

POST-AWARD MONITORING REPORT

DISTRICT:

PROCUREMENT NUMBER:

VENDOR:

REVIEWED BY:

DATE OF VISIT:

DATE OF REPORT:

PERIOD COVERED:

NUMBER OF FEDERAL CLIENTS IN PROGRAM:

RATING CRITERIA

The evaluation rating on this 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.

(Revised 9/2022)

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Case Staffing Conference			
1. Does the vendor participate in case staffing conferences as defined in Section C of the Statement of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Vendor Reports			
1. Are vendor reports and chronological notes in compliance with Section C of the Statement of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Vendor Testimony			
1. Does the vendor provide "testimony" in compliance with Section C of the Statement of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior			
1. Is there timely notification of defendant/person under supervision noncompliant behavior as defined in Section C of the Statement of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Positive Feedback:

(Revised 9/2022)

Deficiency:

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are defendants/persons under supervision receiving the services specified in the program plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the vendor providing services in compliance with Section F of the Statement of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Positive Feedback:

Deficiency:

(Revised 9/2022)

Corrective Action:

III. AGREEMENT ADMINISTRATION	Yes	No	NA
1. Are the invoices submitted in compliance with Section G of the Statement of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the vendor in compliance with Sections E, G, and H of the Statement of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Positive Feedback:

Deficiency:

Corrective Action:

(Revised 9/2022)

C. Provider (Director and/or Primary Counselor)			
	Yes	No	NA
1. Are you receiving advance notice of referrals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the program plan and authorization of release received timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are USPO/USPSOs responding timely to telephone calls/correspondence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you communicating with the USPO/USPSO at least every 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you timely notifying USPO/USPSOs of stalls, missed sessions, and/or violation behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are USPOs responsive to concerns and recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

V. CONTENT OF SERVICES	Yes	No	NA
<i>Note: This section will only be considered for rating the vendor as exceeding expectations and therefore justifying an excellent rating. A no answer to any of these items may not be used to rate a vendor as unsatisfactory or unacceptable.</i>			
1. Are interactions with the defendant/person under supervision deliberate, purposeful, and based on clinical modalities that have demonstrated evidence to change behavior/stabilize mental health symptoms, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the vendor provide counseling that addresses criminogenic needs and responsivity issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Revised 9/2022)

3. Does the vendor have outcome measures in place to evaluate their programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the vendor routinely taken steps to transition defendants/persons under supervision to services in the community to aid them once they have completed supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is counseling provided by a practitioner with a degree/license that exceeds the minimum standards in the Statement of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the vendor have a national accreditation/certification (i.e. CARF)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

VI. ADJUSTMENT/RECOMMENDATIONS
Comments:

VII. RATING

Excellent Satisfactory Unsatisfactory Unacceptable

(Revised 9/2022)

VIII. JUSTIFICATION

