tour or any of your staff take a tour of the sleeping areas that we place children in temporarily until, you know, a more stable placement can be found. Alright. Thank you. Our chair, Barbara Shanklin, would like to ask the question. Harbor. Okay.

Thank you. You're welcome. As I was sitting here listening, I thought about exactly what COUNCILWOMAN Hawkins was talking about, because I know that that did happen and it really bothered the both of us. We went we looked into it. But the thing that bothered me is when you take a child away from his home and he. And he's not with Mama no more, even though Mama might whoop him or do something wrong. You see, even more scary for him when he's with a person that he doesn't know in a place where he he, you know, he doesn't know where he is, and he doesn't see anybody that he knows.

And I, I mean, you explained it well, but it still something that bothers me in the fact that if you find out that mom or somebody mistreating that child and then you take it, I was going to ask, where do you put him? But, you know, I do know that you. They do use the l and n building, but how long do they stay there? Do they stay just a day until they find somewhere else to go? Or are we that full of foster parents? I mean, at the place where there's so many children that you don't have a place to put them in, in a foster home? How long is it in between the time that they leave mom until they find a safe place to stay?

It varies. The time length will vary depending on the child and the child's behavioral needs. When a removal is done, we usually make a reasonable effort, a reasonable effort to try to look for other relatives before the child is. Before consideration is even given to placing a child in a nontraditional placement. So, I mean, we're, you know, we're asking mom about maternal relatives. We're asking mom if dad is involved. We're asking.

About paternal relatives as well. And is a placement of last resort. I mean, it's like we've, we've done everything we can. We've we've got rnc recruitment and certification looking for placement. They're they're looking for placements. We, we ruled out relative placements. And so we're basically, you know,

we're in a holding pattern. And, and sometimes that holding pattern or the length of time will vary based upon the needs of the child, the age of the child. And so that could be sometimes 24 hours, sometimes it could be, you know, less than 24 hours. Sometimes it could be, you know, 48 hours, sometimes it could be 72 hours. It just depends on the needs of the child. Well, why not take them to the children of the innocence where there's other children there and they can see other kids. But the idea that they sitting in a, a place where it's a desk, just a it just bothers me. It just bothers me. Maybe the children at the children of the innocence. You can take them there and leave them for a few hours or something. They'll see other children, but in an empty building, I won't say empty, but nobody's there at night. It's creepy. It's quiet. Only one other person. All you see is desks and all that type of stuff. Maybe think about taking them there or I know they don't always. The hospital's not always full the children's hospital and keep them overnight or something like that. It's just it's just scary for a child. He's already taken from his mom and then put him in a building, an office building at that. I just can't imagine how a child would feel. So I'm just throwing out. I'm not taking the children of the innocent. MAY be at the hospital and keep them overnight. Yes, we we utilize a hotel home of the home of the innocence. We utilize them, but they have a acceptance criteria that, you know, they go through and they match up the child's behaviors with their with their acceptance criteria. The space that we have at the l and m building, we, although it's, it's not in a house, it is a bedroom. It's been, it's a, it's one of our conference rooms or two of our conference rooms that have been converted into bedrooms. So in those particular spaces there, there's a bed, there is a television, there's a dresser, there's a refrigerator. And so we try to make it as child friendly as we can in those spaces in the l and m building. And then at the ymca safe place. Usually that's they try to make that space as comfortable as possible for the child. And usually we have staff and we have our security staff. There's usually round the clock updates about how the child is progressing. And so that's usually how that happens when a child has to be in a nontraditional placement. I understand, and also I've been at the over to the safe place and it's mostly older children over there. I've been over there a lot of times when I worked in a different job, and it's mostly older children. I'm speaking, I guess, about younger kids is. So I wish that you guys would try to find a place that even though it's a bed, a tv, and all of that, there's. They have to feel like they're alone. So. But I won't criticize. I just have a concern about it when it comes to children. So thank you and thank you for coming. I appreciate you being there. I've learned a lot. You're listening. I've learned a lot, but I still have a lot of concerns. When you take that child away from mom, it's bad enough that they're taken away from something that they're comfortable with and putting them in a place where, you know, it's so uncomfortable for a kid. So. And, and when I speak, I'm speaking of younger It's not the older ones, but younger kids.

Okay. Right. Thank you, thank you, thank you, thank you, thank you. We got I forgot to

mention that Marilyn Parker came in and she's wanting to ask the question. It's all yours, Marilyn. Yes. Along that, the vein of what we're talking about placing kids. Do you have a system where you try to place the child with another family member first?

Yes, yes. I mean, before we before removal is even taken into consideration. Usually there is what we call a consultation. So let's say a social worker goes out to a Residence and they see that condition. Another associate service region administrator, associate or clinical associate to discuss what's going on, what they're seeing, and, and usually the questions that are asked, you know, are there any relatives that are willing to take the child? Can you speak with the parent to ask the parent, can the child go stay with an aunt or an uncle, a cousin? And even we looked at we look at fictive kin, individuals who MAY not be related by blood, but they they're still considered family.

And so if those individuals are willing to open up their home and let us go in and do a safety check and review, then we certainly will take those those individuals into consideration for placement. Okay. And then are you all the agency that someone would report? If a child was being solicited on social media or the internet, is it your agency that someone would call like a parent would call or friend? Or is it Lmpd? I would say both. And I mean, it depends on what what you mean by solicited.

If it's definitely a situation and it depends on who they're being solicited by. But certainly I would say both that that adult has if they're in a caretaking role or non caretaking role during a caretaking role, by all means, yes, it could be someone, there would be something that would come to our attention, that would be you all. But if it was like stranger danger, it would be Lmpd, Lmpd, Kentucky State Police. Yes. Okay. Thank you, thank you. Jp you're up.

Thank you, MR. Chair. I just want to say, you know, speaking as a parent, that there are many times that people react out of fear for their child's safety and their continued well-being, and sometimes, frankly, out of anger about the behavior of children. But there in generations of study, there has not been one report that found positive results, excuse me, of physical discipline on the outcomes for children, not one. And that instead, we should absolutely be focusing on what works rather than what might satisfy those fears or feelings of anger in a moment. Again, I I'm I'm wholly sympathetic. I have children.

Sometimes I'm worried. And at the same time, when I was a child, there were times that I was physically disciplined. My. My grandmother, who was the sweetest woman who ever walked the face of the earth, sometimes used a forsythia switch. But I do believe in my heart that with all the information that we have today, my grandmother would have done something different. And I think it is important that we remember. If our desire is for positive outcomes for children, that there is again, and people have looked people have had an ideological commitment to the idea that physical discipline was positive in children's lives and tried to perform studies that showed that and have never been able to in generations.

And I think it's important that we work always with the best interest of children at heart when we consider these things. Thank

you. Thank you. You know. I'm old like like Barbara, you know, I've seen in my lifetime, I've I don't really know that I remember any kids being abused, you know, as a kid, although when I was a kid, most moms didn't work. Although the, the kids moms that did work, they always came over to our house. And my mom always had brownies and cookies or something.

And we'd watch Roy Rogers or something on tv. It. It breaks my heart to think how many people is there a. A lot of abuse. With. I guess men do more abuse than than women would, I guess. And I think I, I, when I was a kid, I didn't know that people did things sexually to kids. I mean, I didn't, I was naive in the, in the packets that I provided.

There is one of our some data, there's some data. Everybody who's the likes the data as far as intakes in Jefferson, Jefferson region from six one, 2025 to 531, 2026. As far as intakes are concerned, which excludes apps and apps is Adult Protective Services. There have been 24,440 referrals or reports that have been called into centralized intake. That's sick, that's sick. That's terrible. Well, I appreciate you all coming here. When my kids were little, my wife at one time wanted to work.

I said, no, no, no, no, you we need you here. I can't do all you do. And a mom is really important. And I look back when I was a kid, my mom was home and man, giving you confident that you. You're okay. Even though kids make fun of you or whatever. And I hate to think that other kids didn't have the opportunity.

Although looking back, Louisville Transit was the bus line. My sister worked downtown at Fisher Hobby Shop right by the Orange Bar, and I remember on a Saturday getting on a bus, me and my next door neighbor, eight years old, riding a bus down to fourth Street from Churchill Downs. And, and, and my daughter's, my daughter's used to babysit them when they were 11 years old. Now you can't, I mean, but they were responsible. And and my dad used to plow a field with with a team of horses, eight years old, he'd talk about, you know, training horses and teach them the plow a field at eight years old. And now they would call a child abuse, I guess. I don't know, but he was responsible.

And, and it's nice to have people learn how to do things because that's one of the things that it really bothers me. I taught vocational education for 28 years. And I tell everybody, if you, you go to school and you get out and you can't get a job, school didn't really help you. Everybody's supposed to work. And it'd be nice to have people find something they like to do. So you all helping out kids? I, I don't know anything.

It's more important if if I was in the school system, if I was going to pay the teacher the highest wage, it'd be elementary teachers. I mean, they're the ones that's really having to reach that. When kids vulnerable to, to feelings and having somebody comfort them. I mean, I was so blessed to have elementary teachers that were so great and I probably was a problem. I know I was a problem. I, I had Add and they had a hard time probably holding on to me, but they were great. And I, I had a, a super childhood.

So that's what we want every kid to have a good childhood and you all watching out. As Barbara was talking about. A kid not having somebody to lean on when when they're really scared to death. I mean, I

used to tell people when I taught high school kids, I said, if you don't know what it is to be 16 years old, you don't need to be here. You gotta understand what some of the kids are experiencing as you're trying to educate them and help them out. Same way, you know, if you're in the child helping, you got to remember what it was to be a child and the feelings you had and that comfort you had when somebody just put their arm around you and say, hugged you a little bit. I mean, I remember some people when I was a kid, it hugged me at different.

They didn't think it was a big deal. Boy, at me at different times. It really was big. And so I really appreciate you all coming today and I appreciate what you've. I hope we can figure out how we can help you all better, make more people aware, because I think most people, if they are aware, they'll do better. Yes. So is there anything, Billy, anything you want to say any more?

Thank you for allowing us to be here. And, you know, we, you know, are available to if you all would like to see some of our nontraditional spaces that we have in Inm building, by all means. Definitely. We consider Louisville Metro as as partners, and especially because we have staff in each of the neighborhood places. And so again, as I stated earlier, anytime those particular neighborhood places can be supported physically through their funding, especially with Dcbs and additional funding to help those neighborhood play sites, then, you know, that means that families within the community wins because families can access the resources that they need within the communities in which they reside. I don't know if my colleagues they MAY have. Anything to say.

Dennis, you got anything or or honor? Thank you. Hi. Can you can you hear me now? Okay. Hi, everyone. Thank you for giving us this time today.

My name is Hunter and I'm a supervisor at the Ellen m building downtown in the recruitment certification department. And our team really focuses on our recruitment efforts for foster and adoptive families. So I really appreciate all the questions about what we're doing in the community to help these kids with their placements, because it's really a big need at this time to find those safe and stable homes for our kids while they're removed from their families, especially their relatives as well. We have a really big support program for our kinship care families. So I appreciate you all wanting to help with those efforts. I did provide a sheet with all the information that you all could pass out of how to become a foster parent with Dcbs and my contact, as well as Dennis's is on there. So feel free to email us and reach out.

And we're happy to come talk to you all more in detail about that process, but we're happy to partner with you all as well. Hunter did, are you all working with that Southeast Christian by any chance? Yeah, we have several community partners that we try to increase our recruitment efforts with. So they are somebody that we try to partner with as much as possible. Because I hear a lot at church, you know, talking about the foster, you know, taking it on. I didn't think thatyle did a sermon on talking about fostering, you know? Okay.

That's good. Appreciate it. All right. Well, thanks a lot. Thank you, thank