By the Committee on Criminal Justice and Senator Laurent

307-1947-00

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A bill to be entitled An act relating to child welfare; amending s. 39.201, F.S.; revising confidentiality of recorded central abuse hotline calls relating to child abuse, neglect, or abandonment; providing clarifying language for community-based care providers of foster care and related services; providing circumstances in which an officer or employee of the judicial branch is not required to report child abuse, abandonment, or neglect; amending s. 39.202, F.S.; providing for the inclusion of the child protection team in the list of those to whom an alleged abuse reporter's name may be released; amending s. 39.205, F.S.; exempting judges from prosecution for failure to report; amending s. 39.301, F.S.; clarifying language relating to initiation of protective investigations and criminal investigations; clarifying that the age of parents shall be factored into risk assessments; changing certain time requirements; amending s. 39.303, F.S.; specifying additional supportive services to be provided by child protection teams; requiring certain training for medical personnel participating in a child protection team; revising reports of abuse, abandonment, or neglect that must be referred to the Department of Health for supportive services; revising requirements relating to review of certain cases of abuse, abandonment, or neglect and

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standards for face-to-face medical evaluations by a child protection team; requiring collaboration between certain state agencies relating to reports of child abuse, abandonment, and neglect; amending s. 39.304, F.S.; providing for disposition of investigative photographs of physical abuse injuries and sexual abuse trauma; amending s. 39.402, F.S.; clarifying that the court must be informed of identified case plans at shelter hearings; amending s. 383.402, F.S.; deleting a reference to the Kayla McKean Child Protection Act; revising duties of the local child abuse death review committee and district coordinators; amending s. 409.1671, F.S.; deleting requirement that the case-transfer process for contracts with community-based agencies for provision of foster care and related services identify closure of protective investigations; requiring a report at the conclusion of the investigation; repealing s. 1, ch. 99-168, Laws of Florida, which provides a short title naming the Act the Kayla McKean Child Protection Act; providing an effective date. Be It Enacted by the Legislature of the State of Florida: Section 1. Paragraph (g) of subsection (2) and subsections (7), (8), and (9) of section 39.201, Florida

Statutes, are amended to read:

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.--

(2)

- outgoing calls that are received or placed by the central abuse hotline which relate to suspected or known child abuse, neglect, or abandonment. The recording shall become a part of the record of the report, not withstanding s. 39.202, shall be released in full only to law enforcement agencies and state attorneys for the purpose of investigating and prosecuting criminal charges pursuant to s. 39.205, or to employees of the department for the purpose of investigating and seeking administrative penalties pursuant to s. 39.206 is subject to the same confidentiality as is provided to the identity of the caller under s. 39.202. Nothing in this subsection shall act to prohibit the use of the recordings by hotline staff for quality assurance and training.
- (7) This section does not require a professional who is hired by or enters into a contract with the department for the purpose of treating or counseling any person, as a result of a report of child abuse, abandonment, or neglect, to again report to the central abuse hotline the abuse, abandonment, or neglect that was the subject of the referral for treatment. This section does not require an officer or employee of the judicial branch to again provide notice of reasonable cause to suspect child abuse, abandonment, or neglect when that child is currently being investigated by the department, there is an existing dependency case, or the matter has previously been reported to the department, provided there is reasonable cause to believe the information is already known to the department.

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This subsection applies only when the information has been provided to the officer or employee in the course of official duties.

- (8) Nothing in this chapter or in the contracting with community-based care providers for privatization of foster care and related services as specified in s. 409.1671 shall be construed to remove or reduce the duty and responsibility of any person, including any employee of the community-based care privatization provider, to report a suspected or actual case of child abuse, abandonment, or neglect or the sexual abuse of a child to the department's central abuse hotline.
- (9) On an ongoing basis, the department's quality assurance program shall review calls reports to the hotline involving three or more unaccepted reports on a single child, where jurisdiction applies, in order to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the source of the reports. The assistant secretary may refer a case for investigation when it is determined, as a result of this review, that an investigation may be warranted.

Section 2. Subsection (4) of section 39.202, Florida Statutes, is amended to read:

- 39.202 Confidentiality of reports and records in cases of child abuse or neglect. --
- (4) The name of any person reporting child abuse, abandonment, or neglect may not be released to any person other than employees of the department responsible for child protective services, the central abuse hotline, law enforcement, the child protection team, or the appropriate state attorney, without the written consent of the person 31 reporting. This does not prohibit the subpoenaing of a person

reporting child abuse, abandonment, or neglect when deemed necessary by the court, the state attorney, or the department, provided the fact that such person made the report is not disclosed. Any person who reports a case of child abuse or neglect may, at the time he or she makes the report, request that the department notify him or her that a child protective investigation occurred as a result of the report. Any person specifically listed in s. 39.201(1) who makes a report in his or her official capacity may also request a written summary of the outcome of the investigation. The department shall mail such a notice to the reporter within 10 days after completing the child protective investigation.

Section 3. Subsection (1) of section 39.205, Florida Statutes, is amended to read:

39.205 Penalties relating to reporting of child abuse, abandonment, or neglect.--

(1) A person who is required to report known or suspected child abuse, abandonment, or neglect and who knowingly and willfully fails to do so, or who knowingly and willfully prevents another person from doing so, is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. A judge, subject to discipline under Article V, Section 12 of the State Constitution, shall not be subject to criminal prosecution when the information was received in the course of official duties.

Section 4. Subsection (2), paragraph (b) of subsection (8), paragraph (c) of subsection (12), and subsections (14), (17), and (18) of section 39.301, Florida Statutes, are amended to read:

39.301 Initiation of protective investigations.--

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1 (2)(a) The department Upon notification by the department's central abuse hotline under subsection (1), the 2 3 designated child protective investigator shall immediately forward allegations of criminal conduct to the municipality or 4 5 county notify the appropriate law enforcement agency of the 6 county in which the alleged conduct has known or suspected 7 child abuse, abandonment, or neglect is believed to have 8 occurred. 9 (b) As used in this subsection, the term "criminal 10 conduct" means: 11 1. A child is known or suspected to be the victim of child abuse, as defined in s. 827.03, or of neglect of a 12 child, as defined in s. 827.03. 13 2. A child is known or suspected to have died as a 14 result of abuse or neglect. 15 3. A child is known or suspected to be the victim of 16 17 aggravated child abuse, as defined in s. 827.03. 18 4. A child is known or suspected to be the victim of 19 sexual battery, as defined in s. 827.071, or of sexual abuse, as defined in s. 39.01. 20 21 5. A child is known or suspected to be the victim of 22 institutional child abuse or neglect, as defined in s. 39.01, 23 and as provided for in s. 39.302(1). 24 Upon receiving a written report of an allegation of criminal 25 26 conduct from the department receipt of a report, the law enforcement agency shall must review the information in the 27 28 written report to and determine whether a criminal

enforcement agency accepts the case for so, shall conduct the

investigation of the case is warranted.and, If the law

31 criminal investigation that shall be coordinated, it shall

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coordinate its investigative activities with the department whenever feasible possible, with the child protective investigation of the department or its agent. If the law enforcement agency does not accept the case for criminal investigation, the agency shall notify the department in writing.

- (c) The local law enforcement agreement required in s. 39.306 shall describe the specific local protocols for implementing this section.
- The person responsible for the investigation shall make a preliminary determination as to whether the report is complete, consulting with the attorney for the department when necessary. In any case in which the person responsible for the investigation finds that the report is incomplete, he or she shall return it without delay to the person or agency originating the report or having knowledge of the facts, or to the appropriate law enforcement agency having investigative jurisdiction, and request additional information in order to complete the report; however, the confidentiality of any report filed in accordance with this chapter shall not be violated.
- (b) If it is determined that the child is in need of the protection and supervision of the court, the department shall file a petition for dependency. A petition for dependency shall be filed in all cases classified by the department as high-risk. Factors that the department may consider in determining whether a case is high-risk include, but are not limited to, the young age of the cases, including, but not limited to, cases involving parents or legal custodians of a young age, the use of illegal drugs, or 31 domestic violence.

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- (c) The department, in consultation with the judiciary, shall adopt by rule criteria that are factors requiring that the department take the child into custody, petition the court as provided in this chapter, or, if the child is not taken into custody or a petition is not filed with the court, conduct an administrative review. If after an administrative review the department determines not to take the child into custody or petition the court, the department shall document the reason for its decision in writing and include it in the investigative file. For all cases that were accepted by the local law enforcement agency for criminal investigation pursuant to subsection (2), the department must include in the file written documentation that the administrative review included input from law enforcement. In addition, for all cases that must be referred to child protection teams pursuant to s. 39.303(2) and (3), the file must include written documentation that the administrative review included the results of the team's evaluation medical evaluation. Factors that must be included in the development of the rule include noncompliance with the case plan developed by the department, or its agent, and the family under this chapter and prior abuse reports with findings that involve the child or caregiver.
- (14) No later than  $\underline{60}$  30 days after receiving the initial report, the local office of the department shall complete its investigation.
- (17) When a law enforcement agency <u>conducts a criminal</u> <u>investigation into allegations of child abuse, neglect, or abandonment, photographs documenting the abuse or neglect will be taken when appropriate <u>is participating in an</u></u>

investigation, the agency shall take photographs of the child's living environment. Such photographs shall become part of the investigative file.

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(18) Within 15 days after the case is completion of the investigation of cases reported to him or her pursuant to this chapter, the state attorney shall report his or her findings to the department and shall include in such report a determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case.

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Section 5. Section 39.303, Florida Statutes, is amended to read:

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39.303 Child protection teams; services; eligible cases. -- The Department of Health shall develop, maintain, and coordinate the services of one or more multidisciplinary child protection teams in each of the service districts of the Department of Children and Family Services. Such teams may be composed of appropriate representatives of school districts and appropriate health, mental health, social service, legal service, and law enforcement agencies. The Legislature finds that optimal coordination of child protection teams and sexual abuse treatment programs requires collaboration between the Department of Health and the Department of Children and Family Services. The two departments shall maintain an interagency agreement that establishes protocols for oversight and operations of child protection teams and sexual abuse treatment programs. The Secretary of Health and the Deputy Secretary for director of Children's Medical Services, in consultation with the Secretary of Children and Family Services, shall maintain the responsibility for the screening, employment, and, if necessary, the termination of child 31 protection team medical directors, at headquarters and in the

 15 districts. Child protection team medical directors shall be responsible for oversight of the teams in the districts.

- (1) The Department of Health shall utilize and convene the teams to supplement the assessment and protective supervision activities of the family safety and preservation program of the Department of Children and Family Services.

  Nothing in this section shall be construed to remove or reduce the duty and responsibility of any person to report pursuant to this chapter all suspected or actual cases of child abuse, abandonment, or neglect or sexual abuse of a child. The role of the teams shall be to support activities of the program and to provide services deemed by the teams to be necessary and appropriate to abused, abandoned, and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a child protection team shall be capable of providing include, but are not limited to, the following:
- (a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and related services, as needed, and documentation of findings relative thereto.
- (b) Telephone consultation services in emergencies and in other situations.
- (c) Medical evaluation related to abuse, abandonment, or neglect, as defined by policy or rule of the Department of Health.
- (d) Such psychological and psychiatric diagnosis and evaluation services for the child or the child's parent or parents, legal custodian or custodians, or other caregivers, or any other individual involved in a child abuse,

abandonment, or neglect case, as the team may determine to be needed.

- (e) Expert medical, psychological, and related professional testimony in court cases.
- children whose cases have been referred to the team. A child protection team may provide consultation with respect to a child who is alleged or is shown to be abused, abandoned, or neglected, which consultation shall be provided at the request of a representative of the family safety and preservation program or at the request of any other professional involved with a child or the child's parent or parents, legal custodian or custodians, or other caregivers. In every such child protection team case staffing, consultation, or staff activity involving a child, a family safety and preservation program representative shall attend and participate.
- (g) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.
- (h) Such training services for program and other employees of the Department of Children and Family Services, employees of the Department of Health, and other medical professionals as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse, abandonment, and neglect cases.
- (i) Educational and community awareness campaigns on child abuse, abandonment, and neglect in an effort to enable citizens more successfully to prevent, identify, and treat child abuse, abandonment, and neglect in the community.
- (j) Child protection team assessments that include, as appropriate, medical evaluations, medical consultations,

family psychosocial interviews, specialized clinical interviews, or forensic interviews.

All medical personnel participating on a child protection team must successfully complete the required child protection team training curriculum as set forth in protocols determined by the Deputy Secretary for Children's Medical Services and the Statewide Medical Director for Child Protection.

- (2) The child abuse, abandonment, and neglect reports that must be referred by the Department of Children and Family Services to child protection teams of the Department of Health for an assessment medical evaluation and other appropriate available support services as set forth in subsection (1) must include cases involving:
- (a) <u>Injuries to the head, bruises to the neck or head,</u> burns, or fractures in a child of any age.
- (b) Bruises anywhere on a child 5 years of age or under.
- (c)(b) Sexual abuse of a child in which vaginal or anal penetration is alleged or in which other unlawful sexual conduct has been determined to have occurred.
- (d)(c) Venereal disease, or Any other sexually transmitted disease, in a prepulsecent child.
- $\underline{\text{(e)}}$  (d) Reported malnutrition of a child and failure of a child to thrive.
- $\underline{\text{(f)}}$  (e) Reported medical, physical, or emotional neglect of a child.
- $\underline{(g)}(f)$  Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a

result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.

 $\underline{\text{(h)}(g)}$  Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

## (h) Injuries to a child's head.

- investigation to a district by the hotline must be simultaneously transmitted to the Department of Health child protection team for review. For the purpose of determining whether face-to-face medical evaluation by a child protection team is necessary, all cases transmitted to the child protection team which meet the criteria in subsection (2) must be timely reviewed by: a board-certified pediatrician or registered nurse practitioner under the supervision of such pediatrician for the purpose of determining whether a face-to-face medical evaluation by a child protection team is necessary.
- (a) A physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a child protection team;
- (b) A physician licensed under chapter 458 or chapter 459 who holds board certification in a specialty other than pediatrics, who may complete the review only when working under the direction of a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a child protection team;
- (c) An advanced registered nurse practitioner licensed under chapter 464 who has a speciality in pediatrics or family medicine and is a member of a child protection team;

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- (d) A physician assistant licensed under chapter 458 or chapter 459, who may complete the review only when working under the supervision of a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a child protection team; or
- (e) A registered nurse licensed under chapter 464, who may complete the review only when working under the direct supervision of a physician licensed under chapter 458 or chapter 459 who holds certification in pediatrics and is a member of a child protection team.
- (4) A Such face-to-face medical evaluation by a child protection team is not necessary when: only if it is determined that
- (a) The child was examined by a physician for the alleged abuse or neglect by a physician who is not a member of the child protection team, and a consultation between the child protection team board-certified pediatrician, advanced registered or nurse practitioner, physician assistant working under the supervision of a child protection team board-certified pediatrician, or registered nurse working under the direct supervision of a child protection team board-certified pediatrician, and the examining physician concludes that a further medical evaluation is unnecessary;
- (b) The child protective investigator, with supervisory approval, has determined, after conducting a child safety assessment, that there are no indications of injuries as described in paragraphs (2)(a)-(h) as reported; or
- (c) The child protection team board-certified pediatrician as authorized in subsection (3) determines that a medical evaluation is not required.

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Notwithstanding paragraphs (a), (b), and (c), a child protection team pediatrician, as authorized in subsection (3), may determine that a face-to-face medical evaluation is necessary.

- (5) $\frac{(4)}{(4)}$  In all instances in which a child protection team is providing certain services to abused, abandoned, or neglected children, other offices and units of the Department of Health, and offices and units of the Department of Children and Family Services, shall avoid duplicating the provision of those services.
- (6) The Department of Health child protection team quality assurance program and the Department of Children and Family Services' Family Safety Program Office quality assurance program shall collaborate to ensure referrals and responses to child abuse, abandonment, and neglect reports are appropriate. Each quality assurance program shall include a review of records in which there are no findings of abuse, abandonment, or neglect and the findings of these reviews shall be included in each department's quality assurance reports.
- Section 6. Subsection (1) of section 39.304, Florida Statutes, is amended to read:
- 39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child .--
- (1)(a) Any person required to investigate cases of suspected child abuse, abandonment, or neglect may take or cause to be taken photographs of the areas of trauma visible on a child who is the subject of a report. Any child protection team that examines a child who is the subject of a report must take, or cause to be taken, photographs of any 31 areas of trauma visible on the child. Such Photographs of

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physical abuse injuries, or duplicates thereof, shall be provided to the department for inclusion in the investigative file and shall become part of that file. Photographs of sexual abuse trauma shall be made part of the child protection team medical record.

(b) If the areas of trauma visible on a child indicate a need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused, the person required to investigate may cause the child to be referred for diagnosis to a licensed physician or an emergency department in a hospital without the consent of the child's parents or legal custodian. Such examination may be performed by any licensed physician or an advanced registered nurse practitioner licensed pursuant to chapter 464. Any licensed physician, or advanced registered nurse practitioner licensed pursuant to chapter 464, who has reasonable cause to suspect that an injury was the result of child abuse, abandonment, or neglect may authorize a radiological examination to be performed on the child without the consent of the child's parent or legal custodian.

Section 7. Paragraph (f) of subsection (8) of section 39.402, Florida Statutes, is amended to read:

39.402 Placement in a shelter.--

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- (f) At the shelter hearing, the department shall inform the court of:
- Any identified current or previous case plans negotiated in any district with the parents or caregivers 31 under this chapter and problems associated with compliance;

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- 2. Any adjudication of the parents or caregivers of delinquency;
- 3. Any past or current injunction for protection from domestic violence; and
- 4. All of the child's places of residence during the prior 12 months.
- Section 8. Paragraph (i) of subsection (3), subsection (7), and paragraph (g) of subsection (18) of section 383.402, Florida Statutes, are amended to read:
- 383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.--
- (3) The State Child Abuse Death Review Committee shall:
- Educate the public regarding the provisions of chapter 99-168, Laws of Florida Kayla McKean Child Protection Act, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.
- (7) Each local child abuse death review committee shall:
- (a) Review all deaths resulting from child abuse which are reported to the Office of Vital Statistics.
- (a) (b) Assist the state committee in collecting data on deaths that are the result of child abuse, in accordance with the protocol established by the state committee.
- (b)(c) Submit written reports at the direction of the state committee. The reports must include nonidentifying information on individual cases and the steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and 31 reviews.

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(c) (d) Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.

(d)<del>(e)</del> Abide by the standards and protocols developed by the state committee.

(e) (f) On a case-by-case basis, request that the state committee review the data of a particular case.

- (18) Each district administrator of the Department of Children and Family Services must appoint a child abuse death review coordinator for the district. The coordinator must have knowledge and expertise in the area of child abuse and neglect. The coordinator's general responsibilities include:
- (q) Notifying the district administrator, the Secretary of Children and Family Services, and the Deputy Secretary for of Children's Medical Services, and the Department of Health Child Abuse Death Review Coordinator Assistant Health Officer of all child abuse deaths meeting criteria for review as specified in this section within 1 working day after verifying the child's death was due to abuse, neglect, or abandonment learning of the child's death.

Section 9. Subsection (3) of section 409.1671, Florida Statutes, is amended to read:

409.1671 Foster care and related services; privatization.--

(3)(a) In order to help ensure a seamless child protection system, the department shall ensure that contracts entered into with community-based agencies pursuant to this section include provisions for a case-transfer process to determine the date that the community-based agency will initiate the appropriate services for a child and family. This 31 case-transfer process must clearly identify the closure of the

protective investigation and the initiation of service provision. At the point of case transfer, as well as at the conclusion of an investigation, the department must provide a complete summary of the findings of the investigation to the community-based agency.

- (b) The contracts must also ensure that each community-based agency shall furnish regular status reports of its cases to the department as specified in the contract. A provider may not discontinue services without prior written notification to the department. After discontinuing services to a child or a child and family, the community-based agency must provide a written case summary, including its assessment of the child and family, to the department.
- (c) The annual contract between the department and community-based agencies must include provisions that specify the procedures to be used by the parties to resolve differences in interpreting the contract or to resolve disputes as to the adequacy of the parties' compliance with their respective obligations under the contract.

Section 10. <u>Section 1 of chapter 99-168, Laws of</u> Florida, is repealed.

Section 11. This act shall take effect upon becoming a law.

1		STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
2		Senate Bill 1910
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4		The CS clarifies that voice recordings from the abuse hotline may be released to law enforcement, the state
5		attorney, or department employees for limited purposes.
6 7	-	The CS exempts judges and employees of the judicial system from reporting suspected abuse, neglect or abandonment, under certain circumstances.
8	-	The CS changes a reference from "privatization" to "community-based care."
9	-	The CS makes a technical change of the word "reports" to the word "calls."
11 12	-	The CS provides that child protection teams may receive the names of persons reporting abuse, neglect or abandonment.
13	_	The CS provides that the young age of the parent(s)
14   violence are alleged, the department may	involved, or in cases where drug use or domestic violence are alleged, the department may consider these	
15	factors in determining whether to classify a case high-risk.	
16	-	The CS clarifies certain administrative review requirements.
17 18	-	The CS extends the time for the department to close out its protective investigation to sixty days from thirty days.
19	_	The CS requires the state attorney to decide whether
20		prosecution of a case is justified within 15 days after the case is reported to the state attorney.
21 22	-	The CS corrects terminology by changing "director of" to "Deputy Secretary for" Children's Medical Services.
23	_	The CS more fully defines the scope of the Child
24	Protection team's assessment of a child, speci: cases must be referred to the CPT, and requires	cases must be referred to the CPT, and requires all medical personnel on the team to complete CPT training.
25	_	The CS revises the the list of persons qualified to
26	_	review a child's case to determine if the child should receive a face-to-face medical evaluation, and broadens
27	27 the circumstances under which such an evalu	the circumstances under which such an evaluation is not required. Despite findings that a medical evaluation is
28		not needed, certain Child Protection team members can determine the need exists and order the evaluation
29	performed.	
30	-	The CS requires reviews of records of cases where no abuse was found to confirm the findings.
31	-	The CS excludes photographs of sexual abuse trauma from $20$

CODING: Words stricken are deletions; words underlined are additions.

1 2		the department's records, although they may be maintained by the law enforcement agency investigating the incident.
3 4	_	The CS requires the department to notify the court at a shelter hearing of any identified current or previous case plans involving the child.
5	-	The CS deletes references to the Kayla McKean Child Protection Act in statute and the Laws of Florida.
6 7	-	The CS deletes an obsolete reference to the Office of Vital Statistics.
8	_	The CS clarifies to whom child abuse deaths are to be
9		reported and the time within which the report must be made.
10	-	The CS requires the department to provide a summary of its investigative findings at the point of transfer of a
11		case to a community-based agency, as well as at the
12		conclusion of the investigation.
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