

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Bartleman offered the following:

Amendment (with title amendment)

Remove 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 of criminal conduct to the municipal or county law enforcement agency of the municipality or county in which the alleged conduct has occurred. However, the department may delay

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

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
37 engaged to the fullest extent possible in determining the nature

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

38 of the allegation and the nature of any identified problem and
39 the remedy.

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

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

55 1. Conduct a review of all relevant, available information
56 specific to the child, family, and alleged maltreatment; family
57 child welfare history; local, state, and federal criminal
58 records checks; and requests for law enforcement assistance
59 provided by the abuse hotline. Based on a review of available
60 information, including the allegations in the current report, a
61 determination must ~~shall~~ be made as to whether immediate
62 consultation should occur with law enforcement, the Child

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

63 Protection Team, a domestic violence shelter or advocate, or a
64 substance abuse or mental health professional. Such
65 consultations should include discussion as to whether a joint
66 response is necessary and feasible. A determination must ~~shall~~
67 be made as to whether the person making the report should be
68 contacted before the face-to-face interviews with the child and
69 family members.

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

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

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

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

88 5. Complete assessment of immediate child safety for each
89 child based on available records, interviews, and observations
90 with all persons named in subparagraph 2. and appropriate
91 collateral contacts, which may include other professionals, and
92 continually assess the child's safety throughout the
93 investigation. The department's child protection investigators
94 are hereby designated a criminal justice agency for the purpose
95 of accessing criminal justice information to be used for
96 enforcing this state's laws concerning the crimes of child
97 abuse, abandonment, and neglect. This information must ~~shall~~ be
98 used solely for purposes supporting the detection, apprehension,
99 prosecution, pretrial release, posttrial release, or
100 rehabilitation of criminal offenders or persons accused of the
101 crimes of child abuse, abandonment, or neglect and may not be
102 further disseminated or used for any other purpose.

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

108 ~~7.6.~~ Document the present and impending dangers to each
109 child based on the identification of inadequate protective
110 capacity through utilization of a standardized safety assessment
111 instrument. If present or impending danger is identified, the
112 child protective investigator must implement a safety plan or

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

113 take the child into custody. If present danger is identified and
114 the child is not removed, the child protective investigator must
115 ~~shall~~ create and implement a safety plan before leaving the home
116 or the location where there is present danger. If impending
117 danger is identified, the child protective investigator must
118 ~~shall~~ create and implement a safety plan as soon as necessary to
119 protect the safety of the child. The child protective
120 investigator may modify the safety plan if he or she identifies
121 additional impending danger.

122 a. If the child protective investigator implements a
123 safety plan, the plan must be specific, sufficient, feasible,
124 and sustainable in response to the realities of the present or
125 impending danger. A safety plan may be an in-home plan or an
126 out-of-home plan, or a combination of both. A safety plan may
127 include tasks or responsibilities for a parent, caregiver, or
128 legal custodian. However, a safety plan may not rely on
129 promissory commitments by the parent, caregiver, or legal
130 custodian who is currently not able to protect the child or on
131 services that are not available or will not result in the safety
132 of the child. A safety plan may not be implemented if for any
133 reason the parents, guardian, or legal custodian lacks the
134 capacity or ability to comply with the plan. If the department
135 is not able to develop a plan that is specific, sufficient,
136 feasible, and sustainable, the department must ~~shall~~ file a
137 shelter petition. A child protective investigator must ~~shall~~

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

138 implement separate safety plans for the perpetrator of domestic
139 violence, if the investigator, using reasonable efforts, can
140 locate the perpetrator to implement a safety plan, and for the
141 parent who is a victim of domestic violence as defined in s.
142 741.28. Reasonable efforts to locate a perpetrator include, but
143 are not limited to, a diligent search pursuant to the same
144 requirements as in s. 39.503. If the perpetrator of domestic
145 violence is not the parent, guardian, or legal custodian of any
146 child in the home and if the department does not intend to file
147 a shelter petition or dependency petition that will assert
148 allegations against the perpetrator as a parent of a child in
149 the home, the child protective investigator must ~~shall~~ seek
150 issuance of an injunction authorized by s. 39.504 to implement a
151 safety plan for the perpetrator and impose any other conditions
152 to protect the child. The safety plan for the parent who is a
153 victim of domestic violence may not be shared with the
154 perpetrator. If any party to a safety plan fails to comply with
155 the safety plan resulting in the child being unsafe, the
156 department must ~~shall~~ file a shelter petition.

157 b. The child protective investigator shall collaborate
158 with the community-based care lead agency in the development of
159 the safety plan as necessary to ensure that the safety plan is
160 specific, sufficient, feasible, and sustainable. The child
161 protective investigator shall identify services necessary for
162 the successful implementation of the safety plan. The child

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

163 protective investigator and the community-based care lead agency
164 shall mobilize service resources to assist all parties in
165 complying with the safety plan. The community-based care lead
166 agency shall prioritize safety plan services to families who
167 have multiple risk factors, including, but not limited to, two
168 or more of the following:

169 (I) The parent or legal custodian is of young age;

170 (II) The parent or legal custodian, or an adult currently
171 living in or frequently visiting the home, has a history of
172 substance abuse, mental illness, or domestic violence;

173 (III) The parent or legal custodian, or an adult currently
174 living in or frequently visiting the home, has been previously
175 found to have physically or sexually abused a child;

176 (IV) The parent or legal custodian, or an adult currently
177 living in or frequently visiting the home, has been the subject
178 of multiple allegations by reputable reports of abuse or
179 neglect;

180 (V) The child is physically or developmentally disabled;

181 or

182 (VI) The child is 3 years of age or younger.

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

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

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

194 (14)

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

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

206 2. Requirements that if after an administrative review the
207 department determines not to take the child into custody or
208 petition the court, the department must ~~shall~~ document the
209 reason for its decision in writing and include it in the
210 investigative file. For all cases that were accepted by the
211 local law enforcement agency for criminal investigation pursuant

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

212 to subsection (2), the department must include in the file
213 written documentation that the administrative review included
214 input from law enforcement. In addition, for all cases that must
215 be referred to Child Protection Teams pursuant to s. 39.303(5)
216 and (6) ~~s. 39.303(4) and (5)~~, the file must include written
217 documentation that the administrative review included the
218 results of the team's evaluation.

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

224 39.303 Child Protection Teams and sexual abuse treatment
225 programs; services; eligible cases.—

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

- 232 (a) Rickets.
233 (b) Ehlers-Danlos syndrome.
234 (c) Osteogenesis imperfecta.
235 (d) Vitamin D deficiency.

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

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

243 (a) A physician licensed under chapter 458 or chapter 459
244 who holds board certification in pediatrics and is a member of a
245 Child Protection Team;

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

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

256 (d) A physician assistant licensed under chapter 458 or
257 chapter 459, who may complete the review only when working under
258 the supervision of the Child Protection Team medical director or
259 a physician licensed under chapter 458 or chapter 459 who holds

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

260 board certification in pediatrics and is a member of a Child
261 Protection Team; or

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

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

270 (a) The child was examined for the alleged abuse or
271 neglect by a physician who is not a member of the Child
272 Protection Team, and a consultation between the Child Protection
273 Team medical director or a Child Protection Team board-certified
274 pediatrician, advanced practice registered nurse, physician
275 assistant working under the supervision of a Child Protection
276 Team medical director or a Child Protection Team board-certified
277 pediatrician, or registered nurse working under the direct
278 supervision of a Child Protection Team medical director or a
279 Child Protection Team board-certified pediatrician, and the
280 examining physician concludes that a further medical evaluation
281 is unnecessary;

282 (b) The child protective investigator, with supervisory
283 approval, has determined, after conducting a child safety

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

284 assessment, that there are no indications of injuries as
285 described in paragraphs (5) (a)-(h) ~~(4) (a)-(h)~~ as reported; or
286 (c) The Child Protection Team medical director or a Child
287 Protection Team board-certified pediatrician, as authorized in
288 subsection (6) ~~(5)~~, determines that a medical evaluation is not
289 required.

290

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

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

297 39.304 Photographs, medical examinations, X rays, and
298 medical treatment of abused, abandoned, or neglected child.—

299 (1)

300 (c) If a medical examination is performed on a child under
301 paragraph (b), other than a medical examination for purposes of
302 determining whether a child has been sexually abused, the parent
303 or legal custodian of the child who is the subject of a
304 protective investigation or shelter order may request of the
305 department, no later than 10 days after such medical
306 examination, that the child be examined by:

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

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

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

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

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

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

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

332 findings and conclusions of the medical examination to the
333 department and the parent or legal custodian.

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

347 **Section 4. Paragraph (a) of subsection (7) of section**
348 **456.057, Florida Statutes, is amended to read:**

349 456.057 Ownership and control of patient records; report
350 or copies of records to be furnished; disclosure of
351 information.—

352 (7) (a) Except as otherwise provided in this section and in
353 s. 440.13(4) (c), such records may not be furnished to, and the
354 medical condition of a patient may not be discussed with, any
355 person other than the patient, the patient's legal
356 representative, or other health care practitioners and providers

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

357 involved in the patient's care or treatment, except upon written
358 authorization from the patient. However, such records may be
359 furnished without written authorization under the following
360 circumstances:

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

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

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

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

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

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

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

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

390 -----
391

392 **T I T L E A M E N D M E N T**

393 Remove everything before the enacting clause and insert:

394 A bill to be entitled

395 An act relating to specific medical diagnoses in child
 396 protective investigations; amending s. 39.301, F.S.;

397 providing an exception to the requirement that the
 398 Department of Children and Families immediately
 399 forward certain allegations to a law enforcement
 400 agency; requiring such allegations to be immediately
 401 forwarded to a law enforcement agency upon completion
 402 of the department's investigation; requiring a child
 403 protective investigator to inform the subject of an
 404 investigation of a certain duty; requiring the
 405 department to request medical records of certain
 406 children from certain licensed health care

691295

Approved For Filing: 2/24/2026 2:59:43 PM

Amendment No.

407 professionals; conforming a cross-reference; amending
408 s. 39.303, F.S.; requiring Child Protection Teams to
409 consult with a licensed physician or advanced practice
410 registered nurse with certain experience when
411 evaluating certain reports; conforming cross-
412 references; amending s. 39.304, F.S.; authorizing a
413 parent or legal custodian of a child who is the
414 subject of a protective investigation or shelter order
415 to request specified medical examinations of the child
416 within a specified timeframe; requiring that certain
417 medical examinations be paid for by the parent or
418 legal custodian making the request or as otherwise
419 covered by insurance; requiring the physician or
420 advanced practice registered nurse who performed
421 certain medical examinations to submit a written
422 report to the department and certain persons within a
423 specified timeframe; requiring the department to
424 immediately convene a case staffing with specified
425 persons under certain circumstances; amending s.
426 456.057, F.S.; requiring certain records be provided
427 to the department within a specified timeframe;
428 providing an effective date.

691295

Approved For Filing: 2/24/2026 2:59:43 PM