

CHAPTER 411

HANDICAP OR HIGH-RISK CONDITION PREVENTION AND EARLY CHILDHOOD ASSISTANCE

PART I

GENERAL PROVISIONS (ss. 411.01-411.205)

PART II

PREVENTION AND EARLY ASSISTANCE (ss. 411.22-411.228)

PART III

INFANTS AND TODDLERS (ss. 411.23-411.233)

PART IV

CHILDHOOD PREGNANCY PREVENTION PUBLIC EDUCATION PROGRAM
(ss. 411.24-411.243)

PART I

GENERAL PROVISIONS

411.01 School readiness programs; early learning coalitions.

411.0105 Early Learning Opportunities Act and Even Start Family Literacy Programs; lead agency.

411.011 Records of children in school readiness programs.

411.201 Florida Prevention, Early Assistance, and Early Childhood Act; short title.

411.202 Definitions.

411.203 Continuum of comprehensive services.

411.205 Rules.

¹411.01 School readiness programs; early learning coalitions.--

(1) SHORT TITLE.--This section may be cited as the "School Readiness Act."

(2) LEGISLATIVE INTENT.--

(a) The Legislature recognizes that school readiness programs increase children's chances of achieving future educational success and becoming productive members of society. It is the intent of the Legislature that the programs be developmentally appropriate, research-based, involve parents as their child's first teacher, serve as preventive measures for children at risk of future school failure, enhance the educational readiness of eligible children, and support

family education. Each school readiness program shall provide the elements necessary to prepare at-risk children for school, including health screening and referral and an appropriate educational program.

(b) It is the intent of the Legislature that school readiness programs be operated on a full-day, year-round basis to the maximum extent possible to enable parents to work and become financially self-sufficient.

(c) It is the intent of the Legislature that school readiness programs not exist as isolated programs, but build upon existing services and work in cooperation with other programs for young children, and that school readiness programs be coordinated to achieve full effectiveness.

(d) It is the intent of the Legislature that the administrative staff at the state level for school readiness programs be kept to the minimum necessary to administer the duties of the Agency for Workforce Innovation, as the school readiness programs are to be regionally designed, operated, and managed, with the Agency for Workforce Innovation developing school readiness program performance standards and outcome measures and approving and reviewing early learning coalitions and school readiness plans.

(e) It is the intent of the Legislature that appropriations for combined school readiness programs shall not be less than the programs would receive in any fiscal year on an uncombined basis.

(f) It is the intent of the Legislature that the school readiness program coordinate and operate in conjunction with the district school systems. However, it is also the intent of the Legislature that the school readiness program not be construed as part of the system of free public schools but rather as a separate program for children under the age of kindergarten eligibility, funded separately from the system of free public schools, utilizing a mandatory sliding fee scale, and providing an integrated and seamless system of school readiness services for the state's birth-to-kindergarten population.

(g) It is the intent of the Legislature that the federal child care income tax credit be preserved for school readiness programs.

(h) It is the intent of the Legislature that school readiness services shall be an integrated and seamless system of services with a developmentally appropriate education component for the state's eligible birth-to-kindergarten population described in subsection (6) and shall not be construed as part of the seamless K-20 education system.

(3) PARENTAL PARTICIPATION IN SCHOOL READINESS PROGRAMS.--This section does not:

(a) Relieve parents and guardians of their own obligations to prepare their children for school;
or

(b) Create any obligation to provide publicly funded school readiness programs or services beyond those authorized by the Legislature.

(4) AGENCY FOR WORKFORCE INNOVATION.--

(a) The Agency for Workforce Innovation shall administer school readiness programs at the state level and shall coordinate the early learning coalitions in providing school readiness

services on a full-day, full-year, full-choice basis to the extent possible in order to enable parents to work and be financially self-sufficient.

(b) The Agency for Workforce Innovation shall:

1. Coordinate the birth-to-kindergarten services for children who are eligible under subsection (6) and the programmatic, administrative, and fiscal standards under this section for all public providers of school readiness programs.
2. Continue to provide unified leadership for school readiness through early learning coalitions.
3. Focus on improving the educational quality of all publicly funded school readiness programs.

(c) For purposes of administration of the federal Child Care and Development Fund, 45 C.F.R. parts 98 and 99, the Agency for Workforce Innovation may be designated by the Governor as the lead agency and, if so designated, shall comply with the lead agency responsibilities under federal law.

(d) The Agency for Workforce Innovation shall:

1. Be responsible for the prudent use of all public and private funds in accordance with all legal and contractual requirements.
2. Provide final approval and periodic review of early learning coalitions and school readiness plans.
3. Provide leadership for the enhancement of school readiness in this state by aggressively establishing a unified approach to the state's efforts toward enhancement of school readiness. In support of this effort, the Agency for Workforce Innovation may develop and implement specific strategies that address the state's school readiness programs.
4. Safeguard the effective use of federal, state, local, and private resources to achieve the highest possible level of school readiness for the children in this state.
5. Provide technical assistance to early learning coalitions.
6. Assess gaps in service.
7. Provide technical assistance to counties that form a multicounty region served by an early learning coalition.
8. Develop and adopt performance standards and outcome measures for school readiness programs. The performance standards must address the age-appropriate progress of children in the development of the school readiness skills required under paragraph (j). The performance standards for children from birth to 3 years of age in school readiness programs must be integrated with the performance standards adopted by the Department of Education for children in the Voluntary Prekindergarten Education Program under s. 1002.67.

(e) The Agency for Workforce Innovation may adopt rules under ss. 120.536(1) and 120.54 to administer the provisions of law conferring duties upon the agency, including, but not limited to, rules governing the preparation and implementation of the school readiness system, the

collection of data, the approval of early learning coalitions and school readiness plans, the provision of a method whereby an early learning coalition may serve two or more counties, the award of incentives to early learning coalitions, and the issuance of waivers.

(f) The Agency for Workforce Innovation shall have all powers necessary to administer this section, including, but not limited to, the power to receive and accept grants, loans, or advances of funds from any public or private agency and to receive and accept from any source contributions of money, property, labor, or any other thing of value, to be held, used, and applied for purposes of this section.

(g) Except as provided by law, the Agency for Workforce Innovation may not impose requirements on a child care or early childhood education provider that does not deliver services under a school readiness program or receive state or federal funds under this section.

(h) The Agency for Workforce Innovation shall have a budget for the school readiness system, which shall be financed through an annual appropriation made for purposes of this section in the General Appropriations Act.

(i) The Agency for Workforce Innovation shall coordinate the efforts toward school readiness in this state and provide independent policy analyses and recommendations to the Governor, the State Board of Education, and the Legislature.

(j) The Agency for Workforce Innovation shall require that each early learning coalition's school readiness program must, at a minimum, enhance the age-appropriate progress of each child in the development of the following school readiness skills:

1. Compliance with rules, limitations, and routines.
2. Ability to perform tasks.
3. Interactions with adults.
4. Interactions with peers.
5. Ability to cope with challenges.
6. Self-help skills.
7. Ability to express the child's needs.
8. Verbal communication skills.
9. Problem-solving skills.
10. Following of verbal directions.
11. Demonstration of curiosity, persistence, and exploratory behavior.
12. Interest in books and other printed materials.
13. Paying attention to stories.

14. Participation in art and music activities.

15. Ability to identify colors, geometric shapes, letters of the alphabet, numbers, and spatial and temporal relationships.

The Agency for Workforce Innovation shall also require that, before a child is enrolled in an early learning coalition's school readiness program, the coalition must ensure that information is obtained by the coalition or the school readiness provider regarding the child's immunizations, physical development, and other health requirements as necessary, including appropriate vision and hearing screening and examinations.

(k) The Agency for Workforce Innovation shall conduct studies and planning activities related to the overall improvement and effectiveness of the outcome measures adopted by the agency for school readiness programs.

(l) The Agency for Workforce Innovation shall monitor and evaluate the performance of each early learning coalition in administering the school readiness program, implementing the coalition's school readiness plan, and administering the Voluntary Prekindergarten Education Program. These monitoring and performance evaluations must include, at a minimum, onsite monitoring of each coalition's finances, management, operations, and programs.

(m) The Agency for Workforce Innovation shall identify best practices of early learning coalitions in order to improve the outcomes of school readiness programs.

(n) The Agency for Workforce Innovation shall submit an annual report of its activities conducted under this section to the Governor, the executive director of the Florida Healthy Kids Corporation, the President of the Senate, the Speaker of the House of Representatives, and the minority leaders of both houses of the Legislature. In addition, the Agency for Workforce Innovation's reports and recommendations shall be made available to the State Board of Education, the Florida Early Learning Advisory Council, other appropriate state agencies and entities, district school boards, central agencies, and county health departments. The annual report must provide an analysis of school readiness activities across the state, including the number of children who were served in the programs.

(o) The Agency for Workforce Innovation shall work with the early learning coalitions to increase parents' training for and involvement in their children's preschool education and to provide family literacy activities and programs.

(5) CREATION OF EARLY LEARNING COALITIONS.--

(a) *Early learning coalitions.--*

1. The Agency for Workforce Innovation shall establish the minimum number of children to be served by each early learning coalition through the coalition's school readiness program. The Agency for Workforce Innovation may only approve school readiness plans in accordance with this minimum number. The minimum number must be uniform for every early learning coalition and must:

a. Permit 30 or fewer coalitions to be established; and

b. Require each coalition to serve at least 2,000 children based upon the average number of all children served per month through the coalition's school readiness program during the previous 12 months.

The Agency for Workforce Innovation shall adopt procedures for merging early learning coalitions, including procedures for the consolidation of merging coalitions, and for the early termination of the terms of coalition members which are necessary to accomplish the mergers. Each early learning coalition must comply with the merger procedures and shall be organized in accordance with this subparagraph by April 1, 2005. By June 30, 2005, each coalition must complete the transfer of powers, duties, functions, rules, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds to the successor coalition, if applicable.

2. If an early learning coalition would serve fewer children than the minimum number established under subparagraph 1., the coalition must merge with another county to form a multicounty coalition. However, the Agency for Workforce Innovation may authorize an early learning coalition to serve fewer children than the minimum number established under subparagraph 1., if:

- a. The coalition demonstrates to the Agency for Workforce Innovation that merging with another county or multicounty region contiguous to the coalition would cause an extreme hardship on the coalition;
- b. The Agency for Workforce Innovation has determined during the most recent annual review of the coalition's school readiness plan, or through monitoring and performance evaluations conducted under paragraph (4)(l), that the coalition has substantially implemented its plan and substantially met the performance standards and outcome measures adopted by the agency; and
- c. The coalition demonstrates to the Agency for Workforce Innovation the coalition's ability to effectively and efficiently implement the Voluntary Prekindergarten Education Program.

If an early learning coalition fails or refuses to merge as required by this subparagraph, the Agency for Workforce Innovation may dissolve the coalition and temporarily contract with a qualified entity to continue school readiness and prekindergarten services in the coalition's county or multicounty region until the coalition is reestablished through resubmission of a school readiness plan and approval by the agency.

3. Notwithstanding the provisions of subparagraphs 1. and 2., the early learning coalitions in Sarasota, Osceola, and Santa Rosa Counties which were in operation on January 1, 2005, are established and authorized to continue operation as independent coalitions, and shall not be counted within the limit of 30 coalitions established in subparagraph 1.
4. Each early learning coalition shall be composed of at least 18 members but not more than 35 members. The Agency for Workforce Innovation shall adopt standards establishing within this range the minimum and maximum number of members that may be appointed to an early learning coalition. These standards must include variations for a coalition serving a multicounty region. Each early learning coalition must comply with these standards.
5. The Governor shall appoint the chair and two other members of each early learning coalition, who must each meet the same qualifications as private sector business members appointed by the coalition under subparagraph 7.
6. Each early learning coalition must include the following members:

- a. A Department of Children and Family Services district administrator or his or her designee who is authorized to make decisions on behalf of the department.
 - b. A district superintendent of schools or his or her designee who is authorized to make decisions on behalf of the district, who shall be a nonvoting member.
 - c. A regional workforce board executive director or his or her designee.
 - d. A county health department director or his or her designee.
 - e. A children's services council or juvenile welfare board chair or executive director, if applicable, who shall be a nonvoting member if the council or board is the fiscal agent of the coalition or if the council or board contracts with and receives funds from the coalition.
 - f. An agency head of a local licensing agency as defined in s. 402.302, where applicable.
 - g. A president of a community college or his or her designee.
 - h. One member appointed by a board of county commissioners.
 - i. A central agency administrator, where applicable, who shall be a nonvoting member.
 - j. A Head Start director, who shall be a nonvoting member.
 - k. A representative of private child care providers, including family day care homes, who shall be a nonvoting member.
 - l. A representative of faith-based child care providers, who shall be a nonvoting member.
 - m. A representative of programs for children with disabilities under the federal Individuals with Disabilities Education Act, who shall be a nonvoting member.
7. Including the members appointed by the Governor under subparagraph 5., more than one-third of the members of each early learning coalition must be private sector business members who do not have, and none of whose relatives as defined in s. 112.3143 has, a substantial financial interest in the design or delivery of the Voluntary Prekindergarten Education Program created under part V of chapter 1002 or the coalition's school readiness program. To meet this requirement an early learning coalition must appoint additional members from a list of nominees submitted to the coalition by a chamber of commerce or economic development council within the geographic region served by the coalition. The Agency for Workforce Innovation shall establish criteria for appointing private sector business members. These criteria must include standards for determining whether a member or relative has a substantial financial interest in the design or delivery of the Voluntary Prekindergarten Education Program or the coalition's school readiness program.
8. A majority of the voting membership of an early learning coalition constitutes a quorum required to conduct the business of the coalition.
9. A voting member of an early learning coalition may not appoint a designee to act in his or her place, except as otherwise provided in this paragraph. A voting member may send a representative to coalition meetings, but that representative does not have voting privileges. When a district administrator for the Department of Children and Family Services appoints a

designee to an early learning coalition, the designee is the voting member of the coalition, and any individual attending in the designee's place, including the district administrator, does not have voting privileges.

10. Each member of an early learning coalition is subject to ss. 112.313, 112.3135, and 112.3143. For purposes of s. 112.3143(3)(a), each voting member is a local public officer who must abstain from voting when a voting conflict exists.

11. For purposes of tort liability, each member or employee of an early learning coalition shall be governed by s. 768.28.

12. An early learning coalition serving a multicounty region must include representation from each county.

13. Each early learning coalition shall establish terms for all appointed members of the coalition. The terms must be staggered and must be a uniform length that does not exceed 4 years per term. Appointed members may serve a maximum of two consecutive terms. When a vacancy occurs in an appointed position, the coalition must advertise the vacancy.

(b) *Program participation.*--The school readiness program shall be established for children from birth to the beginning of the school year for which a child is eligible for admission to kindergarten in a public school under s. 1003.21(1)(a)2. The program shall be administered by the early learning coalition. Within funding limitations, the early learning coalition, along with all providers, shall make reasonable efforts to accommodate the needs of children for extended-day and extended-year services without compromising the quality of the program.

(c) *Program expectations.*--

1. The school readiness program must meet the following expectations:

a. The program must, at a minimum, enhance the age-appropriate progress of each child in the development of the school readiness skills required under paragraph (4)(j), as measured by the performance standards and outcome measures adopted by the Agency for Workforce Innovation.

b. The program must provide extended-day and extended-year services to the maximum extent possible to meet the needs of parents who work.

c. There must be coordinated staff development and teaching opportunities.

d. There must be expanded access to community services and resources for families to help achieve economic self-sufficiency.

e. There must be a single point of entry and unified waiting list. As used in this subparagraph, the term "single point of entry" means an integrated information system that allows a parent to enroll his or her child in the school readiness program at various locations throughout the county or multicounty region served by an early learning coalition, that may allow a parent to enroll his or her child by telephone or through an Internet website, and that uses a unified waiting list to track eligible children waiting for enrollment in the school readiness program. The Agency for Workforce Innovation shall establish a single statewide information system that integrates each early learning coalition's single point of entry, and each coalition must use the statewide system.

f. The Agency for Workforce Innovation must consider the access of eligible children to the school readiness program, as demonstrated in part by waiting lists, before approving a proposed increase in payment rates submitted by an early learning coalition. In addition, early learning coalitions shall use school readiness funds made available due to enrollment shifts from school readiness programs to the Voluntary Prekindergarten Education Program for increasing the number of children served in school readiness programs before increasing payment rates.

g. There must be a community plan to address the needs of all eligible children.

h. The program must meet all state licensing guidelines, where applicable.

2. The early learning coalition must implement a comprehensive program of school readiness services that enhance the cognitive, social, and physical development of children to achieve the performance standards and outcome measures adopted by the Agency for Workforce Innovation. At a minimum, these programs must contain the following elements:

a. Developmentally appropriate curriculum designed to enhance the age-appropriate progress of children in attaining the performance standards adopted by the Agency for Workforce Innovation under subparagraph (4)(d)8.

b. A character development program to develop basic values.

c. An age-appropriate assessment of each child's development.

d. A pretest administered to children when they enter a program and a posttest administered to children when they leave the program.

e. An appropriate staff-to-children ratio.

f. A healthy and safe environment.

g. A resource and referral network to assist parents in making an informed choice.

(d) *Implementation.--*

1. An early learning coalition may not implement the school readiness program until the coalition is authorized through approval of the coalition's school readiness plan by the Agency for Workforce Innovation.

2. Each early learning coalition shall develop a plan for implementing the school readiness program to meet the requirements of this section and the performance standards and outcome measures adopted by the Agency for Workforce Innovation. The plan must demonstrate how the program will ensure that each 3-year-old and 4-year-old child in a publicly funded school readiness program receives scheduled activities and instruction designed to enhance the age-appropriate progress of the children in attaining the performance standards adopted by the Agency for Workforce Innovation under subparagraph (4)(d)8. Before implementing the school readiness program, the early learning coalition must submit the plan to the Agency for Workforce Innovation for approval. The Agency for Workforce Innovation may approve the plan, reject the plan, or approve the plan with conditions. The Agency for Workforce Innovation shall review school readiness plans at least annually.

3. If the Agency for Workforce Innovation determines during the annual review of school readiness plans, or through monitoring and performance evaluations conducted under paragraph (4)(l), that an early learning coalition has not substantially implemented its plan, has not substantially met the performance standards and outcome measures adopted by the agency, or has not effectively administered the school readiness program or Voluntary Prekindergarten Education Program, the Agency for Workforce Innovation may dissolve the coalition and temporarily contract with a qualified entity to continue school readiness and prekindergarten services in the coalition's county or multicounty region until the coalition is reestablished through resubmission of a school readiness plan and approval by the agency.

4. The Agency for Workforce Innovation shall adopt criteria for the approval of school readiness plans. The criteria must be consistent with the performance standards and outcome measures adopted by the agency and must require each approved plan to include the following minimum standards and provisions:

- a. A sliding fee scale establishing a copayment for parents based upon their ability to pay, which is the same for all program providers, to be implemented and reflected in each program's budget.
- b. A choice of settings and locations in licensed, registered, religious-exempt, or school-based programs to be provided to parents.
- c. Instructional staff who have completed the training course as required in s. 402.305(2)(d)1., as well as staff who have additional training or credentials as required by the Agency for Workforce Innovation. The plan must provide a method for assuring the qualifications of all personnel in all program settings.
- d. Specific eligibility priorities for children within the early learning coalition's county or multicounty region in accordance with subsection (6).
- e. Performance standards and outcome measures adopted by the Agency for Workforce Innovation.
- f. Payment rates adopted by the early learning coalition and approved by the Agency for Workforce Innovation. Payment rates may not have the effect of limiting parental choice or creating standards or levels of services that have not been authorized by the Legislature.
- g. Systems support services, including a central agency, child care resource and referral, eligibility determinations, training of providers, and parent support and involvement.
- h. Direct enhancement services to families and children. System support and direct enhancement services shall be in addition to payments for the placement of children in school readiness programs.
- i. The business organization of the early learning coalition, which must include the coalition's articles of incorporation and bylaws if the coalition is organized as a corporation. If the coalition is not organized as a corporation or other business entity, the plan must include the contract with a fiscal agent. An early learning coalition may contract with other coalitions to achieve efficiency in multicounty services, and these contracts may be part of the coalition's school readiness plan.
- j. Strategies to meet the needs of unique populations, such as migrant workers.

As part of the school readiness plan, the early learning coalition may request the Governor to apply for a waiver to allow the coalition to administer the Head Start Program to accomplish the purposes of the school readiness program. If a school readiness plan demonstrates that specific statutory goals can be achieved more effectively by using procedures that require modification of existing rules, policies, or procedures, a request for a waiver to the Agency for Workforce Innovation may be submitted as part of the plan. Upon review, the Agency for Workforce Innovation may grant the proposed modification.

5. Persons with an early childhood teaching certificate may provide support and supervision to other staff in the school readiness program.

6. An early learning coalition may not implement its school readiness plan until it submits the plan to and receives approval from the Agency for Workforce Innovation. Once the plan is approved, the plan and the services provided under the plan shall be controlled by the early learning coalition. The plan shall be reviewed and revised as necessary, but at least biennially. An early learning coalition may not implement the revisions until the coalition submits the revised plan to and receives approval from the Agency for Workforce Innovation. If the Agency for Workforce Innovation rejects a revised plan, the coalition must continue to operate under its prior approved plan.

7. Sections 125.901(2)(a)3., 411.221, and 411.232 do not apply to an early learning coalition with an approved school readiness plan. To facilitate innovative practices and to allow the regional establishment of school readiness programs, an early learning coalition may apply to the Governor and Cabinet for a waiver of, and the Governor and Cabinet may waive, any of the provisions of ss. 411.223, 411.232, and 1003.54, if the waiver is necessary for implementation of the coalition's school readiness plan.

8. Two or more counties may join for purposes of planning and implementing a school readiness program.

9. An early learning coalition may, subject to approval by the Agency for Workforce Innovation as part of the coalition's school readiness plan, receive subsidized child care funds for all children eligible for any federal subsidized child care program.

10. An early learning coalition may enter into multiparty contracts with multicounty service providers in order to meet the needs of unique populations such as migrant workers.

(e) Requests for proposals; payment schedule.--

1. Each early learning coalition must comply with s. 287.057 for the procurement of commodities or contractual services from the funds described in paragraph (9)(d). The period of a contract for purchase of these commodities or contractual services, together with any renewal of the original contract, may not exceed 3 years.

2. Each early learning coalition shall adopt a payment schedule that encompasses all programs funded by the coalition under this section. The payment schedule must take into consideration the relevant market rate, must include the projected number of children to be served, and must be submitted for approval by the Agency for Workforce Innovation. Informal child care arrangements shall be reimbursed at not more than 50 percent of the rate developed for a family day care home.

*(f) Requirements relating to fiscal agents.--*If an early learning coalition is not legally organized as a corporation or other business entity, the coalition must designate a fiscal agent,

which may be a public entity, a private nonprofit organization, or a certified public accountant who holds a license under chapter 473. The fiscal agent must provide financial and administrative services under a contract with the early learning coalition. The fiscal agent may not provide direct early childhood education or child care services; however, a fiscal agent may provide those services upon written request of the early learning coalition to the Agency for Workforce Innovation and upon the approval of the request by the agency. The cost of the financial and administrative services shall be negotiated between the fiscal agent and the early learning coalition. If the fiscal agent is a provider of early childhood education and child care programs, the contract must specify that the fiscal agent shall act on policy direction from the early learning coalition and must not receive policy direction from its own corporate board regarding disbursement of the coalition's funds. The fiscal agent shall disburse funds in accordance with the early learning coalition's approved school readiness plan and based on billing and disbursement procedures approved by the Agency for Workforce Innovation. The fiscal agent must conform to all data-reporting requirements established by the Agency for Workforce Innovation.

(g) *Evaluation and annual report.*--Each early learning coalition shall conduct an evaluation of the effectiveness of the school readiness program, including performance standards and outcome measures, and shall provide an annual report and fiscal statement to the Agency for Workforce Innovation. This report must conform to the content and format specifications set by the Agency for Workforce Innovation. The Agency for Workforce Innovation must include an analysis of the early learning coalitions' reports in the agency's annual report.

(6) PROGRAM ELIGIBILITY.--Each early learning coalition's school readiness program shall be established for children from birth to the beginning of the school year for which a child is eligible for admission to kindergarten in a public school under s. 1003.21(1)(a)2. Priority for participation in the school readiness program shall be given to children age 3 years to school entry who are served by the Family Safety Program Office of the Department of Children and Family Services or a community-based lead agency under chapter 39 and for whom child care is needed to minimize risk of further abuse, neglect, or abandonment. Other eligible populations include children who meet one or more of the following criteria:

(a) Children under the age of kindergarten eligibility who are:

1. Children determined to be at risk of abuse, neglect, or exploitation who are currently clients of the Family Safety Program Office of the Department of Children and Family Services, but who are not otherwise given priority under this subsection.
2. Children at risk of welfare dependency, including economically disadvantaged children, children of participants in the welfare transition program, children of migrant farmworkers, and children of teen parents.
3. Children of working families whose family income does not exceed 150 percent of the federal poverty level.
4. Children for whom the state is paying a relative caregiver payment under s. 39.5085.

(b) Three-year-old children and 4-year-old children who may not be economically disadvantaged but who have disabilities, have been served in a specific part-time or combination of part-time exceptional education programs with required special services, aids, or equipment, and were previously reported for funding part time with the Florida Education Finance Program as exceptional students.

(c) Economically disadvantaged children, children with disabilities, and children at risk of future school failure, from birth to 4 years of age, who are served at home through home visitor programs and intensive parent education programs.

(d) Children who meet federal and state eligibility requirements for the migrant preschool program but who do not meet the criteria of economically disadvantaged.

As used in this subsection, the term "economically disadvantaged" child means a child whose family income does not exceed 150 percent of the federal poverty level. Notwithstanding any change in a family's economic status, but subject to additional family contributions in accordance with the sliding fee scale, a child who meets the eligibility requirements upon initial registration for the program remains eligible until 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.

(7) PARENTAL CHOICE.--

(a) The school readiness program shall provide parental choice through a purchase service order that ensures, to the maximum extent possible, flexibility in school readiness programs and payment arrangements. According to federal regulations requiring parental choice, a parent may choose an informal child care arrangement. The purchase order must bear the name of the beneficiary and the program provider and, when redeemed, must bear the signature of both the beneficiary and an authorized representative of the provider.

(b) If it is determined that a provider has provided any cash to the beneficiary in return for receiving the purchase order, the early learning coalition or its fiscal agent shall refer the matter to the Division of Public Assistance Fraud for investigation.

(c) The office of the Chief Financial Officer shall establish an electronic transfer system for the disbursement of funds in accordance with this subsection. Each early learning coalition shall fully implement the electronic funds transfer system within 2 years after approval of the coalition's school readiness plan, unless a waiver is obtained from the Agency for Workforce Innovation.

(8) STANDARDS; OUTCOME MEASURES.--All school readiness programs must meet the performance standards and outcome measures adopted by the Agency for Workforce Innovation.

(9) FUNDING; SCHOOL READINESS PROGRAM.--

(a) It is the intent of this section to establish an integrated and quality seamless service delivery system for all publicly funded early childhood education and child care programs operating in this state.

(b)1. The Agency for Workforce Innovation shall administer school readiness funds, plans, and policies and shall prepare and submit a unified budget request for the school readiness system in accordance with chapter 216.

2. All instructions to early learning coalitions for administering this section shall emanate from the Agency for Workforce Innovation in accordance with the policies of the Legislature.

(c) The Agency for Workforce Innovation shall adopt a formula for the allocation among the early learning coalitions of all state and federal school readiness funds for children

participating in public or private school readiness programs based upon equity and performance. The allocation formula must be submitted to the Governor and the Legislative Budget Commission. Upon approval, the Legislative Budget Commission shall authorize the Agency for Workforce Innovation to distribute funds in accordance with the allocation formula. For fiscal year 2004-2005, the Agency for Workforce Innovation shall allocate funds to the early learning coalitions consistent with the fiscal year 2003-2004 funding allocations to the school readiness coalitions.

(d) All state, federal, and required local maintenance-of-effort or matching funds provided to an early learning coalition for purposes of this section shall be used by the coalition for implementation of its school readiness plan, including the hiring of staff to effectively operate the coalition's school readiness program. As part of plan approval and periodic plan review, the Agency for Workforce Innovation shall require that administrative costs be kept to the minimum necessary for efficient and effective administration of the school readiness plan, but total administrative expenditures must not exceed 5 percent unless specifically waived by the Agency for Workforce Innovation. The Agency for Workforce Innovation shall annually report to the Legislature any problems relating to administrative costs.

(e) The Agency for Workforce Innovation shall annually distribute, to a maximum extent practicable, all eligible funds provided under this section as block grants to the early learning coalitions.

(f) State funds appropriated for the school readiness program may not be used for the construction of new facilities or the purchase of buses. The Agency for Workforce Innovation shall present to the Legislature recommendations for providing necessary transportation services for school readiness programs.

(g) All cost savings and all revenues received through a mandatory sliding fee scale shall be used to help fund each early learning coalition's school readiness program.

(10) CONFLICTING PROVISIONS.--In the event of a conflict between this section and federal requirements, the federal requirements shall control.

(11) PLACEMENTS.--Notwithstanding any other provision of this section to the contrary, the first children to be placed in the school readiness program shall be those from families receiving temporary cash assistance and subject to federal work requirements. Subsequent placements shall be made in accordance with subsection (6).

History.--s. 1, ch. 99-357; s. 65, ch. 2000-139; s. 1, ch. 2000-149; s. 97, ch. 2000-165; s. 12, ch. 2000-337; s. 55, ch. 2001-62; s. 13, ch. 2001-89; s. 20, ch. 2001-170; s. 114, ch. 2001-266; s. 4, ch. 2002-38; s. 998, ch. 2002-387; ss. 59, 79, ch. 2002-402; s. 48, ch. 2003-1; s. 453, ch. 2003-261; s. 3, ch. 2003-292; s. 74, ch. 2003-399; s. 49, ch. 2004-269; s. 2, ch. 2004-484; s. 2, ch. 2005-56.

¹**Note.**--Section 16, ch. 2004-484, provides that:

"(1) The Florida Partnership for School Readiness is abolished. All powers, duties, functions, rules, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds of the Florida Partnership for School Readiness are transferred by a type two transfer, as defined in section 20.06(2), Florida Statutes, to the Agency for Workforce Innovation.

"(2) This act does not abolish the school readiness coalitions but redesignates the coalitions as early learning coalitions and, effective April 1, 2005, requires a reduction in the number of coalitions. All powers, duties, functions, rules, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds of each school readiness coalition are not transferred but shall be retained by the early learning coalition upon its redesignation from a school readiness coalition to an early learning coalition."

411.0105 Early Learning Opportunities Act and Even Start Family Literacy Programs; lead agency.--For purposes of administration of the Early Learning Opportunities Act and the Even Start Family Literacy Programs, pursuant to Pub. L. No. 106-554, the Agency for Workforce Innovation is designated as the lead agency and must comply with lead agency responsibilities pursuant to federal law.

History.--s. 19, ch. 2001-170.

411.011 Records of children in school readiness programs.--

(1) The individual records of children enrolled in school readiness programs provided under s. 411.01, held by an early learning coalition or the Agency for Workforce Innovation, are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. For purposes of this section, records include assessment data, health data, records of teacher observations, and personal identifying information.

(2) A parent, guardian, or individual acting as a parent in the absence of a parent or guardian has the right to inspect and review the individual school readiness program record of his or her child and to obtain a copy of the record.

(3) School readiness records may be released to:

(a) The United States Secretary of Education, the United States Secretary of Health and Human Services, and the Comptroller General of the United States for the purpose of federal audits.

(b) Individuals or organizations conducting studies for institutions to develop, validate, or administer assessments or improve instruction.

(c) Accrediting organizations in order to carry out their accrediting functions.

(d) Appropriate parties in connection with an emergency if the information is necessary to protect the health or safety of the child enrollee or other individuals.

(e) The Auditor General in connection with his or her official functions.

(f) A court of competent jurisdiction in compliance with an order of that court in accordance with a lawfully issued subpoena.

(g) Parties to an interagency agreement among early learning coalitions, local governmental agencies, providers of school readiness programs, state agencies, and the Agency for Workforce Innovation for the purpose of implementing the school readiness program.

Agencies, organizations, or individuals that receive school readiness records in order to carry out their official functions must protect the data in a manner that does not permit the personal

identification of a child enrolled in a school readiness program and his or her parents by persons other than those authorized to receive the records.

History.--s. 3, ch. 2000-299; s. 9, ch. 2004-484; s. 1, ch. 2005-131.

411.201 Florida Prevention, Early Assistance, and Early Childhood Act; short title.--This chapter may be cited as the "Florida Prevention, Early Assistance, and Early Childhood Act."

History.--s. 1, ch. 89-379.

411.202 Definitions.--As used in this chapter, the term:

(1) "Assistance services" means those assessments, individualized therapies, and other medical, educational, and social services designed to enhance the environment for the high-risk or handicapped preschool child, in order to achieve optimum growth and development. Provision of such services may include monitoring and modifying the delivery of assistance services.

(2) "Case management" means those activities aimed at assessing the needs of the high-risk child and his or her family; planning and linking the service system to the child and his or her family, based on child and family outcome objectives; coordinating and monitoring service delivery; and evaluating the effect of the service delivery system.

(3) "Community-based local contractor" means any unit of county or local government, any for-profit or not-for-profit organization, or a school district.

(4) "Developmental assistance" means individualized therapies and services needed to enhance both the high-risk child's growth and development and family functioning.

(5) "Discharge planning" means the modification of the written individual and family service plan at the time of discharge from the hospital, which plan identifies for the family of a high-risk or handicapped infant a prescription of needed medical treatments or medications, specialized evaluation needs, and necessary nonmedical and educational intervention services.

(6) "Drug-exposed child" means any child from birth to 5 years of age for whom there is documented evidence that the mother used illicit drugs or was a substance abuser, or both, during pregnancy and the child exhibits:

(a) Abnormal growth;

(b) Abnormal neurological patterns;

(c) Abnormal behavior problems; or

(d) Abnormal cognitive development.

(7) "Early assistance" means any sustained and systematic effort designed to prevent or reduce the assessed level of health, educational, biological, environmental, or social risk for a high-risk child and his or her family.

(8) "Handicapped child" means a preschool child who is developmentally disabled, mentally handicapped, speech impaired, language impaired, deaf or hard of hearing, blind or partially sighted, physically handicapped, health impaired, or emotionally handicapped; a preschool

child who has a specific learning disability; or any other child who has been classified under rules of the State Board of Education as eligible for preschool special education services, with the exception of those who are classified solely as gifted.

(9) "High-risk child" or "at-risk child" means a preschool child with one or more of the following characteristics:

(a) The child is a victim or a sibling of a victim in a confirmed or indicated report of child abuse or neglect.

(b) The child is a graduate of a perinatal intensive care unit.

(c) The child's mother is under 18 years of age, unless the mother received necessary comprehensive maternity care and the mother and child currently receive necessary support services.

(d) The child has a developmental delay of one standard deviation below the mean in cognition, language, or physical development.

(e) The child has survived a catastrophic infectious or traumatic illness known to be associated with developmental delay.

(f) The child has survived an accident resulting in a developmental delay.

(g) The child has a parent or guardian who is developmentally disabled, severely emotionally disturbed, drug or alcohol dependent, or incarcerated and who requires assistance in meeting the child's developmental needs.

(h) The child has no parent or guardian.

(i) The child is drug exposed.

(j) The child's family's income is at or below 100 percent of the federal poverty level or the child's family's income level impairs the development of the child.

(k) The child is a handicapped child as defined in subsection (8).

(l) The child has been placed in residential care under the custody of the state through dependency proceedings pursuant to chapter 39.

(m) The child is a member of a migrant farmworker family.

(10) "Impact evaluation" means the provision of evaluation information to the department on the impact of the components of the childhood pregnancy prevention public education program and an assessment of the impact of the program on a child's related sexual knowledge, attitudes, and risk-taking behavior.

(11) "Individual and family service plan" means a written individualized plan describing the developmental status of the high-risk child and the therapies and services needed to enhance both the high-risk child's growth and development and family functioning, and shall include the contents of the written individualized family service plan as defined in part H of Pub. L. No. 99-457.

(12) "Infant" or "toddler" means any child from birth to 3 years of age.

(13) "Interdisciplinary team" means a team that may include the physician, psychologist, educator, social worker, nursing staff, physical or occupational therapist, speech pathologist, parents, developmental intervention and parent support and training program director, case manager for the child and family, and others who are involved with the individual and family service plan.

(14) "Parent support and training" means a range of services for families of high-risk or handicapped preschool children, including family counseling; financial planning; agency referral; development of parent-to-parent support groups; education relating to growth and development, developmental assistance, and objective measurable skills, including abuse avoidance skills; training of parents to advocate for their child; and bereavement counseling.

(15) "Posthospital assistance services" means assessment, individual and family service planning, developmental assistance, counseling, parent education, and referrals which are delivered as needed in a home or nonhome setting, upon discharge, by a professional or paraprofessional trained for this purpose.

(16) "Prenatal" means the time period from pregnancy to delivery.

(17) "Preschool child" means a child from birth to 5 years of age, including a child who attains 5 years of age before September 1.

(18) "Prevention" means any program, service, or sustained activity designed to eliminate or reduce high-risk conditions in pregnant women, to eliminate or ameliorate handicapping or high-risk conditions in infants, toddlers, or preschool children, or to reduce sexual activity or the risk of unwanted pregnancy in teenagers.

(19) "Preventive health care" means periodic physical examinations, immunizations, and assessments for hearing, vision, nutritional deficiencies, development of language, physical growth, small and large muscle skills, and emotional behavior, as well as age-appropriate laboratory tests.

(20) "Process evaluation" means the provision of information to the department on the breadth and scope of the childhood pregnancy prevention public education program. The evaluation must identify program areas that need modification and identify community-based local contractor strategies and procedures which are particularly effective.

(21) "Strategic plan" means a report that analyzes existing programs, services, resources, policy, and needs and sets clear and consistent direction for programs and services for high-risk pregnant women and for preschool children, with emphasis on high-risk and handicapped children, by establishing goals and child and family outcomes, and strategies to meet them.

(22) "Teen parent" means a person under 18 years of age or enrolled in school in grade 12 or below, who is pregnant, who is the father of an unborn child, or who is the parent of a child.

History.--s. 1, ch. 89-379; s. 7, ch. 90-358; s. 2, ch. 91-229; s. 1, ch. 95-321; s. 51, ch. 97-103; s. 62, ch. 2000-153.

411.203 Continuum of comprehensive services.--The Department of Education and the ¹Department of Health and Rehabilitative Services shall utilize the continuum of prevention and early assistance services for high-risk pregnant women and for high-risk and handicapped

children and their families, as outlined in this section, as a basis for the intraagency and interagency program coordination, monitoring, and analysis required in this chapter. The continuum shall be the guide for the comprehensive statewide approach for services for high-risk pregnant women and for high-risk and handicapped children and their families, and may be expanded or reduced as necessary for the enhancement of those services. Expansion or reduction of the continuum shall be determined by intraagency or interagency findings and agreement, whichever is applicable. Implementation of the continuum shall be based upon applicable eligibility criteria, availability of resources, and interagency prioritization when programs impact both agencies, or upon single agency prioritization when programs impact only one agency. The continuum shall include, but not be limited to:

(1) EDUCATION AND AWARENESS.--

- (a) Education of the public concerning, but not limited to, the causes of handicapping conditions, normal and abnormal child development, the benefits of abstinence from sexual activity, and the consequences of teenage pregnancy.
- (b) Education of professionals and paraprofessionals concerning, but not limited to, the causes of handicapping conditions, normal and abnormal child development, parenting skills, the benefits of abstinence from sexual activity, and the consequences of teenage pregnancy, through preservice and inservice training, continuing education, and required postsecondary coursework.

(2) INFORMATION AND REFERRAL.--

- (a) Providing information about available services and programs to families of high-risk and handicapped children.
- (b) Providing information about service options and providing technical assistance to aid families in the decisionmaking process.
- (c) Directing the family to appropriate services and programs to meet identified needs.

(3) CASE MANAGEMENT.--

- (a) Arranging and coordinating services and activities for high-risk pregnant women, and for high-risk children and their families, with identified service providers.
- (b) Providing appropriate casework services to pregnant women and to high-risk children and their families.
- (c) Advocating for pregnant women and for children and their families.

(4) SUPPORT SERVICES PRIOR TO PREGNANCY.--

- (a) Basic needs, such as food, clothing, and shelter.
- (b) Health education.
- (c) Family planning services, on a voluntary basis.

- (d) Counseling to promote a healthy, stable, and supportive family unit, to include, but not be limited to, financial planning, stress management, and educational planning.

(5) MATERNITY AND NEWBORN SERVICES.--

- (a) Comprehensive prenatal care, accessible to all pregnant women and provided for high-risk pregnant women.
 - (b) Adoption counseling for unmarried pregnant teenagers.
 - (c) Nutrition services for high-risk pregnant women.
 - (d) Perinatal intensive care.
 - (e) Delivery services for high-risk pregnant women.
 - (f) Postpartum care.
 - (g) Nutrition services for lactating mothers of high-risk children.
- (h) A new mother information program at the birth site, to provide an informational brochure about immunizations, normal child development, abuse avoidance and appropriate parenting strategies, family planning, and community resources and support services for all parents of newborns and to schedule Medicaid-eligible infants for a health checkup.
- (i) Appropriate screenings, to include, but not be limited to, metabolic screening, sickle-cell screening, hearing screening, developmental screening, and categorical screening.
- (j) Followup family planning services for high-risk mothers and mothers of high-risk infants.

(6) HEALTH AND NUTRITION SERVICES FOR PRESCHOOL CHILDREN.--

- (a) Preventive health services for all preschool children.
- (b) Nutrition services for all preschool children, including, but not limited to, the Child Care Food Program and the Special Supplemental Food Program for Women, Infants, and Children.
- (c) Medical care for seriously medically impaired preschool children.
- (d) Cost-effective quality health care alternatives for medically involved preschool children, in or near their homes.

(7) EDUCATION, EARLY ASSISTANCE, AND RELATED SERVICES FOR HIGH-RISK CHILDREN AND THEIR FAMILIES.--

- (a) Early assistance, including, but not limited to, developmental assistance programs, parent support and training programs, and appropriate followup assistance services, for handicapped and high-risk infants and their families.
 - (b) Special education and related services for handicapped children.

(c) Education, early assistance, and related services for high-risk children.

(8) SUPPORT SERVICES FOR ALL EXPECTANT PARENTS AND PARENTS OF HIGH-RISK CHILDREN.--

(a) Nonmedical prenatal and support services for pregnant teenagers and other high-risk pregnant women.

(b) Child care and early childhood programs, including, but not limited to, subsidized child care, licensed nonsubsidized child care, family day care homes, therapeutic child care, Head Start, and preschool programs in public and private schools.

(c) Parent education and counseling.

(d) Transportation.

(e) Respite care, homemaker care, crisis management, and other services that allow families of high-risk children to maintain and provide quality care to their children at home.

(f) Parent support groups, such as the community resource mother or father program as established in s. 402.45, or parents as first teachers, to strengthen families and to enable families of high-risk children to better meet their needs.

(g) Utilization of the elderly, either as volunteers or paid employees, to work with high-risk children.

(h) Utilization of high school and postsecondary students as volunteers to work with high-risk children.

(9) MANAGEMENT SYSTEMS AND PROCEDURES.--

(a) Resource information systems on services and programs available for families.

(b) Registry of high-risk newborns and newborns with birth defects, which utilizes privacy safeguards for children and parents who are subjects of the registry.

(c) Local registry of preschoolers with high-risk or handicapping conditions, which utilizes privacy safeguards for children and parents who are subjects of the registry.

(d) Information sharing system among the ¹Department of Health and Rehabilitative Services, the Department of Education, local education agencies, and other appropriate entities, on children eligible for services. Information may be shared when parental or guardian permission has been given for release.

(e) Well-baby insurance for preschoolers included in the family policy coverage.

(f) Evaluation, to include:

1. Establishing child-centered and family-focused goals and objectives for each element of the continuum.
2. Developing a system to report child and family outcomes and program effectiveness for each element of the continuum.

(g) Planning for continuation of services, to include:

1. Individual and family service plan by an interdisciplinary team, for the transition from birth or the earliest point of identification of a high-risk infant or toddler into an early assistance, preschool program for 3-year-olds or 4-year-olds, or other appropriate programs.
2. Individual and family service plan by an interdisciplinary team, for the transition of a high-risk preschool child into a public or private school system.

History.--s. 1, ch. 89-379; s. 999, ch. 2002-387.

¹**Note.**--The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403, and the Department of Health was created by s. 8, ch. 96-403.

411.205 Rules.--The ¹Department of Health and Rehabilitative Services and the State Board of Education shall adopt rules necessary for the implementation of this chapter.

History.--s. 1, ch. 89-379.

¹**Note.**--The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403, and the Department of Health was created by s. 8, ch. 96-403.

PART II

PREVENTION AND EARLY ASSISTANCE

411.22 Legislative intent.

411.221 Prevention and early assistance strategic plan; agency responsibilities.

411.223 Uniform standards.

411.224 Family support planning process.

411.226 Learning Gateway.

411.227 Components of the Learning Gateway.

411.228 Accountability.

411.22 Legislative intent.--The Legislature finds and declares that 50 percent of handicapping conditions in young children can be prevented, and such conditions which are not prevented can be minimized by focusing prevention efforts on high-risk pregnant women and on high-risk and handicapped preschool children and their families. The Legislature further finds that by preventing handicaps in preschool children, infant mortality and child abuse can be reduced and this state can reap substantial savings in both human potential and state funds.

The Legislature finds that infant mortality, handicapping conditions in young children, and other health problems for infants and mothers are associated with teenage pregnancy and that the prevention of sexual activity and unwanted teenage pregnancy can reduce the number of at-risk children, while increasing human potential and reducing the cost of health care. The

Legislature further finds that a continuum of integrated services is needed to identify, diagnose, and treat high-risk conditions in pregnant women and in preschool children. The Legislature finds that intraagency and interagency coordination can enhance the framework of a continuum that is already in existence and that coordination of public sector and private sector prevention services can reduce infant mortality and handicapping conditions in preschool children and minimize the effects of handicapping conditions. It is the intent of the Legislature, therefore, that a continuum of efficient and cost-effective prevention and early assistance services be identified, that a plan for intraagency and interagency coordination be developed for the purpose of implementing such a continuum, and that the continuum of services be implemented as resources are made available for such implementation.

History.--s. 2, ch. 89-379; s. 8, ch. 90-358.

411.221 Prevention and early assistance strategic plan; agency responsibilities.--

(1) The ¹Department of Health and Rehabilitative Services and the Department of Education shall prepare a joint strategic plan relating to prevention and early assistance, which shall include, but not be limited to, the following:

- (a) Identification of the department which has the responsibility for each program area described in the continuum.
- (b) Identification of the unit within each department which has responsibility for each program area described in the continuum.
- (c) Identification of existing continuum programs on an intraagency and interagency basis.
- (d) Identification of strategies for coordination of services on both an intraagency and interagency basis and a description of the progress of implementation of strategies.
- (e) Identification of strategies for reducing duplication of services on both an intraagency and interagency basis and a description of progress of those strategies in reduction of duplication.
- (f) Identification of activities for coordination and integration of prevention and early assistance services with state agencies other than the Department of Education or the ¹Department of Health and Rehabilitative Services.
- (g) Identification of activities for coordination and integration of prevention and early assistance services at the district and local levels and strategies for public and private partnerships in the provision of the continuum of services.
- (h) Recommendations for implementation of the continuum of comprehensive services, including, but not limited to, the schedule for implementation of components.
- (i) Identification of barriers impacting implementation of components of the continuum of services.
- (j) Proposed changes to the continuum of services.
- (k) Identification of methods of comparing program and child and family outcomes and identification of standardized reporting procedures to enhance data collection and analysis on an intraagency and interagency basis.

(1) Recommendations, if any, for legislative, administrative, or budgetary changes. Budgetary changes shall include recommendations regarding the development by the ¹Department of Health and Rehabilitative Services and the Department of Education of a unified program budget for all prevention and early assistance services to high-risk pregnant women and to high-risk preschool children and their families. Such budget recommendations shall be consistent with the goals of the joint strategic plan and with the continuum of comprehensive services.

(2) The strategic plan and subsequent plan revisions shall incorporate and otherwise utilize, to the fullest extent possible, the evaluation findings and recommendations from intraagency, independent third-party, field projects, and reports issued by the Auditor General or the Office of Program Policy Analysis and Government Accountability, as well as the recommendations of the State Coordinating Council for School Readiness Programs.

(3) At least biennially, the ¹Department of Health and Rehabilitative Services and the Department of Education shall readdress the joint strategic plan submitted pursuant to this section and make necessary revisions. The revised plan shall be submitted to the Governor, the Speaker of the House of Representatives, and the President of the Senate no later than January 1 of each odd-numbered year.

(4) There is established an interagency coordinating council to advise the ¹Department of Health and Rehabilitative Services, the Department of Education, and other state agencies in the development of the joint strategic plan and to monitor the development of the plan. For the purpose of carrying out its responsibilities, the interagency coordinating council shall have access to statistical information, budget documents, and workpapers developed by the ¹Department of Health and Rehabilitative Services and the Department of Education in preparing the joint strategic plan. The interagency coordinating council shall advise the appropriate substantive committees of the Senate and House of Representatives, and the Office of the Governor, on the progress of activities required in this chapter.

History.--s. 2, ch. 89-379; s. 17, ch. 94-154; s. 6, ch. 97-98; s. 22, ch. 2000-337; s. 115, ch. 2001-266.

¹**Note.**--The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403, and the Department of Health was created by s. 8, ch. 96-403.

411.223 Uniform standards.--

(1) The Department of Children and Family Services, in consultation with the Department of Education, shall establish a minimum set of procedures for each preschool child who receives preventive health care with state funds. Preventive health care services shall meet the minimum standards established by federal law for the Early Periodic Screening, Diagnosis, and Treatment Program and shall provide guidance on screening instruments which are appropriate for identifying health risks and handicapping conditions in preschool children.

(2) Duplicative diagnostic and planning practices shall be eliminated to the extent possible. Diagnostic and other information necessary to provide quality services to high-risk or handicapped children shall be shared among the program offices of the Department of Children and Family Services, pursuant to the provisions of s. 1002.22.

History.--s. 2, ch. 89-379; s. 66, ch. 2000-139; s. 1000, ch. 2002-387.

411.224 Family support planning process.--The Legislature establishes a family support planning process to be used by the Department of Children and Family Services as the service planning process for targeted individuals, children, and families under its purview.

- (1) The Department of Education shall take all appropriate and necessary steps to encourage and facilitate the implementation of the family support planning process for individuals, children, and families within its purview.
 - (2) To the extent possible within existing resources, the following populations must be included in the family support planning process:
 - (a) Children from birth to age 5 who are served by the clinic and programs of the Division of Children's Medical Services of the Department of Health.
 - (b) Children participating in the developmental evaluation and intervention program of the Division of Children's Medical Services of the Department of Health.
 - (c) Children from birth through age 5 who are served by the Developmental Disabilities Program Office of the Department of Children and Family Services.
 - (d) Children from birth through age 5 who are served by the Mental Health Program Office of the Department of Children and Family Services.
 - (e) Participants who are served by the Children's Early Investment Program established in s. 411.232.
 - (f) Healthy Start participants in need of ongoing service coordination.
 - (g) Children from birth through age 5 who are served by the voluntary family services, protective supervision, foster care, or adoption and related services programs of the Child Care Services Program Office of the Department of Children and Family Services, and who are eligible for ongoing services from one or more other programs or agencies that participate in family support planning; however, children served by the voluntary family services program, where the planned length of intervention is 30 days or less, are excluded from this population.
- (3) When individuals included in the target population are served by Head Start, local education agencies, or other prevention and early intervention programs, providers must be notified and efforts made to facilitate the concerned agency's participation in family support planning.
- (4) Local education agencies are encouraged to use a family support planning process for children from birth through 5 years of age who are served by the prekindergarten program for children with disabilities, in lieu of the Individual Education Plan.
- (5) There must be only a single-family support plan to address the problems of the various family members unless the family requests that an individual family support plan be developed for different members of that family. The family support plan must replace individual habilitation plans for children from birth through 5 years old who are served by the Developmental Disabilities Program Office of the Department of Children and Family Services. To the extent possible, the family support plan must replace other case-planning forms used by the Department of Children and Family Services.
- (6) The family support plan at a minimum must include the following information:

- (a) The family's statement of family concerns, priorities, and resources.
 - (b) Information related to the health, educational, economic and social needs, and overall development of the individual and the family.
 - (c) The outcomes that the plan is intended to achieve.
 - (d) Identification of the resources and services to achieve each outcome projected in the plan. These resources and services are to be provided based on availability and funding.
- (7) A family support plan meeting must be held with the family to initially develop the family support plan and annually thereafter to update the plan as necessary. The family includes anyone who has an integral role in the life of the individual or child as identified by the individual or family. The family support plan must be reviewed periodically during the year, at least at 6-month intervals, to modify and update the plan as needed. Such periodic reviews do not require a family support plan team meeting but may be accomplished through other means such as a case file review and telephone conference with the family.
- (8) The initial family support plan must be developed within a 90-day period. If exceptional circumstances make it impossible to complete the evaluation activities and to hold the initial family support plan team meeting within a reasonable time period, these circumstances must be documented, and the individual or family must be notified of the reason for the delay. With the agreement of the family and the provider, services for which either the individual or the family is eligible may be initiated before the completion of the evaluation activities and the family support plan.
- (9) The Department of Children and Family Services, the Department of Health, and the Department of Education, to the extent that funds are available, must offer technical assistance to communities to facilitate the implementation of the family support plan.
- (10) The Department of Children and Family Services, the Department of Health, and the Department of Education shall adopt rules necessary to implement this act.

History.--s. 7, ch. 93-143; s. 196, ch. 99-8; s. 67, ch. 2000-139; s. 63, ch. 2000-158.

411.226 Learning Gateway.--

- (1) **PROGRAM GOALS.**--The Legislature authorizes a 3-year demonstration program, to be called the Learning Gateway, the purpose of which is to provide parents access to information, referral, and services to lessen the effects of learning disabilities in children from birth to age 9. Parental consent shall be required for initial contact and referral for evaluation and services provided through the Learning Gateway. Each pilot program must design and test an integrated, community-based system to help parents identify learning problems and access early education and intervention services in order to minimize or prevent learning disabilities. The Learning Gateway must be available to parents in the settings where they and their children live, work, seek care, or study. The goals of the Learning Gateway are to:
- (a) Improve community awareness and education of parents and practitioners about the warning signs or precursors of learning problems and learning disabilities, including disorders or delayed development in language, attention, behavior, and social-emotional functioning, including dyslexia and attention deficit hyperactivity disorder, in children from birth through age 9.

- (b) Improve access for children who are experiencing early learning problems and their families to appropriate programs, services, and supports through improved outreach and referral processes among providers.
- (c) Improve developmental monitoring and the availability to parents of appropriate screening resources, with emphasis on children from birth through age 9 who are at high risk of having learning problems.
- (d) Improve the availability to parents of appropriate education and intervention programs, services, and supports to address learning problems and learning disabilities.
- (e) Identify gaps in the array of services and supports so that an appropriate child-centered and family-centered continuum of education and support would be readily available in each community.
- (f) Improve accountability of the system through improved planning, integration, and collaboration among providers and through outcome measurement in collaboration with parents.

(2) LEARNING GATEWAY STEERING COMMITTEE.--

- (a) To ensure that parents of children with potential learning problems and learning disabilities have access to the appropriate necessary services and supports, an 18-member steering committee is created. The steering committee is assigned to the Department of Education for administrative purposes.
- (b) The duties of the Learning Gateway Steering Committee are to provide policy development, consultation, oversight, and support for the implementation of three demonstration programs and to advise the agencies, the Legislature, and the Governor on statewide implementation of system components and issues and on strategies for continuing improvement to the system.
- (c) The steering committee shall direct the administering agency of the Learning Gateway program to expend the funds appropriated for the steering committee's use to procure the products delineated in s. 411.227 through contracts or other means. The steering committee and the Learning Gateway pilot programs will provide information and referral for services but will not provide direct services to parents or children.
- (d) The steering committee must include parents, service providers, and representatives of the disciplines relevant to diagnosis of and intervention in early learning problems. The Governor shall appoint one member from the private sector who has expertise in communications, management or service provision, one member who has expertise in children's vision, one member who has expertise in learning disabilities, one member who has expertise in audiology, one member who is a parent of a child eligible for services by the Learning Gateway, and one provider of related diagnostic and intervention services. The President of the Senate shall appoint one member from the private sector who has expertise in communications, management or service provision, one member who has expertise in emergent literacy, one member who has expertise in pediatrics, one member who has expertise in brain development, one member who is a parent of a child eligible for services by the Learning Gateway, and one member who is a provider of related diagnostic and intervention services. The Speaker of the House of Representatives shall appoint one member from the private sector who has expertise in communications, management or service provision, one member who has expertise in environmental health and allergies, one member who has expertise in children's nutrition, one

member who has expertise in family medicine, one parent of a child eligible for services by the Learning Gateway, and one member who is a school psychologist providing diagnostic and intervention services.

(e) To support and facilitate system improvements, the steering committee must consult with representatives from the Department of Education, the Department of Health, the Agency for Workforce Innovation, the Department of Children and Family Services, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Corrections and with the director of the Learning Development and Evaluation Center of Florida Agricultural and Mechanical University.

(f) Steering committee appointments must be made, and the committee must hold its first meeting, within 90 days after this act takes effect. Steering committee members shall be appointed to serve a term of 3 years. The Governor shall designate the chair of the steering committee.

(g) Steering committee members shall not receive compensation for their services, but may receive reimbursement for travel expenses incurred under s. 112.061.

(3) LEARNING GATEWAY DEMONSTRATION PROJECTS.--

(a) Within 90 days after its initial meeting, the Learning Gateway Steering Committee shall accept proposals from interagency consortia in Orange, Manatee, and St. Lucie counties which comprise public and private providers, community agencies, business representatives, and the local school board in each county to serve as demonstration sites for design and development of a system that addresses the requirements in s. 411.227. If there is no proposal from one of the designated counties, the steering committee may select another county to serve as a demonstration site by majority vote.

(b) The proposals for demonstration projects must provide a comprehensive and detailed description of the system of care. The description of the proposed system of care must clearly indicate the point of access for parents, integration of services, linkages of providers, and additional array of services required to address the needs of children and families.

(c) The demonstration projects should ensure that the system of care appropriately includes existing services to the fullest extent possible and should determine additional programs, services, and supports that would be necessary to implement the requirements of this act.

(d) The projects, in conjunction with the steering committee, shall determine what portion of the system can be funded using existing funds, demonstration funds provided by this act, and other available private and community funds.

(e) The demonstration projects shall recommend to the steering committee the linking or combining of some or all of the local planning bodies, including school readiness coalitions, Healthy Start coalitions, Part C advisory councils, Department of Children and Family Services community alliances, and other boards or councils that have a primary focus on services for children from birth to age 9, to the extent allowed by federal regulations, if such changes would improve coordination and reduce unnecessary duplication of effort.

(f) Demonstration projects shall use public and private partnerships, partnerships with faith-based organizations, and volunteers, as appropriate, to enhance accomplishment of the goals of the system.

(g) Addressing system components delineated in s. 411.227, each demonstration project proposal must include, at a minimum:

1. Protocols for requiring and receiving parental consent for Learning Gateway services.
2. A method for establishing communication with parents and coordination and planning processes within the community.
3. Action steps for making appropriate linkages to existing services within the community.
4. Procedures to determine gaps in services and identify appropriate providers.
5. A lead agency to serve as the system access point, or gateway.

(h) As authorized under the budget authority of the Department of Education, demonstration projects, representative of the diversity of the communities in this state, shall be established in Manatee, Orange, and St. Lucie counties as local Learning Gateway sites and shall be authorized to hire staff, establish office space, and contract for administrative services as needed to implement the project within the budget designated by the Legislature.

(i) The steering committee must approve, deny, or conditionally approve a Learning Gateway proposal within 60 days after receipt of the proposal. If a proposal is conditionally approved, the steering committee must assist the Learning Gateway applicant to correct deficiencies in the proposal by December 1, 2002. Funds must be available to a pilot program 15 days after final approval of its proposal by the steering committee. Funds must be available to all pilot programs by January 1, 2003.

History.--s. 5, ch. 2002-265; s. 1, ch. 2003-3; s. 10, ch. 2004-484.

411.227 Components of the Learning Gateway.--The Learning Gateway system consists of the following components:

(1) COMMUNITY EDUCATION STRATEGIES AND FAMILY-ORIENTED ACCESS.--

(a) Each local demonstration project shall establish the system access point, or gateway, by which parents can receive information about available appropriate services. An existing public or private agency or provider or new provider may serve as the system gateway. The local Learning Gateway should provide parents and caretakers with a single point of access for screening, assessment, and referral for services for children from birth through age 9. The demonstration projects have the budgetary authority to hire appropriate personnel to perform administrative functions. These staff members must be knowledgeable about child development, early identification of learning problems and learning disabilities, family service planning, and services in the local area. Each demonstration project must arrange for the following services to be provided by existing service systems:

1. Conducting intake with families.
2. Conducting appropriate screening or referral for such services.
3. Conducting needs/strengths-based family assessment.
4. Developing family resource plans.

5. Making referrals for needed services and assisting families in the application process.

6. Providing service coordination as needed by families.

7. Assisting families in establishing a medical home.

8. Conducting case management and transition planning as necessary.

9. Monitoring performance of service providers against appropriate standards.

(b) The Learning Gateway Steering Committee and demonstration projects shall designate a central information and referral access phone number for parents in each pilot community. This centralized phone number should be used to increase public awareness and to improve access to local supports and services for children from birth through age 9 and their families. The number should be highly publicized as the primary source of information on services for young children. The telephone staff should be trained and supported to offer accurate and complete information and to make appropriate referrals to existing public and private community agencies.

(c) In collaboration with local resources such as Healthy Start, the demonstration projects shall develop strategies for offering hospital visits or home visits by trained staff to new mothers. The Learning Gateway Steering Committee shall provide technical assistance to local demonstration projects in developing brochures and other materials to be distributed to parents of newborns.

(d) In collaboration with other local resources, the demonstration projects shall develop public awareness strategies to disseminate information about developmental milestones, precursors of learning problems and other developmental delays, and the service system that is available. The information should target parents of children from birth through age 9 and should be distributed to parents, health care providers, and caregivers of children from birth through age 9. A variety of media should be used as appropriate, such as print, television, radio, and a community-based Internet website, as well as opportunities such as those presented by parent visits to physicians for well-child checkups. The Learning Gateway Steering Committee shall provide technical assistance to the local demonstration projects in developing and distributing educational materials and information.

1. Public awareness strategies targeting parents of children from birth through age 5 shall be designed to provide information to public and private preschool programs, child care providers, pediatricians, parents, and local businesses and organizations. These strategies should include information on the school readiness performance standards adopted by the Agency for Workforce Innovation.

2. Public awareness strategies targeting parents of children from ages 6 through 9 must be designed to disseminate training materials and brochures to parents and public and private school personnel, and must be coordinated with the local school board and the appropriate school advisory committees in the demonstration projects. The materials should contain information on state and district proficiency levels for grades K-3.

(2) SCREENING AND DEVELOPMENTAL MONITORING.--

(a) In coordination with the Agency for Workforce Innovation, the Department of Education, and the Florida Pediatric Society, and using information learned from the local demonstration projects, the Learning Gateway Steering Committee shall establish guidelines for screening

children from birth through age 9. The guidelines should incorporate recent research on the indicators most likely to predict early learning problems, mild developmental delays, child-specific precursors of school failure, and other related developmental indicators in the domains of cognition; communication; attention; perception; behavior; and social, emotional, sensory, and motor functioning.

(b) Based on the guidelines established by the steering committee and in cooperation with the Florida Pediatric Society, the steering committee shall adopt a comprehensive checklist for child healthcare checkups and a corresponding training package for physicians and other medical personnel in implementing more effective screening for precursors of learning problems, learning disabilities, and mild developmental delays.

(c) Using the screening guidelines developed by the steering committee, local demonstration projects should engage local physicians and other medical professionals in enhancing the screening opportunities presented by immunization visits and other well-child appointments, in accordance with the American Academy of Pediatrics Periodicity Schedule.

(d) Using the screening guidelines developed by the steering committee, the demonstration projects shall develop strategies to increase early identification of precursors to learning problems and learning disabilities through providing parents the option of improved screening and referral practices within public and private early care and education programs and K-3 public and private school settings. Strategies may include training and technical assistance teams to assist program providers and teachers. The program shall collaborate appropriately with the school readiness coalitions, local school boards, and other community resources in arranging training and technical assistance for early identification and screening with parental consent.

(e) The demonstration project shall work with appropriate local entities to reduce the duplication of cross-agency screening in each demonstration project area. Demonstration projects shall provide opportunities for public and private providers of screening and assessment at each age level to meet periodically to identify gaps or duplication of efforts in screening practices.

(f) Based on technical assistance and support provided by the steering committee and in conjunction with the school readiness coalitions and other appropriate entities, demonstration projects shall develop a system to log the number of children screened, assessed, and referred for services. After development and testing, tracking should be supported by a standard electronic data system for screening and assessment information.

(g) In conjunction with the technical assistance of the steering committee, demonstration projects shall develop a system for targeted screening. The projects should conduct a needs assessment of existing services and programs where targeted screening programs should be offered. Based on the results of the needs assessment, the project shall develop procedures within the demonstration community whereby periodic developmental screening could be offered to parents of children from birth through age 9 who are served by state intervention programs or whose parents or caregivers are in state intervention programs. Intervention programs for children, parents, and caregivers include those administered or funded by the:

1. Agency for Health Care Administration;
2. Department of Children and Family Services;
3. Department of Corrections and other criminal justice programs;

4. Department of Education;
5. Department of Health; and
6. Department of Juvenile Justice.

(h) When results of screening suggest developmental problems, potential learning problems, or learning disabilities, the intervention program shall inform the child's parent of the results of the screening and shall offer to refer the child to the Learning Gateway for coordination of further assessment. If the parent chooses to have further assessment, the Learning Gateway shall make referrals to the appropriate entities within the service system.

(i) The local Learning Gateway shall provide for followup contact to all families whose children have been found ineligible for services under Part B or Part C of the IDEA to inform them of other services available in the county.

(j) Notwithstanding any law to the contrary, each agency participating in the Learning Gateway is authorized to provide to a Learning Gateway program confidential information exempt from disclosure under chapter 119 regarding a developmental screening on any child participating in the Learning Gateway who is or has been the subject of a developmental screening within the jurisdiction of each agency.

(3) EARLY EDUCATION, SERVICES AND SUPPORTS.--

(a) The demonstration projects shall develop a conceptual model system of care that builds upon, integrates, and fills the gaps in existing services. The model shall indicate how qualified providers of family-based or center-based interventions or public and private school personnel may offer services in a manner consistent with the standards established by their profession and by the standards and criteria adopted by the steering committee and consistent with effective and proven strategies. The specific services and supports may include:

1. High-quality early education and care programs.
2. Assistance to parents and other caregivers, such as home-based modeling programs for parents and play programs to provide peer interactions.
3. Speech and language therapy that is age-appropriate.
4. Parent education and training.
5. Comprehensive medical screening and referral with biomedical interventions as necessary.
6. Referral as needed for family therapy, other mental health services, and treatment programs.
7. Family support services as necessary.
8. Therapy for learning differences in reading and math, and attention to subject material for children in grades K-3.
9. Referral for Part B or Part C services as required.

10. Expanded access to community-based services for parents.

11. Parental choice in the provision of services by public and private providers.

The model shall include a statement of the cost of implementing the model.

(b) Demonstration projects shall develop strategies to increase the use of appropriate intervention practices with children who have learning problems and learning disabilities within public and private early care and education programs and K-3 public and private school settings. Strategies may include training and technical assistance teams. Intervention must be coordinated and must focus on providing effective supports to children and their families within their regular education and community environment. These strategies must incorporate, as appropriate, school and district activities related to the student's academic improvement plan and must provide parents with greater access to community-based services that should be available beyond the traditional school day. Academic expectations for public school students in grades K-3 must be based upon the local school board's adopted proficiency levels. When appropriate, school personnel shall consult with the local Learning Gateway to identify other community resources for supporting the child and the family.

(c) The steering committee, in cooperation with the Department of Children and Family Services, the Department of Education, and the Agency for Workforce Innovation, shall identify the elements of an effective research-based curriculum for early care and education programs.

(d) The steering committee, in conjunction with the demonstration projects, shall develop processes for identifying and sharing promising practices and shall showcase these programs and practices at a dissemination conference.

(e) The steering committee shall establish processes for facilitating state and local providers' ready access to information and training concerning effective instructional and behavioral practices and interventions based on advances in the field and for encouraging researchers to regularly guide practitioners in designing and implementing research-based practices. The steering committee shall assist the demonstration projects in conducting a conference for participants in the three demonstration projects for the dissemination of information on best practices and new insights about early identification, education, and intervention for children from birth through age 9. The conference should be established so that continuing education credits may be awarded to medical professionals, teachers, and others for whom this is an incentive.

(f) Demonstration projects shall investigate and may recommend to the steering committee more effective resource allocation and flexible funding strategies if such strategies are in the best interest of the children and families in the community. The Department of Education and other relevant agencies shall assist the demonstration projects in securing state and federal waivers as appropriate.

History.--s. 6, ch. 2002-265; s. 11, ch. 2004-484.

411.228 Accountability.--

(1) The steering committee shall provide information to the School Readiness Estimating Conference and the Enrollment Conference for Public Schools regarding estimates of the population of children from birth through age 9 who are at risk of learning problems and learning disabilities.

(2) The steering committee, in conjunction with the demonstration projects, shall develop accountability mechanisms to ensure that the demonstration programs are effective and that resources are used as efficiently as possible. Accountability should be addressed through a multilevel evaluation system, including measurement of outcomes and operational indicators. Measurable outcomes must be developed to address improved child development, improved child health, and success in school. Indicators of system improvements must be developed to address quality of programs and integration of services. Agency monitoring of programs shall include a review of child and family outcomes and system effectiveness indicators with a specific focus on elimination of unnecessary duplication of planning, screening, and services.

(3) The steering committee shall oversee a formative evaluation of the project during implementation, including reporting short-term outcomes and system improvements. By January 2005, the steering committee shall make recommendations to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Commissioner of Education related to the merits of expansion of the demonstration projects.

(4) By January 1, 2005, the steering committee, in conjunction with the demonstration projects, shall develop a model county-level strategic plan to formalize the goals, objectives, strategies, and intended outcomes of the comprehensive system, and to support the integration and efficient delivery of all services and supports for parents of children from birth through age 9 who have learning problems or learning disabilities. The model county-level strategic plan must include, but need not be limited to, strategies to:

- (a) Establish a system whereby parents can access information about learning problems in young children and receive services at their discretion;
- (b) Improve early identification of those who are at risk for learning problems and learning disabilities;
- (c) Provide access to an appropriate array of services within the child's natural environment or regular classroom setting or specialized training in other settings;
 - (d) Improve and coordinate screening for children from birth through age 9;
 - (e) Improve and coordinate services for children from birth through age 9;
- (f) Address training of professionals in effectively identifying factors, across all domains, which place children from birth through age 9 at risk of school failure and in appropriate interventions for the learning differences;
 - (g) Provide appropriate support to families;
 - (h) Share best practices with caregivers and referral sources;
 - (i) Address resource needs of the assessment and intervention system; and
- (j) Address development of implementation plans to establish protocols for requiring and receiving parental consent for services; to identify action steps, responsible parties, and implementation schedules; and to ensure appropriate alignment with agency strategic plans.

History.--s. 7, ch. 2002-265.

PART III

INFANTS AND TODDLERS

411.23 Short title.

411.231 Legislative intent; purpose.

411.232 Children's Early Investment Program.

411.233 Dangers of shaking infants and young children; requirements for distributing brochures.

411.23 Short title.--Sections 411.23-411.232 may be cited as the "Children's Early Investment Act."

History.--s. 3, ch. 89-379.

411.231 Legislative intent; purpose.--The Legislature recognizes the need for and value of intensive, comprehensive, integrated, and continuous services statewide for young children who are at risk of developmental dysfunction or delay. For the purposes of the Children's Early Investment Program, the term "young children" includes infants, 1-year-olds, and 2-year-olds. The Legislature supports intensive and comprehensive supportive programs and services being directed to expectant mothers and young children who, because of economic, social, environmental, or health factors need such services to enhance their development. The Legislature recognizes that children are part of families and that lasting effects on children can occur most productively when there is investment in and with families. The participants in the Children's Early Investment Program shall receive priority consideration for needed services, including prenatal care; health services to mothers and their young children; child care; alcohol and drug abuse treatment services; and economic support and training services. It is the intent of the Legislature that programs and services that will enhance a child's physical, social, emotional, and intellectual development and provide support to parents and other family members be provided initially to geographic areas where the expectant mothers and young children are at great risk and that these programs and services ultimately be available statewide to all children and families who need them. These programs and services must be offered and coordinated by persons who have adequate time, skill, and resources to work with participants in a meaningful and effective manner.

History.--s. 3, ch. 89-379.

411.232 Children's Early Investment Program.--

(1) **CREATION.**--There is hereby created the Children's Early Investment Program for young children who are at risk of developmental dysfunction or delay and for their families. This program shall coordinate a variety of resources to program participants through a responsible agent for the child and the child's family. The services and assistance provided shall focus on the family and shall be comprehensive. The programs and services offered shall enhance family independence and shall provide social and educational resources needed for healthy child development.

(2) **GOALS.**--The goal of the Children's Early Investment Program is to encourage and assist an effective investment strategy for the at-risk young children in this state and their families so that they will develop into healthy and productive members of society. The Children's Early

Investment Program is designed to provide intensive early intervention to at-risk expectant mothers, young children, and their families in order that this state will invest now for a future in which the workforce is skilled and stable; in which crime rates are reduced; and in which the social and economic costs of high-risk pregnancies and low birthweight babies are reduced. The objectives of the Children's Early Investment Program are to increase the percentage of children entering the school system who are ready and able to learn; to reduce teenage pregnancies among this at-risk population; to reduce the numbers of cocaine babies born in this state; to reduce the crime rate among these children as they grow up; to reduce the rate of school dropouts in this state and to increase the basic skills and ability of the future workforce. It is anticipated the efforts targeted now to expectant mothers and young children will show their greatest results in the years when these at-risk children enter school and when they are teenagers and young adults. Benefits are also anticipated, however, as the families of these children are assisted in addressing their own needs, and corresponding reductions in foster care placements, low birthweight babies, teen pregnancy, economic instability and dependence, and other signs of dysfunction are anticipated.

(3) ESSENTIAL ELEMENTS.--

(a) Initially, the program shall be directed to geographic areas where at-risk young children and their families are in greatest need because of an unfavorable combination of economic, social, environmental, and health factors, including, without limitation, extensive poverty, high crime rate, great incidence of low birthweight babies, high incidence of alcohol and drug abuse, and high rates of teenage pregnancy. The selection of a geographic site shall also consider the incidence of young children within these at-risk geographic areas who are cocaine babies, children of single mothers who receive temporary cash assistance, children of teenage parents, low birthweight babies, and very young foster children. To receive funding under this section, an agency, board, council, or provider must demonstrate:

1. Its capacity to administer and coordinate the programs and services in a comprehensive manner and provide a flexible range of services;
2. Its capacity to identify and serve those children least able to access existing programs and case management services;
3. Its capacity to administer and coordinate the programs and services in an intensive and continuous manner;
4. The proximity of its facilities to young children, parents, and other family members to be served by the program, or its ability to provide offsite services;
5. Its ability to use existing federal, state, and local governmental programs and services in implementing the investment program;
6. Its ability to coordinate activities and services with existing public and private, state and local agencies and programs such as those responsible for health, education, social support, mental health, child care, respite care, housing, transportation, alcohol and drug abuse treatment and prevention, income assistance, employment training and placement, nutrition, and other relevant services, all the foregoing intended to assist children and families at risk;
7. How its plan will involve project participants and community representatives in the planning and operation of the investment program;
8. Its ability to participate in the evaluation component required in this section; and

9. Its consistency with the strategic plan pursuant to s. 411.221.

(b) While a flexible range of services is essential in the implementation of this act, the following services shall be considered the core group of services:

1. Adequate prenatal care;
2. Health services to the at-risk young children and their families;
3. Infant and child care services;
4. Parenting skills training;
5. Education or training opportunities appropriate for the family; and
6. Economic support.

Additional services may include, without limitation, alcohol and drug abuse treatment, mental health services, housing assistance, transportation, and nutrition services.

(4) RULES FOR IMPLEMENTATION.--The ¹Department of Health and Rehabilitative Services shall adopt rules necessary to implement this section.

History.--s. 3, ch. 89-379; s. 100, ch. 96-175; s. 204, ch. 97-101; s. 98, ch. 2000-165; s. 23, ch. 2000-337.

¹**Note.**--The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403, and the Department of Health was created by s. 8, ch. 96-403.

411.233 Dangers of shaking infants and young children; requirements for distributing brochures.--

(1) Every hospital, birthing facility, and provider of home birth which has maternity and newborn services shall provide to the parents of a newborn, before they take their newborn home from the hospital or birthing facility, written information with an explanation concerning the dangers of shaking infants and young children.

(2) The Department of Health shall prepare a brochure that describes the dangers of shaking infants and young children. The description must include information concerning the grave effects of shaking infants and young children, information concerning appropriate ways to manage the causes that can lead a person to shake infants and young children, and a discussion of ways to reduce the risks that can lead a person to shake infants and young children.

(3) This section does not preclude a hospital, birthing facility, or a home birth provider from providing the notice required under this section as an addendum to, or in connection with, any other required information.

(4) A cause of action does not accrue against the state or any subdivision or agency thereof or any hospital birthing facility or home-birth provider for failure to give or receive the information required under this section.

History.--s. 2, ch. 2002-174.

PART IV

**CHILDHOOD PREGNANCY PREVENTION
PUBLIC EDUCATION PROGRAM**

411.24 Short title.

411.241 Legislative intent.

411.242 Florida Education Now and Babies Later (ENABL) program.

411.243 Teen Pregnancy Prevention Community Initiative.

411.24 Short title.--This part may be cited as the "Florida Education Now and Babies Later (ENABL) Act."

History.--s. 2, ch. 95-321.

411.241 Legislative intent.--The Legislature finds and declares that childhood pregnancies continue to be a serious problem in the state. Therefore, the Legislature intends to establish, through a public-private partnership, a program to encourage children to abstain from sexual activity.

History.--s. 2, ch. 95-321.

411.242 Florida Education Now and Babies Later (ENABL) program.--

(1) **CREATION.**--There is hereby created the Florida Education Now and Babies Later (ENABL) program for children and their families, with the goal of reducing the incidence of childhood pregnancies in this state by encouraging children to abstain from sexual activities. This program must provide a multifaceted, primary prevention, community health promotion approach to educating and supporting children in the decision to abstain from sexual involvement. The Department of Health, in consultation with the Department of Education, Florida State University, and other appropriate agencies or associations, shall develop, implement, and administer the ENABL program.

(2) **GOALS.**--The goal of the ENABL program is to encourage and assist boys and girls in this state to decide to abstain from engaging in sexual activity. The ENABL program is designed to reduce the incidence of childhood pregnancies; to increase the percentage of children graduating from school and becoming more productive citizens; to reduce the numbers of cocaine babies born in this state; to reduce the crime rate among these children as they grow up; to reduce the rate of school dropouts in this state; and to increase the basic skills and ability of the future workforce.

(3) **ESSENTIAL ELEMENTS.**--

(a) The ENABL program should be directed to geographic areas in the state where the childhood birth rate is higher than the state average and where the children and their families are in greatest need because of an unfavorable combination of economic, social, environmental, and health factors, including, without limitation, extensive poverty, high crime

rate, great incidence of low birthweight babies, high incidence of alcohol and drug abuse, and high rates of childhood pregnancy. The selection of a geographic site shall also consider the incidence of young children within these at-risk geographic areas who are cocaine babies, children of single mothers who receive temporary cash assistance, children of teenage parents, low birthweight babies, and very young foster children. To receive funding under this section, a community-based local contractor must demonstrate:

1. Its capacity to administer and coordinate the ENABL pregnancy prevention public education program and services for children and their families in a comprehensive manner and to provide a flexible range of age-appropriate educational services.
2. Its capacity to identify and serve those children least able to access existing pregnancy prevention public education programs.
3. Its capacity to administer and coordinate the ENABL programs and services in an intensive and continuous manner.
4. The proximity of its program to young children, parents, and other family members to be served by the ENABL program, or its ability to provide offsite educational services.
5. Its ability to incorporate existing federal, state, and local governmental educational programs and services in implementing the ENABL program.
6. Its ability to coordinate its activities and educational services with existing public and private state and local agencies and programs, such as those responsible for health, education, social support, mental health, child care, respite care, housing, transportation, alcohol and drug abuse treatment and prevention, income assistance, employment training and placement, nutrition, and other relevant services, all of the foregoing intended to assist children and families at risk.
7. How its plan will involve project participants and community representatives in the planning and operation of the ENABL program.
8. Its ability to participate in the evaluation component required in this section.
9. Its consistency with the strategic plan pursuant to s. 411.221.
10. Its capacity to match state funding for the ENABL program at the rate of \$1 in cash or in matching services for each dollar funded by the state.

(b) Any child whose parent or guardian presents to the community-based local contractor a signed statement that the child's participation in the ENABL program conflicts with the parent's or guardian's religious beliefs shall be exempt from such instruction. No child so exempt shall be penalized by reason of such exemption.

(c) While a flexible range of pregnancy prevention public education services is essential in the implementation of the ENABL program, the following educational services and activities must be considered essential core services to be offered by each community-based local contractor:

1. Use of the postponing sexual involvement age-appropriate education curriculum targeted to boys and girls in schools or other community settings.

2. Strategies to convey and reinforce the ENABL message of postponing childhood sexual involvement to the affected community, including activities promoting awareness and involvement of parents, schools, churches, and other community groups or organizations.
3. Developing media linkages to publicize the purposes and goals of the ENABL program.
4. A referral mechanism for children or their families who request or need other health or social services, which may include, without limitation, referral for alcohol and drug abuse treatment, mental health services, housing assistance, transportation, and nutrition services.

(4) IMPLEMENTATION.--The department must:

(a) Implement the ENABL program using the criteria provided in this section. The department must evaluate, select, and monitor the two pilot projects to be funded initially. The following community-based local contractors may be selected among the first sites to be funded:

1. A program based in a local school district, a county health department, or another unit of local government.
2. A program based in a local, public or private, not-for-profit provider of services to children and their families.

(b) Provide technical assistance to each community-based local contractor, as necessary.

(c) Develop and implement the evaluation process.

(d) Explore and pursue federal and foundation funding possibilities, and specifically request the United States Department of Health and Human Services to supplement the development and implementation of the ENABL program.

(5) PUBLIC RELATIONS.--The department shall develop a statewide comprehensive media and public relations campaign to promote changes in sexual attitudes and behaviors among children and reinforce the message of abstaining from sexual activity.

(6) TRAINING.--The department shall be responsible for developing a uniform training program for the community-based local contractors selected to implement the ENABL program.

(7) EVALUATION.--There shall be an independent third-party evaluation of the initial grants. The contract for the evaluation shall be entered into prior to the selection of the community-based local contractor, to ensure integrity of the evaluation design, ongoing monitoring and periodic review of progress, and a timely, comprehensive evaluation report. The evaluation report shall be submitted to the Governor, the President of the Senate, the Speaker of the House of Representatives, and appropriate substantive committees and subcommittees of the Legislature by January 1, 1999, and biennially thereafter. The report due by January 1, 2001, or 5 years after the startup of the initial prototype programs, whichever is later, shall include the first longitudinal report on participant outcomes.

History.--s. 2, ch. 95-321; s. 101, ch. 96-175; s. 205, ch. 97-101; s. 197, ch. 99-8; s. 63, ch. 2000-153; s. 99, ch. 2000-165.

411.243 Teen Pregnancy Prevention Community Initiative.--Subject to the availability of funds, the Department of Health shall create a Teen Pregnancy Prevention Community

Initiative. The purpose of this initiative is to create collaborative community partnerships to reduce teen pregnancy. Participating communities shall examine their needs and resources relative to teen pregnancy prevention and develop plans which provide for a collaborative approach to how existing, enhanced, and new initiatives together will reduce teen pregnancy in a community. Community incentive grants shall provide funds for communities to implement plans which provide for a collaborative, comprehensive, outcome-focused approach to reducing teen pregnancy.

(1) The requirements of the community incentive grants are as follows:

- (a) The goal required of all grants is to reduce the incidence of teen pregnancy. All grants must be designed and required to maintain the data to substantiate reducing the incidence of teen pregnancy in the targeted area in their community.
- (b) The target population is teens through 19 years of age, including both males and females and mothers and fathers.
- (c) Grants must target a specified geographic area or region, for which data can be maintained to substantiate the teen pregnancy rate.
- (d) In order to receive funding, communities must demonstrate collaboration in the provision of existing and new teen pregnancy prevention initiatives. This collaboration shall include developing linkages to the health care, social services, and education systems.
- (e) Plans must be developed for how a community will reduce the incidence of teen pregnancy in a specified geographic area or region. These plans must include:
 - 1. Provision for collaboration between existing and new initiatives for a comprehensive, well-planned, outcome-focused approach. All organizations involved in teen pregnancy prevention in the community must be involved in the planning and implementation of the community incentive grant initiative.
 - 2. Provision in the targeted area or region for all of the components identified below. These components may be addressed through a collaboration of existing initiatives, enhancements, or new initiatives. Community incentive grant funds must address current gaps in the comprehensive teen pregnancy prevention plan for communities.
 - a. Primary prevention components are:
 - (I) Prevention strategies targeting males.
 - (II) Role modeling and monitoring.
 - (III) Intervention strategies targeting abused or neglected children.
 - (IV) Human sexuality education.
 - (V) Sexual advances protection education.
 - (VI) Reproductive health care.
 - (VII) Intervention strategies targeting younger siblings of teen mothers.

(VIII) Community and public awareness.

(IX) Innovative programs to facilitate prosecutions under s. 794.011, s. 794.05, or s. 800.04.

b. Secondary prevention components are:

(I) Home visiting.

(II) Parent education, skill building, and supports.

(III) Care coordination and case management.

(IV) Career development.

(V) Goal setting and achievement.

Community plans must provide for initiatives which are culturally competent and relevant to the families' values.

(2) The state shall conduct an independent process and outcome evaluation of all the community incentive grant initiatives. The evaluation shall be conducted in three phases: The first phase shall focus on process, including implementation and operation, to be reported on after the first year of operation; the second phase shall be an interim evaluation of the outcome, to be completed after the third year of operation; the third phase shall be a final evaluation of process, outcome, and achievement of the overall goal of reducing the incidence of teen pregnancy, to be completed at the end of the fifth year of operation.

(3) The state shall provide technical assistance, training, and quality assurance to assist the initiative in achieving its goals.

History.--s. 102, ch. 96-175; s. 198, ch. 99-8.