CHAPTER 2015-79

Committee Substitute for Senate Bill No. 7078

An act relating to child welfare; amending s. 39.2015, F.S.; authorizing critical incident rapid response teams to review cases of child deaths occurring during an open investigation; requiring the advisory committee to meet quarterly and submit quarterly reports; amending s. 39.3068, F.S.; requiring case staffing when medical neglect is substantiated; amending s. 125.901, F.S.; revising the schedule for a county's governing body to submit a general election ballot question on whether to retain a children's services district with voter-approved taxing authority; amending s. 383.402, F.S.; requiring an epidemiological child abuse death assessment and prevention system; providing intent for the operation of and interaction between the state and local death review committees; limiting members of the state committee to terms of 2 years, not to exceed three consecutive terms; requiring the committee to elect a chairperson and authorizing specified duties of the chairperson; providing for per diem and reimbursement of expenses; specifying duties of the state committee; deleting obsolete provisions; providing for the convening of county or multicounty local review committees and support by the county health department directors; specifying membership and duties of local review committees; requiring the state review committee to submit an annual statistical report to the Governor and the Legislature; identifying the required content for the report; specifying that certain responsibilities of the Department of Children and Families are to be administered at the regional level, rather than at the district level; amending s. 402.301, F.S.; requiring personnel of specified membership organizations to meet background screening requirements; amending s. 402.302, F.S.; adding personnel of specified membership organizations to the definition of the term child care personnel; amending s. 409.977, F.S.; authorizing Medicaid managed care specialty plans to serve specified children; amending s. 409.986, F.S.; revising legislative intent to require community-based care lead agencies to give priority to the use of evidence-based and trauma-informed services; amending s. 409.988; requiring lead agencies to give priority to the use of evidence-based and trauma-informed services; amending s. 435.02, F.S.; redefining a term; amending s. 1006.061, F.S.; requiring each district school board, charter school, and certain private schools to post in each school a poster with specified information; providing criteria for the poster; requiring the Department of Education to develop and publish a sample notice on its Internet website; providing an effective date.

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

Section 1. Subsections (2) and (11) of section 39.2015, Florida Statutes, are amended to read:

39.2015 Critical incident rapid response team.—

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(2) An immediate onsite investigation conducted by a critical incident rapid response team is required for all child deaths reported to the department if the child or another child in his or her family was the subject of a verified report of suspected abuse or neglect during the previous 12 months. The secretary may direct an immediate investigation for other cases involving <u>death or</u> serious injury to a child, <u>including</u>, <u>but not limited to</u>, a <u>death or serious injury occurring during an open investigation</u>.

(11) The secretary shall appoint an advisory committee made up of experts in child protection and child welfare, including the Statewide Medical Director for Child Protection under the Department of Health, a representative from the institute established pursuant to s. 1004.615, an expert in organizational management, and an attorney with experience in child welfare, to conduct an independent review of investigative reports from the critical incident rapid response teams and to make recommendations to improve policies and practices related to child protection and child welfare services. The advisory committee shall meet at least once each quarter and By October 1 of each year, the advisory committee shall submit <u>quarterly reports</u> a report to the secretary which <u>include</u> includes findings and recommendations. The secretary shall submit <u>each</u> the report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Section 2. Subsection (3) of section 39.3068, Florida Statutes, is amended to read:

39.3068 Reports of medical neglect.—

(3) The child shall be evaluated by the child protection team as soon as practicable. If After receipt of the report from the child protection team reports that medical neglect is substantiated, the department shall convene a case staffing which shall be attended, at a minimum, by the child protective investigator; department legal staff; and representatives from the child protection team that evaluated the child, Children's Medical Services, the Agency for Health Care Administration, the community-based care lead agency, and any providers of services to the child. However, the Agency for Health Care Administration is not required to attend the staffing if the child is not Medicaid eligible. The staffing shall consider, at a minimum, available services, given the family's eligibility for services; services that are effective in addressing conditions leading to medical neglect allegations; and services that are available and effective shall be provided.

Section 3. Subsection (4) of section 125.901, Florida Statutes, is amended to read:

125.901 Children's services; independent special district; council; powers, duties, and functions; public records exemption.—

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(4)(a) Any district created pursuant to this section may be dissolved by a special act of the Legislature, or the county governing body may by ordinance dissolve the district subject to the approval of the electorate.

(b)1.a. Notwithstanding paragraph (a), the governing body of the county shall submit the question of retention or dissolution of a district with voter-approved taxing authority to the electorate in the general election according to the following schedule:

(II)(III) For a district in existence on July 1, 2010, and serving a county with a population of 2 million or more persons as of that date......2020.

b. A referendum by the electorate on or after July 1, 2010, creating a new district with taxing authority may specify that the district is not subject to reauthorization or may specify the number of years for which the initial authorization shall remain effective. If the referendum does not prescribe terms of reauthorization, the governing body of the county shall submit the question of retention or dissolution of the district to the electorate in the general election 12 years after the initial authorization.

2. The governing body of the district may specify, and submit to the governing body of the county no later than 9 months before the scheduled election, that the district is not subsequently subject to reauthorization or may specify the number of years for which a reauthorization under this paragraph shall remain effective. If the governing body of the district makes such specification and submission, the governing body of the county shall include that information in the question submitted to the electorate. If the governing body of the district does not specify and submit such information, the governing body of the county shall resubmit the question of reauthorization to the electorate every 12 years after the year prescribed in subparagraph 1. The governing body of the district may recommend to the electorate.

3. Nothing in this paragraph limits the authority to dissolve a district as provided under paragraph (a).

4. Nothing in this paragraph precludes the governing body of a district from requesting that the governing body of the county submit the question of retention or dissolution of a district with voter-approved taxing authority to the electorate at a date earlier than the year prescribed in subparagraph 1. If the governing body of the county accepts the request and submits the question to the electorate, the governing body satisfies the requirement of that subparagraph.

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If any district is dissolved pursuant to this subsection, each county must first obligate itself to assume the debts, liabilities, contracts, and outstanding obligations of the district within the total millage available to the county governing body for all county and municipal purposes as provided for under s. 9, Art. VII of the State Constitution. Any district may also be dissolved pursuant to s. part VII of chapter 189.

Section 4. Section 383.402, Florida Statutes, is amended to read:

383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.—

(1) <u>INTENT.</u>It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency, <u>epidemiological</u> child abuse death assessment and prevention system that consists of state and local review committees. The state and local review committees shall review the facts and circumstances of all deaths of children from birth <u>to</u> through age 18 which occur in this state and are reported to the central abuse hotline of the Department of Children and Families. The state and local review committees shall work cooperatively. The primary function of the state review committee is to provide direction and leadership for the review system and to analyze data and recommendations from local review committees to identify issues and trends and to recommend statewide action. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level. The purpose of the state and local review system is shall be to:

(a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse.

(b) Whenever possible, develop a communitywide approach to address such <u>causes</u> eases and contributing factors.

(c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.

(d) <u>Recommend</u> <u>Make and implement recommendations for</u> changes in law, rules, and policies <u>at the state and local levels</u>, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.

(e) Implement such recommendations, to the extent possible.

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.

(a) <u>Membership.</u>

<u>1.</u> The State Child Abuse Death Review Committee is established within the Department of Health and shall consist of a representative of the

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Department of Health, appointed by the State Surgeon General, who shall serve as the state committee coordinator. The head of each of the following agencies or organizations shall also appoint a representative to the state committee:

a.1. The Department of Legal Affairs.

<u>b.2.</u> The Department of Children and Families.

c.3. The Department of Law Enforcement.

d.4. The Department of Education.

e.5. The Florida Prosecuting Attorneys Association, Inc.

<u>f.6.</u> The Florida Medical Examiners Commission, whose representative must be a forensic pathologist.

<u>2.(b)</u> In addition, the State Surgeon General shall appoint the following members to the state committee, based on recommendations from the Department of Health and the agencies listed in <u>subparagraph 1. paragraph</u> (a), and ensuring that the committee represents the regional, gender, and ethnic diversity of the state to the greatest extent possible:

<u>a.1.</u> The <u>Department of Health</u> Statewide <u>Child Protection Team</u> Medical Director for <u>Child Protection</u>.

<u>b.2.</u> A public health nurse.

c.3. A mental health professional who treats children or adolescents.

<u>d.4.</u> An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.

e.5. The medical director of a child protection team.

<u>f.6.</u> A member of a child advocacy organization.

g.7. A social worker who has experience in working with victims and perpetrators of child abuse.

<u>h.</u>8. A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.

<u>i.9.</u> A law enforcement officer who has at least 5 years of experience in children's issues.

j.10. A representative of the Florida Coalition Against Domestic Violence.

<u>k.11.</u> A representative from a private provider of programs on preventing child abuse and neglect.

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<u>l.</u> A substance abuse treatment professional.

3. The members of the state committee shall be appointed to staggered terms not to exceed 2 years each, as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.

4. Members of the state committee shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b)(3) <u>Duties.</u> The State Child Abuse Death Review Committee shall:

<u>1.(a)</u> Develop a system for collecting data <u>from local committees</u> on deaths that are <u>reported to the central abuse hotline the result of child abuse</u>. The system must include a protocol for the uniform collection of data statewide, which <u>must, at a minimum, use the National Child Death Review</u> <u>Case Reporting System administered by the National Center for the Review</u> <u>and Prevention of Child Deaths</u> uses existing data-collection systems to the greatest extent possible.

2.(b) Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.

(c) Prepare an annual statistical report on the incidence and causes of death resulting from reported child abuse in the state during the prior calendar year. The state committee shall submit a copy of the report by October 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must include recommendations for state and local action, including specific policy, procedural, regulatory, or statutory changes, and any other recommended preventive action.

 $\underline{3.(d)}$ Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse. Training <u>must shall</u> be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise.

<u>4.(e)</u> Develop <u>statewide uniform</u> guidelines, standards, and protocols, including a protocol for <u>standardized</u> data collection, <u>and reporting</u>, for local child abuse death review committees, and provide training and technical assistance to local committees.

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5.(f) Develop <u>statewide uniform</u> guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.

6.(g) Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.

 $\underline{7.(h)}$ Provide consultation on individual cases to local committees upon request.

 $\underline{8.(i)}$ Educate the public regarding the provisions of chapter 99-168, Laws of Florida, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.

<u>9.(j)</u> Promote continuing education for professionals who investigate, treat, and prevent child abuse or neglect.

<u>10.(k)</u> Recommend, when appropriate, the review of the death certificate of a child who died as a result of abuse or neglect.

(4) The members of the state committee shall be appointed to staggered terms of office which may not exceed 2 years, as determined by the State Surgeon General. Members are eligible for reappointment. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.

(5) Members of the state committee shall serve without compensation but are entitled to reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(3)(6) LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES.—At the direction of the State Surgeon General, <u>a county or multicounty child</u> abuse death review committee shall be convened and supported by the county health department directors the director of each county health department, or the directors of two or more county health departments by agreement, may convene and support a county or multicounty child abuse death review committee in accordance with the protocols established by the State Child Abuse Death Review Committee.

(a) <u>Membership</u>.—The local death review committees shall include, at a minimum, the following organizations' representatives, appointed by the county health department directors in consultation with those organizations:

<u>1. The state attorney's office.</u> Each local committee must include a local state attorney, or his or her designee, and

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2. The medical examiner's office.

3. The local Department of Children and Families child protective investigations unit.

4. The Department of Health child protection team.

5. The community-based care lead agency.

6. State, county, or local law enforcement agencies.

7. The school district.

8. A mental health treatment provider.

9. A certified domestic violence center.

10. A substance abuse treatment provider.

<u>11.</u> Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee.

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child, shall attend any meetings where the child's case is reviewed. The members of a local committee shall be appointed to 2-year terms and may be reappointed. The local committee shall elect a chairperson from among its members. Members shall serve without compensation but <u>may receive</u> are entitled to reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b)(7) <u>Duties.</u> Each local child abuse death review committee shall:

<u>1.(a)</u> Assist the state committee in collecting data on deaths that are the result of child abuse, in accordance with the protocol established by the state committee. The local committee shall complete, to the fullest extent possible, the individual case report in the National Child Death Review Case Reporting System.

<u>2.(b)</u> Submit written reports <u>as required by</u> at the direction of the state committee. The reports must include:

a. Nonidentifying information from on individual cases.

b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist. and

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<u>c. All</u> the steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.

3.(e) Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.

4.(d) Abide by the standards and protocols developed by the state committee.

5.(e) On a case-by-case basis, request that the state committee review the data of a particular case.

(4) ANNUAL STATISTICAL REPORT.—The state committee shall prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:

(a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.

(b) A detailed statistical analysis of the incidence and causes of deaths.

(c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.

(d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.

(5)(8) ACCESS TO AND USE OF RECORDS.

(a) Notwithstanding any other law, the chairperson of the State Child Abuse Death Review Committee, or the chairperson of a local committee, shall be provided with access to any information or records that pertain to a child whose death is being reviewed by the committee and that are necessary for the committee to carry out its duties, including information or records that pertain to the child's family, as follows:

<u>1.(a)</u> Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under chapter 393, chapter 394, or chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and \$1 per fiche for microfiche records.

2.(b) Information or records of any state agency or political subdivision which might assist a committee in reviewing a child's death, including, but

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not limited to, information or records of the Department of Children and Families, the Department of Health, the Department of Education, or the Department of Juvenile Justice.

(b)(9) The State Child Abuse Death Review Committee or a local committee shall have access to all information of a law enforcement agency which is not the subject of an active investigation and which pertains to the review of the death of a child. A committee may not disclose any information that is not subject to public disclosure by the law enforcement agency, and active criminal intelligence information or criminal investigative information, as defined in s. 119.011(3), may not be made available for review or access under this section.

 $(\underline{c})(10)$ The state committee and any local committee may share with each <u>other</u> any relevant information that pertains to the review of the death of a child.

(d)(11) A member of the state committee or a local committee may not contact, interview, or obtain information by request or subpoena directly from a member of a deceased child's family as part of a committee's review of a child abuse death, except that if a committee member is also a public officer or state employee, that member may contact, interview, or obtain information from a member of the deceased child's family, if necessary, as part of the committee's review. A member of the deceased child's family may voluntarily provide records or information to the state committee or a local committee.

 $(\underline{e})(\underline{12})$ The chairperson of the State Child Abuse Death Review Committee may require the production of records by requesting a subpoena, through the Department of Legal Affairs, in any county of the state. Such subpoena is effective throughout the state and may be served by any sheriff. Failure to obey the subpoena is punishable as provided by law.

 $(\underline{f})(\underline{13})$ This section does not authorize the members of the state committee or any local committee to have access to any grand jury proceedings.

 $(\underline{g})(\underline{14})$ A person who has attended a meeting of the state committee or a local committee or who has otherwise participated in activities authorized by this section may not be permitted or required to testify in any civil, criminal, or administrative proceeding as to any records or information produced or presented to a committee during meetings or other activities authorized by this section. However, this subsection does not prevent any person who testifies before the committee or who is a member of the committee from testifying as to matters otherwise within his or her knowledge. An organization, institution, committee member, or other person who furnishes information, data, reports, or records to the state committee or a local committee is not liable for damages to any person and is not subject to any other civil, criminal, or administrative recourse. This subsection does not apply to any person who admits to committing a crime.

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(6)(15) DEPARTMENT OF HEALTH RESPONSIBILITIES.

 (\underline{a}) The Department of Health shall administer the funds appropriated to operate the review committees and may apply for grants and accept donations.

 $(\underline{b})(\underline{16})$ To the extent that funds are available, the Department of Health may hire staff or consultants to assist a review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the state committee and the local committees.

 $(\underline{c})(17)$ For the purpose of carrying out the responsibilities assigned to the State Child Abuse Death Review Committee and the local review committees, the State Surgeon General may substitute an existing entity whose function and organization <u>includes</u> include the function and organization of the committees established by this section.

(7)(18) <u>DEPARTMENT OF CHILDREN AND FAMILIES RESPONSI-</u> <u>BILITIES.</u>—Each <u>regional managing director</u> <u>district administrator</u> of the Department of Children and Families must appoint a child abuse death review coordinator for the <u>region district</u>. The coordinator must have knowledge and expertise in the area of child abuse and neglect. The coordinator's general responsibilities include:

(a) Coordinating with the local child abuse death review committee.

(b) Ensuring the appropriate implementation of the child abuse death review process and all <u>regional district</u> activities related to the review of child abuse deaths.

(c) Working with the committee to ensure that the reviews are thorough and that all issues are appropriately addressed.

(d) Maintaining a system of logging child abuse deaths covered by this procedure and tracking cases during the child abuse death review process.

(e) Conducting or arranging for a Florida <u>Safe Families Network</u> Abuse Hotline Information System (FAHIS) record check on all child abuse deaths covered by this procedure to determine whether there were any prior reports concerning the child or concerning any siblings, other children, or adults in the home.

(f) Coordinating child abuse death review activities, as needed, with individuals in the community and the Department of Health.

(g) Notifying the <u>regional managing director</u> district administrator, the Secretary of Children and Families, the <u>Department of Health</u> Deputy Secretary <u>for Health and Deputy State Health Officer</u> for Children's Medical Services, and the Department of Health Child Abuse Death Review Coordinator of all child abuse deaths meeting criteria for review as specified

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in this section within 1 working day after <u>case closure</u> verifying the child's death was due to abuse, neglect, or abandonment.

(h) Ensuring that all critical issues identified by the local child abuse death review committee are brought to the attention of the <u>regional</u> <u>managing director</u> <u>district administrator</u> and the Secretary of Children and Families.

(i) Providing technical assistance to the local child abuse death review committee during the review of any child abuse death.

Section 5. Subsection (6) of section 402.301, Florida Statutes, is amended to read:

402.301 Child care facilities; legislative intent and declaration of purpose and policy.—It is the legislative intent to protect the health, safety, and wellbeing of the children of the state and to promote their emotional and intellectual development and care. Toward that end:

(6) It is further the intent that membership organizations affiliated with national organizations which do not provide child care, whose primary purpose is providing activities that contribute to the development of good character or good sportsmanship or to the education or cultural development of minors in this state, which charge only a nominal annual membership fee, which are not for profit, and which are certified by their national associations as being in compliance with the association's minimum standards and procedures shall not be considered child care facilities and therefore, their personnel shall not be required to be screened. However, all personnel as defined in s. 402.302 of such membership organizations shall meet background screening requirements through the department pursuant to ss. 402.305 and 402.3055.

Section 6. Subsection (3) of section 402.302, Florida Statutes, is amended to read:

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

(3) "Child care personnel" means all owners, operators, employees, and volunteers working in a child care facility. The term does not include persons who work in a child care facility after hours when children are not present or parents of children in a child care facility. For purposes of screening, the term includes any member, over the age of 12 years, of a child care facility operator's family, or person, over the age of 12 years, residing with a child care facility operator or if the child care facility is located in or adjacent to the home of the operator or if the family member of, or person residing with, the child care facility operator has any direct contact with the children in the facility during its hours of operator who are between the ages of 12 years and 18 years are not required to be fingerprinted but must be screened for delinquency records. For purposes of screening, the term also includes

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persons who work in child care programs that provide care for children 15 hours or more each week in public or nonpublic schools, family day care homes, <u>membership organizations under s. 402.301</u>, or programs otherwise exempted under s. 402.316. The term does not include public or nonpublic school personnel who are providing care during regular school hours, or after hours for activities related to a school's program for grades kindergarten through 12. A volunteer who assists on an intermittent basis for less than 10 hours per month is not included in the term "personnel" for the purposes of screening and training if a person who meets the screening requirement of s. 402.305(2) is always present and has the volunteer in his or her line of sight. Students who observe and participate in a child care facility as a part of their required coursework are not considered child care personnel, provided such observation and participation are on an intermittent basis and a person who meets the screening requirement of s. 402.305(2) is always present and has the volunteer in his or her line of sight.

Section 7. Subsection (5) is added to section 409.977, Florida Statutes, to read:

409.977 Enrollment.-

(5) Specialty plans serving children in the care and custody of the department may serve such children as long as they remain in care, including those remaining in extended foster care pursuant to s. 39.6251, or are in subsidized adoption and continue to be eligible for Medicaid pursuant to s. 409.903.

Section 8. Paragraph (a) of subsection (1) of section 409.986, Florida Statutes, is amended to read:

409.986 Legislative findings and intent; child protection and child welfare outcomes; definitions.—

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) It is the intent of the Legislature that the Department of Children and Families provide child protection and child welfare services to children through contracting with community-based care lead agencies. The community-based lead agencies shall give priority to the use of services that are evidence-based and trauma-informed. Counties that provide children and family services with at least 40 licensed residential group care beds by July 1, 2003, and that provide at least \$2 million annually in county general revenue funds to supplement foster and family care services shall continue to contract directly with the state. It is the further intent of the Legislature that communities have responsibility for and participate in ensuring safety, permanence, and well-being for all children in the state.

Section 9. Subsection (3) of section 409.988, Florida Statutes, is amended to read:

409.988 Lead agency duties; general provisions.—

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(3) SERVICES.—A lead agency must <u>provide</u> serve dependent children <u>with through</u> services that are supported by research or <u>that</u> are <u>recognized</u> <u>as best practices in the best</u> child welfare <u>field</u> <u>practices</u>. The agency <u>shall</u> <u>give priority to the use of services that are evidence-based and traumainformed and</u> may also provide <u>other</u> innovative services, including, but not limited to, family-centered <u>and</u>, cognitive-behavioral, trauma-informed interventions designed to mitigate out-of-home placements.

Section 10. Subsection (5) of section 435.02, Florida Statutes, is amended to read:

435.02 Definitions.—For the purposes of this chapter, the term:

(5) "Specified agency" means the Department of Health, the Department of Children and Families, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elderly Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities, and local licensing agencies <u>approved pursuant to s. 402.307</u>, when these agencies are conducting state and national criminal history background screening on persons who work with children or persons who are elderly or disabled.

Section 11. Section 1006.061, Florida Statutes, is amended to read:

1006.061 Child abuse, abandonment, and neglect policy.—Each district school board, charter school, and private school that accepts scholarship students under s. 1002.39 or s. 1002.395 shall:

(1) Post in a prominent place in each school a notice that, pursuant to chapter 39, all employees and agents of the district school board, charter school, or private school have an affirmative duty to report all actual or suspected cases of child abuse, abandonment, or neglect; have immunity from liability if they report such cases in good faith; and have a duty to comply with child protective investigations and all other provisions of law relating to child abuse, abandonment, and neglect. The notice shall also include the statewide toll-free telephone number of the central abuse hotline.

(2) Post in a prominent place at each school site and on each school's Internet website, if available, the policies and procedures for reporting alleged misconduct by instructional personnel or school administrators which affects the health, safety, or welfare of a student; the contact person to whom the report is made; and the penalties imposed on instructional personnel or school administrators who fail to report suspected or actual child abuse or alleged misconduct by other instructional personnel or school administrators.

(3) Require the principal of the charter school or private school, or the district school superintendent, or the superintendent's designee, at the request of the Department of Children and Families, to act as a liaison to the Department of Children and Families and the child protection team, as

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defined in s. 39.01, when in a case of suspected child abuse, abandonment, or neglect or an unlawful sexual offense involving a child the case is referred to such a team; except that this does not relieve or restrict the Department of Children and Families from discharging its duty and responsibility under the law to investigate and report every suspected or actual case of child abuse, abandonment, or neglect or unlawful sexual offense involving a child.

(4)(a) Post in a prominent place in a clearly visible location and public area of the school which is readily accessible to and widely used by students a sign in English and Spanish that contains:

1. The statewide toll-free telephone number of the central abuse hotline as provided in chapter 39;

2. Instructions to call 911 for emergencies; and

<u>3. Directions for accessing the Department of Children and Families</u> <u>Internet website for more information on reporting abuse, neglect, and exploitation.</u>

(b) The information in paragraph (a) must be put on at least one poster in each school, on a sheet that measures at least 11 inches by 17 inches, produced in large print, and placed at student eye level for easy viewing.

The Department of Education shall develop, and publish on the department's Internet website, sample notices suitable for posting in accordance with subsections (1), and (2), and (4).

Section 12. This act shall take effect July 1, 2015.

Approved by the Governor May 21, 2015.

Filed in Office Secretary of State May 21, 2015.