



544198

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/03/2026	.	
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The Committee on Fiscal Policy (Sharief) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraph (a) of subsection (2), paragraph (a) of subsection (5), paragraph (a) of subsection (9), and paragraph (c) of subsection (14) of section 39.301, Florida Statutes, are amended to read:

39.301 Initiation of protective investigations.—

(2)(a) The department shall immediately forward allegations



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11 of criminal conduct to the municipal or county law enforcement
12 agency of the municipality or county in which the alleged
13 conduct has occurred. However, the department may delay
14 forwarding allegations of criminal conduct to the appropriate
15 law enforcement agency if the parent or legal custodian:

16 1. Has alleged that the child has a preexisting medical
17 diagnosis specified in s. 39.303(4); or

18 2. Is requesting that the child have a medical examination
19 under s. 39.304(1)(c).

20

21 Allegations of criminal conduct which are not immediately
22 forwarded to the law enforcement agency pursuant to subparagraph
23 1. or subparagraph 2. must be immediately forwarded to the law
24 enforcement agency upon completion of the investigation under
25 this part if criminal conduct is still alleged.

26 (5)(a) Upon commencing an investigation under this part,
27 the child protective investigator shall inform any subject of
28 the investigation of the following:

29 1. The names of the investigators and identifying
30 credentials from the department.

31 2. The purpose of the investigation.

32 3. The right to obtain his or her own attorney and ways
33 that the information provided by the subject may be used.

34 4. The possible outcomes and services of the department's
35 response.

36 5. The right of the parent or legal custodian to be engaged
37 to the fullest extent possible in determining the nature of the
38 allegation and the nature of any identified problem and the
39 remedy.



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40 6. The duty of the parent or legal custodian to report any
41 change in the residence or location of the child to the
42 investigator and that the duty to report continues until the
43 investigation is closed.

44 7. The duty of the parent or legal custodian to immediately
45 report any preexisting medical diagnosis for the child specified
46 in s. 39.303(4) and to provide the name and contact information
47 of the licensed health care professional who made such diagnosis
48 or treated the child for the diagnosed condition to the
49 department within 10 days after being informed of such duty.

50 (9) (a) For each report received from the central abuse
51 hotline and accepted for investigation, the department shall
52 perform the following child protective investigation activities
53 to determine child safety:

54 1. Conduct a review of all relevant, available information
55 specific to the child, family, and alleged maltreatment; family
56 child welfare history; local, state, and federal criminal
57 records checks; and requests for law enforcement assistance
58 provided by the abuse hotline. Based on a review of available
59 information, including the allegations in the current report, a
60 determination must ~~shall~~ be made as to whether immediate
61 consultation should occur with law enforcement, the Child
62 Protection Team, a domestic violence shelter or advocate, or a
63 substance abuse or mental health professional. Such
64 consultations should include discussion as to whether a joint
65 response is necessary and feasible. A determination must ~~shall~~
66 be made as to whether the person making the report should be
67 contacted before the face-to-face interviews with the child and
68 family members.



69 2. Conduct face-to-face interviews with the child; other
70 siblings, if any; and the parents, legal custodians, or
71 caregivers.

72 3. Assess the child's residence, including a determination
73 of the composition of the family and household, including the
74 name, address, date of birth, social security number, sex, and
75 race of each child named in the report; any siblings or other
76 children in the same household or in the care of the same
77 adults; the parents, legal custodians, or caregivers; and any
78 other adults in the same household.

79 4. Determine whether there is any indication that any child
80 in the family or household has been abused, abandoned, or
81 neglected; the nature and extent of present or prior injuries,
82 abuse, or neglect, and any evidence thereof; and a determination
83 as to the person or persons apparently responsible for the
84 abuse, abandonment, or neglect, including the name, address,
85 date of birth, social security number, sex, and race of each
86 such person.

87 5. Complete assessment of immediate child safety for each
88 child based on available records, interviews, and observations
89 with all persons named in subparagraph 2. and appropriate
90 collateral contacts, which may include other professionals, and
91 continually assess the child's safety throughout the
92 investigation. The department's child protection investigators
93 are hereby designated a criminal justice agency for the purpose
94 of accessing criminal justice information to be used for
95 enforcing this state's laws concerning the crimes of child
96 abuse, abandonment, and neglect. This information must ~~shall~~ be
97 used solely for purposes supporting the detection, apprehension,



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98 prosecution, pretrial release, posttrial release, or
99 rehabilitation of criminal offenders or persons accused of the
100 crimes of child abuse, abandonment, or neglect and may not be
101 further disseminated or used for any other purpose.

102 6. For a child who has a preexisting medical diagnosis
103 specified in s. 39.303(4), as reported by the parent or legal
104 custodian of the child, request the relevant medical records
105 from the licensed health care professional who diagnosed or
106 treated the child for such medical diagnosis.

107 ~~7.6.~~ Document the present and impending dangers to each
108 child based on the identification of inadequate protective
109 capacity through utilization of a standardized safety assessment
110 instrument. If present or impending danger is identified, the
111 child protective investigator must implement a safety plan or
112 take the child into custody. If present danger is identified and
113 the child is not removed, the child protective investigator must
114 ~~shall~~ create and implement a safety plan before leaving the home
115 or the location where there is present danger. If impending
116 danger is identified, the child protective investigator must
117 ~~shall~~ create and implement a safety plan as soon as necessary to
118 protect the safety of the child. The child protective
119 investigator may modify the safety plan if he or she identifies
120 additional impending danger.

121 a. If the child protective investigator implements a safety
122 plan, the plan must be specific, sufficient, feasible, and
123 sustainable in response to the realities of the present or
124 impending danger. A safety plan may be an in-home plan or an
125 out-of-home plan, or a combination of both. A safety plan may
126 include tasks or responsibilities for a parent, caregiver, or



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127 legal custodian. However, a safety plan may not rely on
128 promissory commitments by the parent, caregiver, or legal
129 custodian who is currently not able to protect the child or on
130 services that are not available or will not result in the safety
131 of the child. A safety plan may not be implemented if for any
132 reason the parents, guardian, or legal custodian lacks the
133 capacity or ability to comply with the plan. If the department
134 is not able to develop a plan that is specific, sufficient,
135 feasible, and sustainable, the department must ~~shall~~ file a
136 shelter petition. A child protective investigator must ~~shall~~
137 implement separate safety plans for the perpetrator of domestic
138 violence, if the investigator, using reasonable efforts, can
139 locate the perpetrator to implement a safety plan, and for the
140 parent who is a victim of domestic violence as defined in s.
141 741.28. Reasonable efforts to locate a perpetrator include, but
142 are not limited to, a diligent search pursuant to the same
143 requirements as in s. 39.503. If the perpetrator of domestic
144 violence is not the parent, guardian, or legal custodian of any
145 child in the home and if the department does not intend to file
146 a shelter petition or dependency petition that will assert
147 allegations against the perpetrator as a parent of a child in
148 the home, the child protective investigator must ~~shall~~ seek
149 issuance of an injunction authorized by s. 39.504 to implement a
150 safety plan for the perpetrator and impose any other conditions
151 to protect the child. The safety plan for the parent who is a
152 victim of domestic violence may not be shared with the
153 perpetrator. If any party to a safety plan fails to comply with
154 the safety plan resulting in the child being unsafe, the
155 department must ~~shall~~ file a shelter petition.



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156 b. The child protective investigator shall collaborate with
157 the community-based care lead agency in the development of the
158 safety plan as necessary to ensure that the safety plan is
159 specific, sufficient, feasible, and sustainable. The child
160 protective investigator shall identify services necessary for
161 the successful implementation of the safety plan. The child
162 protective investigator and the community-based care lead agency
163 shall mobilize service resources to assist all parties in
164 complying with the safety plan. The community-based care lead
165 agency shall prioritize safety plan services to families who
166 have multiple risk factors, including, but not limited to, two
167 or more of the following:

- 168 (I) The parent or legal custodian is of young age;
169 (II) The parent or legal custodian, or an adult currently
170 living in or frequently visiting the home, has a history of
171 substance abuse, mental illness, or domestic violence;
172 (III) The parent or legal custodian, or an adult currently
173 living in or frequently visiting the home, has been previously
174 found to have physically or sexually abused a child;
175 (IV) The parent or legal custodian, or an adult currently
176 living in or frequently visiting the home, has been the subject
177 of multiple allegations by reputable reports of abuse or
178 neglect;
179 (V) The child is physically or developmentally disabled; or
180 (VI) The child is 3 years of age or younger.

181 c. The child protective investigator shall monitor the
182 implementation of the plan to ensure the child's safety until
183 the case is transferred to the lead agency at which time the
184 lead agency shall monitor the implementation.



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185 d. The department may file a petition for shelter or
186 dependency without a new child protective investigation or the
187 concurrence of the child protective investigator if the child is
188 unsafe but for the use of a safety plan and the parent or
189 caregiver has not sufficiently increased protective capacities
190 within 90 days after the transfer of the safety plan to the lead
191 agency.

192 (14)

193 (c) The department, in consultation with the judiciary,
194 shall adopt by rule:

195 1. Criteria that are factors requiring that the department
196 take the child into custody, petition the court as provided in
197 this chapter, or, if the child is not taken into custody or a
198 petition is not filed with the court, conduct an administrative
199 review. Such factors must include, but are not limited to,
200 noncompliance with a safety plan or the case plan developed by
201 the department, and the family under this chapter, and prior
202 abuse reports with findings that involve the child, the child's
203 sibling, or the child's caregiver.

204 2. Requirements that if after an administrative review the
205 department determines not to take the child into custody or
206 petition the court, the department must ~~shall~~ document the
207 reason for its decision in writing and include it in the
208 investigative file. For all cases that were accepted by the
209 local law enforcement agency for criminal investigation pursuant
210 to subsection (2), the department must include in the file
211 written documentation that the administrative review included
212 input from law enforcement. In addition, for all cases that must
213 be referred to Child Protection Teams pursuant to s. 39.303(5)



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214 and (6) s. 39.303(4) and (5), the file must include written
215 documentation that the administrative review included the
216 results of the team's evaluation.

217 Section 2. Present subsections (4) through (10) of section
218 39.303, Florida Statutes, are redesignated as subsections (5)
219 through (11), respectively, a new subsection (4) is added to
220 that section, and present subsections (5) and (6) of that
221 section are amended, to read:

222 39.303 Child Protection Teams and sexual abuse treatment
223 programs; services; eligible cases.—

224 (4) A Child Protection Team shall consult with a physician
225 licensed under chapter 458 or chapter 459 or an advanced
226 practice registered nurse licensed under chapter 464 who has
227 experience treating children with the medical conditions
228 specified in this subsection when evaluating a child with a
229 reported preexisting medical diagnosis of any of the following:

230 (a) Rickets.

231 (b) Ehlers-Danlos syndrome.

232 (c) Osteogenesis imperfecta.

233 (d) Vitamin D deficiency.

234 (6) ~~(5)~~ All abuse and neglect cases transmitted for
235 investigation to a circuit by the hotline must be simultaneously
236 transmitted to the Child Protection Team for review. For the
237 purpose of determining whether a face-to-face medical evaluation
238 by a Child Protection Team is necessary, all cases transmitted
239 to the Child Protection Team which meet the criteria in
240 subsection (5) ~~(4)~~ must be timely reviewed by:

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



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243 Child Protection Team;

244 (b) A physician licensed under chapter 458 or chapter 459
245 who holds board certification in a specialty other than
246 pediatrics, who may complete the review only when working under
247 the direction of the Child Protection Team medical director or a
248 physician licensed under chapter 458 or chapter 459 who holds
249 board certification in pediatrics and is a member of a Child
250 Protection Team;

251 (c) An advanced practice registered nurse licensed under
252 chapter 464 who has a specialty in pediatrics or family medicine
253 and is a member of a Child Protection Team;

254 (d) A physician assistant licensed under chapter 458 or
255 chapter 459, who may complete the review only when working under
256 the supervision of the Child Protection Team medical director or
257 a physician licensed under chapter 458 or chapter 459 who holds
258 board certification in pediatrics and is a member of a Child
259 Protection Team; or

260 (e) A registered nurse licensed under chapter 464, who may
261 complete the review only when working under the direct
262 supervision of the Child Protection Team medical director or a
263 physician licensed under chapter 458 or chapter 459 who holds
264 board certification in pediatrics and is a member of a Child
265 Protection Team.

266 ~~(7)(6)~~ A face-to-face medical evaluation by a Child
267 Protection Team is not necessary when:

268 (a) The child was examined for the alleged abuse or neglect
269 by a physician who is not a member of the Child Protection Team,
270 and a consultation between the Child Protection Team medical
271 director or a Child Protection Team board-certified



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272 pediatrician, advanced practice registered nurse, physician
273 assistant working under the supervision of a Child Protection
274 Team medical director or a Child Protection Team board-certified
275 pediatrician, or registered nurse working under the direct
276 supervision of a Child Protection Team medical director or a
277 Child Protection Team board-certified pediatrician, and the
278 examining physician concludes that a further medical evaluation
279 is unnecessary;

280 (b) The child protective investigator, with supervisory
281 approval, has determined, after conducting a child safety
282 assessment, that there are no indications of injuries as
283 described in paragraphs (5) (a)-(h) ~~(4) (a)-(h)~~ as reported; or

284 (c) The Child Protection Team medical director or a Child
285 Protection Team board-certified pediatrician, as authorized in
286 subsection (6) ~~(5)~~, determines that a medical evaluation is not
287 required.

288
289 Notwithstanding paragraphs (a), (b), and (c), a Child Protection
290 Team medical director or a Child Protection Team pediatrician,
291 as authorized in subsection (6) ~~(5)~~, may determine that a face-
292 to-face medical evaluation is necessary.

293 Section 3. Paragraphs (c), (d), and (e) are added to
294 subsection (1) of section 39.304, Florida Statutes, to read:

295 39.304 Photographs, medical examinations, X rays, and
296 medical treatment of abused, abandoned, or neglected child.-

297 (1)

298 (c) If a medical examination is performed on a child under
299 paragraph (b), other than a medical examination for purposes of
300 determining whether a child has been sexually abused, the parent



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301 or legal custodian of the child who is the subject of a
302 protective investigation or shelter order may request of the
303 department, no later than 10 days after such medical
304 examination, that the child be examined by:

305 1. A Child Protection Team if the medical examination under
306 paragraph (b) was not performed by a Child Protection Team;

307 2. A physician licensed under chapter 458 or chapter 459 or
308 an advanced practice registered nurse licensed under chapter 464
309 of the parent's or legal custodian's choosing who routinely
310 provides medical care to pediatric patients, if the medical
311 examination under paragraph (b) was performed by a Child
312 Protection Team, for the purpose of obtaining a second opinion
313 on diagnosis or treatment; or

314 3. A physician licensed under chapter 458 or chapter 459 or
315 an advanced practice registered nurse licensed under chapter 464
316 of the parent's or legal custodian's choosing who routinely
317 provides diagnosis of and medical care to pediatric patients for
318 the conditions specified in s. 39.303(4) to consider a
319 differential diagnosis.

320
321 The cost of a medical examination under subparagraph 2. or
322 subparagraph 3. must be borne by the parent or legal custodian,
323 including through his or her health care coverage, if
324 applicable.

325 (d) Notwithstanding s. 39.202(6), for all medical
326 examinations performed pursuant to paragraph (c), the physician
327 or advanced practice registered nurse must submit within 10 days
328 after the medical examination a written report that details the
329 findings and conclusions of the medical examination to the



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330 department and the parent or legal custodian.

331 (e) If the findings and conclusions of the medical
332 examination conducted under paragraph (b) and the medical
333 examination conducted under paragraph (c) differ, the department
334 must immediately convene a case staffing to reach a consensus
335 regarding the differences in the medical opinions. The case
336 staffing must include the child protective investigator, the
337 investigator's supervisor, legal staff of the department,
338 representatives from a Child Protection Team, and the community-
339 based care lead agency. If possible, the case staffing must also
340 include any health care practitioners who previously treated the
341 child, any health care practitioners who are currently treating
342 the child, and the physician or advanced practice registered
343 nurse who conducted the medical examination under paragraph (c).

344 Section 4. Paragraph (a) of subsection (7) of section
345 456.057, Florida Statutes, is amended to read:

346 456.057 Ownership and control of patient records; report or
347 copies of records to be furnished; disclosure of information.—

348 (7) (a) Except as otherwise provided in this section and in
349 s. 440.13(4) (c), such records may not be furnished to, and the
350 medical condition of a patient may not be discussed with, any
351 person other than the patient, the patient's legal
352 representative, or other health care practitioners and providers
353 involved in the patient's care or treatment, except upon written
354 authorization from the patient. However, such records may be
355 furnished without written authorization under the following
356 circumstances:

357 1. To any person, firm, or corporation that has procured or
358 furnished such care or treatment with the patient's consent.



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359 2. When compulsory physical examination is made pursuant to
360 Rule 1.360, Florida Rules of Civil Procedure, in which case
361 copies of the medical records shall be furnished to both the
362 defendant and the plaintiff.

363 3. In any civil or criminal action, unless otherwise
364 prohibited by law, upon the issuance of a subpoena from a court
365 of competent jurisdiction and proper notice to the patient or
366 the patient's legal representative by the party seeking such
367 records.

368 4. For statistical and scientific research, provided the
369 information is abstracted in such a way as to protect the
370 identity of the patient or provided written permission is
371 received from the patient or the patient's legal representative.

372 5. To a regional poison control center for purposes of
373 treating a poison episode under evaluation, case management of
374 poison cases, or compliance with data collection and reporting
375 requirements of s. 395.1027 and the professional organization
376 that certifies poison control centers in accordance with federal
377 law.

378 6. To the Department of Children and Families, its agent,
379 or its contracted entity, for the purpose of investigations of
380 or services for cases of abuse, neglect, or exploitation of
381 children or vulnerable adults. Records requested by the
382 Department of Children and Families pursuant to s. 39.301(9)(a)
383 must be furnished to the Department of Children and Families
384 within 14 days after such request.

385 Section 5. This act shall take effect July 1, 2026.

386
387 ===== T I T L E A M E N D M E N T =====



388 And the title is amended as follows:

389 Delete everything before the enacting clause
390 and insert:

391 A bill to be entitled

392 An act relating to specific medical diagnoses in child
393 protective investigations; amending s. 39.301, F.S.;
394 providing an exception to the requirement that the
395 Department of Children and Families immediately
396 forward certain allegations to a law enforcement
397 agency; requiring that such allegations be immediately
398 forwarded to a law enforcement agency upon completion
399 of the department's investigation under certain
400 circumstances; requiring a child protective
401 investigator to inform the subject of an investigation
402 of a certain duty; requiring the department to request
403 relevant medical records from a licensed health care
404 professional for certain children who are the subject
405 of a central abuse hotline report; conforming a cross-
406 reference; amending s. 39.303, F.S.; requiring Child
407 Protection Teams to consult with a licensed physician
408 or advanced practice registered nurse with specified
409 experience when evaluating certain reports; amending
410 s. 39.304, F.S.; authorizing a parent or legal
411 custodian of a child who is the subject of certain
412 orders to request specified medical examinations of
413 the child within a specified timeframe; requiring that
414 such medical examinations be paid for by the parent or
415 legal custodian making the request or as otherwise
416 covered by insurance; requiring the physician or



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417 advanced practice registered nurse who performed
418 certain medical examinations to submit a written
419 report to the department and certain persons within a
420 specified timeframe; requiring the department to
421 immediately convene a case staffing with specified
422 persons under certain circumstances; amending s.
423 456.057, F.S.; requiring that certain patient records
424 be furnished to the Department of Children and
425 Families within a specified timeframe; providing an
426 effective date.