

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

**OMB Control No. 0915-0212
Expiration Date: 7/31/2021**

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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

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 4. The Site Visit Assessment Tool helped us prepare for 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"/>

*** 5. The pre-site visit planning call helped us prepare for 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"/>

*** 6. Expectations of the site visit were clearly articulated.**

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

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

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.

*** 8. Site Visit Staff:**

* Who is the Programmatic Consultant that visited you?

The Programmatic Consultant...

*** 9. 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"/>

*** 10. 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"/>

*** 11. 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"/>

*** 12. 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.

[Empty rectangular box]

[Empty rectangular box]

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"/>

*** 22. 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"/>

23. Please provide any additional comments concerning the fiscal consultant.

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.

* 1. The note taker demonstrated professionalism in supporting 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"/>

2. Please provide any additional comments concerning the notetaker.

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].