

**Maternal, Infant, and Early Childhood  
Home Visiting (MIECHV) Program  
On-site Compliance Review  
Awardee Feedback Form**

**OMB Control No. 0915-0212  
Expiration Date: 4/30/2024**

**Public Burden Statement:** The purpose of this information collection request is to assess awardees satisfaction with the site visit process which is being supported through a contracted TA provider. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

Introduction Letter

\* 1. Dear Awardee,

**Thank you for participating in the recent HRSA MIECHV Compliance Review site visit. In an effort to continuously improve our processes we would like to get your feedback on the site visit and the staff assigned to the site visit. This survey will allow us to gather feedback and report any successes, recommendations for improvement, and/or challenges to HRSA immediately.**

**Your feedback helps us review our processes, assess our staff, and make any necessary improvements. Your responses are anonymous and the survey should take less than 10 minutes to complete. Please complete it within 5 business days of the date of receipt. If you have questions about the survey please contact the Project Manager, [name, email, phone number]. We look forward to your feedback.**

| Awardee              | Your Role on the Project | Please Select Your Project Officer |
|----------------------|--------------------------|------------------------------------|
| <input type="text"/> | <input type="text"/>     | <input type="text"/>               |

*The dropdown box above will list the current HRSA project officer's names.*

## Pre-Site Visit

This section is an evaluation of the pre-site visit activities that occurred in preparation for your site visit. When answering these questions please think specifically about the planning phase of the site visit.

\* 2. Did you participate in a pre-site visit conference call?

Yes

No

\* 3. The planning for the site visit was timely and responsive to our needs.

Disagree Strongly

Disagree

Undecided

Agree

Strongly Agree

N/A

\* 4. The Site Visit Assessment Tool helped us prepare for the site visit.

Disagree Strongly

Disagree

Undecided

Agree

Strongly Agree

N/A

\* 5. The pre-site visit planning call helped us prepare for the site visit.

Disagree Strongly

Disagree

Undecided

Agree

Strongly Agree

N/A

\* 6. The virtual site visit readiness checklist helped us prepare for the site visit.

Disagree Strongly

Disagree

Undecided

Agree

Strongly Agree

N/A

\* 7. Expectations of the site visit were clearly articulated.

Disagree Strongly

Disagree

Undecided

Agree

Strongly Agree

N/A

\* 8. Please provide any additional comments/ recommendations about the pre-site visit process.

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## Site Visit – Programmatic Consultant

This section is an evaluation of the programmatic consultant assigned to your site visit. When answering these questions please think specifically about that member of the site visit team.

**\* 9. Site Visit Staff:**

\* Who is the Programmatic Consultant that visited you?

### The Programmatic Consultant...

**\* 10. Exhibited appropriate knowledge of MIECHV programs.**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 11. Was well prepared, demonstrated knowledge of our organization, the Site Visit Assessment Tool and the HRSA site visit process.**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 12. Was objective and professional**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 13. Effectively utilized the Site Visit Assessment Tool and the sample questions to frame the discussion and to add clarity to the items being assessed.**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 14. The site visit debriefing provided an accurate account of the discussions during the site visit.**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**15. Please provide any additional comments concerning the programmatic consultant.**

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## Site Visit - Fiscal Consultant

This section is an evaluation of the fiscal consultant assigned to your site visit. When answering these questions please think specifically about that member of the site visit team.

**\* 16. Site Visit Staff:**

\* Who is the Fiscal Consultant that visited you?

**The Fiscal Consultant...**

**\* 17. Exhibited appropriate knowledge of MIECHV programs**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 18. Was well prepared, demonstrated knowledge of our organization, the Site Visit Assessment Tool and the HRSA site visit process.**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 19. Was objective and professional.**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 20. Effectively utilized the Site Visit Assessment Tool and the sample questions to frame the discussion and to add clarity to the items being assessed.**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 21. The site visit debriefing provided an accurate account of the discussions during the site visit.**

| Disagree Strongly     | Disagree              | Undecided             | Agree                 | Strongly Agree        | N/A                   |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\* 22. Please provide any additional comments concerning the fiscal consultant.**

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## Site Visit - Notetaker

This section is an evaluation of the notetaker assigned to your site visit. When answering these questions please think specifically about that member of the site visit team.

**\* 23. The note taker demonstrated professionalism in supporting the site visit.**

Disagree Strongly    Disagree    Undecided    Agree    Strongly Agree    N/A

                  

**\* 24. Please provide any additional comments concerning the notetaker.**

## Virtual Site Visit

This section is an evaluation of the site visit activities that were conducted virtually. When answering these questions please think specifically about the virtual site visit not the in-person site visit.

**\* 25. What were the most significant challenges you encountered during the planning phase of the virtual site visit? Check all that apply.**

- Document Availability
- Technology (Please describe: \_\_\_\_\_)
- Staff or Partners Not Available
- Limited Time for Discussions with Consultants and HRSA Staff
- Virtual Meeting Days Too Long
- Virtual Meeting Days Too Short
- Other (Please describe: \_\_\_\_\_)
- No Challenges



## Virtual Site Visit

**\* 26. What were the most significant challenges you encountered during the virtual site visit review? Check all that apply.**

- Document Availability
- Technology (Please describe: \_\_\_\_\_)
- Staff or Partners Not Available
- Limited Time for Discussions with Consultants and HRSA Staff
- Virtual Meeting Days Too Long
- Virtual Meeting Days Too Short
- Other (Please describe: \_\_\_\_\_)
- No Challenges

**\* 27. Please provide any additional comments about the virtual site visit process.**

**Thank you for completing this survey! If you have additional comments or questions about this survey please contact the Project Manager, [name, email, phone number].**