



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)
WIC Nutrition Program
Tel. (207) 287-3991 or (800) 437-9300
Fax: 207-287-3993

Compliance Buy Reporting Form

- Summarize the events that occurred during the compliance purchase immediately upon exiting the store
If more than one check is used on the same date in the same store fill out multiple check logs indicating "1 of 2" and "2 of 2" and attach log(s).
Attach receipt(s) to the back of form
Food disposition- WIC approved foods that have been purchased appropriately should be donated to an approved organization. Community nonprofit charitable organizations, such as churches, food banks, and so on, are the best donation sites.
Items purchased that are not WIC approved are to be kept as evidence of program non-compliance.
Submit to State Agency completed Compliance Report within five business days of purchase date

Demographics

Store Name: Vendor No.
Address: City:
Compliance buy date:
Time entered store: Visit number: Number of checks used:
Time exited store:
Buy Type(s): Short Exchange Minor Substitution Cash, credit or non-food(s)
Exceed Trafficking Major Substitution Other:

Compliance Buy Scenario (what is the plan? Note any changes to plan):

Blank lines for writing the Compliance Buy Scenario.

Compliance Buy Outcome (Fill out immediately following compliance buy)

Store Open: Name Change :
Closed due to:
Register #: # of Customers Ahead: # of Customers Behind: Cashier Name:
Sex: Height: ft in. Build:
Estimated Age:
Apparent Ethnicity:
Other Identifying Information:

Did cashier refuse to transact WIC check?

Reason given for refusal: _____

Did cashier request your WIC Participant Folder?

Did cashier confirm dates on the WIC check? Did cashier verify the WIC products?

Did cashier ring in only the items on WIC check?

Cashier allowed you to buy:	Alcohol/ Tobacco	Other WIC food not on check
	Non-food item	N/A
	Non-WIC food	Other: _____

Did cashier request the amount to be written on WIC check?

If no, amount entered by :

Did cashier request a signature prior to total amount on WIC check?

Did cashier compare signature to WIC ID folder?

Did the cashier offer receipt?

(If applicable), cashier charged WIC:

Do cash registers use scanners?

Did cashier sell expired WIC food?

Were you treated the same as other customers?

Was the cashier able to perform correct procedure without assistance?

Did cashier use WIC procedure documentation?

Did store have stock of WIC foods on shelves?

If no, did cashier provide:

Other issues/deficiencies: _____

Comments/ Observations: _____

The facts stated on this Compliance Buy Reporting Form are true and accurate to the best of my knowledge. If I am called to testify as a witness in any proceeding, I am competent to testify to the matters stated herein on this form.

Compliance Shopper E-mail

Compliance Shopper Signature

Date