STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

Duval Halfway House
Department of Juvenile Justice
(State-Operated)
7500 Ricker Road
Jacksonville, Florida 32244

Review Date(s): August 30 - September 1, 2011

PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES

WANSLEY WALTERS, SECRETARY
JEFF WENHOLD, BUREAU CHIEF
## Residential Performance Rating Profile

### Program Name: Duval Halfway House  
### Provider Name: Department of Juvenile Justice  
### Location: Duval County / Circuit  
### Review Date(s): August 30 - September 1, 2011  
### QA Program Code: 190  
### Contract Number: NA  
### Number of Beds: 28  
### Lead Reviewer Code: 98

### Program Performance by Indicator/Standard

#### 1. Management Accountability

<table>
<thead>
<tr>
<th>Standard</th>
<th>Program Score</th>
<th>Max. Score</th>
<th>Rating</th>
<th>Failed 0-59%</th>
<th>Minimal 60-69%</th>
<th>Acceptable 70-79%</th>
<th>Commendable 80-89%</th>
<th>Exceptional 90-100%</th>
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<tbody>
<tr>
<td>1.01 Background Screening of Employees/Vol.</td>
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<td>75%</td>
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<td>1.02 Provision of an Abuse Free Environment</td>
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<td>1.03 Incident Reporting</td>
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<td>1.04 Protective Action Response (PAR)</td>
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<td>1.05 Pre-Service/Certification Requirements</td>
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<td>1.06 In-Service Training Requirements</td>
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<td>1.09 Escapes</td>
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<td>1.11 Community Partnerships</td>
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<td>1.12 Facility Integration and Stability</td>
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Acceptable 75%

#### 2. Intervention and Case Management

<table>
<thead>
<tr>
<th>Standard</th>
<th>Program Score</th>
<th>Max. Score</th>
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<tbody>
<tr>
<td>2.01 Classification</td>
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<td>2.02 Assessment</td>
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<td>2.04 Performance Plan</td>
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<td>2.06 Parent/Guardian Communication</td>
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<td>2.07 Transition Planning and Release</td>
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<td>2.09 Gang Prevention and Intervention</td>
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<td>2.10 Staff Characteristics</td>
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Acceptable 75%

#### 3. Mental Health and Substance Abuse Services

<table>
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<tr>
<th>Standard</th>
<th>Program Score</th>
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<th>Failed 0-59%</th>
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Acceptable 78%

#### 4. Health Services

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Acceptable 76%

#### 5. Safety and Security

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<th>Standard</th>
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<td>5.07 Flammable, Poisonous, and Toxic Items</td>
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<td>5.11 Controlled Observation</td>
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Acceptable 78%

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### Overall Program Performance

Acceptable 75%
Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Residential Standards (July 2011).

Persons Interviewed

- Program Director
- DJJ Monitor
- DHA or designee
- DMHA or designee

1 # Case Managers
1 # Clinical Staff
1 # Food Service Personnel
1 # Healthcare Staff
1 # Maintenance Personnel
2 # Program Supervisors
____ # Other (listed by title): _____

Documents Reviewed

- Accreditation Reports
- Affidavit of Good Moral Character
- CCC Reports
- Confinement Reports
- Continuity of Operation Plan
- Contract Monitoring Reports
- Contract Scope of Services
- Egress Plans
- Escape Notification/Logs
- Exposure Control Plan
- Fire Drill Log
- Fire Inspection Report
- Fire Prevention Plan
- Grievance Process/Records
- Key Control Log
- Logbooks
- Medical and Mental Health Alerts
- PAR Reports
- Precautionary Observation Logs
- Program Schedules
- Sick Call Logs
- Supplemental Contracts
- Table of Organization
- Telephone Logs
- Vehicle Inspection Reports
- Visitation Logs
- Youth Handbook
- # Health Records
- # MH/SA Records
- # Personnel Records
- # Training Records/CORE
- # Youth Records (Closed)
- # Youth Records (Open)
- ____ # Other: _____

Surveys

- # Youth
- # Direct Care Staff
- # Other: _____

Observations During Review

- Admissions
- Confine
- Facility and Grounds
- First Aid Kit(s)
- Group
- Meals
- Medical Clinic
- Medication Administration
- Posting of Abuse Hotline
- Program Activities
- Recreation
- Searches
- Security Video Tapes
- Sick Call
- Social Skill Modeling by Staff
- Staff Interactions with Youth
- Staff Supervision of Youth
- Tool Inventory and Storage
- Toxic Item Inventory and Storage
- Transition/Exit Conferences
- Treatment Team Meetings
- Use of Mechanical Restraints
- Youth Movement and Counts

Comments

Items not marked were either not applicable or not available for review.
## Performance Ratings

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by FDJJ-1720:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Exceptional (10)</strong></td>
<td>The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent.</td>
</tr>
<tr>
<td><strong>Commendable (8)</strong></td>
<td>The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements.</td>
</tr>
<tr>
<td><strong>Acceptable (7)</strong></td>
<td>The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements.</td>
</tr>
<tr>
<td><strong>Minimal (5)</strong></td>
<td>The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security, or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements.</td>
</tr>
<tr>
<td><strong>Failed (0)</strong></td>
<td>The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth.</td>
</tr>
</tbody>
</table>

## Review Team

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

- Katina Horner, Lead Reviewer, DJJ Bureau of Quality Assurance
- Janet Hampton, Review Specialist, DJJ Bureau of Quality Assurance
- Caroline Sanchez, Program Monitor, DJJ Residential Services, North Region
- Karen McNeal, Assistant Chief Probation Officer, DJJ Probation, Circuit 4
- Craig Jones, Program Director, Tiger Success Center
Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at http://www.djj.state.fl.us/QA/index.html.

**Standard 1: Management Accountability**

**Overview**

This program serves low and moderate risk males and is located on the Westside of Jacksonville. The program employs a superintendent, assistant superintendent, staff assistant, maintenance officer, two social service counselors, three supervisors, twelve direct care staff, a food service manager and a food service support staff. There were two vacancies (a recreational therapist and a food service support staff) at the time of review. The program has not had any escapes since their last quality assurance review.

**1.01: Background Screening of Employees/Volunteers**

- One employee’s five year re-screening was completed four days after the anniversary of his hire date.

**1.02: Provision of an Abuse Free Environment**

- The program consistently met all requirements for this indicator without exception.

**1.03: Incident Reporting**

- The program consistently met all requirements for this indicator without exception.

**1.04: Protective Action Response (PAR)**

- The program consistently met all requirements for this indicator without exception.

**1.05: Pre-Service/Certification Requirements**

- One staff training file did not document the forty-hour Protective Action Response (PAR) class or performance evaluation. The CORE system only documented the written test results.
1.06: In-Service Training Requirements  Acceptable (7)

- Three staff were applicable for this requirement. None of the three staff had completed training on professionalism and ethics.
- Two staff were supervisors; neither met the annual eight-hour requirement for supervisory training.
- Some training was not documented in CORE.

1.07: Logbook Maintenance  Minimal (5)

- The program maintains a facility logbook and unit logbooks for each living unit. Documentation of each shift supervisor reviewing entries made during the previous two shifts, to include date and time, was not consistently entered.
- The program did not consistently document emergency situations or special instructions for supervision and monitoring of youth.
- Admissions and releases, including the name and date, and time of anticipated arrival and departure and mode of transportation was not consistently documented in the facility logbook.

1.08: Internal Alert System  Acceptable (7)

- There were no mental health or security alerts entered into the Juvenile Justice Information System (JJIS).

1.09: Escapes  Commendable (8)

- The program consistently met all requirements for this indicator without exception.

1.10: Youth Records  Commendable (8)

- The program consistently met all requirements for this indicator without exception.

1.11: Community Partnerships  Exceptional (10)

- The program’s advisory board is very active, meeting once a month.
- The board has been very proactive, donating a vehicle to a victim’s family and offering mentoring through the National Navy Officers Association.
- The board also enlists the assistance of the youth on several community projects, such as feeding the homeless and participating in a coat drive.

1.12: Facility Integration and Stability  Acceptable (7)

- The program does not have a process in place for obtaining information from youth and parent surveys, as they are not completing them.
• The program is not using annual published reports from the Department in its planning and assessment process.
• There is no written plan in place to address staff retention.

**Standard 2: Intervention and Case Management**

The program employs two social service counselors. The counselors are responsible for case management services provided to youth. Each counselor is assigned a caseload of fourteen youth. The program has fully implemented the Residential Positive Achievement Change Tool (R-PACT). Treatment team meetings for the youth are held twice a month. The counselors provide supportive counseling for the youth and parents along with educational groups.

2.01: Classification Commendable (8)

• The program consistently met all requirements for this indicator without exception.

2.02: Assessment Commendable (8)

• The program consistently met all requirements for this indicator without exception.

2.03: Intervention and Treatment Team Commendable (8)

• The program consistently met all requirements for this indicator without exception.

2.04: Performance Plan Commendable (8)

• The program consistently met all requirements for this indicator without exception.

2.05: Performance Review and Reporting Commendable (8)

• The program consistently met all requirements for this indicator without exception.

2.06: Parent/Guardian Communication Commendable (8)

• The program consistently met all requirements for this indicator without exception.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rating</th>
<th>Notes</th>
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<tbody>
<tr>
<td>2.07: Transition Planning and Release</td>
<td>Commendable (8)</td>
<td>The program consistently met all requirements for this indicator without exception.</td>
</tr>
<tr>
<td>2.08: Grievance Process</td>
<td>Minimal (5)</td>
<td>Of the eight grievances reviewed, six youth requested an appeal and there was no documentation to indicate this process took place. There was no documentation of staff training on the grievance process.</td>
</tr>
<tr>
<td>2.09: Gang Prevention and Intervention</td>
<td>Acceptable (7)</td>
<td>Only two staff had completed gang awareness training. The program did not forward gang information on youth to law enforcement.</td>
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<tr>
<td>2.10: Staff Characteristics</td>
<td>Commendable (8)</td>
<td>The program consistently met all requirements for this indicator without exception.</td>
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<td>2.12: Gender-Specific Programming</td>
<td>Commendable (8)</td>
<td>The program consistently met all requirements for this indicator without exception.</td>
</tr>
<tr>
<td>2.13: Vocational Programming</td>
<td>Minimal (5)</td>
<td>Three closed files for youth age sixteen or older were reviewed. The transition plans primarily addressed academic placement and did not focus on vocational needs. There were no employment portfolios completed, to include sample employment applications, resumes, identification, etc., for any of the youth sampled. There was documentation of referral to a “One Stop Center”.</td>
</tr>
</tbody>
</table>
Standard 3: Mental Health and Substance Abuse Services

Overview

The Department entered into a contract with the Devereux Foundation, Inc. for the provision of mental health and substance abuse treatment services at the program in August 2010. Three treatment staff are employed at the program. The Designated Mental Health Authority (DMHA) is a Licensed Mental Health Counselor (LMHC). Another staff is also a LMHC and a Certified Addictions Professional (CAP). One Master’s level staff is supervised by the DMHA. All of the staff are employed at forty hours a week. The DMHA is on-call in the event of a mental health or substance abuse emergency. A psychologist visits the program a minimum of eight hours a month. A psychiatrist visits the program each week for three hours on Mondays. The program receives Mental Health Overlay Services (MHOS) funding for twenty-six youth.

The treatment staff are responsible for administering the Massachusetts Youth Screening Instrument- Version II (MAYSI-2), the completion of a biopsychosocial assessment, the development of the individualized treatment plan, and the delivery of treatment services. The treatment staff conducts individual, group, and family counseling sessions. Therapy groups are scheduled five days a week.

3.01: Designated Mental Health Authority (DJJ Program)  Commendable (8)

- The program consistently met all requirements for this indicator without exception.

3.02: Mental Health and Substance Abuse Admission Screening  Acceptable (7)

- Two staff had administered the MAYSI-2. They had not taken the Using the MAYSI-2 course on CORE.

3.03: Mental Health and Substance Abuse Assessment/Evaluation  Acceptable (7)

- One biopsychosocial assessment was not signed by the DMHA.
- Two of the five files did not have a consent for treatment form specific to substance abuse services. A generic consent form was found in the two files.

3.04: Treatment Plan, Treatment Team, and Service Delivery  Acceptable (7)

- One individual treatment plan was not developed within thirty days of the youth’s admission to the program; it was two days late. Another file did not have an individualized treatment plan, though it did have a treatment team review form, which listed the goals with action steps. All initial treatment plans were developed on the youth’s admission date or within twenty-four hours.
- One individualized treatment plan did not include the substance abuse diagnosis, which had been included on the biopsychosocial assessment. A substance abuse treatment goal was listed on the treatment plan.
- One youth was prescribed psychotropic medication and his treatment plan did not have a specific pharmacological goal. Another youth was prescribed psychotropic medications after his admission. His individualized treatment plan was not revised to include a pharmacological goal.
- File review showed youth did not always receive treatment services as stipulated on their individualized treatment plans. Most plans stated youth would receive weekly individual counseling sessions. These sessions were conducted, but not at the frequency stated on the treatment plans. Group sign-in sheets did not always document the facilitator or the topic of discussion. The program has a number of treatment curricula and evidence of its uses was found in all files. Qualified mental health and substance abuse professionals provided treatment services.
- Three closed files were reviewed for mental health discharge plans. All of the files had a mental health discharge plan completed before the youth’s release from the program. It was difficult to determine if the youth, parents, and the juvenile probation officers received a copy of the discharge plan.

### 3.05: Suicide Prevention

<table>
<thead>
<tr>
<th>Minimal (5)</th>
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</thead>
</table>

- Five youth had been placed on suicide precautions. The direct care staff did not check the safe housing requirements on the precautionary observation sheets.
- Two precautionary observation sheets were missing checks for approximately one hour and fifteen minutes.
- In two cases, the DMHA had noted on the Follow-Up Assessment of Suicide Risk a change in supervision status to secure observation. Secure observation was not a supervision status listed in the program’s policy. Further, the program does not have a room that meets the requirements for secure observation.
- All of the youth were transitioned to close supervision. None of the files had close observation sheets.
- Suicide alerts were not entered on JJIS.
- One unlicensed staff was completing Assessments of Suicide Risk. The staff had not received the twenty hours of training on administering this instrument from the DMHA.
- Direct care staff had not received six hours of suicide prevention training during the past year.

### 3.06: Mental Health Crisis Intervention

<table>
<thead>
<tr>
<th>Acceptable (7)</th>
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</thead>
</table>

- The program did not have a separate plan addressing crisis intervention services, though some elements were captured in the Suicide Prevention Plan. An instrument for evaluating a youth in crisis was not included in the plan. In practice, the staff evaluates the youth and records a progress note about the session. The youth are then referred to the psychiatrist for further evaluation according to the DMHA.
3.07: Emergency Services

- The program consistently met all requirements for this indicator without exception.

3.08: Specialized Treatment Services

- The program consistently met all requirements for this indicator without exception.

**Standard 4: Health Services**

<table>
<thead>
<tr>
<th>Failed</th>
<th>Minimal</th>
<th>Acceptable</th>
<th>Commendable</th>
<th>Exceptional</th>
</tr>
</thead>
</table>

**Overview**

The program continues to contract with a local healthcare agency for healthcare services. The agency provides a doctor, an Advanced Registered Nurse Practitioner (ARNP), two Registered Nurses (RN) and a Licensed Practical Nurse (LPN); all are all licensed in the State of Florida.

The doctor serves as the program’s Designated Health Authority (DHA) and assumes responsibility for oversight of all healthcare provided to youth in the program. The ARNP is the DHA’s designee. Both the DHA and ARNP are on site once a week. There is nursing coverage seven days a week. The nurses are responsible for the day-to-day operations of the clinic including admissions, sick call, medication administration/documentation, follow-up, episodic care, health education and file maintenance.

4.01: Designated Health Authority

- The program consistently met all requirements for this indicator without exception.

4.02: Healthcare Admission Screening

- The program consistently met all requirements for this indicator without exception.

4.03: Comprehensive Physical Assessment

- The program consistently met all requirements for this indicator without exception.
4.04: Sexually Transmitted Diseases  
Acceptable (7)
- One youth’s sexually transmitted infection (STI) test results were not documented on the Infectious and Communicable Disease (ICD) form.
- Another youth’s HIV test results were not sealed as required.

4.05: Sick Call  
Commendable (8)
- The program consistently met all requirements for this indicator without exception.

4.06: Medication Administration  
Exceptional (10)
- A photo of each corresponding youth is imposed on the medication administration record (MAR). A larger separate photo is next to each MAR as well.
- Staff training conducted by the nurse included demonstration of how to document the MAR using a mock form.
- The nurse created written instructions from start to finish on medication administration for staff, which were laminated and placed in from of the MAR book.
- The “Five Rights” along with side effect information was also located in front of the MAR book.

4.07: Medication Control  
Minimal (5)
- Documentation and interviews confirmed non-healthcare staff were completing inventories of controlled medication.

4.08: Infection Control  
Acceptable (7)
- There was no documentation inCORE or individual training files to confirm if staff had been trained on infection control practices or the program’s exposure control plan.

4.09: Chronic Illness Treatment  
Commendable (8)
- The program consistently met all requirements for this indicator without exception.

4.10: Episodic and Emergency Care  
Acceptable (7)
- The program did not complete any mock drills during the first quarter and only completed one drill during the last quarter. The program still has time to meet the requirement for the current quarter.
4.11: Consent and Notification

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

4.12: Prenatal/Neonatal Care

Non-Applicable (NA)

- This program only serves male youth.

**Standard 5: Safety and Security**

The superintendent is responsible for safety and security of the program. The program employs a maintenance staff to ensure the safety and physical plant requirements are met on a daily basis. The program is monitored by video surveillance and secured with a perimeter fence. Staff utilize two-way radios for communication. There was apparent order and control while the review team was on site.

5.01: Supervision of Youth

Acceptable (7)

- Frisk searches are conducted on an inconsistent basis.

5.02: Key Control

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

5.03: Contraband and Searches

Acceptable (7)

- There has been a limited amount of contraband searches conducted since the last review.
- The program’s policy indicated a requirement for contraband searches before and after visitation; this was not consistently documented.

5.04: Transportation

Commendable (8)

- The program consistently met all requirements for this indicator without exception.
### Overall Program Performance

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>75%</td>
</tr>
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</table>

### Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool Management</td>
<td>Commendable (8)</td>
</tr>
<tr>
<td>Disaster and Continuity of Operations Planning</td>
<td>Commendable (8)</td>
</tr>
<tr>
<td>Flammable, Poisonous, and Toxic Items</td>
<td>Commendable (8)</td>
</tr>
<tr>
<td>Water Safety</td>
<td>Non-Applicable (NA)</td>
</tr>
<tr>
<td>Behavior Management System</td>
<td>Commendable (8)</td>
</tr>
<tr>
<td>Behavior Management Unit</td>
<td>Non-Applicable (NA)</td>
</tr>
<tr>
<td>Controlled Observation</td>
<td>Non-Applicable (NA)</td>
</tr>
</tbody>
</table>

- The program consistently met all requirements for this indicator without exception.
- The program does not participate in water related activities.
- The program does not have a behavior management unit.
- The program does not use controlled observation.

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**Florida Department of Juvenile Justice**

**Office of Program Accountability**

**Residential Quality Assurance Report**

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