

NEW JERSEY WIC SERVICES COMPLIANCE INVESTIGATION REPORT

FOR STATE USE ONLY
Received Date: _____
QA Review Date and Initials: _____
CB Spreadsheet Revision Needed: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Type of CB:
<input type="checkbox"/> Random
<input type="checkbox"/> Complaint (attach copy)
<input type="checkbox"/> 6-Month Follow up
<input type="checkbox"/> Above 50% Report
<input type="checkbox"/> Low Variance Vendor Summary
<input type="checkbox"/> High Cost Vendor Summary
<input type="checkbox"/> 30% Change Report
<input type="checkbox"/> High Cost Food Instrument
QA Completion Date: _____

Name and Address of Vendor	
Stamp Number	Vendor Number

A. DESCRIPTION OF COMPLIANCE BUY CHECKS

I, _____ representing the New Jersey WIC Program, hereby make the following statements freely and voluntarily, knowing that this statement may be used as evidence. I attempted/purchased the items listed below.

On _____ at approximately _____ AM/PM,
(Day of Week) (Month/Day/Year) (Time)

I entered the above retailer's store. The check used in this transaction, _____ was issued
(Check Number)

to _____,
(Participant's Name) (Authorized Representative)

B. DESCRIPTION OF FOOD PURCHASES

Qty.	Size	Type	Item	Brand Name	Shelf Price Per Item	Cash Purchase Price * Receipt Attached	(E)lig. Food (I)nelig. Food (N)on-Food
FOR STATE USE ONLY					Total:		
FOR STATE USE ONLY					Solutran:		
FOR STATE USE ONLY					Difference:		

*Enter amount of any items purchased with cash. Enter NA for items purchased with WIC checks or not purchased.

FOR STATE USE ONLY	
Total of WIC Items Purchased \$ _____	Total of All Items Purchased \$ _____

Investigator Initials _____ Date _____

COMPLIANCE INVESTIGATION REPORT (Continued)

Name and Address of Vendor	Vendor Number
----------------------------	---------------

C. DESCRIPTION OF TRANSACTION

Please describe what happened in the store during the compliance buy. Check one answer for each question. Explain each (*) response below.

Before the check-out process, I informed the clerk that I would be using a WIC check(s) for items selected. Additional observations are:

- | Yes | No | |
|----------------------------|----------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> * | 1. WIC foods listed on the check were available. |
| * <input type="checkbox"/> | <input type="checkbox"/> | 2. I was asked to accept another food item in substitution for the WIC foods I attempted to purchase. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The cashier compared the signature on the WIC identification folder with the signature on the check. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I was provided with a register receipt for the WIC purchase. (Attach if provided.) |
| <input type="checkbox"/> | <input type="checkbox"/> * | 5. I was asked to sign the WIC check: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Before the cashier rang up the WIC food items. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. After the cashier rang up the WIC food items, but before the price was entered on the check(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | c. After the purchase price was entered on the check(s).
Amount cashier entered: \$ _____ |
| * <input type="checkbox"/> | <input type="checkbox"/> | 6. Check pay amount was altered. |
| <input type="checkbox"/> | <input type="checkbox"/> | a. I signed altered signature line after altered pay amount entered. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. I signed altered signature line before altered amount entered. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Did not sign altered signature line. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Store has scanner. |
| * <input type="checkbox"/> | <input type="checkbox"/> | 8. Scanner price was different from shelf price. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Prices were posted on items or on shelf.
If "No," cash purchases were made for the items noted on Page 1. |
| * <input type="checkbox"/> | <input type="checkbox"/> | 10. I was asked to pay cash for WIC food in addition to the check purchase price. |
| | | a. Amount paid: \$ _____ |
| * <input type="checkbox"/> | <input type="checkbox"/> | 11. I was offered cash for the check(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. I was asked if I had any more WIC checks and was offered credit or cash for them. |
| | | a. Amount of cash received: \$ _____ |
| | | b. Amount of credit: \$ _____ (Attach documentation.) |
| * <input type="checkbox"/> | <input type="checkbox"/> | 13. I was asked to take my purchase to a register for WIC participants. |
| * <input type="checkbox"/> | <input type="checkbox"/> | 14. I was advised that I could purchase only certain brands of food. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. I observed an offense or violation of WIC program requirements, other than those listed.
Specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. I was offered a rain check for item(s) not available at time of purchase. (Attach) |
| * <input type="checkbox"/> | <input type="checkbox"/> | 17. I was treated discourteously. |

Explanation of "*" responses and any additional comments:

Investigator Initials _____ Date _____

COMPLIANCE INVESTIGATION REPORT (Continued)

Name and Address of Vendor	Vendor Number
----------------------------	---------------

G. COMPLIANCE INVESTIGATION CHECK REVIEW

Check Number	SOAR Review Date	Result of Review		Comments
		No Record Found	Check Image Available *	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

** If check image available, print screen and attach.*

Investigation Outcome: <input type="checkbox"/> Good Buy <input type="checkbox"/> Bad Buy Reason: _____ <input type="checkbox"/> Other: _____	Additional CB Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Training Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Referred for Training Assignment:	Training Date and Initials
---	---	--	----------------------------

H. INVESTIGATOR CERTIFICATION

The facts stated in this declaration are true to my knowledge. If I am called to testify as a witness in any proceeding, I am competent to testify to the matters stated herein. I declare under penalty of perjury that the foregoing information is true and correct.

Executed By:

_____	_____	_____
Name (Print)	Signature	Date
_____	_____	_____
Name (Print)	Signature	Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.