

By Senator Bradley

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1 A bill to be entitled
2 An act relating to child protection teams; amending s.
3 39.303, F.S.; requiring the Statewide Medical Director
4 for Child Protection and the district medical
5 directors to hold certain qualifications; reenacting
6 ss. 39.3031 and 391.026(2), F.S., to incorporate the
7 amendment made by this act to s. 39.303, F.S., in
8 references thereto; providing an effective date.
9

10 Be It Enacted by the Legislature of the State of Florida:
11

12 Section 1. Section 39.303, Florida Statutes, is amended to
13 read:

14 39.303 Child protection teams; services; eligible cases.—
15 The Children's Medical Services Program in the Department of
16 Health shall develop, maintain, and coordinate the services of
17 one or more multidisciplinary child protection teams in each of
18 the service districts of the Department of Children and
19 Families. Such teams may be composed of appropriate
20 representatives of school districts and appropriate health,
21 mental health, social service, legal service, and law
22 enforcement agencies. The Department of Health and the
23 Department of Children and Families shall maintain an
24 interagency agreement that establishes protocols for oversight
25 and operations of child protection teams and sexual abuse
26 treatment programs. The State Surgeon General and the Deputy
27 Secretary for Children's Medical Services, in consultation with
28 the Secretary of Children and Families, shall maintain the
29 responsibility for the screening, employment, and, if necessary,

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30 the termination of child protection team medical directors, at
31 headquarters and in the 15 districts. The Statewide Medical
32 Director for Child Protection at all times must be a physician
33 licensed under chapter 458 or chapter 459 who is board certified
34 in pediatrics with a subspecialty certification in child abuse
35 from the American Board of Pediatrics. Each district medical
36 director must be a physician licensed under chapter 458 or
37 chapter 459 who is board certified in pediatrics and, within 2
38 years after the date of his or her employment as district
39 medical director, must obtain a subspecialty certification in
40 child abuse from the American Board of Pediatrics or a
41 certificate issued by the Deputy Secretary for Children's
42 Medical Services in recognition of demonstrated specialized
43 competence in child abuse. Child protection team medical
44 directors shall be responsible for oversight of the teams in the
45 districts.

46 (1) The Department of Health shall use and convene the
47 teams to supplement the assessment and protective supervision
48 activities of the family safety and preservation program of the
49 Department of Children and Families. This section does not
50 remove or reduce the duty and responsibility of any person to
51 report pursuant to this chapter all suspected or actual cases of
52 child abuse, abandonment, or neglect or sexual abuse of a child.
53 The role of the teams shall be to support activities of the
54 program and to provide services deemed by the teams to be
55 necessary and appropriate to abused, abandoned, and neglected
56 children upon referral. The specialized diagnostic assessment,
57 evaluation, coordination, consultation, and other supportive
58 services that a child protection team shall be capable of

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59 providing include, but are not limited to, the following:

60 (a) Medical diagnosis and evaluation services, including
61 provision or interpretation of X rays and laboratory tests, and
62 related services, as needed, and documentation of related
63 findings.

64 (b) Telephone consultation services in emergencies and in
65 other situations.

66 (c) Medical evaluation related to abuse, abandonment, or
67 neglect, as defined by policy or rule of the Department of
68 Health.

69 (d) Such psychological and psychiatric diagnosis and
70 evaluation services for the child or the child's parent or
71 parents, legal custodian or custodians, or other caregivers, or
72 any other individual involved in a child abuse, abandonment, or
73 neglect case, as the team may determine to be needed.

74 (e) Expert medical, psychological, and related professional
75 testimony in court cases.

76 (f) Case staffings to develop treatment plans for children
77 whose cases have been referred to the team. A child protection
78 team may provide consultation with respect to a child who is
79 alleged or is shown to be abused, abandoned, or neglected, which
80 consultation shall be provided at the request of a
81 representative of the family safety and preservation program or
82 at the request of any other professional involved with a child
83 or the child's parent or parents, legal custodian or custodians,
84 or other caregivers. In every such child protection team case
85 staffing, consultation, or staff activity involving a child, a
86 family safety and preservation program representative shall
87 attend and participate.

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88 (g) Case service coordination and assistance, including the
89 location of services available from other public and private
90 agencies in the community.

91 (h) Such training services for program and other employees
92 of the Department of Children and Families, employees of the
93 Department of Health, and other medical professionals as is
94 deemed appropriate to enable them to develop and maintain their
95 professional skills and abilities in handling child abuse,
96 abandonment, and neglect cases.

97 (i) Educational and community awareness campaigns on child
98 abuse, abandonment, and neglect in an effort to enable citizens
99 more successfully to prevent, identify, and treat child abuse,
100 abandonment, and neglect in the community.

101 (j) Child protection team assessments that include, as
102 appropriate, medical evaluations, medical consultations, family
103 psychosocial interviews, specialized clinical interviews, or
104 forensic interviews.

105
106 All medical personnel participating on a child protection team
107 must successfully complete the required child protection team
108 training curriculum as set forth in protocols determined by the
109 Deputy Secretary for Children's Medical Services and the
110 Statewide Medical Director for Child Protection. A child
111 protection team that is evaluating a report of medical neglect
112 and assessing the health care needs of a medically complex child
113 shall consult with a physician who has experience in treating
114 children with the same condition.

115 (2) The child abuse, abandonment, and neglect reports that
116 must be referred by the department to child protection teams of

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117 the Department of Health for an assessment and other appropriate
118 available support services as set forth in subsection (1) must
119 include cases involving:

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

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

123 (c) Any report alleging sexual abuse of a child.

124 (d) Any sexually transmitted disease in a prepubescent
125 child.

126 (e) Reported malnutrition of a child and failure of a child
127 to thrive.

128 (f) Reported medical neglect of a child.

129 (g) Any family in which one or more children have been
130 pronounced dead on arrival at a hospital or other health care
131 facility, or have been injured and later died, as a result of
132 suspected abuse, abandonment, or neglect, when any sibling or
133 other child remains in the home.

134 (h) Symptoms of serious emotional problems in a child when
135 emotional or other abuse, abandonment, or neglect is suspected.

136 (3) All abuse and neglect cases transmitted for
137 investigation to a district by the hotline must be
138 simultaneously transmitted to the Department of Health child
139 protection team for review. For the purpose of determining
140 whether face-to-face medical evaluation by a child protection
141 team is necessary, all cases transmitted to the child protection
142 team which meet the criteria in subsection (2) must be timely
143 reviewed by:

144 (a) A physician licensed under chapter 458 or chapter 459
145 who holds board certification in pediatrics and is a member of a

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146 child protection team;

147 (b) A physician licensed under chapter 458 or chapter 459
148 who holds board certification in a specialty other than
149 pediatrics, who may complete the review only when working under
150 the direction of a physician licensed under chapter 458 or
151 chapter 459 who holds board certification in pediatrics and is a
152 member of a child protection team;

153 (c) An advanced registered nurse practitioner licensed
154 under chapter 464 who has a specialty in pediatrics or family
155 medicine and is a member of a child protection team;

156 (d) A physician assistant licensed under chapter 458 or
157 chapter 459, who may complete the review only when working under
158 the supervision of a physician licensed under chapter 458 or
159 chapter 459 who holds board certification in pediatrics and is a
160 member of a child protection team; or

161 (e) A registered nurse licensed under chapter 464, who may
162 complete the review only when working under the direct
163 supervision of a physician licensed under chapter 458 or chapter
164 459 who holds certification in pediatrics and is a member of a
165 child protection team.

166 (4) A face-to-face medical evaluation by a child protection
167 team is not necessary when:

168 (a) The child was examined for the alleged abuse or neglect
169 by a physician who is not a member of the child protection team,
170 and a consultation between the child protection team board-
171 certified pediatrician, advanced registered nurse practitioner,
172 physician assistant working under the supervision of a child
173 protection team board-certified pediatrician, or registered
174 nurse working under the direct supervision of a child protection

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175 team board-certified pediatrician, and the examining physician
176 concludes that a further medical evaluation is unnecessary;

177 (b) The child protective investigator, with supervisory
178 approval, has determined, after conducting a child safety
179 assessment, that there are no indications of injuries as
180 described in paragraphs (2) (a)-(h) as reported; or

181 (c) The child protection team board-certified pediatrician,
182 as authorized in subsection (3), determines that a medical
183 evaluation is not required.

184

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

188 (5) In all instances in which a child protection team is
189 providing certain services to abused, abandoned, or neglected
190 children, other offices and units of the Department of Health,
191 and offices and units of the Department of Children and
192 Families, shall avoid duplicating the provision of those
193 services.

194 (6) The Department of Health child protection team quality
195 assurance program and the Family Safety Program Office of the
196 Department of Children and Families shall collaborate to ensure
197 referrals and responses to child abuse, abandonment, and neglect
198 reports are appropriate. Each quality assurance program shall
199 include a review of records in which there are no findings of
200 abuse, abandonment, or neglect, and the findings of these
201 reviews shall be included in each department's quality assurance
202 reports.

203 Section 2. Section 39.3031 and subsection (2) of s.

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204 391.026, Florida Statutes, are reenacted for the purpose of
205 incorporating the amendment made by this act to s. 39.303,
206 Florida Statutes, in references thereto.

207 Section 3. This act shall take effect July 1, 2015.