

By the Committee on Family Law & Children and
Representatives Murman and Bullard

1 A bill to be entitled
2 An act relating to child welfare; amending s.
3 39.201, F.S.; revising confidentiality of
4 recorded central abuse hotline calls relating
5 to child abuse, neglect, or abandonment;
6 providing clarifying language for
7 community-based care providers of foster care
8 and related services; amending s. 39.202, F.S.;
9 providing for the inclusion of the child
10 protection team in the list of those to whom an
11 alleged abuse reporter's name may be released;
12 amending s. 39.301, F.S.; clarifying language
13 relating to initiation of protective
14 investigations; requiring criminal
15 investigations under certain circumstances;
16 clarifying that the age of parents shall be
17 factored into risk assessments; changing
18 certain time requirements; amending s. 39.303,
19 F.S.; specifying additional supportive services
20 to be provided by child protection teams;
21 requiring certain training for medical
22 personnel participating in a child protection
23 team; revising reports of abuse, abandonment,
24 or neglect that must be referred to the
25 Department of Health for supportive services;
26 revising requirements relating to review of
27 certain cases of abuse, abandonment, or neglect
28 and standards for face-to-face medical
29 evaluations by a child protection team;
30 requiring collaboration between certain state
31 agencies relating to reports of child abuse,

1 abandonment, and neglect; amending s. 39.304,
2 F.S.; providing for disposition of
3 investigative photographs of physical abuse
4 injuries and sexual abuse trauma; amending s.
5 39.402, F.S.; clarifying that the court must be
6 informed of identified case plans at shelter
7 hearings; amending s. 383.402, F.S.; revising
8 duties of the local child abuse death review
9 committee and district coordinators; amending
10 s. 409.1671, F.S.; deleting requirement that
11 the case-transfer process for contracts with
12 community-based agencies for provision of
13 foster care and related services identify
14 closure of protective investigations; requiring
15 a report at the conclusion of the
16 investigation; providing an effective date.

17
18 Be It Enacted by the Legislature of the State of Florida:

19
20 Section 1. Paragraph (g) of subsection (2) and
21 subsections (8) and (9) of section 39.201, Florida Statutes,
22 are amended to read:

23 39.201 Mandatory reports of child abuse, abandonment,
24 or neglect; mandatory reports of death; central abuse
25 hotline.--

26 (2)

27 (g) The department shall voice-record all incoming or
28 outgoing calls that are received or placed by the central
29 abuse hotline which relate to suspected or known child abuse,
30 neglect, or abandonment. The recording shall become a part of
31 the record of the report, but, not withstanding s. 39.202,

1 shall be released in full only to law enforcement agencies and
2 state attorneys for the purpose of investigating and
3 prosecuting criminal charges pursuant to s. 39.205, or to
4 employees of the department for the purpose of investigating
5 and seeking administrative penalties pursuant to s. 39.206 ~~is~~
6 ~~subject to the same confidentiality as is provided to the~~
7 ~~identity of the caller under s. 39.202.~~

8 (8) Nothing in this chapter or in the contracting with
9 community-based care providers for privatization of foster
10 care and related services as specified in s. 409.1671 shall be
11 construed to remove or reduce the duty and responsibility of
12 any person, including any employee of the community-based care
13 ~~privatization~~ provider, to report a suspected or actual case
14 of child abuse, abandonment, or neglect or the sexual abuse of
15 a child to the department's central abuse hotline.

16 (9) On an ongoing basis, the department's quality
17 assurance program shall review calls ~~reports~~ to the hotline
18 involving three or more unaccepted reports on a single child,
19 where jurisdiction applies, in order to detect such things as
20 harassment and situations that warrant an investigation
21 because of the frequency or variety of the source of the
22 reports. The assistant secretary may refer a case for
23 investigation when it is determined, as a result of this
24 review, that an investigation may be warranted.

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

27 39.202 Confidentiality of reports and records in cases
28 of child abuse or neglect.--

29 (4) The name of any person reporting child abuse,
30 abandonment, or neglect may not be released to any person
31 other than employees of the department responsible for child

1 protective services, the central abuse hotline, law
2 enforcement, the child protection team, or the appropriate
3 state attorney, without the written consent of the person
4 reporting. This does not prohibit the subpoenaing of a person
5 reporting child abuse, abandonment, or neglect when deemed
6 necessary by the court, the state attorney, or the department,
7 provided the fact that such person made the report is not
8 disclosed. Any person who reports a case of child abuse or
9 neglect may, at the time he or she makes the report, request
10 that the department notify him or her that a child protective
11 investigation occurred as a result of the report. Any person
12 specifically listed in s. 39.201(1) who makes a report in his
13 or her official capacity may also request a written summary of
14 the outcome of the investigation. The department shall mail
15 such a notice to the reporter within 10 days after completing
16 the child protective investigation.

17 Section 3. Subsection (2), paragraph (b) of subsection
18 (8), paragraph (c) of subsection (12), and subsections (14),
19 (17), and (18) of section 39.301, Florida Statutes, are
20 amended to read:

21 39.301 Initiation of protective investigations.--

22 (2) Upon notification by the department's central
23 abuse hotline under subsection (1), the department ~~designated~~
24 ~~child protective investigator~~ shall immediately provide a copy
25 of the written report received from the child abuse hotline to
26 ~~notify the appropriate~~ law enforcement agency where ~~of the~~
27 ~~county in which~~ the known or suspected child abuse,
28 abandonment, or neglect is believed to have occurred. Upon
29 receipt of the written ~~a~~ report, the law enforcement agency
30 must review the facts alleged in the report and determine
31 whether a criminal investigation of the case is warranted. A

1 criminal investigation shall be conducted by the law
2 enforcement agency having jurisdiction when the facts alleged
3 in the original report, or additional facts determined during
4 the course of the department's investigation, would support
5 one of the following findings:

6 (a) A child is the victim of child abuse, as defined
7 in s. 827.03, or neglect, as defined in s. 827.03;

8 (b) A child has died as a result of abuse or neglect;

9 (c) A child is the victim of aggravated child abuse,
10 as defined in s. 827.03;

11 (d) A child is the victim of sexual battery or sexual
12 abuse as defined in s. 39.01(64); or

13 (e) A child is the victim of institutional abuse as
14 defined in s. 39.302(1).

15
16 When the law enforcement agency accepts the case for criminal
17 investigation, it shall coordinate its investigative
18 activities with the department whenever feasible and, if so,
19 shall conduct the criminal investigation that shall be
20 coordinated, whenever possible, with the child protective
21 investigation of the department or its agent.

22 (8) The person responsible for the investigation shall
23 make a preliminary determination as to whether the report is
24 complete, consulting with the attorney for the department when
25 necessary. In any case in which the person responsible for
26 the investigation finds that the report is incomplete, he or
27 she shall return it without delay to the person or agency
28 originating the report or having knowledge of the facts, or to
29 the appropriate law enforcement agency having investigative
30 jurisdiction, and request additional information in order to
31 complete the report; however, the confidentiality of any

1 report filed in accordance with this chapter shall not be
2 violated.

3 (b) If it is determined that the child is in need of
4 the protection and supervision of the court, the department
5 shall file a petition for dependency. A petition for
6 dependency shall be filed in all cases classified by the
7 department as high-risk. Factors that the department may
8 consider in determining whether a case is high-risk include,
9 but are not limited to, the young age of the cases, including,
10 ~~but not limited to, cases involving parents or legal~~
11 ~~custodians of a young age,~~ the use of illegal drugs, or
12 domestic violence.

13 (12)

14 (c) The department, in consultation with the
15 judiciary, shall adopt by rule criteria that are factors
16 requiring that the department take the child into custody,
17 petition the court as provided in this chapter, or, if the
18 child is not taken into custody or a petition is not filed
19 with the court, conduct an administrative review. If after an
20 administrative review the department determines not to take
21 the child into custody or petition the court, the department
22 shall document the reason for its decision in writing and
23 include it in the investigative file. For all cases that were
24 accepted by the local law enforcement agency for criminal
25 investigation pursuant to subsection (2), the department must
26 include in the file written documentation that the
27 administrative review included input from law enforcement. In
28 addition, for all cases that must be referred to child
29 protection teams pursuant to s. 39.303(2) and (3), the file
30 must include written documentation that the administrative
31 review included the results of the team's evaluation ~~medical~~

1 ~~evaluation.~~ Factors that must be included in the development
2 of the rule include noncompliance with the case plan developed
3 by the department, or its agent, and the family under this
4 chapter and prior abuse reports with findings that involve the
5 child or caregiver.

6 (14) No later than 60 ~~30~~ days after receiving the
7 initial report, the local office of the department shall
8 complete its investigation.

9 (17) When a law enforcement agency conducts a criminal
10 investigation into allegations of child abuse, neglect, or
11 abandonment, photographs documenting the abuse or neglect will
12 be taken when appropriate ~~is participating in an~~
13 ~~investigation, the agency shall take photographs of the~~
14 ~~child's living environment. Such photographs shall become part~~
15 ~~of the investigative file.~~

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

22 Section 4. Section 39.303, Florida Statutes, is
23 amended to read:

24 39.303 Child protection teams; services; eligible
25 cases.--The Department of Health shall develop, maintain, and
26 coordinate the services of one or more multidisciplinary child
27 protection teams in each of the service districts of the
28 Department of Children and Family Services. Such teams may be
29 composed of appropriate representatives of school districts
30 and appropriate health, mental health, social service, legal
31 service, and law enforcement agencies. The Legislature finds

1 that optimal coordination of child protection teams and sexual
2 abuse treatment programs requires collaboration between the
3 Department of Health and the Department of Children and Family
4 Services. The two departments shall maintain an interagency
5 agreement that establishes protocols for oversight and
6 operations of child protection teams and sexual abuse
7 treatment programs. The Secretary of Health and the Deputy
8 Secretary for ~~director of~~ Children's Medical Services, in
9 consultation with the Secretary of Children and Family
10 Services, shall maintain the responsibility for the screening,
11 employment, and, if necessary, the termination of child
12 protection team medical directors, at headquarters and in the
13 15 districts. Child protection team medical directors shall be
14 responsible for oversight of the teams in the districts.

15 (1) The Department of Health shall utilize and convene
16 the teams to supplement the assessment and protective
17 supervision activities of the family safety and preservation
18 program of the Department of Children and Family Services.
19 Nothing in this section shall be construed to remove or reduce
20 the duty and responsibility of any person to report pursuant
21 to this chapter all suspected or actual cases of child abuse,
22 abandonment, or neglect or sexual abuse of a child. The role
23 of the teams shall be to support activities of the program and
24 to provide services deemed by the teams to be necessary and
25 appropriate to abused, abandoned, and neglected children upon
26 referral. The specialized diagnostic assessment, evaluation,
27 coordination, consultation, and other supportive services that
28 a child protection team shall be capable of providing include,
29 but are not limited to, the following:

30 (a) Medical diagnosis and evaluation services,
31 including provision or interpretation of X rays and laboratory

1 tests, and related services, as needed, and documentation of
2 findings relative thereto.

3 (b) Telephone consultation services in emergencies and
4 in other situations.

5 (c) Medical evaluation related to abuse, abandonment,
6 or neglect, as defined by policy or rule of the Department of
7 Health.

8 (d) Such psychological and psychiatric diagnosis and
9 evaluation services for the child or the child's parent or
10 parents, legal custodian or custodians, or other caregivers,
11 or any other individual involved in a child abuse,
12 abandonment, or neglect case, as the team may determine to be
13 needed.

14 (e) Expert medical, psychological, and related
15 professional testimony in court cases.

16 (f) Case staffings to develop treatment plans for
17 children whose cases have been referred to the team. A child
18 protection team may provide consultation with respect to a
19 child who is alleged or is shown to be abused, abandoned, or
20 neglected, which consultation shall be provided at the request
21 of a representative of the family safety and preservation
22 program or at the request of any other professional involved
23 with a child or the child's parent or parents, legal custodian
24 or custodians, or other caregivers. In every such child
25 protection team case staffing, consultation, or staff activity
26 involving a child, a family safety and preservation program
27 representative shall attend and participate.

28 (g) Case service coordination and assistance,
29 including the location of services available from other public
30 and private agencies in the community.

31

1 (h) Such training services for program and other
2 employees of the Department of Children and Family Services,
3 employees of the Department of Health, and other medical
4 professionals as is deemed appropriate to enable them to
5 develop and maintain their professional skills and abilities
6 in handling child abuse, abandonment, and neglect cases.

7 (i) Educational and community awareness campaigns on
8 child abuse, abandonment, and neglect in an effort to enable
9 citizens more successfully to prevent, identify, and treat
10 child abuse, abandonment, and neglect in the community.

11 (j) Child protection team assessments that include, as
12 appropriate, medical evaluations, medical consultations,
13 family psychosocial interviews, specialized clinical
14 interviews, or forensic interviews.

15
16 All medical personnel participating on a child protection team
17 must successfully complete the required child protection team
18 training curriculum as set forth in protocols determined by
19 the Deputy Secretary for Children's Medical Services and the
20 Statewide Medical Director for Child Protection.

21 (2) The child abuse, abandonment, and neglect reports
22 that must be referred by the Department of Children and Family
23 Services to child protection teams of the Department of Health
24 for an assessment ~~medical evaluation~~ and other appropriate
25 available support services as set forth in subsection (1) must
26 include cases involving:

27 (a) Injuries to the head,bruises to the neck or head,
28 burns, or fractures in a child of any age.

29 (b) Bruises anywhere on a child 5 years of age or
30 under.

31

1 (c)~~(b)~~ Sexual abuse of a child in which vaginal or
2 anal penetration is alleged or in which other unlawful sexual
3 conduct has been determined to have occurred.
4 (d)~~(c)~~ ~~Venerical disease, or Any other~~ sexually
5 transmitted disease, in a prepubescent child.
6 (e)~~(d)~~ Reported malnutrition of a child and failure of
7 a child to thrive.
8 (f)~~(e)~~ Reported medical, ~~physical, or emotional~~
9 neglect of a child.
10 (g)~~(f)~~ Any family in which one or more children have
11 been pronounced dead on arrival at a hospital or other health
12 care facility, or have been injured and later died, as a
13 result of suspected abuse, abandonment, or neglect, when any
14 sibling or other child remains in the home.
15 (h)~~(g)~~ Symptoms of serious emotional problems in a
16 child when emotional or other abuse, abandonment, or neglect
17 is suspected.
18 ~~(h) Injuries to a child's head.~~
19 (3) All abuse and neglect cases transmitted for
20 investigation to a district by the hotline must be
21 simultaneously transmitted to the Department of Health child
22 protection team for review. For the purpose of determining
23 whether face-to-face medical evaluation by a child protection
24 team is necessary, all cases transmitted to the child
25 protection team which meet the criteria in subsection (2) must
26 be timely reviewed by: ~~a board-certified pediatrician or~~
27 ~~registered nurse practitioner under the supervision of such~~
28 ~~pediatrician for the purpose of determining whether a~~
29 ~~face-to-face medical evaluation by a child protection team is~~
30 ~~necessary.~~
31

1 (a) A physician licensed under chapter 458 or chapter
2 459 who holds board certification in pediatrics and is a
3 member of a child protection team;

4 (b) A physician licensed under chapter 458 or chapter
5 459 who holds board certification in a specialty other than
6 pediatrics, who may complete the review only when working
7 under the direction of a physician licensed under chapter 458
8 or chapter 459 who holds board certification in pediatrics and
9 is a member of a child protection team;

10 (c) An advanced registered nurse practitioner licensed
11 under chapter 464 who has a speciality in pediatrics and is a
12 member of a child protection team;

13 (d) A physician assistant licensed under chapter 458
14 or chapter 459, who may complete the review only when working
15 under the direct supervision of a physician licensed under
16 chapter 458 or chapter 459 who holds board certification in
17 pediatrics and is a member of a child protection team; or

18 (e) A registered nurse licensed under chapter 464, who
19 may complete the review only when working under the direct
20 supervision of a physician licensed under chapter 458 or
21 chapter 459 who holds certification in pediatrics and is a
22 member of a child protection team.

23 (4) A ~~Such~~ face-to-face medical evaluation by a child
24 protection team is not necessary ~~when: only if it is~~
25 determined that

26 (a) The child was examined ~~by a physician~~ for the
27 alleged abuse or neglect ~~by a physician who is not a member of~~
28 the child protection team, and a consultation between the
29 child protection team board-certified pediatrician, advanced
30 registered ~~or~~ nurse practitioner, physician assistant working
31 under the direct supervision of a child protection team

1 board-certified pediatrician, or registered nurse working
2 under the direct supervision of a child protection team
3 board-certified pediatrician, and the examining physician
4 concludes that a further medical evaluation is unnecessary;
5 (b) The child protective investigator, with
6 supervisory approval, has determined, after conducting a child
7 safety assessment, that there are no indications of injuries
8 as described in paragraphs (2)(a)-(h) as reported; or
9 (c) The child protection team board-certified
10 pEDIatrician or advanced registered nurse practitioner as
11 authorized in subsection (3) determines that a medical
12 evaluation is not required.
13
14 Notwithstanding paragraphs (a), (b), and (c), a child
15 protection team pediatrician or advanced registered nurse
16 practitioner, as authorized in subsection (3), may determine
17 that a face-to-face medical evaluation is necessary.
18 (5)(4) In all instances in which a child protection
19 team is providing certain services to abused, abandoned, or
20 neglected children, other offices and units of the Department
21 of Health, and offices and units of the Department of Children
22 and Family Services, shall avoid duplicating the provision of
23 those services.
24 (6) The Department of Health child protection team
25 quality assurance program and the Department of Children and
26 Family Services' Family Safety Program Office quality
27 assurance program shall collaborate to ensure referrals and
28 responses to child abuse, abandonment, and neglect reports are
29 appropriate. Each quality assurance program shall include a
30 review of records in which there are no findings of abuse,
31 abandonment, or neglect and the findings of these reviews

1 shall be included in each department's quality assurance
2 reports.

3 Section 5. Subsection (1) of section 39.304, Florida
4 Statutes, is amended to read:

5 39.304 Photographs, medical examinations, X rays, and
6 medical treatment of abused, abandoned, or neglected child.--

7 (1)(a) Any person required to investigate cases of
8 suspected child abuse, abandonment, or neglect may take or
9 cause to be taken photographs of the areas of trauma visible
10 on a child who is the subject of a report. Any child
11 protection team that examines a child who is the subject of a
12 report must take, or cause to be taken, photographs of any
13 areas of trauma visible on the child. ~~Such~~ Photographs of
14 physical abuse injuries, or duplicates thereof, shall be
15 provided to the department for inclusion in the investigative
16 file and shall become part of that file. Photographs of sexual
17 abuse trauma shall be made part of the child protection team
18 medical record.

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

1 injury was the result of child abuse, abandonment, or neglect
2 may authorize a radiological examination to be performed on
3 the child without the consent of the child's parent or legal
4 custodian.

5 Section 6. Paragraph (f) of subsection (8) of section
6 39.402, Florida Statutes, is amended to read:

7 39.402 Placement in a shelter.--

8 (8)

9 (f) At the shelter hearing, the department shall
10 inform the court of:

11 1. Any identified current or previous case plans
12 negotiated in any district with the parents or caregivers
13 under this chapter and problems associated with compliance;

14 2. Any adjudication of the parents or caregivers of
15 delinquency;

16 3. Any past or current injunction for protection from
17 domestic violence; and

18 4. All of the child's places of residence during the
19 prior 12 months.

20 Section 7. Subsection (7) and paragraph (g) of
21 subsection (18) of section 383.402, Florida Statutes, are
22 amended to read:

23 383.402 Child abuse death review; State Child Abuse
24 Death Review Committee; local child abuse death review
25 committees.--

26 (7) Each local child abuse death review committee
27 shall:

28 ~~(a) Review all deaths resulting from child abuse which~~
29 ~~are reported to the Office of Vital Statistics.~~

30
31

1 (a)~~(b)~~ Assist the state committee in collecting data
2 on deaths that are the result of child abuse, in accordance
3 with the protocol established by the state committee.

4 (b)~~(c)~~ Submit written reports at the direction of the
5 state committee. The reports must include nonidentifying
6 information on individual cases and the steps taken by the
7 local committee and private and public agencies to implement
8 necessary changes and improve the coordination of services and
9 reviews.

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

13 (d)~~(e)~~ Abide by the standards and protocols developed
14 by the state committee.

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

17 (18) Each district administrator of the Department of
18 Children and Family Services must appoint a child abuse death
19 review coordinator for the district. The coordinator must have
20 knowledge and expertise in the area of child abuse and
21 neglect. The coordinator's general responsibilities include:

22 (g) Notifying the district administrator, the
23 Secretary of Children and Family Services, ~~and~~ the Deputy
24 Secretary for ~~of~~ Children's Medical Services, and the
25 Department of Health Child Abuse Death Review Coordinator
26 ~~Assistant Health Officer~~ of all child abuse deaths meeting
27 criteria for review as specified in this section within 1
28 working day after verifying the child's death was due to
29 abuse, neglect, or abandonment ~~learning of the child's death.~~

30 Section 8. Subsection (3) of section 409.1671, Florida
31 Statutes, is amended to read:

1 409.1671 Foster care and related services;
2 privatization.--
3 (3)(a) In order to help ensure a seamless child
4 protection system, the department shall ensure that contracts
5 entered into with community-based agencies pursuant to this
6 section include provisions for a case-transfer process to
7 determine the date that the community-based agency will
8 initiate the appropriate services for a child and family. ~~This~~
9 ~~case-transfer process must clearly identify the closure of the~~
10 ~~protective investigation and the initiation of service~~
11 ~~provision.~~At the point of case transfer, as well as at the
12 conclusion of an investigation, the department must provide a
13 complete summary of the findings of the investigation to the
14 community-based agency.
15 (b) The contracts must also ensure that each
16 community-based agency shall furnish regular status reports of
17 its cases to the department as specified in the contract. A
18 provider may not discontinue services without prior written
19 notification to the department. After discontinuing services
20 to a child or a child and family, the community-based agency
21 must provide a written case summary, including its assessment
22 of the child and family, to the department.
23 (c) The annual contract between the department and
24 community-based agencies must include provisions that specify
25 the procedures to be used by the parties to resolve
26 differences in interpreting the contract or to resolve
27 disputes as to the adequacy of the parties' compliance with
28 their respective obligations under the contract.
29 Section 9. This act shall take effect upon becoming a
30 law.
31