

The Appeal Process

The Bureau of Monitoring and Quality Improvement (MQI) process relies upon teams of trained professionals making decisions about the quality of programs. Since the system can bring about differing conclusions, it is the intent of the Department to provide a reasonable means for programs to appeal the findings of the review team. Programs and Providers have the opportunity to appeal findings while the review team is on-site and during the draft phase of the annual compliance report.

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Bureau of Monitoring and Quality Improvement Appeal Process

State of Florida
Department of Juvenile Justice

Rating Definitions

Satisfactory Compliance – No exceptions to the requirements of the indicator; or limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or systemic exceptions with corrective action already applied and demonstrated.

Limited Compliance – Systemic exceptions to the requirements of the indicator; exceptions to the requirements of the indicator that result in the interruption of service delivery; and/or typically require oversight by management to address the issues systemically.

Failed Compliance – The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Standard-level and overall program failure occurs in the following conditions:

1. At least 20% or more indicators are rated as “Failed Compliance”;
2. At least 10% of indicators are rated as “Failed Compliance” and 20% of indicators are rated as “Limited Compliance”;
3. At least 5% of indicators are rated as “Failed Compliance” and 30% of indicators are rated as “Limited Compliance”;
4. At least 40% or more of combined indicators are rated as “Limited Compliance” or “Failed Compliance”;
5. At least 20% or more of combined Critical indicators are rated as “Limited Compliance” or “Failed Compliance” (Day Treatment, Detention, Residential) – Overall Program Failed Compliance Only;
6. At least 50% or more of combined Critical indicators are rated as “Limited Compliance” or “Failed Compliance” (Transition, Prevention, Outward Bound, IDDS, JDAP, Probation Redirection) - Overall Program Failed Compliance Only;
7. At least two failed standards, which includes failing a Health or Safety and Security standard, or failing any three standards - Overall Program Failed Compliance Only.

During the Annual Compliance Review

If at any time during the review there is a disagreement with the findings, the Program / Provider and the Lead Reviewer should attempt to resolve the matter on-site. The program will receive a Daily Debriefing Form at the end of each day of the review documenting any exceptions found and a preliminary rating for each indicator. The program will have the opportunity to respond to each noted exception. The Lead Reviewer will respond to each program response.

After the Annual Compliance Review

After the on-site review, the draft report will be sent to the Program / Provider, along with the appropriate forms necessary to appeal indicator ratings or content of the report. If the Program / Provider chooses to submit an appeal, the appropriate forms and supporting documentation must be submitted to the Bureau Chief of Monitoring and Quality Improvement within five (5) working days of receiving the draft report. The Bureau Chief of Monitoring and Quality Improvement will evaluate the appeal and determine if the rating and/or content should be changed, and respond to the Program / Provider accordingly. In the event the Program / Provider is dissatisfied with the result of the appeal, the Program / Provider can appeal to the Director of the Office of Program Accountability and the Assistant Secretary of their respective program area for final decision.