

**Michigan Department of Health and Human Services  
Office of Recovery Oriented Systems of Care – Prevention & Treatment Section**

**Instructions for Completing  
Youth Tobacco Act Compliance Check Report (CCR) Spreadsheet**

This sheet is intended to assist you in the successful completion of the Compliance Check Report. Should you encounter problems or require clarification do not hesitate to contact the Synar Coordinator using the contact information provided at the end of this document.

**Youth Tobacco Act Compliance Check Spreadsheet:**

The completed Compliance Check Results (CCR) reporting spreadsheet should be uploaded, as an e-mailed attachment to [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov), with courtesy copies to [ohs@michigan.gov](mailto:ohs@michigan.gov) and [foxallc@michigan.gov](mailto:foxallc@michigan.gov). The due date for the CCR, no later than close-of-business of the required Action Steps FFY 2017 Synar Timetable, July 11, 2016. If exceptions are required to accommodate transition merger or other state priority issues, PIHPs will be notified in a timely manner.

**Synar Process:**

- The FFY 2017 Annual Synar Report covers fiscal year 2017 activities.
- Conduct formal Synar inspections from June **1** through **June 30, 2016, following** prescribed Protocol guidelines.
- Enter the data from the Protocol YTA Compliance Check Reporting Form into the provided CCR spreadsheet. Best practice involves entering the compliance check data weekly; allowing the PIHP liaison to regularly assess the progress of project, the balanced use of age groups, etc....
- After data is entered from Synar protocol forms into the spreadsheet, they should be uploaded into the state e-mail at [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov), on or before **July 11, 2016**.
- Hard copies of the “original” forms should be mailed, with a postmark of no later than **July 11, 2016** to:  
Carolyn Foxall, MDHHS/OROSC/Prevention & Treatment Section, Lewis Cass Building, 5th Floor, 320 S. Walnut St., Lansing, MI 48913.

**Completing Vendor Information [Note-Use CAPITAL letters for all entries into form]:**

Please note that the vendor information on the spreadsheet should indicate the unique MRL code number in the first column.

Enter the name of the County.

The most current name, address and telephone details should be provided.

Draw a line through incorrect vendor information. If any of the vendor information is incorrect, please note the necessary corrections in the last column, labeled “**Other Info**” (i.e. ~~Ma & Pa~~; Name should be “Ma’s Pantry”). The field will expand to accommodate your typewritten changes.

**Michigan Department of Health and Human Services**  
**Office of Recovery Oriented Systems of Care – Prevention & Treatment Section**

**Inspection Date**

Enter Month (2 digit), Day (2 digit), Year (2 digit) and Time (either AM or PM) that inspection was completed.

**Youth Inspector Info**

Enter:

- Youth inspector five-character ID number assigned by PIHP (i.e. OCC07.)
- Youth inspector age (**you no longer have to put in a birthdate**)
- Youth inspector gender (“M” or “F”).

Note: The PIHP will assign each youth inspector a unique ID number. The first three characters are alpha indicators of the PIHP region in which the compliance checks will be conducted, and are noted at end of these instructions. The remaining two characters are a two-digit number assigned by the PIHP to each youth inspector, beginning with 01.

**Edit Check:** All youth inspector unique ID numbers will be checked to make sure they have consistently recorded the same age and gender.

**Adult Chaperone (ID #)**

Enter a five-character chaperone ID number, pre-assigned by PIHP, (i.e. OCC01.)

Note: The PIHP will assign each adult chaperone a unique ID number. The first three characters are alpha indicators of the PIHP region in which the compliance checks will be conducted, and are noted at the end of these instructions. The remaining two characters are a two-digit number assigned by the PIHP to each adult chaperone, beginning with 01. .

**Survey Questions:**

**1. Type of Retailer**

Indicate the type of retailer- grocery, convenience, gas station, etc., by using the following codes:

Enter 01 for Grocery

Enter 02 for Convenience Store

Enter 03 for Gas Station

Enter 04 for Restaurant

Enter 05 for Bar/Lounge

Enter 06 for "Other" and also specify in Corrections column.

**2. Type of Outlet**

Indicate what type of compliance check/inspection was conducted at the retailer.

Enter “OTC” for over the counter

Enter “VM” for vending machine

**3. Is Outlet Eligible?**

If yes, enter 1 and go to 4b.

If no, enter 0 and go to 4a.

**Edit check: All those indicating “0” for column 3, must complete column 4a, and then leave columns 4b-11 blank.**

**Michigan Department of Health and Human Services  
Office of Recovery Oriented Systems of Care – Prevention & Treatment Section**

**4a. For Ineligible outlets enter the reason why they are not:**

- Enter I1 if out of business
- Enter I2 if does not sell tobacco products
- Enter I3 if inaccessible by youth
- Enter I4 if private club/personal residence
- Enter I5 if temporary long-term closure
- Enter I6 if unable to locate
- Enter I7 if wholesale or carton only
- Enter I8 if vending machine is out of order
- Enter I9 if duplicate listing
- Use I10 if Other, and also specify in the Corrections column

If an entry is made in column 4a, leave columns 4b-11 blank.

**4b. If Outlet was eligible, was inspection completed?**

- If yes, enter EC, and go to 5.
- If no, enter 0, and go to 4c.

**Edit check:** All those indicating “0” for column 4b must have a code N1 thru N9 in Column 4c, and then leave columns 5-11 blank. (Note: N1 and N8 are not valid entries for Synar checks; the vendor must be revisited.)

**4c. If eligible, but compliance check was NOT completed, indicate the reason:**

- ~~Enter N1 if was in operation but closed at time of visit (Invalid for Synar)~~
- Enter N2 if unsafe to access
- Enter N3 if there was Police presence
- Enter N4 if youth knows the salesperson
- Enter N5 if vendor has moved to a new location
- Enter N6 if vendor is “drive thru only” and youth has no driver’s license
- Enter N7 if vendor sold tobacco but was currently “Out of stock”
- ~~Enter N8 if inspection was not completed because inspection ran “Out of time” (Invalid for Synar)~~
- Enter N9 if inspection was not completed for any other reason.

**If an entry is made into column 4c, leave columns 5-11 blank.**

**5. Was buy attempt successful?**

- Enter 1 if buy attempt was successful
- Enter 0 if buy attempt was not successful

**Edit check:** All those indicating “EC” for column 4b must have a 1 or a 0 for column 5. Those indicating 0 for column 3 or 4b should leave this and columns 6-11 blank.

**6. Clerk checked youth inspector’s age**

- Enter 01 if clerk asked for youth inspector’s age
- Enter 02 if clerk asked for youth inspector’s ID

**Michigan Department of Health and Human Services**  
**Office of Recovery Oriented Systems of Care – Prevention & Treatment Section**

Enter 0 if clerk did not ask for either the youth inspector's age **OR** ID  
**Edit check:** If indicating "EC" for column 4b must have a code between 0 and 02 for column 6.

**7. Gender of the clerk**

Using a capital letter,  
Enter M for Male  
Enter F for Female

**8. Race/Ethnicity of the clerk**

Enter 01 for Black  
Enter 02 for White  
Enter 03 for Native American  
Enter 04 for Hispanic  
Enter 05 for Asian  
Enter 06 for Arab / Chaldean  
Enter 07 for Other and also specify in the Corrections column.

**9. Tobacco was accessible for self-service**

If you were able to reach the tobacco from an open shelf or on top of the counter, enter a 1 for "Yes".

If the product was out of reach or behind the counter and you had to ask the clerk to get the tobacco for you, respond by entering 0 for "No"

**Edit check:** All those indicating "EC" for column 4b must have either a 1 or a 0 for column 9.

**10. Indicate the kind of tobacco the youth attempted to purchase by entering the number for one of the listed choices.**

- (01) Pack of Cigarettes (full package of 20)
- (02) Cigars (cigars, cigarillos, little cigars)
- (03) Smokeless Tobacco (chew, snuff, spit)
- (04) Single Cigarette (a.k.a. "loosie")

**11. "Loosie" questions?:**

- a. If youth attempted a "buy" and used an excuse such as, "I don't have enough money . . .", did the clerk offer to sell single cigarettes (loosies) or a partial pack at a reduced price enter 1 for "Yes"; If not enter 0 for "No".
- b. Whether offered a single cigarette or not, did youth notice if there was an open container (i.e. a cup, box other open display) of loosies (single cigarettes)  
If "Yes", mark 1; If not mark 0 for "No".

**12. YTA Sign Posted**

Indicate whether the Michigan Youth Tobacco Act Sign was posted either in the store or on the vending machine (The WE CARD sign does not count as a replacement)

Enter 1 if the YTA sign was posted  
Enter 0 if YTA sign was not posted

**Michigan Department of Health and Human Services  
Office of Recovery Oriented Systems of Care – Prevention & Treatment Section**

**Youth Inspector – ID Number - PIHP Alpha Indicators**

As explained under “**Youth Inspector Info**”, the first three placements of the five placement youth inspector ID number are alpha indicators of the PIHP region in which the youth inspector will be conducting Synar Survey compliance checks/inspections. Listed below are the three placement alpha indicators for each PIHP.

the first three placements of the five placement youth inspector ID number are alpha indicators of the PIHP region in which the youth inspector will be conducting Synar Survey compliance checks/inspections. Listed below are the three placement alpha indicators for each PIHP.

- Region 1**     **NCN** – NorthCare Network
- Region 2**     **NMR** – Northern MI Regional Entity (NMRE)
- Region 3**     **LRE** – Lakeshore Regional Entity (LSRE) dba Lakeshore Regional Partners
- Region 4**     **SWM** – Southwest MI Behavioral Health (SWMBH)
- Region 5**     **MHN** – Mid-State Health Network
- Region 6**     **PSE** – CMH Partnership of Southeast Michigan
- Region 7**     **DWH** – Detroit-Wayne Mental Health Authority (DWMHA)
- Region 8**     **OCC** – Oakland County CMH Authority (OCCMHA)
- Region 9**     **MCC** – Macomb CO CMH Services
- Region 10**    **RHP** – Region

**Michigan Department of Health and Human Services  
Office of Recovery Oriented Systems of Care – Prevention & Treatment Section**

Youth Tobacco Act Compliance Check Spreadsheet January 2014 Cheat Sheet	
1. Type of Retailer	01 Grocery 02 Convenience 03 Gas Station 04 Restaurant 05 Bar/Lounge 06 Other/ then specify in Comments column
2. Type of Outlet	OTC Over the Counter VM Vending Machine
3. Is Outlet Eligible?	1 Yes (if Yes, go to 4b) 0 No (if No, complete 4a and then skip 4b – 11)
4a. If not Eligible:	I1 Out of Business I2 Sells no tobacco I3 Inaccessible by youth I4 Private Club/Personal Residence I5 Temporary long term closure I6 Unlocatable I7 Wholesale only/carton sale only I8 Vending machine broken I9 Duplicate I10 Other/ then specify in Comments column
4b. If eligible, completed?	EC Yes 0 No
4c. If eligible, but not completed:	<del>N1 In operation but closed at the time of visit</del> -(Invalid for Synar) N2 Unsafe to access N3 Presence of police N4 Youth inspector knows clerk N5 Moved to new location N6 Drive through only/ youth with no driver's license N7 Tobacco out of stock <del>N8 Ran out of time</del> -(Invalid for Synar)
5. If completed, attempt successful?	1 Yes 0 No
6. Clerk asked:	01 Only my age 02 Only for my ID 0 For Neither

**Michigan Department of Health and Human Services  
Office of Recovery Oriented Systems of Care – Prevention & Treatment Section**

7. Clerk's gender:	M Male F Female
8. Race/ethnicity of Clerk	01 Black 02 White 03 Native American 04 Hispanic 05 Asian 06 Arab/Chaldean 07 Other/ specify in Corrections column
9. Tobacco was accessible for self-service	1 Yes 0 No
10. What kind of tobacco did youth attempt to purchase? [Choose one of the four categories]	01 Pack of Cigarettes (full package of 20) 02 Cigars (cigars, cigarillos, little cigars) 03 Smokeless Tobacco (chew, snuff, spit) 04 Single Cigarette (a.k.a. "loosie")
11a. Loosie questions: Was a loosie offered after purchase of cigarette pack attempted?	1 Yes 0 No
11b. Loosie questions: Were loosies openly displayed for self-service?	1 Yes 0 No
12. Was a Youth Tobacco Act Sign posted?	1 Yes 0 No
"Other Info" column	Make any changes to pre-filled information or add the specifics to "other" answers

Attention: Synar Coordinator  
Phone: (517) 373-4700  
Email: [SOM-DTMBRemedyMail@michigan.gov](mailto:SOM-DTMBRemedyMail@michigan.gov)  
Michigan Department Health and Human Services  
Office of Recovery Oriented Systems of Care  
Prevention & Treatment Section  
Lewis Cass Building, 5<sup>th</sup> Floor  
320 S. Walnut Street Lansing MI 48913