

CHAPTER 2016-238

Committee Substitute for House Bill No. 7053

An act relating to early childhood development; amending s. 39.201, F.S.; providing an exception from a prohibition against the use of information in the Department of Children and Families central abuse hotline for employment screening of certain child care personnel; amending s. 39.202, F.S.; expanding the list of entities that have access to child abuse records for purposes of approving providers of school readiness services; amending s. 383.141, F.S.; revising the requirements for the Department of Health to maintain a clearinghouse of information for parents and health care providers and to increase public awareness of developmental evaluation and early intervention programs; requiring the clearinghouse to use a specified term; revising the information to be included in the clearinghouse; amending s. 391.025, F.S.; renaming the “Infants and Toddlers Early Intervention Program” as the “Early Steps Program”; revising the components of the Children’s Medical Services program; amending s. 391.026, F.S.; requiring the department to serve as the lead agency in administering the Early Steps Program; amending s. 391.301, F.S.; establishing the Early Steps Program within the department; deleting provisions relating to legislative findings; authorizing the program to include certain screening and referral services for specified purposes; providing requirements and responsibilities for the program; amending s. 391.302, F.S.; defining terms; revising the definitions of certain terms; deleting terms; repealing ss. 391.303, 391.304, 391.305, 391.306, and 391.307, F.S., relating to requirements for the Children’s Medical Services program, program coordination, program standards, program funding and contracts, and program review, respectively; amending s. 391.308, F.S.; renaming the “Infants and Toddlers Early Intervention Program” as the “Early Steps Program”; requiring, rather than authorizing, the department to implement and administer the program; requiring the department to ensure that the program follows specified performance standards; providing requirements of the program to meet such performance standards; revising the duties of the department; requiring the department to apply specified eligibility criteria for the program based on an appropriation of funds; providing duties for local program offices; requiring the local program office to negotiate and maintain agreements with specified providers and managed care organizations; requiring the development of an individualized family support plan for each child served in the program; requiring the local program office to coordinate with managed care organizations; requiring the department to submit an annual report, subject to certain requirements, to the Governor, the Legislature, and the Florida Interagency Coordinating Council for Infants and Toddlers by a specified date; designating the Florida Interagency Coordinating Council for Infants and Toddlers as the state interagency coordinating council required by federal rule subject to certain requirements; providing requirements for the local program office

and local school district to prepare certain children for the transition to school under certain circumstances; amending s. 402.302, F.S.; revising the definition of the term “screening” for purposes of child care licensing requirements; repealing s. 402.3057, F.S., relating to persons not required to be refingerprinted or rescreened; amending s. 402.306, F.S.; requiring the Department of Children and Families and local licensing agencies to electronically post certain information relating to child care and school readiness providers; amending s. 402.311, F.S.; requiring school readiness program providers to provide the department or local licensing agencies with access to facilities, personnel, and records for inspection purposes; amending s. 402.319, F.S.; requiring certain child care providers to submit an affidavit of compliance with certain mandatory reporting requirements; amending s. 435.07, F.S.; providing criteria for disqualification from employment with a school readiness program provider; amending s. 1002.82, F.S.; revising the duties of the Office of Early Learning of the Department of Education; requiring the office to coordinate with the Department of Children and Families and local licensing agencies for inspections of school readiness program providers; amending s. 1002.84, F.S.; revising provisions relating to determination of child eligibility for school readiness programs; revising requirements for determining parent copayments for participation in the program; amending s. 1002.87, F.S.; revising school readiness program eligibility requirements; amending s. 1002.88, F.S.; revising requirements for school readiness program providers; amending s. 1002.89, F.S.; providing for additional uses of funds for school readiness programs; amending ss. 402.3025, 413.092, and 1003.575, F.S.; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Subsection (6) of section 39.201, Florida Statutes, is amended to read:

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.—

(6) Information in the central abuse hotline may not be used for employment screening, except as provided in s. 39.202(2)(a) and (h) or s. 402.302(15). Information in the central abuse hotline and the department’s automated abuse information system may be used by the department, its authorized agents or contract providers, the Department of Health, or county agencies as part of the licensure or registration process pursuant to ss. 402.301-402.319 and ss. 409.175-409.176.

Section 2. Paragraph (a) of subsection (2) of section 39.202, Florida Statutes, is amended to read:

39.202 Confidentiality of reports and records in cases of child abuse or neglect.—

(2) Except as provided in subsection (4), access to such records, excluding the name of the reporter which shall be released only as provided in subsection (5), shall be granted only to the following persons, officials, and agencies:

(a) Employees, authorized agents, or contract providers of the department, the Department of Health, the Agency for Persons with Disabilities, the Office of Early Learning, or county agencies responsible for carrying out:

1. Child or adult protective investigations;
2. Ongoing child or adult protective services;
3. Early intervention and prevention services;
4. Healthy Start services;

5. Licensure or approval of adoptive homes, foster homes, child care facilities, facilities licensed under chapter 393, ~~or family day care homes, or informal child care providers who receive school readiness funding under part VI of chapter 1002,~~ or other homes used to provide for the care and welfare of children; or

6. Services for victims of domestic violence when provided by certified domestic violence centers working at the department’s request as case consultants or with shared clients.

Also, employees or agents of the Department of Juvenile Justice responsible for the provision of services to children, pursuant to chapters 984 and 985.

Section 3. Subsections (2) and (3) of section 383.141, Florida Statutes, are amended to read:

383.141 Prenatally diagnosed conditions; patient to be provided information; definitions; information clearinghouse; advisory council.—

(2) When a developmental disability is diagnosed based on the results of a prenatal test, the health care provider who ordered the prenatal test, or his or her designee, shall provide the patient with current information about the nature of the developmental disability, the accuracy of the prenatal test, and resources for obtaining relevant support services, including hotlines, resource centers, and information clearinghouses related to Down syndrome or other prenatally diagnosed developmental disabilities; support programs for parents and families; and developmental evaluation and intervention services under this part ~~s. 391.303~~.

(3) The Department of Health shall develop and implement a comprehensive information clearinghouse to educate health care providers, inform parents, and increase public awareness regarding brain development, developmental disabilities and delays, and all services, resources, and interventions available to mitigate the effects of impaired development

among children. The clearinghouse must use the term “unique abilities” as much as possible when identifying infants or children with developmental disabilities and delays. The clearinghouse must provide:

(a) Health information on conditions that may lead to impaired development of physical, learning, language, or behavioral skills.

(b) Education and information to support parents whose unborn children have been prenatally diagnosed with developmental disabilities or whose children have diagnosed or suspected developmental delays.

(c) Education and training for health care providers to recognize and respond appropriately to developmental disabilities, delays, and conditions related to disabilities or delays. Specific information approved by the advisory council shall be made available to health care providers for use in counseling parents whose unborn children have been prenatally diagnosed with developmental disabilities or whose children have diagnosed or suspected developmental delays.

(d) Promotion of public awareness of availability of supportive services, such as resource centers, educational programs, other support programs for parents and families, and developmental evaluation and intervention services.

(e) Hotlines specific to Down syndrome and other prenatally diagnosed developmental disabilities. The hotlines and the department’s clearinghouse must provide information to parents and families or other caregivers regarding the Early Steps Program under s. 391.301, the Florida Diagnostic and Learning Resources System, the Early Learning program, Healthy Start, Help Me Grow, and any other intervention programs. Information offered must include directions on how to obtain early intervention, rehabilitative, and habilitative services and devices establish on its Internet website a clearinghouse of information related to developmental disabilities concerning providers of supportive services, information hotlines specific to Down syndrome and other prenatally diagnosed developmental disabilities, resource centers, educational programs, other support programs for parents and families, and developmental evaluation and intervention services under s. 391.303. Such information shall be made available to health care providers for use in counseling pregnant women whose unborn children have been prenatally diagnosed with developmental disabilities.

(4)(a) There is established an advisory council within the Department of Health which consists of health care providers and caregivers who perform health care services for persons who have developmental disabilities, including Down syndrome and autism. This group shall consist of nine members as follows:

1. Three members appointed by the Governor;
2. Three members appointed by the President of the Senate; and

3. Three members appointed by the Speaker of the House of Representatives.

(b) The advisory council shall provide technical assistance to the Department of Health in the establishment of the information clearinghouse and give the department the benefit of the council members' knowledge and experience relating to the needs of patients and families of patients with developmental disabilities and available support services.

(c) Members of the council shall elect a chairperson and a vice chairperson. The elected chairperson and vice chairperson shall serve in these roles until their terms of appointment on the council expire.

(d) The advisory council shall meet quarterly to review this clearinghouse of information, and may meet more often at the call of the chairperson or as determined by a majority of members.

(e) The council members shall be appointed to 4-year terms, except that, to provide for staggered terms, one initial appointee each from the Governor, the President of the Senate, and the Speaker of the House of Representatives shall be appointed to a 2-year term, one appointee each from these officials shall be appointed to a 3-year term, and the remaining initial appointees shall be appointed to 4-year terms. All subsequent appointments shall be for 4-year terms. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment.

(f) Members of the council shall serve without compensation. Meetings of the council may be held in person, without reimbursement for travel expenses, or by teleconference or other electronic means.

(g) The Department of Health shall provide administrative support for the advisory council.

Section 4. Paragraph (c) of subsection (1) of section 391.025, Florida Statutes, is amended to read:

391.025 Applicability and scope.—

(1) The Children's Medical Services program consists of the following components:

(c) The developmental evaluation and intervention program, including the Early Steps Florida Infants and Toddlers Early Intervention Program.

Section 5. Subsection (19) is added to section 391.026, Florida Statutes, to read:

391.026 Powers and duties of the department.—The department shall have the following powers, duties, and responsibilities:

(19) To serve as the lead agency in administering the Early Steps Program pursuant to part C of the federal Individuals with Disabilities Education Act and part III of this chapter.

Section 6. Section 391.301, Florida Statutes, is amended to read:

~~391.301 Early Steps Program; establishment and goals Developmental evaluation and intervention programs; legislative findings and intent.—~~

~~(1) The Early Steps Program is established within the department to serve infants and toddlers who are at risk of developmental disabilities based on a physical or mental condition and infants and toddlers with developmental delays by providing developmental evaluation and early intervention and by providing families with training and support services in a variety of home and community settings in order to enhance family and caregiver competence, confidence, and capacity to meet their child's developmental needs and desired outcomes The Legislature finds that the high-risk and disabled newborn infants in this state need in-hospital and outpatient developmental evaluation and intervention and that their families need training and support services. The Legislature further finds that there is an identifiable and increasing number of infants who need developmental evaluation and intervention and family support due to the fact that increased numbers of low-birthweight and sick full-term newborn infants are now surviving because of the advances in neonatal intensive care medicine; increased numbers of medically involved infants are remaining inappropriately in hospitals because their parents lack the confidence or skills to care for these infants without support; and increased numbers of infants are at risk due to parent risk factors, such as substance abuse, teenage pregnancy, and other high-risk conditions.~~

~~(2) The program may include screening and referral It is the intent of the Legislature to establish developmental evaluation and intervention services at all hospitals providing Level II or Level III neonatal intensive care services, in order to promptly identify newborns with disabilities or with conditions associated with risks of developmental delays so that families with high-risk or disabled infants may gain as early as possible the services and skills they need to support their infants' development infants.~~

~~(3) The program must It is the intent of the Legislature that a methodology be developed to integrate information and coordinate services on infants with potentially disabling conditions with other programs serving infants and toddlers early intervention programs, including, but not limited to, Part C of Pub. L. No. 105-17 and the Healthy Start program, the newborn screening program, and the Blind Babies Program.~~

(4) The program must:

(a) Provide services to enhance the development of infants and toddlers with disabilities and delays.

(b) Expand the recognition by health care providers, families, and the public of the significant brain development that occurs during a child’s first 3 years of life.

(c) Maintain the importance of the family in all areas of the child’s development and support the family’s participation in early intervention services and decisions affecting the child.

(d) Operate a comprehensive, coordinated interagency system of early intervention services and supports in accordance with part C of the federal Individuals with Disabilities Education Act.

(e) Ensure timely evaluation, individual planning, and early intervention services necessary to meet the unique needs of eligible infants and toddlers.

(f) Build the service capacity and enhance the competencies of health care providers serving infants and toddlers with unique needs and abilities.

(g) Ensure programmatic and fiscal accountability through establishment of a high-capacity data system, active monitoring of performance indicators, and ongoing quality improvement.

Section 7. Section 391.302, Florida Statutes, is amended to read:

391.302 Definitions.—As used in ~~ss. 391.301-391.308~~ ~~ss. 391.301-391.307~~, the term:

(1) “Developmental delay” means a condition, identified and measured through appropriate instruments and procedures, which may delay physical, cognitive, communication, social or emotional, or adaptive development.

(2) “Developmental disability” means a condition, identified and measured through appropriate instruments and procedures, which may impair physical, cognitive, communication, social or emotional, or adaptive development.

(3) “Developmental intervention” or “early intervention” means individual and group individualized therapies and services needed to enhance both the infant’s or toddler’s growth and development and family functioning. The term includes habilitative services and assistive technology devices, rehabilitative services and assistive technology devices, and parent support and training.

(4) “Habilitative services and devices” means health care services and assistive technology devices that help a child maintain, learn, or improve skills and functioning for daily living.

(5)(2) “Infant or toddler” or “child” means a child from birth until the child’s third birthday.

(6) “Local program office” means an office that administers the Early Steps Program within a municipality, county, or region.

(7) “Rehabilitative services and devices” means restorative and remedial services that maintain or enhance the current level of functioning of a child if there is a possibility of improvement or reversal of impairment.

~~(3) “In-hospital intervention services” means the provision of assessments; the provision of individualized services; monitoring and modifying the delivery of medical interventions; and enhancing the environment for the high-risk, developmentally disabled, or medically involved infant or toddler in order to achieve optimum growth and development.~~

~~(4) “Parent support and training” means a range of services to families of high-risk, developmentally disabled, or medically involved infants or toddlers, including family counseling; financial planning; agency referral; development of parent-to-parent support groups; education concerning growth, development, and developmental intervention and objective measurable skills, including abuse avoidance skills; training of parents to advocate for their child; and bereavement counseling.~~

Section 8. Sections 391.303, 391.304, 391.305, 391.306, and 391.307, Florida Statutes, are repealed.

Section 9. Section 391.308, Florida Statutes, is amended to read:

391.308 Early Steps Infants and Toddlers Early Intervention Program. ~~The department shall~~ Department of Health may implement and administer part C of the federal Individuals with Disabilities Education Act (IDEA), which shall be known as the “Early Steps “Florida Infants and Toddlers Early Intervention Program.”

(1) PERFORMANCE STANDARDS.—The department shall ensure that the Early Steps Program complies with the following performance standards:

(a) The program must provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants and toddlers and their families as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups, and input from stakeholders.

(b) The program must provide individualized family support plans that are understandable and usable by families, health care providers, and payers and that identify the current level of functioning of the infant or toddler, family supports and resources, expected outcomes, and specific early intervention services needed to achieve the expected outcomes, as measured by periodic system independent evaluation.

(c) The program must help each family to use available resources in a way that maximizes the child’s access to services necessary to achieve the

outcomes of the individualized family support plan, as measured by family feedback and by independent assessments of services used by each child.

(d) The program must offer families access to quality services that effectively enable infants and toddlers with developmental disabilities and developmental delays to achieve optimal functional levels as measured by an independent evaluation of outcome indicators in social or emotional skills, communication, and adaptive behaviors.

(2) DUTIES OF THE DEPARTMENT.—The department shall;

~~(a) Jointly with the Department of Education, shall~~ Annually prepare a grant application to the United States Department of Education for funding early intervention services for infants and toddlers with disabilities, from birth through 36 months of age, and their families pursuant to part C of the federal Individuals with Disabilities Education Act.

~~(b)(2) The department, Jointly with the Department of Education, provide shall include~~ a reading initiative as an early intervention service for infants and toddlers.

(c) Annually develop a state plan for the Early Steps Program.

1. The plan must assess the need for early intervention services, evaluate the extent of the statewide need that is met by the program, identify barriers to fully meeting the need, and recommend specific action steps to improve program performance.

2. The plan must be developed through an inclusive process that involves families, local program offices, health care providers, and other stakeholders.

(d) Ensure local program offices educate hospitals that provide Level II and Level III neonatal intensive care services about the Early Steps Program and the referral process for the provision of developmental evaluation and intervention services.

(e) Establish standards and qualifications for developmental evaluation and early intervention service providers, including standards for determining the adequacy of provider networks in each local program office service area.

(f) Establish statewide uniform protocols and procedures to determine eligibility for developmental evaluation and early intervention services.

(g) Establish a consistent, statewide format and procedure for preparing and completing an individualized family support plan.

(h) Promote interagency cooperation and coordination, with the Medicaid program, the Department of Education program pursuant to part B of the federal Individuals with Disabilities Education Act, and programs

providing child screening such as the Florida Diagnostic and Learning Resources System, the Office of Early Learning, Healthy Start, and the Help Me Grow program.

1. Coordination with the Medicaid program shall be developed and maintained through written agreements with the Agency for Health Care Administration and Medicaid managed care organizations as well as through active and ongoing communication with these organizations. The department shall assist local program offices to negotiate agreements with Medicaid managed care organizations in the service areas of the local program offices. Such agreements may be formal or informal.

2. Coordination with education programs pursuant to part B of the federal Individuals with Disabilities Education Act shall be developed and maintained through written agreements with the Department of Education. The department shall assist local program offices to negotiate agreements with school districts in the service areas of the local program offices.

(i) Develop and disseminate the knowledge and methods necessary to effectively coordinate benefits among various payer types.

(j) Provide a mediation process and if necessary, an appeals process for applicants found ineligible for developmental evaluation or early intervention services or denied financial support for such services.

(k) Competitively procure local program offices to provide services throughout the state in accordance with chapter 287. The department shall specify the requirements and qualifications for local program offices in the procurement document.

(l) Establish performance standards and other metrics for evaluation of local program offices, including standards for measuring timeliness of services, outcomes of early intervention services, and administrative efficiency. Performance standards and metrics shall be developed in consultation with local program offices.

(m) Provide technical assistance to the local program offices.

(3) ELIGIBILITY.—The department shall apply the following eligibility criteria if specific funding is provided, and the associated applicable eligibility criteria are identified, in the General Appropriations Act:

(a) Infants and toddlers are eligible for an evaluation to determine the presence of a developmental disability or the risk of a developmental delay based on a physical or medical condition.

(b) Infants and toddlers determined to have a developmental delay based on informed clinical opinion and an evaluation using a standard evaluation instrument which results in a score that is 1.5 standard deviations from the mean in two or more of the following domains: physical, cognitive, communication, social or emotional, and adaptive.

(c) Infants and toddlers determined to have a developmental delay based on informed clinical opinion and an evaluation using a standard evaluation instrument which results in a score that is 2.0 standard deviations from the mean in one of the following domains: physical, cognitive, communication, social or emotional, and adaptive.

(d) Infants and toddlers determined to have a developmental delay based on informed clinical opinion and an evaluation using a standard evaluation instrument which results in a score that is 1.5 standard deviations from the mean in one or more of the following domains: physical, cognitive, communication, social or emotional, and adaptive.

(e) Infants and toddlers determined to have a developmental delay based on informed clinical opinion.

(f) Infants and toddlers at risk of developmental delay based on an established condition known to result in developmental delay, or a physical or mental condition known to create a risk of developmental delay.

(4) DUTIES OF THE LOCAL PROGRAM OFFICES.—A local program office shall:

(a) Evaluate a child to determine eligibility within 45 calendar days after the child is referred to the program.

(b) Notify the parent or legal guardian of his or her child’s eligibility status initially and at least annually thereafter. If a child is determined not to be eligible, the local program office must provide the parent or legal guardian with written information on the right to an appeal and the process for making such an appeal.

(c) Secure and maintain interagency agreements or contracts with local school districts in a local service area.

(d) Provide services directly or procure services from health care providers that meet or exceed the minimum qualifications established for service providers. The local program office must become a Medicaid provider if it provides services directly.

(e) Provide directly or procure services that are, to the extent possible, delivered in a child’s natural environment, such as in the child’s home or community setting. The inability to provide services in the natural environment is not a sufficient reason to deny services.

(f) Develop an individualized family support plan for each child served. The plan must:

1. Be completed within 45 calendar days after the child is referred to the program;

2. Be developed in conjunction with the child's parent or legal guardian who provides written consent for the services included in the plan;

3. Be reviewed at least every 6 months with the parent or legal guardian and updated if needed; and

4. Include steps to transition to school or other future services by the child's third birthday.

(g) Assess the progress of the child and his or her family in meeting the goals of the individualized family support plan.

(h) For each service required by the individualized family support plan, refer the child to an appropriate service provider or work with Medicaid managed care organizations or private insurers to secure the needed services.

(i) Provide service coordination, including contacting the appropriate service provider to determine whether the provider can timely deliver the service, providing the parent or legal guardian with the name and contact information of the service provider and the date and location of the service of any appointment made on behalf of the child, and contacting the parent or legal guardian after the service is provided to ensure that the service is timely delivered and to determine whether the family requests additional services.

(j) Negotiate and maintain agreements with Medicaid providers and Medicaid managed care organizations in its area.

1. With the parent's or legal guardian's permission, the services in the child's approved individualized family support plan shall be communicated to the Medicaid managed care organization. Services that cannot be funded by Medicaid must be specifically identified and explained to the family.

2. The agreement between the local program office and Medicaid managed care organizations must establish methods of communication and procedures for the timely approval of services covered by Medicaid.

(k) Develop agreements and arrangements with private insurers in order to coordinate benefits and services for any mutual enrollee.

1. The child's approved individualized family support plan may be communicated to the child's insurer with the parent's or legal guardian's permission.

2. The local program office and private insurers shall establish methods of communication and procedures for the timely approval of services covered by the child's insurer, if appropriate and approved by the child's parent or legal guardian.

(1) Provide to the department data necessary for an evaluation of the local program office performance.

(5) ACCOUNTABILITY REPORTING.—By December 1 of each year, the department shall prepare and submit a report that assesses the performance of the Early Steps Program to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Florida Interagency Coordinating Council for Infants and Toddlers. The department must address the performance standards in subsection (1) and report actual performance compared to the standards for the prior fiscal year. The data used to compile the report must be submitted by each local program office in the state. The department shall report on all of the following measures:

(a) Number and percentage of infants and toddlers served with an individualized family support plan.

(b) Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program.

(c) Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program.

(d) Number and percentage of families reporting positive outcomes in their infant’s and toddler’s development as a result of early intervention services.

(e) Progress toward meeting the goals of individualized family support plans.

(f) Any additional measures established by the department.

(6) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida Interagency Coordinating Council for Infants and Toddlers shall serve as the state interagency coordinating council required by 34 C.F.R. s. 303.600. The council shall be housed for administrative purposes in the department, and the department shall provide administrative support to the council.

(7) TRANSITION TO EDUCATION.—

(a) At least 90 days before a child reaches 3 years of age, the local program office shall initiate transition planning to ensure the child’s successful transition from the Early Steps Program to a school district program for children with disabilities or to another program as part of an individual family support plan.

(b) At least 90 days before a child reaches 3 years of age, the local program office shall:

1. Notify the local school district in which the child resides and the Department of Education that the child may be eligible for special education or related services as determined by the local school district pursuant to ss.

1003.21 and 1003.57, unless the child's parent or legal guardian has opted out of such notification; and

2. Upon approval by the child's parent or legal guardian, convene a transition conference that includes participation of a local school district representative and the parent or legal guardian to discuss options for and availability of services.

(c) The local school district shall evaluate and determine a child's eligibility to receive special education or related services pursuant to part B of the federal Individuals with Disabilities Education Act and ss. 1003.21 and 1003.57.

(d) The local program office, in conjunction with the local school district, shall modify a child's individual family support plan or, if applicable, the local school district shall develop an individual education plan for the child pursuant to ss. 1003.57, 1003.571, and 1003.5715, which identifies special education or related services that the child will receive and the providers or agencies that will provide such services.

(e) If a child is determined to be ineligible for school district program services, the local program office and the local school district shall provide the child's parent or legal guardian with written information on other available services or community resources.

(f) The local program office shall negotiate and maintain an interagency agreement with each local school district in its service area pursuant to the Individuals with Disabilities Education Act, 20 U.S.C. s. 1435(a)(10)(F). Each interagency agreement must be reviewed at least annually and updated upon review, if needed.

Section 10. Subsection (15) of section 402.302, Florida Statutes, is amended to read:

402.302 Definitions.—As used in this chapter, the term:

(15) “Screening” means the act of assessing the background of child care personnel, in accordance with state and federal law, and volunteers and includes, but is not limited to;

(a) Employment history checks, including documented attempts to contact each employer that employed the applicant within the preceding 5 years and documentation of the findings.

(b) A search of the criminal history records, sexual predator and sexual offender registry, and child abuse and neglect registry of any state in which the applicant resided during the preceding 5 years.

An applicant must submit a full set of fingerprints to the department or to a vendor, entity, or agency authorized by s. 943.053(13). The department, vendor, entity, or agency shall forward the fingerprints to ~~local criminal~~

~~records checks through local law enforcement agencies, fingerprinting for all purposes and checks in this subsection, statewide criminal records checks through the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to federal criminal records checks through the Federal Bureau of Investigation for national processing. Fingerprint submission must comply with s. 435.12.~~

Section 11. Section 402.3057, Florida Statutes, is repealed.

Section 12. Subsection (3) of section 402.306, Florida Statutes, is amended to read:

402.306 Designation of licensing agency; dissemination by the department and local licensing agency of information on child care.—

(3) The department and local licensing agencies, or the designees thereof, shall be responsible for coordination and dissemination of information on child care to the community and shall make available through electronic means upon request all licensing standards and procedures, health and safety standards for school readiness providers, monitoring and inspection reports, and ~~in addition to~~ the names and addresses of licensed child care facilities, school readiness program providers, and, where applicable pursuant to s. 402.313, licensed or registered family day care homes. This information shall also include the number of deaths, serious injuries, and instances of substantiated child abuse that have occurred in child care settings each year; research and best practices in child development; and resources regarding social-emotional development, parent and family engagement, healthy eating, and physical activity.

Section 13. Section 402.311, Florida Statutes, is amended to read:

402.311 Inspection.—

(1) A licensed child care facility shall accord to the department or the local licensing agency, whichever is applicable, the privilege of inspection, including access to facilities and personnel and to those records required in s. 402.305, at reasonable times during regular business hours, to ensure compliance with ~~the provisions of ss. 402.301-402.319.~~ The right of entry and inspection shall also extend to any premises which the department or local licensing agency has reason to believe are being operated or maintained as a child care facility without a license, but no such entry or inspection of any premises shall be made without the permission of the person in charge thereof unless a warrant is first obtained from the circuit court authorizing such entry or inspection same. Any application for a license or renewal made pursuant to this act or the advertisement to the public for the provision of child care as defined in s. 402.302 shall constitute permission for any entry or inspection of the premises for which the license is sought in order to facilitate verification of the information submitted on or in connection with the application. In the event a licensed facility refuses permission for entry or inspection to the department or local licensing agency, a warrant shall be

obtained from the circuit court authorizing entry or inspection before same ~~prior to~~ such entry or inspection. The department or local licensing agency may institute disciplinary proceedings pursuant to s. 402.310, for such refusal.

(2) A school readiness program provider shall accord to the department or the local licensing agency, whichever is applicable, the privilege of inspection, including access to facilities, personnel, and records, to verify compliance with the requirements of s. 1002.88. Entry, inspection, and issuance of an inspection report by the department or the local licensing agency to verify compliance with the requirements of s. 1002.88 is an exercise of a discretionary power to enforce compliance with the laws duly enacted by a governmental body.

(3) The department's issuance, transmittal, or publication of an inspection report resulting from an inspection under this section does not constitute agency action subject to chapter 120.

Section 14. Subsection (3) is added to section 402.319, Florida Statutes, to read:

402.319 Penalties.—

(3) Each child care facility, family day care home, and large family child care home shall annually submit an affidavit of compliance with s. 39.201.

Section 15. Paragraph (c) is added to subsection (4) of section 435.07, Florida Statutes, to read:

435.07 Exemptions from disqualification.—Unless otherwise provided by law, the provisions of this section apply to exemptions from disqualification for disqualifying offenses revealed pursuant to background screenings required under this chapter, regardless of whether those disqualifying offenses are listed in this chapter or other laws.

(4)

(c) Disqualification from employment under this chapter may not be removed from, and an exemption may not be granted to, any current or prospective child care personnel of a provider receiving school readiness funding under part VI of chapter 1002, and such a person is disqualified from employment as child care personnel with such providers, regardless of any prior exemptions from disqualification, if the person has been registered as a sex offender as described in 42 U.S.C. s. 9858f(c)(1)(C) or has been arrested for and is awaiting final disposition of, has been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, or has been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or a similar law of another jurisdiction:

1. A felony offense prohibited under any of the following statutes:

- a. Chapter 741, relating to domestic violence.
- b. Section 782.04, relating to murder.
- c. Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, aggravated manslaughter of a child, or aggravated manslaughter of an officer, a firefighter, an emergency medical technician, or a paramedic.
- d. Section 784.021, relating to aggravated assault.
- e. Section 784.045, relating to aggravated battery.
- f. Section 787.01, relating to kidnapping.
- g. Section 787.025, relating to luring or enticing a child.
- h. Section 787.04(2), relating to leading, taking, enticing, or removing a minor beyond the state limits, or concealing the location of a minor, with criminal intent pending custody proceedings.
- i. Section 787.04(3), relating to leading, taking, enticing, or removing a minor beyond the state limits, or concealing the location of a minor, with criminal intent pending dependency proceedings or proceedings concerning alleged abuse or neglect of a minor.
- j. Section 794.011, relating to sexual battery.
- k. Former s. 794.041, relating to sexual activity with or solicitation of a child by a person in familial or custodial authority.
- l. Section 794.05, relating to unlawful sexual activity with certain minors.
- m. Section 794.08, relating to female genital mutilation.
- n. Section 806.01, relating to arson.
- o. Section 826.04, relating to incest.
- p. Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- q. Section 827.04, relating to contributing to the delinquency or dependency of a child.
- r. Section 827.071, relating to sexual performance by a child.
- s. Chapter 847, relating to child pornography.
- t. Section 985.701, relating to sexual misconduct in juvenile justice programs.

2. A misdemeanor offense prohibited under any of the following statutes:
- a. Section 784.03, relating to battery, if the victim of the offense was a minor.
 - b. Section 787.025, relating to luring or enticing a child.
 - c. Chapter 847, relating to child pornography.
3. A criminal act committed in another state or under federal law which, if committed in this state, constitutes an offense prohibited under any statute listed in subparagraph 1. or subparagraph 2.

Section 16. Paragraph (i) of subsection (2) of section 1002.82, Florida Statutes, is amended, and paragraphs (s) through (x) are added to that subsection, to read:

1002.82 Office of Early Learning; powers and duties.—

(2) The office shall:

(i) Enter into a memorandum of understanding with local licensing agencies and Develop, in coordination with the Child Care Services Program Office of the Department of Children and Families for inspections of school readiness program providers to monitor and verify compliance with s. 1002.88 and the health and safety checklist adopted by the office. The provider contract of a school readiness program provider that refuses permission for entry or inspection shall be terminated. The, and adopt a health and safety checklist may to be completed by license-exempt providers that does not exceed the requirements of s. 402.305 and the Child Care and Development Fund pursuant to 45 C.F.R. part 98.

(s) Develop and implement strategies to increase the supply and improve the quality of child care services for infants and toddlers, children with disabilities, children who receive care during nontraditional hours, children in underserved areas, and children in areas that have significant concentrations of poverty and unemployment.

(t) Establish preservice and inservice training requirements that address, at a minimum, school readiness child development standards, health and safety requirements, and social-emotional behavior intervention models, which may include positive behavior intervention and support models.

(u) Establish standards for emergency preparedness plans for school readiness program providers.

(v) Establish group sizes.

(w) Establish staff-to-children ratios that do not exceed the requirements of s. 402.302(8) or (11) or s. 402.305(4), as applicable, for school readiness program providers.

(x) Establish eligibility criteria, including limitations based on income and family assets, in accordance with s. 1002.87 and federal law.

Section 17. Subsections (7) and (8) of section 1002.84, Florida Statutes, are amended to read:

1002.84 Early learning coalitions; school readiness powers and duties. Each early learning coalition shall:

(7) Determine child eligibility pursuant to s. 1002.87 and provider eligibility pursuant to s. 1002.88. ~~At a minimum, Child eligibility must be redetermined annually. Redetermination must also be conducted twice per year for an additional 50 percent of a coalition’s enrollment through a statistically valid random sampling.~~ A coalition must document the reason ~~why~~ a child is no longer eligible for the school readiness program according to the standard codes prescribed by the office.

(8) Establish a parent sliding fee scale that ~~provides for~~ requires a parent copayment ~~that is not a barrier to families receiving to participate in the school readiness program services.~~ Providers are required to collect the parent’s copayment. A coalition may, on a case-by-case basis, waive the copayment for an at-risk child or temporarily waive the copayment for a child whose family’s income is at or below the federal poverty level and whose family experiences a natural disaster or an event that limits the parent’s ability to pay, such as incarceration, placement in residential treatment, or becoming homeless, or an emergency situation such as a household fire or burglary, or while the parent is participating in parenting classes. A parent may not transfer school readiness program services to another school readiness program provider until the parent has submitted documentation from the current school readiness program provider to the early learning coalition stating that the parent has satisfactorily fulfilled the copayment obligation.

Section 18. Subsections (1), (4), (5), and (6) of section 1002.87, Florida Statutes, are amended to read:

1002.87 School readiness program; eligibility and enrollment.—

~~(1) Effective August 1, 2013, or upon reevaluation of eligibility for children currently served, whichever is later,~~ Each early learning coalition shall give priority for participation in the school readiness program as follows:

(a) Priority shall be given first to a child younger than 13 years of age from a family that includes a parent who is receiving temporary cash assistance under chapter 414 and subject to the federal work requirements.

(b) Priority shall be given next to an at-risk child younger than 9 years of age.

(c) Priority shall be given next to a child from birth to the beginning of the school year for which the child is eligible for admission to kindergarten in a public school under s. 1003.21(1)(a)2. who is from a working family that is economically disadvantaged, and may include such child's eligible siblings, beginning with the school year in which the sibling is eligible for admission to kindergarten in a public school under s. 1003.21(1)(a)2. until the beginning of the school year in which the sibling is eligible to begin 6th grade, provided that the first priority for funding an eligible sibling is local revenues available to the coalition for funding direct services. ~~However, a child eligible under this paragraph ceases to be eligible if his or her family income exceeds 200 percent of the federal poverty level.~~

(d) Priority shall be given next to a child of a parent who transitions from the work program into employment as described in s. 445.032 from birth to the beginning of the school year for which the child is eligible for admission to kindergarten in a public school under s. 1003.21(1)(a)2.

(e) Priority shall be given next to an at-risk child who is at least 9 years of age but younger than 13 years of age. An at-risk child whose sibling is enrolled in the school readiness program within an eligibility priority category listed in paragraphs (a)-(c) shall be given priority over other children who are eligible under this paragraph.

(f) Priority shall be given next to a child who is younger than 13 years of age from a working family that is economically disadvantaged. A child who is eligible under this paragraph whose sibling is enrolled in the school readiness program under paragraph (c) shall be given priority over other children who are eligible under this paragraph. ~~However, a child eligible under this paragraph ceases to be eligible if his or her family income exceeds 200 percent of the federal poverty level.~~

(g) Priority shall be given next to a child of a parent who transitions from the work program into employment as described in s. 445.032 who is younger than 13 years of age.

(h) Priority shall be given next to a child who has special needs, has been determined eligible as a student with a disability, has a current individual education plan with a Florida school district, and is not younger than 3 years of age. A special needs child eligible under this paragraph remains eligible until the child is eligible for admission to kindergarten in a public school under s. 1003.21(1)(a)2.

(i) Notwithstanding paragraphs (a)-(d), priority shall be given last to a child who otherwise meets one of the eligibility criteria in paragraphs (a)-(d) but who is also enrolled concurrently in the federal Head Start Program and the Voluntary Prekindergarten Education Program.

(4) The parent of a child enrolled in the school readiness program must notify the coalition or its designee within 10 days after any change in employment status, income, or family size or failure to maintain attendance

at a job training or educational program in accordance with program requirements. Upon notification by the parent, the child's eligibility must be reevaluated.

(5) A child whose eligibility priority category requires the child to be from a working family ceases to be eligible for the school readiness program if a parent with whom the child resides does not reestablish employment or resume attendance at a job training or educational program within 90 60 days after becoming unemployed or ceasing to attend a job training or educational program.

(6) Eligibility for each child must be reevaluated annually. Upon reevaluation, a child may not continue to receive school readiness program services if he or she has ceased to be eligible under this section. A child who is ineligible due to a parent's job loss or cessation of education or job training shall continue to receive school readiness program services for at least 3 months to enable the parent to obtain employment.

Section 19. Paragraphs (c), (d), and (e) of subsection (1) of section 1002.88, Florida Statutes, are amended to read:

1002.88 School readiness program provider standards; eligibility to deliver the school readiness program.—

(1) To be eligible to deliver the school readiness program, a school readiness program provider must:

(c) Provide basic health and safety of its premises and facilities and compliance with requirements for age-appropriate immunizations of children enrolled in the school readiness program.

1. For a provider that is licensed child care facility, a large family child care home, or a licensed family day care home, compliance with s. 402.305, s. 402.3131, or s. 402.313 and this subsection, as verified pursuant to s. 402.311, satisfies this requirement.

2. For a provider that is a registered family day care home or is not subject to licensure or registration by the Department of Children and Families, compliance with this subsection, as verified pursuant to s. 402.311, satisfies this requirement. Upon verification pursuant to s. 402.311, the provider ~~For a public or nonpublic school, compliance with s. 402.3025 or s. 1003.22 satisfies this requirement. A faith-based child care provider, an informal child care provider, or a nonpublic school, exempt from licensure under s. 402.316 or s. 402.3025, shall annually post complete the health and safety checklist adopted by the office, post the checklist prominently on its premises in plain sight for visitors and parents; and shall annually submit the checklist it annually to its local early learning coalition.~~

(d) Provide an appropriate group size and staff-to-children ratio, ~~pursuant to s. 402.305(4) or s. 402.302(8) or (11), as applicable, and as verified pursuant to s. 402.311.~~

(e) Employ child care personnel, as defined in s. 402.302(3), who have satisfied the screening requirements of chapter 402 and fulfilled the training requirements of the office ~~Provide a healthy and safe environment pursuant to s. 402.305(5), (6), and (7), as applicable, and as verified pursuant to s. 402.311.~~

Section 20. Subsections (6) and (7) of section 1002.89, Florida Statutes, are amended to read:

1002.89 School readiness program; funding.—

(6) Costs shall be kept to the minimum necessary for the efficient and effective administration of the school readiness program with the highest priority of expenditure being direct services for eligible children. However, no more than 5 percent of the funds described in subsection (5) may be used for administrative costs and no more than 22 percent of the funds described in subsection (5) may be used in any fiscal year for any combination of administrative costs, quality activities, and nondirect services as follows:

(a) Administrative costs as described in 45 C.F.R. s. 98.52, which shall include monitoring providers using the standard methodology adopted under s. 1002.82 to improve compliance with state and federal regulations and law pursuant to the requirements of the statewide provider contract adopted under s. 1002.82(2)(m).

(b) Activities to improve the quality of child care as described in 45 C.F.R. s. 98.51, which shall be limited to the following:

1. Developing, establishing, expanding, operating, and coordinating resource and referral programs specifically related to the provision of comprehensive consumer education to parents and the public to promote informed child care choices specified in 45 C.F.R. s. 98.33 ~~regarding participation in the school readiness program and parental choice.~~

2. Awarding grants and providing financial support to school readiness program providers and their staff to assist them in meeting applicable state requirements for child care performance standards, implementing developmentally appropriate curricula and related classroom resources that support curricula, providing literacy supports, and providing continued professional development and training. Any grants awarded pursuant to this subparagraph shall comply with ~~the requirements of~~ ss. 215.971 and 287.058.

3. Providing training, ~~and technical assistance,~~ and financial support to ~~for~~ school readiness program providers, staff, and parents on standards, child screenings, child assessments, child development research and best practices, developmentally appropriate curricula, character development, teacher-child interactions, age-appropriate discipline practices, health and safety, nutrition, first aid, cardiopulmonary resuscitation, the recognition of

communicable diseases, and child abuse detection, and prevention, and reporting.

4. Providing, from among the funds provided for the activities described in subparagraphs 1.-3., adequate funding for infants and toddlers as necessary to meet federal requirements related to expenditures for quality activities for infant and toddler care.

5. Improving the monitoring of compliance with, and enforcement of, applicable state and local requirements as described in and limited by 45 C.F.R. s. 98.40.

6. Responding to Warm-Line requests by providers and parents ~~related to school readiness program children~~, including providing developmental and health screenings to school readiness program children.

(c) Nondirect services as described in applicable Office of Management and Budget instructions are those services not defined as administrative, direct, or quality services that are required to administer the school readiness program. Such services include, but are not limited to:

- 1. Assisting families to complete the required application and eligibility documentation.
- 2. Determining child and family eligibility.
- 3. Recruiting eligible child care providers.
- 4. Processing and tracking attendance records.
- 5. Developing and maintaining a statewide child care information system.

As used in this paragraph, the term “nondirect services” does not include payments to school readiness program providers for direct services provided to children who are eligible under s. 1002.87, administrative costs as described in paragraph (a), or quality activities as described in paragraph (b).

(7) Funds appropriated for the school readiness program may not be expended for the purchase or improvement of land; for the purchase, construction, or permanent improvement of any building or facility; or for the purchase of buses. However, funds may be expended for minor remodeling and upgrading of child care facilities which is necessary for the administration of the program and to ensure that providers meet state and local child care standards, including applicable health and safety requirements.

Section 21. Paragraph (c) of subsection (2) of section 402.3025, Florida Statutes, is amended to read:

402.3025 Public and nonpublic schools.—For the purposes of ss. 402.301-402.319, the following shall apply:

(2) NONPUBLIC SCHOOLS.—

(c) Programs for children who are at least 3 years of age, but under 5 years of age, shall not be deemed to be child care and shall not be subject to the provisions of ss. 402.301-402.319 relating to child care facilities, provided the programs in the schools are operated and staffed directly by the schools, provided a majority of the children enrolled in the schools are 5 years of age or older, and provided there is compliance with the screening requirements for personnel pursuant to s. 402.305 ~~or s. 402.3057~~. A nonpublic school may designate certain programs as child care, in which case these programs shall be subject to the provisions of ss. 402.301-402.319.

Section 22. Subsections (1) and (2) of section 413.092, Florida Statutes, are amended to read:

413.092 Blind Babies Program.—

(1) The Blind Babies Program is created within the Division of Blind Services of the Department of Education to provide community-based early-intervention education to children from birth through 5 years of age who are blind or visually impaired, and to their parents, families, and caregivers, through community-based provider organizations. The division shall enlist parents, ophthalmologists, pediatricians, schools, the Early Steps Program Infant and Toddlers Early Intervention Programs, and therapists to help identify and enroll blind and visually impaired children, as well as their parents, families, and caregivers, in these educational programs.

(2) The program is not an entitlement but shall promote early development with a special emphasis on vision skills to minimize developmental delays. The education shall lay the groundwork for future learning by helping a child progress through normal developmental stages. It shall teach children to discover and make the best use of their skills for future success in school. It shall seek to ensure that visually impaired and blind children enter school as ready to learn as their sighted classmates. The program shall seek to link these children, and their parents, families, and caregivers, to other available services, training, education, and employment programs that could assist these families in the future. This linkage may include referrals to the school districts and the Early Steps Infants and Toddlers Early Intervention Program for assessments to identify any additional services needed which are not provided by the Blind Babies Program. The division shall develop a formula for eligibility based on financial means and may create a means-based matrix to set a copayment fee for families having sufficient financial means.

Section 23. Subsection (1) of section 1003.575, Florida Statutes, is amended to read:

1003.575 Assistive technology devices; findings; interagency agreements.—Accessibility, utilization, and coordination of appropriate assistive technology devices and services are essential as a young person with disabilities moves from early intervention to preschool, from preschool to school, from one school to another, and from school to employment or independent living. If an individual education plan team makes a recommendation in accordance with State Board of Education rule for a student with a disability, as defined in s. 1003.01(3), to receive an assistive technology assessment, that assessment must be completed within 60 school days after the team’s recommendation. To ensure that an assistive technology device issued to a young person as part of his or her individualized family support plan, individual support plan, or an individual education plan remains with the individual through such transitions, the following agencies shall enter into interagency agreements, as appropriate, to ensure the transaction of assistive technology devices:

(1) The Early Steps Florida Infants and Toddlers Early Intervention Program in the Division of Children’s Medical Services of the Department of Health.

Interagency agreements entered into pursuant to this section shall provide a framework for ensuring that young persons with disabilities and their families, educators, and employers are informed about the utilization and coordination of assistive technology devices and services that may assist in meeting transition needs, and shall establish a mechanism by which a young person or his or her parent may request that an assistive technology device remain with the young person as he or she moves through the continuum from home to school to postschool.

Section 24. This act shall take effect July 1, 2016.

Approved by the Governor April 14, 2016.

Filed in Office Secretary of State April 14, 2016.