POST-AWARD MONITORING REPORT

| DIST | TRICT: | PROCUREMENT NUMBER: |
|-------|----------------------|--|
| VEN | IDOR: | REVIEWED BY: |
| DAT | E OF VISIT: | PERIOD COVERED: |
| NUN | MBER OF FEDERA | CLIENTS IN PROGRAM: |
| ===== | | RATING CRITERIA |
| The | evaluation rating on | his report must be completed using the following rating definitions: |
| (1) | Excellent | During the monitoring period, the vendor has exceeded the requirements of the statement of work. There were no deficiencies and the vendor has operated within the terms and conditions of the agreement. The agreement should be continued. |
| (2) | Satisfactory | There are few problems or issues and the vendor generally operates within the terms and conditions of the agreement. Any improvements would be considered minor. The agreement should be continued. |
| (3) | Unsatisfactory | There are deficiencies with the performance of the vendor that must be corrected. The vendor will be notified via this monitoring report of the deficiencies and corrective measures and given a specific time frame in which to correct the deficiencies and become in full compliance with the terms and conditions of the agreement. The agreement will only be continued if the deficiencies are corrected within the stated time frame. If not corrected in the time frame, the existing referrals may be terminated, the option to renew will not be exercised, or future referrals may cease. |
| (4) | Unacceptable | There are deficiencies with the performance of the vendor which have not been corrected, cannot be corrected, or the vendor refuses to correct. Continuation of the agreement will only be allowed until a new service provider can be obtained. Termination of the existing referrals will be made either for the convenience of the Government or for default. |

| I. DELIVERABLES | Yes | No | NA |
|--|-----|----|----|
| A. File Maintenance | • | | • |
| 1. Is the vendor's file maintenance and content in compliance with Section C of the Statement of Work? | | | |
| B. Case Staffing Conference | | | |
| 1. Does the vendor participate in case staffing conferences as defined in Section C of the Statement of Work? | | | |
| C. Vendor Reports | | | |
| 1. Are vendor reports in compliance with Section C of the Statement of Work? | | | |
| D. Vendor Testimony | | | |
| 1. Does the vendor provide "testimony" in compliance with Section C of the Statement of Work? | | | |
| E. Notifying USPO/USPSO of Defendant/Offender Behavior | | | |
| 1. Is there timely notification of defendant/offender noncompliant behavior as defined in Section C of the Statement of Work? | | | |
| F. Staff Requirements and Restrictions | | | |
| 1. Is the vendor in compliance with the staff requirements and restrictions as defined in Section C of the Statement of Work? | | | |
| G. Facility Requirements | | | |
| 1. Is the vendor in compliance with the facility requirements and restrictions as defined in Section C of the Statement of Work? | | | |

| 1. Is the vendor in compliance with the facility requirements and restrictions as defined in Section C of the Statement of Work? | | |
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| Deficiency: | | |
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(Revised 6/12)

| Corrective Action: | | | |
|--|-----|----|----|
| II. PROVISION OF SERVICES | Yes | No | NA |
| 1. Is the vendor providing services in compliance with Section C of the Statement of Work for the specific project codes in the agreement? | | | |
| 2. Are defendants/offenders receiving the services specified in the program plan? | | | |
| 3. Is the vendor providing services in compliance with Section F of the Statement of Work? | | | |
| Deficiency: | | | |
| Corrective Action: | | | |

| III. AGREEMENT ADMINISTRATION | Yes | No | NA |
|---|-----|----|----|
| 1. Are the invoices submitted in compliance with Section G of the Statement of Work? | | | |
| 2. Is the vendor in compliance with Sections E, F, G, and H of the Statement of Work? | | | |

| Statement of Work? | | | |
|---|-----|----|----|
| Deficiency: | | | |
| Corrective Action: | | | |
| IV. INTERVIEWS | | | |
| A. Defendant/Offender Number of Defendant/Offenders interviewed: | | | |
| | Yes | No | NA |
| 1. Did the defendant/offender report any problems or recommendations for improvement? | | | |
| Comments: | | | |

| (Revised 6/12) | | | |
|---|-----|----|----|
| | | | |
| B. USPO/USPSO | | | |
| Number of USPO/USPSOs interviewed: | | | |
| | Yes | No | NA |
| 1. Is there a timely response to referrals? | | | |
| 2. Are you initiating program plans and amended plans? | | | |
| 3. Is the vendor following the program plans? | | | |
| 4. Is there a good working relationship with the service provider? | | | |
| 5. Are you meeting with the vendor face-to-face or via telephone conference at least every 30 days to discuss the defendant/offender's progress in treatment? | | | |
| Comments: | | | |
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| C. Provider (Director and/or Primary Counselor) | | | |
|--|-----|----|----|
| | Yes | No | NA |
| 1. Are you receiving advance notice of referrals? | | | |
| 2. Is the program plan and authorization of release received timely? | | | |
| 3. Are USPO/USPSOs responding timely to telephone calls/correspondence? | | | |
| 4. Are you communicating with the USPO/USPSO at least every 30 days? | | | |
| 5. Are you timely notifying USPO/USPSOs of stalls, missed sessions, and/or violation behavior? | | | |
| 6. Are USPOs responsive to concerns and recommendations? | | | |
| Comments: | | | |

| V. CONTENT OF SERVICES | Yes | No | NA |
|---|-----|----|----|
| Note: This section will only be considered for rating the vendor as exceed and therefore justifying an excellent rating. A no answer to any of these used to rate a vendor as unsatisfactory or unacceptable. | | | |
| 1. Are interactions with the defendant/offender deliberate, purposeful, and based on clinical modalities that have demonstrated evidence to change behavior/stabilize mental health symptoms, etc.? | | | |
| 2. Does the vendor provide counseling that addresses criminogenic needs and responsivity issues? | | | |
| 3. Does the vendor have outcome measures in place to evaluate their programs? | | | |
| 4. Has the vendor routinely taken steps to transition defendants/ offenders to services in the community to aid them once they have completed supervision? | | | |
| 5. Is counseling provided by a practitioner with a degree/license that exceeds the minimum standards in the Statement of Work? | | | |
| 6. Does the vendor have a national accreditation/certification (i.e. CARF)? | | | |
| Comments: | | | |

| VI. | ADJUSTMENTS | /RECOMMENDA | TIONS | |
|-------|-------------|--------------|----------------|--------------|
| Comn | nents: | | | |
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| VII. | RATING | | | |
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| | | Satisfactory | Unsatisfactory | Unaccentable |
| | Excellent | Satisfactory | Unsatisfactory | Unacceptable |
| | Excellent | | Unsatisfactory | Unacceptable |
| VIII. | Excellent | | Unsatisfactory | Unacceptable |
| | Excellent | | Unsatisfactory | Unacceptable |
| | Excellent | | Unsatisfactory | Unacceptable |
| | Excellent | | Unsatisfactory | Unacceptable |
| | Excellent | | Unsatisfactory | Unacceptable |
| | Excellent | | Unsatisfactory | Unacceptable |
| | Excellent | | Unsatisfactory | Unacceptable |
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