

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

**INSTRUCTIONS FOR COMPLETING  
YTA PROTOCOL COMPLIANCE CHECK REPORTING FORM**

**Prepaid Inpatient Health Plan (PIHP):** Insert the name of the **PIHP** overseeing the compliance checks being conducted in this region.

**MRL #:** Use the establishment’s assigned Master Retailer List (MRL) number (formerly called Record #). If you are adding a new establishment, simply write in the word “NEW” -- OROSC will assign a number later and advise the PIHP.

**Inspection Date:** Write the month, day and year on which the compliance check is being conducted.

**Time of Visit:** Write the time that the check was conducted, such as 3:41 – then indicate by marking the appropriate box whether it was a.m. or p.m.

**Youth Inspector:**

**Name/ID #:** Enter the name of the youth inspector conducting the compliance check. After the slash mark write in the five-character youth inspector ID number. Each youth inspector will be given his or her own individual ID number designed from a preordained pattern and assigned by the PIHP. The **first three characters are alpha indicators of the PIHP** region in which the youth inspector will be conducting the compliance checks (i.e. MCC for Macomb CO CMH Services). Refer to the end of this document for PIHP alpha indicators. The remaining two characters are numbers assigned by the PIHP to each youth inspector. Each character must be filled. Therefore, after the PIHP alpha indicator, the number characters will begin with 01, 02, 03 ...10, 11, etc., continuing until all youth inspectors being utilized in the PIHP region have a unique ID number. Technically, you could go up to, but not exceed 99.

**Age:** Write in the age of the youth inspector (date of birth is not required).

**Gender:** Indicate the gender of the youth inspector by marking the corresponding box for male or female. Each inspection group must have one female and one male youth.

**Adult Chaperone:**

**Name/ID #:** Enter the name of the adult chaperone supervising/conducting the compliance check. Then, after the slash mark write in the five character adult chaperone ID number. Each adult chaperone will be given their own individual ID number designed from a preordained pattern and assigned by the PIHP. The **first three characters are alpha indicators of the PIHP** region in which the adult chaperone will be conducting the compliance checks. The remaining two characters are numbers assigned by the PIHP to each adult chaperone. Each character must be filled. Therefore, after the PIHP alpha indicator, the number characters will begin with 01, 02, 03.....10, 11, etc, continuing until all adult chaperones being utilized in the PIHP region have a unique ID number. Technically, you could go up to, but not exceed 99.

**Outlet Information: A label or label template will be provided with the following details:**

**ID:** This is the same MRL ID number shown as a combination alpha-numeric code listed in the section titled “MRL Number” on your regional sample draw list. The Synar

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sample list is a formulated random sample taken from the Synar tobacco Master Retailer List.

**Name:** Name of the tobacco outlet.

**Address:** Street address of the tobacco outlet.

**City:** City in which the tobacco outlet is located.

**State:** State in which that City is located.

**Zip:** Zip code for the address of the tobacco outlet.

**Name or Address “Correction”:** Following the direction for each address element outlined above, provide any and all corrected information in this space. Please do not cross out old information and writing over it. Print legibly or type the correct information in the correction space provided.

**Type of Retailer:** Indicate the type of retailer by marking the corresponding box next to the identified type. The options are (01) Grocery, (02) Convenience, (03) Gas Station, (04) Restaurant, (05) Bar/lounge and (06) Other. If a type of retailer other than those listed is visited please mark “Other” and specify what type of retailer it was, in writing in the space provided. There is a glossary of codes attached to the protocol form.

**Type of Outlet:** Indicate what type of compliance check/inspection was conducted at the retailer by marking the box corresponding with either “over the counter” (OTC) or “vending machine” (VM).

**Is Outlet Eligible:** If the outlet is eligible for the Synar Survey process, indicate by marking the box next to “Yes”. If the outlet was not eligible for the Synar Survey process mark the box next to “No”.

**If no, check one of the following reasons:** If the outlet was not eligible after marking the box next to “No”, **follow up by** indicating why the outlet was not eligible by marking the box corresponding with the reason. If identifying a reason other than those listed mark the box next to “Other”, and please specify the reason in writing in the space provided.

**If Outlet was Eligible, was inspection completed:** If you were able to complete the compliance check/inspection, indicate by marking the corresponding box next to “Yes”.

**If the outlet is eligible for the Synar Survey process, but the compliance check/inspection was not completed** indicate why by marking the box corresponding with the reason that it could not be completed. If identifying a reason other than those listed mark the box next to “Other”, and please specify the reason in writing in the space provided. Note that the **following reasons are**

**excluded from use for the Michigan Synar Survey process:** (N1) In operation but closed at the time of visit, and (N8) Run out of time.

**If inspection was completed, was buy attempt successful?:** Indicate whether or not the buy attempt was successful by marking the appropriate box.

**Clerk Age/ID question?:** Indicate whether or not the Clerk asked how old you were and/or asked to see your identification by checking the appropriate box. If the clerk asked both, then

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check both. If the clerk did not ask either question, check the box indicating that they did not ask either one.

**What was the clerk's gender?:** Indicate whether the clerk who assisted you was male or female by marking the appropriate box.

**What was the race/ethnicity of the clerk?:** Please indicate, to the best of your ability, the race/ethnicity of the clerk. Indicate by marking one of the boxes from the selection provided.

**Tobacco was accessible for self-service?:** If you were able to reach the tobacco from an open shelf or on top of the counter, check the box next to "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 marking the "No" box.

**What kind of tobacco did you attempt to purchase?:** Indicate the kind of tobacco that you asked for by checking one of the listed choices. Do not deviate from the varieties listed in the protocol (i.e. do not attempt to purchase bidis or pipe tobacco, etc.). Remember, you **cannot make a random independent decision**. Youth decoys can only act under the direct supervision of a chaperone. It is acceptable if you and your supervisor have arrived at a mutual decision, however, the final direction must be determined **prior to going out** on the compliance check trip and must come from the adult chaperone or the Prevention Coordinator.

**"Loosie" questions?:**

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

**Was a Youth Tobacco Act Sign posted?:** **The Michigan Youth Tobacco Act (YTA) sign** is a direct quote from Michigan law. Indicate whether the YTA sign was posted either in the store (i.e. on a wall or cash register) or on a vending machine by marking the appropriate box, "Yes" or "No". (**Important Note:** The "We Card" sign does not count as a substitute for state YTA signage.)

**Comments:** Write any pertinent comments in this space that were made to the youth inspector while the compliance check/inspection was being conducted.

**Youth Inspector Signature:** The youth inspector will need to sign each form in this designated space.

**Adult Chaperone Signature:** The adult chaperone will need to sign each form in this designated space.

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

As explained under “**Youth Inspector**”, 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 10 PIHP