# Title X Site Visit Report Template

**Purpose:** This template provides a structure for site visit reports and can be customized.

**How to use:** Insert the grantee’s name and logo, subrecipient information, and other details where indicated and as needed. Remove the two examples of areas of improvement (AOI) from the “AOI and Required Actions” table and replace them with AOIs from the applicable site visit. Add rows for reports with more than two AOIs. Reports should be sent as a package with the [Title X Site Visit Report Cover Letter Template](https://rhntc.org/resources/title-x-site-visit-report-cover-letter-template) and [Title X Site Visit Response Plan Template](https://rhntc.org/resources/title-x-site-visit-response-plan-template)**.**

[*insert* ***Grantee Name/Logo****]*

Report Date: [***Report Date***]

Site Visit Dates: [***Site Visit Dates***]

Subrecipient: [***Subrecipient and Site/Sites Reviewed***]

Site Visit Team Members:

Site visit review team lead: [***Site Visit Lead’s Name***]

Administrative lead: [***Administrative Lead’s Name***]

Clinical lead: [***Clinical Lead’s Name*]**

Fiscal lead: [***Fiscal Lead’s Name***]

Other [***Role of Other***]: [***Other Relevant Reviewer’s Name***]patient

Site Visit Participants (include all administrative, clinical, fiscal, billing, front desk, and other staff who were interviewed or observed as part of the site visit at the administrative and clinical site(s):

[***Participant Title/Role***] [***Participant Title/Role***]

[***Participant Title/Role***] [***Participant Title/Role***]

[***Participant Title/Role***] [***Participant Title/Role***]

[***Participant Title/Role***] [***Participant Title/Role***]

[***Participant Title/Role***] [***Participant Title/Role***]

[***Participant Title/Role***] [***Participant Title/Role***]

**List of Documents Reviewed:** *(Note: This list is only a sample. Each report should be customized with an actual list of documents reviewed.)*

## Project Administration

* General consent form
* Patient Bill of Rights
* Staff training/Acknowledgement documentation
* Client education materials
* HIPAA privacy forms
* Work plan
* Policies and procedures related to non-coercion
* Policies and procedures prohibiting the acceptance of family planning services as a prerequisite to the receipt of any other services
* Policies and procedures that require staff to be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure
* Policies and procedures related to non-discrimination
* Policies and procedures requiring that all service sites and subrecipients safeguard client confidentiality
* Health center hours and locations
* Documentation of 340B ID (entity registration)

## Additional Special Terms and Requirements and Standard Terms of the FY 2022 Title X Notice of Award

* Client education materials
* Policies and procedures requiring acknowledging federal funding when issuing statements, press releases, publications, requests for proposals, bid solicitations, and other documents

## Provision of High-Quality Family Planning Services

* Staff training/Acknowledgement documentation
* Client education/counseling protocol
* Client education materials
* Policies, procedures, and protocols related to referrals
* Clinical protocols
* Needs assessment
* Inventory (e.g., dispensing protocol or pharmacy dispensing inventory records)
* Policies and procedures related to providing culturally competent care
* Copies of materials translated into other languages that are available to clients
* CV of clinical service provider
* Description of lead clinical service provider position

## Adolescent Services

* General consent form
* Staff training/Acknowledgement documentation
* Client education materials
* Clinical protocols
* Monitoring/audit reports

## Referral for Social and Medical Services

* Policies, procedures, and protocols related to referrals
* Referral list(s) and/or memoranda of understanding
* Needs assessment or other activities documenting the social service and medical needs of the community to be served and identified relevant social and medical services available to help meet those needs
* Plans to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance

## Financial Accountability

* Notice of Award(s) *[DATES]*
* Budgets
* Federal Financial Reports *[DATES]*
* Schedule of discounts and fee schedule by discount bracket
* Policies and procedures related to charges, billing, and collection
* Client income declaration documentation
* Policies and procedures related to discount eligibility for minors
* Documentation of cost analysis or other method to determine how fees are set
* Policies and procedures related to income verification
* Policies and procedures related to third-party payments, copayments, and additional fees
* Policies and procedures related to purchasing
* Purchase orders, packing slips, invoices, and payments
* Depreciation schedule
* Documentation of Grants Management Officer authorization of an applicable purchase
* Policies and procedures related to program income
* Audit report (if applicable)
* Monthly (or quarterly) financial statements/accounting records/general ledger
* Policies and procedures related to the support or opposition to any legislative proposal or candidate

## Community Education, Participation, and Engagement

* Written community education and service promotion plan
* Policies and procedures to guide community awareness and community education
* Needs assessment
* Policies and procedures for ensuring that there is an opportunity for community participation in developing, implementing, and evaluating the project plan
* Documentation of implementation of plan

## Information and Education (I&E)

* Staff training/Acknowledgement documentation
* Client education materials
* Policies and procedures document that the required elements material review are addressed
* Meeting minutes, review forms, review instructions
* Policies and procedures that ensure materials are reviewed prior to being made available to clients
* Policies and procedures that address Advisory Committee expectations
* Rosters/member lists

## Staff Training

* Staff training/Acknowledgement documentation

## Quality Improvement and Quality Assurance (QI & QA)

* QA policy
* QA meeting minutes and response plans
* QI/QA Work Plan; Auditing tools; FPAR and other data collection materials

## Prohibition of Abortion

* Policies and procedures related to prohibition of abortion
* Staff training/Acknowledgement documentation
* Policies and procedures related to the separation of Title X and non-Title X activities
* Review of cost allocations, invoices, and accounting records for compliance—review of clinic timesheets

**General Impressions/Summary**: [*insert* ***paragraph here with general impressions.*** *For example:]*

This report details areas of improvement (AOI) and required actions resulting from a comprehensive review of Family Planning, Inc.'s Title X project in March 2019. The results of the site visit demonstrate that Family Planning, Inc. provides excellent clinical services. There were only two AOI, indicating that all other areas reviewed were in compliance with Title X Program Expectations.]

## AOI and Required Actions

| **AOI and Title X Expectation** | **Finding** | **Required Action** |
| --- | --- | --- |
| EXAMPLE  AOI 1:  Training on *Family Involvement and Resisting Sexual Coercion for Minors* | Family Planning Inc. was not able to provide documentation that staff have been trained on *Family Involvement and Resisting Sexual Coercion for Minors*. | Family Planning Inc. will ensure that all staff working on the family planning project are trained on *Family Involvement and Resisting Sexual Coercion for Minors* and provide documentation that they have completed the training. |
| EXAMPLE  AOI 2: *Information and Education Materials Approval* | Family Planning, Inc. does not have an Information and Education Advisory Committee. | Family Planning, Inc. will convene a committee of five to nine individuals broadly representative of Family Planning Inc.’s population and develop a plan for this committee to review all family planning information and educational materials distributed by Family Planning, Inc. |
| AOI 3: |  |  |
| AOI 4: |  |  |
| AOI 5: |  |  |
| AOI 6: |  |  |

Attached to this report is a [Title X Site Visit Response Plan Template](https://rhntc.org/resources/title-x-site-visit-response-plan-template). [*Insert* ***subrecipient****]* must complete the “Intervention/Action,” “Responsible Party,” and “Timeline” sections of the Response Plan for the findings listed above and return it to [*insert* ***grantee contact name and contact information***] [*insert* ***number of days, e.g., 30–60 days****]* of receipt of this report.