



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.