

# **ANNUAL SYNAR REPORT**

**42 U.S.C. 300x-26**

**OMB No 0930-0222**

**FFY 2022**

**State: Florida**

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## **INTRODUCTION**

The Annual Synar Report (ASR) format provides the means for states to comply with the reporting provisions of the Public Health Service Act (42 U.S.C. 300x-26) and the Tobacco Regulation for the Substance Abuse Prevention and Treatment Block Grant (SABG) (45 C.F.R. 96.130 (e)).

### **How the Synar report helps the Center for Substance Abuse Prevention**

In accordance with the tobacco regulations, states are required to provide detailed information on progress made in enforcing youth tobacco access laws (FFY 2021 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2022 Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate state compliance with the statute. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist states<sup>1</sup> by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including state Synar program support services, through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and onsite technical assistance consultation.

### **How the Synar report can help states**

The information gathered for the Synar report can help states describe and analyze substate needs for program enhancements. These data can also be used to report to the state legislature and other state and local organizations on progress made to date in enforcing youth tobacco access laws when aggregated statistical data from state Synar reports can demonstrate to the Secretary the national progress in reducing youth tobacco access problems. This information will also provide Congress with a better understanding of state progress in implementing Synar, including state difficulties and successes in enforcing retailer compliance with youth tobacco access laws.

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<sup>1</sup>The term “state” is used to refer to all the states and territories required to comply with Synar as part of the Substance Abuse Prevention and Treatment Block Grant Program requirements (42 U.S.C. 300x-64 and 45 C.F.R. 96.121).

## Getting assistance in completing the Synar report

If you have questions about programmatic issues, you may call CSAP's Division of State Programs at (240) 276-2550 and ask for your respective State Project Officer, or contact your State Project Officer directly by telephone or email. If you have questions about fiscal or grants management issues, you may call the Grants Management Officer, Office of Financial Resources, Division of Grants Management, at (240) 276-1422.

## Where and when to submit the Synar report

The ASR must be received by SAMHSA no later than December 31, 2021 and must be submitted in the format specified by these instructions. Use of the approved format will avoid delays in the review and approval process. The chief executive officer (or an authorized designee) of the applicant organization must sign page one of the ASR certifying that the state has complied with all reporting requirements.

The state must upload one copy of the ASR using the online WebBGAS (Block Grant Application System). In addition, the following items must be uploaded to WebBGAS:

- FFY 2022 Synar Survey Results: States that use the Synar Survey Estimation System (SSES) must upload one copy of *SSES Tables 1–8* (in Excel) to WebBGAS. **Please note that, in the FFY 2022 ASR, SSES will generate Tables 6, 7, and 8, which are based on the optional microdata on product type, retail outlet type, and whether identification was requested. If your state does not submit these optional data, Tables 6, 7, and 8 will be blank. Tables 6, 7, and 8 are generated for the convenience of the state, and states are not required to submit completed versions of Tables 6, 7, or 8.** States that do not use SSES must upload one copy of ASR Forms 1, 4, and 5, and Forms 2 and 3, if applicable, (in Excel), as well as a database with the raw inspection data to WebBGAS.
- Synar Inspection Form: States must upload one blank copy of the inspection form used to record the result of each Synar inspection.
- Synar Inspection Protocol: States must upload a copy of the protocol used to train inspection teams on conducting and reporting the results of the Synar inspections. This document should be different than the Appendix C attached to the Annual Synar Report.
- A scanned copy of the signed Funding Agreements/Certifications

Each state SSA Director has been emailed a login ID and password to log onto the Synar section of the WebBGAS site.

## **FFY 2022: FUNDING AGREEMENTS/CERTIFICATIONS**

The following form must be signed by the Chief Executive Officer or an authorized designee and submitted with this application. Documentation authorizing a designee must be attached to the application.

### **PUBLIC HEALTH SERVICES ACT AND SYNAR AMENDMENT**

42 U.S.C. 300x-26 requires each state to submit an annual report of its progress in meeting the requirements of the Synar Amendment and its implementing regulation (45 C.F.R. 96.130) to the Secretary of the Department of Health and Human Services. By signing below, the chief executive officer (or an authorized designee) of the applicant organization certifies that the state has complied with these reporting requirements and the certifications as set forth below.

### **SYNAR SURVEY SAMPLING METHODOLOGY**

The state certifies that the Synar survey sampling methodology on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2022 is up-to-date and approved by the Center for Substance Abuse Prevention.

### **SYNAR SURVEY INSPECTION PROTOCOL**

The state certifies that the Synar Survey Inspection Protocol on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2022 is up-to-date and approved by the Center for Substance Abuse Prevention.

**State:** FL

**Name of Chief Executive Officer or Designee:**

**Signature of CEO or Designee:**

**Title:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**If signed by a designee, a copy of the designation must be attached.**

## SECTION I: FFY 2021 (Compliance Progress)

### YOUTH ACCESS LAWS, ACTIVITIES, AND ENFORCEMENT

42 U.S.C. 300x-26 requires the states to report information regarding the sale/distribution of tobacco products to individuals under age 18.

**1. Please indicate any changes or additions to the state tobacco statute(s) relating to youth access since the last reporting year. If any changes were made to the state law(s) since the last reporting year, please upload a copy of the state law to WebBGAS. (see 42 U.S.C. 300x-26).**

**a. Has there been a change in the minimum sale age for tobacco products?**

Yes  No

*If Yes, current minimum age:*  19  20  21

**b. Have there been any changes in state law that impact the state's protocol for conducting Synar inspections?**

Yes  No

*If Yes, indicate change. (Check all that apply.)*

Changed to require that law enforcement conduct inspections of tobacco outlets

Changed to make it illegal for youth to possess, purchase or receive tobacco

Changed to require ID to purchase tobacco

Changed definition of tobacco products

Other change(s) *(Please describe.)* \_\_\_\_\_

**c. Have there been any changes in state law that impact the following?**

Licensing of tobacco vendors  Yes  No

Penalties for sales to minors  Yes  No

Vending machines  Yes  No

Added product categories to youth access law  Yes  No

**2. Describe how the Annual Synar Report (see 45 C.F.R. 96.130(e)) was made public within the state prior to submission of the ASR. (Check all that apply.)**

Placed on file for public review

Posted on a state agency Web site *(Please provide exact Web address and the date when the FFY 2022 ASR was posted to this Web address.)*

*Web address:* <https://www.myflfamilies.com/service-programs/samh/prevention/ashtmlnannual-synar-report>

*Date published:* 10/21/2021

Notice published in a newspaper or newsletter

Public hearing

- Announced in a news release, a press conference, or discussed in a media interview
- Distributed for review as part of the SABG application process
- Distributed through the public library system
- Published in an annual register
- Other (Please describe.) On (10/21/2021) the ASR was uploaded to the Performance – Base Prevention System (PBPS). PBPS is Florida’s statewide data collection and reporting system for prevention and coalitions. All users will receive an electronic notification informing them that the ASR has been uploaded for feedback.

**3. Identify the following agency or agencies (see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).**

**a. The state agency(ies) designated by the Governor for oversight of the Synar requirements:**

Office of Substance Abuse and Mental Health, Florida Department of Children and Families 2415 North Monroe Street, Suite 400, Tallahassee Fl 32303

Has this changed since last year’s Annual Synar Report?

- Yes  No

**b. The state agency(ies) responsible for conducting random, unannounced Synar inspections:**

Division of Alcoholic Beverages and Tobacco, Florida Department of Business and Professional Regulation 2601 Blair Stone Rd, Tallahassee Fl 32399

Has this changed since last year’s Annual Synar Report?

- Yes  No

**c. The state agency(ies) responsible for enforcing youth tobacco access law(s):**

Division of Alcoholic Beverages and Tobacco, Florida Department of Business and Professional Regulation 2601 Blair Stone Rd, Tallahassee Fl 32399

Has this changed since last year’s Annual Synar Report?

- Yes  No

**4. Identify the following agencies and describe their relationship with the agency responsible for the oversight of the Synar requirements.**

**a. Identify the state agency responsible for tobacco prevention activities (the agency that receives the Centers for Disease Control and Prevention’s National Tobacco Control Program funding).**

Bureau of Tobacco Free, Florida Division of Community Health, 4052 Bald Cypress Way, Bin C-23, Tallahassee, FL 32399

**b. Has the responsible agency changed since last year's Annual Synar Report?**

Yes  No

**c. Describe the coordination and collaboration that occur between the agency responsible for tobacco prevention and the agency responsible for oversight of the Synar requirements. (Check all that apply.) The two agencies**

Are the same

Have a formal written memorandum of agreement

Have an informal partnership

Conduct joint planning activities

Combine resources

Have other collaborative arrangement(s) (Please describe.) \_\_\_\_\_

No relationship

**d. Does a state agency contract with the Food and Drug Administration's Center for Tobacco Products (FDA/CTP) to enforce the youth access and advertising restrictions in the Family Smoking Prevention and Tobacco Control Act?**

Yes  No (if no, go to Question 5)

**e. If yes, identify the state agency responsible for enforcing the youth access and advertising restrictions in the Family Smoking Prevention and Tobacco Control Act (the agency that is under contract to the Food and Drug Administration's Center for Tobacco Products (FDA/CTP)).**

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**f. Has the responsible agency changed since last year's Annual Synar Report?**

Yes  No

**g. Describe the coordination and collaboration that occur between the agency contracted with the FDA to enforce federal youth tobacco access laws and the agency responsible for oversight of the Synar requirements. (Check all that apply.) The two agencies:**

Are the same

Have a formal written memorandum of agreement

Have an informal partnership

Conduct joint planning activities

Combine resources

Have other collaborative arrangement(s) (Please describe.) \_\_\_\_\_

No relationship

**h. Does the state use data from the FDA enforcement inspections for Synar survey reporting?**

Yes  No



5. Please answer the following questions regarding the state’s activities to enforce the state’s youth access to tobacco law(s) in FFY 2021 (see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130(e)).

a. Which one of the following describes the enforcement of state youth access to tobacco laws carried out in your state? (Check one category only.)

- Enforcement is conducted exclusively by local law enforcement agencies.
- Enforcement is conducted exclusively by state agency(ies).
- Enforcement is conducted by both local *and* state agencies.

b. The following items concern penalties imposed for all violations of state youth access to tobacco laws by **LOCAL AND/OR STATE LAW ENFORCEMENT AGENCIES** (this does not include enforcement of local laws or federal youth tobacco access laws). Please fill in the number requested. If state law does not allow for an item, please mark “NA” (not applicable). If a response for an item is unknown, please mark “UNK.” The chart must be filled in completely.

PENALTY	OWNERS	CLERKS	TOTAL
Number of citations issued	0	0	0
Number of fines assessed	0	0	0
Number of permits/licenses suspended	0		0
Number of permits/licenses revoked	0		0
Other (Please describe.)	0	0	0

c. Are citations or warnings issued to retailers or clerks who sell tobacco to minors for inspections that are part of the Synar survey?

- Yes     No

If “Yes” to 5c, please describe the state’s procedure for minimizing risk of bias to the survey results from retailers alerting each other to the presence of the survey teams:

Synar surveys are randomly computer generated. Given the small percentage of licensed tobacco premises in the state being surveyed (1%), the proximity of locations being surveyed is remote. If during, or after the survey, the manager of the location being surveyed alerted other locations, this would typically affect only chain-store operations owned by that company and more than likely they would not notify their competition.

d. Which one of the following best describes the level of enforcement of state youth access to tobacco laws carried out in your state? (Check one category only.)

- Enforcement is conducted only at those outlets randomly selected for the Synar survey.
- Enforcement is conducted only at a subset of outlets not randomly selected for the Synar survey.
- Enforcement is conducted at a combination of outlets randomly selected for the Synar survey and outlets not randomly selected for the Synar survey.

**e. Did every tobacco outlet in the state receive at least one compliance check that included enforcement of the state youth tobacco access law(s) in the last year?**

- Yes  No

**f. What additional activities are conducted in your state to support enforcement and compliance with state youth tobacco access law(s)?** *(Check all that apply and briefly describe each activity in the text boxes below each activity.)*

- Merchant education and/or training

The Division of Alcoholic Beverages and Tobacco (ABT) conducts informal merchant education and training sessions throughout the state. The Office of Substance Abuse and Mental Health, Department of Children and Families, in collaboration with the Florida Certification Board, offers a course designed to prevent the sale of tobacco and other nicotine products to minors. Created in 2016, the Stay on TRAC - Tobacco Retailers Accountability Course is available in English and Spanish and includes information to:

- Promote and protect the health of Florida’s youth
- Remind employees about both state and federal laws
- Instill staff confidence in handling age-restricted product transactions
- Affirm the company’s commitment to the community
- Help prevent sanctions due to an improper sale
- Present information in an interactive format for the user
- Provide no-cost training for tobacco retailers and their staff.

- Incentives for merchants who are in compliance (e.g., nonenforcement compliance checks in which compliant retailers are given positive reinforcement and noncompliant retailers are warned about youth access laws)

- Community education regarding youth access laws

- Media use to publicize compliance inspection results

- Community mobilization to increase support for retailer compliance with youth access laws

- Other activities *(Please list.)* 1. *Partnerships with coalitions* 2. *Conduct surveys in addition to those required by Synar.*

At the local level, ABT works with community anti-drug coalitions by being a member of the coalition and collaborating across education and enforcement activities.

ABT conducted 596 additional tobacco surveys during the Synar period of October 1, 2020 – September 30, 2021. Of these, 52 were in response to complaints and 544 were initiated randomly for proactive underage sales enforcement.

The Florida Department of Children and Families’ Office of Substance Abuse and Mental Health will continue to make available a video titled “Know the Cost” that was developed in collaboration with the Florida Certification Board in 2016. Prevention coordinators, substance abuse prevention coalitions, and community partners use the video to inform youth of major influences and pressures to use tobacco and other nicotine products. The characters consider the costs of using these products for themselves, their friends, and their family members. In the end, they make their own informed decisions.

*Note: The additional 596 tobacco surveys were not Synar inspections.*

## SYNAR SURVEY METHODS AND RESULTS

The following questions pertain to the survey methodology and results of the Synar survey used by the state to meet the requirements of the Synar Regulation in FFY 2021 (see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).

**6. Has the sampling methodology changed from the previous year?**

Yes  No

*The state is required to have an approved up-to-date description of the Synar sampling methodology on file with CSAP. Please submit a copy of your Synar Survey Sampling Methodology (Appendix B). If the sampling methodology changed from the previous reporting year, these changes must be reflected in the methodology submitted.*

**a. If yes, describe how and when this change was communicated to SAMHSA**

**7. Please answer the following questions regarding the state's annual random, unannounced inspections of tobacco outlets (see 45 C.F.R. 96.130(d)(2)).**

**a. Did the state use the optional Synar Survey Estimation System (SSES) to analyze the Synar survey data?**

Yes  No

*If Yes, upload a copy of SSES tables 1–8 (in Excel) to WebBGAS. Then go to Question 8. If No, continue to Question 7b.*

**b. Report the weighted and unweighted Retailer Violation Rate (RVR) estimates, the standard error, accuracy rate (number of eligible outlets divided by the total number of sampled outlets), and completion rate (number of eligible outlets inspected divided by the total number of eligible outlets).**

Unweighted RVR \_\_\_\_\_

Weighted RVR \_\_\_\_\_

Standard error (s.e.) of the (weighted) RVR \_\_\_\_\_

Fill in the blanks to calculate the right limit of the right-sided 95% confidence interval.

+ (1.645 × ) =  
RVR Estimate plus (1.645 times Standard Error) equals Right Limit

Accuracy rate \_\_\_\_\_

Completion rate \_\_\_\_\_

c. **Fill out Form 1 in Appendix A (Forms 1–5).** *(Required regardless of the sample design.)*

d. **How were the (weighted) RVR estimate and its standard error obtained?**  
*(Check the one that applies.)*

- Form 2 (Optional) in Appendix A (Forms 1–5) *(Attach completed Form 2.)*  
 Other *(Please specify. Provide formulas and calculations or attach and explain the program code and output with description of all variable names.)*

e. **If stratification was used, did any strata in the sample contain only one outlet or cluster this year?**

- Yes  No  No stratification

*If Yes, explain how this situation was dealt with in variance estimation.*

f. **Was a cluster sample design used?**

- Yes  No

*If Yes, fill out and attach Form 3 in Appendix A (Forms 1–5), and answer the following question.*

*If No, go to Question 7g.*

**Were any certainty primary sampling units selected this year?**

- Yes  No

*If Yes, explain how the certainty clusters were dealt with in variance estimation.*

g. **Report the following outlet sample sizes for the Synar survey.**

	Sample Size
<b>Effective sample size</b> (sample size needed to meet the SAMHSA precision requirement assuming simple random sampling)	
<b>Target sample size</b> (the product of the effective sample size and the design effect)	
<b>Original sample size</b> (inflated sample size of the target sample to counter the sample attrition due to ineligibility and noncompletion)	
<b>Eligible sample size</b> (number of outlets found to be eligible in the sample)	
<b>Final sample size</b> (number of eligible outlets in the sample for which an inspection was completed)	

h. **Fill out Form 4 in Appendix A (Forms 1–5).**

**8. Did the state’s Synar survey use a list frame?**

Yes  No

*If Yes, answer the following questions about its coverage.*

- a. The calendar year of the latest Sampling frame coverage study: 2020**
- b. Percent coverage from the latest Sampling frame coverage study: 100%**
- c. Was a new study conducted in this reporting period?**  
 Yes  No

*If Yes, please complete Appendix D (List Sampling Frame Coverage Study) and submit it with the Annual Synar Report.*

- d. The calendar year of the next coverage study planned: 2025**

**9. Has the Synar survey inspection protocol changed from the previous year?**

Yes  No

*The state is required to have an approved up-to-date description of the Synar inspection protocol on file with CSAP. Please submit a copy of your Synar Survey Inspection Protocol (Appendix C). If the inspection protocol changed from the previous year, these changes must be reflected in the protocol submitted.*

- a. If Yes, describe how and when this change was communicated to SAMHSA**

- b. Provide the inspection period: From \_\_\_\_\_**  
MM/DD/YY MM/DD/YY

- c. Provide the number of youth inspectors used in the current inspection year:**

0

NOTE: If the state uses SSES, please ensure that the number reported in 9b matches that reported in SSES Table 4, or explain any difference.

- d. Fill out and attach Form 5 in Appendix A (Forms 1–5). (Not required if the state used SSES to analyze the Synar survey data.)**

## SECTION II: FFY 2022 (Intended Use):

Public Law 42 U.S.C. 300x-26 of the Public Health Service Act and 45 C.F.R. 96.130 (e) (4, 5) require that the states provide information on future plans to ensure compliance with the Synar requirements to reduce youth tobacco access.

### 1. In the upcoming year, does the state anticipate any changes in:

- Synar sampling methodology  Yes  No  
Synar inspection protocol  Yes  No

*If changes are made in either the Synar sampling methodology or the Synar inspection protocol, the state is required to obtain approval from CSAP prior to implementation of the change and file an updated Synar Survey Sampling Methodology (Appendix B) or an updated Synar Survey Inspection Protocol (Appendix C), as appropriate.*

### 2. Please describe the state's plans to maintain and/or reduce the target rate for Synar inspections to be completed in FFY 2022. Include a brief description of plans for law enforcement efforts to enforce youth tobacco access laws, activities that support law enforcement efforts to enforce youth tobacco access laws, and any anticipated changes in youth tobacco access legislation or regulation in the state.

Florida plans to maintain the target rate for Synar inspections to be completed in FFY 2021. The State does not intend to change any methods employed to carry out the Synar inspections, which include: the random sampling procedures; inspection procedures; regulations or policies; and vendor education activities.

The State will make every effort to maintain its current low rate of retailer violations and will continue the following activities: post signs at all tobacco outlets (English and Spanish) as required by state statute and require all sales personnel to check identification for all purchasers of tobacco products who appear to be under 30 years of age. In addition, the Florida Certification Board will continue to offer the voluntary Merchant Education Certification course.

The Division of Alcoholic Beverages and Tobacco, working with local law enforcement, local tobacco coalitions, and school groups will continue to recruit underage youth to participate in these inspections. The youth's appearance will match their age and their parents are required to approve their participation. Only youth who maintain satisfactory school grades will be chosen.

Youth will be trained in inspection procedures prior to their participation. Two state agents will accompany each youth. One agent will position themselves where they can observe the youth inside the outlet and the youth's attempt to purchase tobacco products. The other agent will position themselves in a support position. If a purchase is made, the clerk will normally be arrested and issued a Notice To Appear (if the clerk meets the criteria for this issuance) for a violation of Florida Statute 569.101 (misdemeanor).

The state will continue to use the approved survey sampling strategy: A list of all active and delinquent (non-renewed, but active within the past 60 days) licensed tobacco outlets will be compiled by county. Florida will use the approved sample size formulas listed in Question #9 of Appendix B to calculate the required original sample size for the Synar survey. In addition, Florida will further inflate the original sample size to include additional outlets

equal to the number of ineligible outlets and eligible non-complete inspections from the state's most recently approved ASR as of September 1st of each year.

**3. Describe any challenges the state faces in complying with the Synar regulation. (Check all that apply and describe each challenge in the text box below it.)**

- Limited resources for law enforcement of youth access laws

ABT reports that limited resources presents a challenge for some of the key Synar activities including enforcement. Despite these challenges ABT will incorporate best practices by providing in-service training to the sworn investigators and the non-sworn inspectors.

- Limited resources for activities to support enforcement and compliance with youth tobacco access laws

As stated above, ABT reports that limited resources present a challenge for some of the key Synar activities including compliance checks and enforcement.

- Limitations in the state youth tobacco access laws

- Limited public support for enforcement of youth tobacco access laws

- Limitations on completeness/accuracy of list of tobacco outlets

Tobacco permit holders in Florida are not required to report to the licensing authority when they cease the sale of tobacco products. Additionally, there is no requirement for a tobacco permit holder to sell tobacco products resulting in many active license holders that do not actually sell tobacco products.

- Limited expertise in survey methodology

- Laws/regulations limiting the use of minors in tobacco inspections

- Difficulties recruiting youth inspectors

- Issues regarding the balance of inspections conducted by youth inspectors age 15 and under

- Issues regarding the balance of inspections conducted by one gender of youth inspectors



Department of Business and Professional Regulation successfully completed Synar refresher webinars for all district offices and informed all staff of the 60/40 rule to assure that there is a gender balance between female and male investigative aids and inspections. ABT incorporated this information into their Qlik Sense Software so it can be monitored in real time. However, this was not used for this ASR as there was a zero count.

- Geographic, demographic, and logistical considerations in conducting inspections

- Cultural factors (e.g., language barriers, young people purchasing for their elders)

- Issues regarding sources of tobacco under tribal jurisdiction

- Other challenges (*Please list.*) Synar survey inspection completion progress

Due to our mandated response to COVID-19 in Florida, the Division of Alcoholic Beverages and Tobacco's priority focused on the health, safety and welfare of all Floridians driven by guidance and directives from the Office of the Governor, State Emergency Operations Center and the Department of Management Services.

On April 7, 2020, a memorandum was submitted to the Department of Children and Families to ensure awareness of directives pertaining to our current operations. In March 2020, all DBPR official business visits - including inspections, investigations or other activities - related to a license located at a facility identified in FDEM Emergency Order 20-002 were suspended. The emergency order includes the temporary prohibition of the use of Investigative Aides, which are required to perform underage compliance surveys.

The Division has resumed Synar surveys for FY 2021/22 (FFY 2022).

## APPENDIX A: FORMS 1–5

### FORM 1 (Required for all states not using the Synar Survey Estimation System (SSES) to analyze the Synar Survey data)

Complete Form 1 to report sampling frame and sample information and to calculate the unweighted retailer violation rate (RVR) using results from the current year’s Synar survey inspections.

**Instructions for Completing Form 1:** In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2022). Provide the remaining information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

Column 1: *If stratification was used:*

1(a) Sequentially number each row.

1(b) Write in the name of each stratum. All strata in the state must be listed.

*If no stratification was used:*

1(a) Leave blank.

1(b) Write “state” in the first row (indicates that the whole state is a single stratum).

*Note for unstratified samples: For Columns 2–5, wherever the instruction refers to “each stratum,” report the specified information for the state as a whole.*

- Column 2: 2(a) Report the number of over-the-counter (OTC) outlets in the sampling frame in each stratum.  
2(b) Report the number of vending machine (VM) outlets in the sampling frame in each stratum.  
2(c) Report the combined total of OTC and VM outlets in the sampling frame in each stratum.

- Column 3: 3(a) Report the estimated number of eligible OTC outlets in the OTC outlet population in each stratum.  
3(b) Report the estimated number of eligible VM outlets in the VM outlet population in each stratum.  
3(c) Report the combined total estimated number of eligible OTC and VM outlets in the total outlet population in each stratum.

*The estimates for Column 3 can be obtained from the Synar survey sample as the weighted sum of eligible outlets by outlet type.*

- Column 4: 4(a) Report the number of eligible OTC outlets for which an inspection was completed, for each stratum.  
4(b) Report the numbers of eligible VM outlets for which an inspection was completed, for each stratum.  
4(c) Report the combined total of eligible OTC and VM outlets for which an inspection was completed, for each stratum.

- Column 5: 5(a) Report the number of OTC outlets found in violation of the law as a result of completed inspections, for each stratum.  
5(b) Report the number of VM outlets found in violation of the law as a result of completed inspections, for each stratum.  
5(c) Report the combined total of OTC and VM outlets found in violation of the law as a result of completed inspections, for each stratum.

Totals: For each subcolumn (a–c) in Columns 2–5, provide totals for the state as a whole in the last row of the table. These numbers will be the sum of the numbers in each row for the respective column.



## FORM 2 (Optional)

Appropriate for stratified simple or systematic random sampling designs.

Complete Form 2 to calculate the weighted RVR. This table (in Excel form) is designed to calculate the weighted RVR for stratified simple or systematic random sampling designs, accounting for ineligible outlets and noncomplete inspections encountered during the annual Synar survey.

**Instructions for Completing Form 2:** In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2022).

- Column 1: Write in the name of each stratum into which the sample was divided. These should match the strata reported in Column 1(b) of Form 1.
- Column 2: Report the number of outlets in the sampling frame in each stratum. These numbers should match the numbers reported for the respective strata in Column 2(c) of Form 1.
- Column 3: Report the original sample size (the number of outlets originally selected, *including* substitutes or replacements) for each stratum.
- Column 4: Report the number of sample outlets in each stratum that were found to be eligible during the inspections. Note that this number must be less than or equal to the number reported in Column 3 for the respective strata.
- Column 5: Report the number of eligible outlets in each stratum for which an inspection was completed. Note that this number must be less than or equal to the number reported in Column 4. These numbers should match the numbers reported in Column 4(c) of Form 1 for the respective strata.
- Column 6: Report the number of eligible outlets inspected in each stratum that were found in violation. These numbers should match the numbers reported in Column 5(c) of Form 1 for the stratum.
- Column 7: Form 2 (in Excel form) will automatically calculate the stratum RVR for each stratum in this column. This is calculated by dividing the number of inspected eligible outlets found in violation (Column 6) by the number of inspected eligible outlets (Column 5). The state unweighted RVR will be shown in the Total row of Column 7.
- Column 8: Form 2 (in Excel form) will automatically calculate the estimated number of eligible outlets in the population for each stratum. This calculation is made by multiplying the number of outlets in the sampling frame (Column 2) times the number of eligible outlets (Column 4) divided by the original sample size (Column 3). Note that these numbers will be less than or equal to the numbers in Column 2.
- Column 9: Form 2 (in Excel form) will automatically calculate the relative stratum weight by dividing the estimated number of eligible outlets in the population for each stratum in Column 8 by the Total of the values in Column 8.
- Column 10: Form 2 (in Excel form) will automatically calculate each stratum's contribution to the state weighted RVR by multiplying the stratum RVR (Column 7) by the relative stratum weight (Column 9). The weighted RVR for the state will be shown in the Total row of Column 10.
- Column 11: Form 2 (in Excel form) automatically calculates the standard error of each stratum's RVR (Column 7). The standard error for the state weighted RVR will be shown in the Total row of Column 11.
- TOTAL: For Columns 2–6, Form 2 (in Excel form) provides totals for the state as a whole in the last row of the table. For Columns 7–11, it calculates the respective statistic for the state as a whole.



**FORM 3 (Required when a cluster design is used for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar survey data.)**

Complete Form 3 to report information about primary sampling units when a cluster design was used for the Synar survey.

**Instructions for Completing Form 3:** In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2022).

Provide information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

- Column 1:        Sequentially number each row.
- Column 2:        *If stratification was used:* Write in the name of stratum. All strata in the state must be listed.  
*If no stratification was used:* Write “state” in the first row to indicate that the whole state constitutes a single stratum.
- Column 3:        Report the number of primary sampling units (PSUs) (i.e., first-stage clusters) created for each stratum.
- Column 4:        Report the number of PSUs selected in the original sample for each stratum.
- Column 5:        Report the number of PSUs in the final sample for each stratum.
- TOTALS:         For Columns 3–5, provide totals for the state as a whole in the last row of the table.

<b>Summary of Clusters Created and Sampled</b>				
<b>State:</b> _____				
<b>FFY:</b> 2022				
(1) Row #	(2) Stratum Name	(3) Number of PSUs Created	(4) Number of PSUs Selected	(5) Number of PSUs in the Final Sample
<b>Total</b>				

**FORM 4 (Required for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar Survey data)**

Complete Form 4 to provide detailed tallies of ineligible sample outlets by reasons for ineligibility and detailed tallies of eligible sample outlets with noncomplete inspections by reasons for noncompletion.

**Instructions for Completing Form 4:** In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2022).

Column 1(a): Enter the number of sample outlets found ineligible for inspection by reason for ineligibility. Provide the total number of ineligible outlets in the row marked "Total."

Column 2(a): Enter the number of eligible sample outlets with noncomplete inspections by reason for noncompletion. Provide the total number of eligible outlets with noncomplete inspections in the row marked "Total."

<b>Inspection Tallies by Reason of Ineligibility or Noncompletion</b>			
		State: _____	
		FFY: 2022	
(1) INELIGIBLE		(2) ELIGIBLE	
Reason for Ineligibility	(a) Counts	Reason for Noncompletion	(a) Counts
Out of business		In operation but closed at time of visit	
Does not sell tobacco products		Unsafe to access	
Inaccessible by youth		Presence of police	
Private club or private residence		Youth inspector knows salesperson	
Temporary closure		Moved to new location	
Unlocatable		Drive-thru only/youth inspector has no driver's license	
Wholesale only/Carton sale only		Tobacco out of stock	
Vending machine broken		Ran out of time	
Duplicate		Other noncompletion reason(s) <i>(Describe.)</i>	
Other ineligibility reason(s) <i>(Describe.)</i>			
<b>Total</b>		<b>Total</b>	

**FORM 5 (Required for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar survey data)**

Complete Form 5 to show the distribution of outlet inspection results by age and gender of the youth inspectors.

**Instructions for Completing Form 5:** In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2022).

Column 1: Enter the number of attempted buys by youth inspector age and gender.

Column 2: Enter the number of successful buys by youth inspector age and gender.

If the inspectors are age eligible but the gender of the inspector is unknown, include those inspections in the “Other” row. Calculate subtotals for males and females in rows marked “Male Subtotal” and “Female Subtotal.” Sum subtotals for Male, Female, and Other and record in the bottom row marked “Total.” Verify that that the total of attempted buys and successful buys equals the total for Column 4(c) and Column 5(c), respectively, on Form 1. If the totals do not match, please explain any discrepancies.

<b>Synar Survey Inspector Characteristics</b>		
		State: _____
		FFY: 2022
	(1) Attempted Buys	(2) Successful Buys
<b>Male</b>		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
<b>Male Subtotal</b>		
<b>Female</b>		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
<b>Female Subtotal</b>		
<b>Other</b>		
<b>Total</b>		



## APPENDIXES B & C: FORMS

### Instructions

Appendix B (Sampling Design) and Appendix C (Inspection Protocol) are to reflect the state's CSAP-approved sampling design and inspection protocol. These appendixes, therefore, should generally describe the design and protocol and, with the exception of Question #10 of Appendix B, are not to be modified with year-specific information. Please note that any changes to either appendix must receive CSAP's advance, written approval. To facilitate the state's completion of this section, simply cut and paste the previously approved sampling design (Appendix B) and inspection protocol (Appendix C) and respond to Question #10 of Appendix B to provide the requested information about sample size calculations for the Synar survey conducted in FFY 2021.

## APPENDIX B: SYNAR SURVEY SAMPLING METHODOLOGY

State: Florida  
 FFY: 2022

**1. What type of sampling frame is used?**

- List frame (Go to Question 2.)
- Area frame (Go to Question 3.)
- List-assisted area frame (Go to Question 2.)

**2. List all sources of the list frame. Indicate the type of source from the list below. Provide a brief description of the frame source. Explain how the lists are updated (method), including how new outlets are identified and added to the frame. In addition, explain how often the lists are updated (cycle). (After completing this question, go to Question 4.)**

*Use the corresponding number to indicate Type of Source in the table below.*

- |   |  |
|---|--|
| 1 – Statewide commercial business list    | 4 – Statewide retail license/permit list |
| 2 – Local commercial business list        | 5 – Statewide liquor license/permit list |
| 3 – Statewide tobacco license/permit list | 6 – Other                                |

Name of Frame Source	Type of Source	Description	Updating Method and Cycle
Division of Alcoholic Beverages and Tobacco, Florida Department of Business and Professional Regulation	3	ABT/DBPR maintains computerized data on tobacco permits, which are required by the State of Florida before tobacco vendors can sell tobacco products to the public. A query of the computerized data was utilized to get a snapshot of all licenses with authority to sell tobacco to create the sampling frame	Updated continually throughout the year and just prior to the random sampling

**3. If an area frame is used, describe how area sampling units are defined and formed.**

**a. Is any area left out in the formation of the area frame?**

- Yes    No

*If Yes, what percentage of the state's population is not covered by the area frame?*  
 \_\_\_\_\_ %

**4. Federal regulation requires that vending machines be inspected as part of the Synar survey. Are vending machines included in the Synar survey?**

- Yes    No

If **No**, please indicate the reason(s) they are not included in the Synar survey. Please check all that apply.

- State law bans vending machines.
- State law bans vending machines from locations accessible to youth.
- State has a contract with the FDA and is actively enforcing the vending machine requirements of the Family Smoking Prevention and Tobacco Control Act.
- Other (Please describe.) \_\_\_\_\_

If **Yes**, please indicate how likely it is that vending machines will be sampled.

- Vending machines are sampled separately to ensure vending machines are included in the sample
- Vending machines are sampled together with over the counter outlets, so it is possible that no vending machines were sampled, however they are included in the sampling frame and have a non-zero probability of selection
- Other reasons (Please describe.) \_\_\_\_\_

5. Which category below best describes the sample design? (Check only one.)

- Census (STOP HERE: Appendix B is complete.)

**Unstratified statewide sample:**

- Simple random sample (Go to Question 9.)
- Systematic random sample (Go to Question 6.)
- Single-stage cluster sample (Go to Question 8.)
- Multistage cluster sample (Go to Question 8.)

**Stratified sample:**

- Simple random sample (Go to Question 7.)
- Systematic random sample (Go to Question 6.)
- Single-stage-cluster sample (Go to Question 7.)
- Multistage cluster sample (Go to Question 7.)
- Other** (Please describe and go to Question 9.) \_\_\_\_\_

6. Describe the systematic sampling methods. (After completing Question 6, go to Question 7 if stratification is used. Otherwise go to Question 9.)

7. Provide the following information about stratification.

a. Provide a full description of the strata that are created.

b. Is clustering used within the stratified sample?

- Yes** (Go to Question 8.)
- No** (Go to Question 9.)

**8. Provide the following information about clustering.**

- a. Provide a full description of how clusters are formed. (If multistage clusters are used, give definitions of clusters at each stage.)**

- b. Specify the sampling method (simple random, systematic, or probability proportional to size sampling) for each stage of sampling and describe how the method(s) is (are) implemented.**

**9. Provide the following information about determining the Synar Sample.**

- a. Was the Synar Survey Estimation System (SSES) used to calculate the sample size?**

- Yes** (Respond to part b.)  
 **No** (Respond to part c and Question 10c.)

- b. SSES Sample Size Calculator used?**

- State Level** (Respond to Question 10a.)  
 **Stratum Level** (Respond to Question 10a and 10b.)

- c. Provide the formulas for determining the effective, target, and original outlet sample sizes.**

The SSES sample size calculator is used to estimate the sample size. The formula for calculating the effective sample size,  $n_e$ , is based on page 35 (formula S3.4) of the Sample Design Guidance. It is written as:

$$n_e = \frac{1}{\left( \frac{(0.0182)^2}{P(1-P)} + \frac{1}{N} \right)}$$

where  $P$  is the RVR from the state's most recently approved ASR as of September 1<sup>st</sup> of each year, and  $N$  is the outlet population (frame) size. The resulting effective sample size will be manually entered into SSES as the effective sample size.

The target sample size is determined by multiplying the effective sample size by the design effect from the state's most recently approved ASR as of September 1<sup>st</sup> of each year ( $n_t = dn_e$ ). The resulting target sample size will be manually entered into SSES as the target sample size.

The original sample size is determined by inflating the target sample size by the expected eligibility rate ( $r_l$ ) and the expected completion rate ( $r_c$ ), where  $r_l$  is the

eligibility (also known as accuracy) rate from the state’s most recently approved ASR as of September 1<sup>st</sup> of each year and  $r_c$  is the completion rate from the state’s most recently approved ASR as of September 1<sup>st</sup> of each year. The original sample size can be written as:

$$n_o = \frac{n_t}{r_i r_c}$$

Sample calculations are inputs available as of September 1<sup>st</sup> of each year because the survey begins on October 1.

The original sample size is further inflated by a 30% safety margin. In addition, Florida will further inflate the original sample size to include additional outlets equal to the number of ineligible outlets and eligible non-complete inspections from the state’s most recently approved ASR as of September 1<sup>st</sup> of each year.

\*Please note that if the calculated original sample size using the original sample size formula listed above (including the 30% safety margin and the addition of outlets equal to the number of ineligible and eligible non-completes described above) is less than 1% of the total outlet population size, then the original sample size is further inflated to equal at least 1% of the total outlet population size. In addition, if the original sample size is not a whole number, the original sample size utilized is inflated to a whole number.

**10. Provide the following information about sample size calculations for the Synar survey conducted in FFY 2021.**

- a. If the state uses the sample size formulas embedded in the SSES Sample Size Calculator to calculate the state level sample size, please provide the following information:**

**Inputs for Effective Sample Size:** \*Note: no new data

RVR: N/A

Frame Size: \_\_\_\_\_

**Input for Target Sample Size:**

Design Effect: \_\_\_\_\_

**Inputs for Original Sample Size:**

Safety Margin: \_\_\_\_\_

Accuracy (Eligibility) Rate: \_\_\_\_\_

Completion Rate: \_\_\_\_\_

- b. If the state uses the sample size formulas embedded in the SSES Sample Size Calculator to calculate the stratum level sample sizes, please provide the stratum level information:**

--

- c. **If the state does not use the sample size formulas embedded in the SSES Sample Size Calculator, please provide all inputs required to calculate the effective, target, and original sample sizes as indicated in Question 9.**

## APPENDIX C: SYNAR SURVEY INSPECTION PROTOCOL SUMMARY

State: Florida

FFY: 2022

*Note: Upload to WebBGAS a copy of the Synar inspection form under the heading “Synar Inspection Form” and a copy of the protocol used to train inspection teams on conducting and reporting the results of the Synar inspections under the heading “Synar Inspection Protocol.”*

### 1. How does the state Synar survey protocol address the following?

#### a. Consummated buy attempts?

- Required  
 Permitted under specified circumstances (Describe: \_\_\_\_\_ )  
 Not permitted

#### b. Youth inspectors to carry ID?

- Required  
 Permitted under specified circumstances (Describe: \_\_\_\_\_ )  
 Not permitted

#### c. Adult inspectors to enter the outlet?

- Required  
 Permitted under specified circumstances (Describe: An adult sworn law enforcement officer (in plain clothes) always enters the outlet with the juvenile as a safety precaution)  
 Not permitted

#### d. Youth inspectors to be compensated.

- Required  
 Permitted under specified circumstances (Describe: \_\_\_\_\_ )  
 Not permitted

### 2. Identify the agency(ies) or entity(ies) that actually conduct the random, unannounced Synar inspections of tobacco outlets. (Check all that apply.)

- Law enforcement agency(ies)  
 State or local government agency(ies) other than law enforcement  
 Private contractor(s)  
 Other

List the agency name(s): List the agency name(s): Division of Alcoholic Beverages and Tobacco, Florida Department of Business and Professional Regulation.

3. Are Synar inspections combined with law enforcement efforts (i.e., do law enforcement representatives issue warnings or citations to retailers found in violation of the law at the time of the inspection)?

- Always    Usually    Sometimes    Rarely    Never

4. Describe the type of tobacco products that are requested during Synar inspections.

a. What type of tobacco products are requested during the inspection?

- Cigarettes  
 Small Cigars  
 Cigarillos  
 Smokeless Tobacco  
 Electronic Cigarettes/Electronic Nicotine Delivery Systems (ENDS)  
 Other

b. Describe the protocol for identifying what types of products and what brands of products are requested during an inspection.

The protocol is dependent on the investigative aide being utilized and the normal accepted purchases for the area in which the outlet is located

5a. Describe the methods used to recruit, select, and train adult supervisors.

The agents are trained state law enforcement officers employed by the Division of Alcoholic Beverages and Tobacco. Case law related to entrapment is utilized for training. The state policy regarding the use of investigative aides, policy number 5.4 was last updated in May of 2014 and a copy of the policy is enclosed with this report.

5b. Describe the methods used to recruit, select, and train youth inspectors.

Underage investigative aides are recruited from school groups, non-profit groups, local parents, and other youth contact. Only age appropriate youth are recruited, ranging in ages from 15 to 17.

The parents of all underage youth are contacted and fully informed about the program and sign an "Investigative Aide Agreement" acknowledging their consent. ABT agents provide all the training to the youth inspectors. Case law related to entrapment is utilized for training. For example, youth are instructed to look their actual age. Youth that look older than their age are not selected for training.

6. Are there specific legal or procedural requirements instituted by the state to address the issue of youth inspectors' immunity when conducting inspections?

a. Legal

- Yes    No

*(If Yes, please describe.)*



State ex rel. Foster v. Hall, 230 So.2d722 (2nd DCA 1970); State v. Schell, 222 So.2d757 (2nd DCA 1969); Lewis v. State, 155 So.2d841 (2nd DCA 1963); and State ex rel. Raines v. Grayson, 55 So.2d554 (Fla 1951)

**b. Procedural**

Yes  No

*(If Yes, please describe.)*

Policy and procedures require the direct supervision of the investigative aide by a sworn law enforcement officer in controlled buys.

**7. Are there specific legal or procedural requirements instituted by the state to address the issue of the safety of youth inspectors during all aspects of the Synar inspection process?**

**a. Legal**

Yes  No

*(If Yes, please describe.)*

**b. Procedural**

Yes  No

*(If Yes, please describe.)*

Procedures are addressed in the investigative aide policy number 5.4 as referenced in question 5 of this section.

**8. Are there any other legal or procedural requirements the state has regarding how inspections are to be conducted (e.g., age of youth inspector, time of inspections, training that must occur)?**

**a. Legal**

Yes  No

*(If Yes, please describe.)*

**b. Procedural**

Yes  No

*(If Yes, please describe.)*

## APPENDIX D: LIST SAMPLING FRAME COVERAGE STUDY

(LIST FRAME ONLY)

State: Florida

FFY: 2022

1. Calendar year of the coverage study: 2020

2. a. Unweighted percent coverage found: \_\_\_\_\_ %  
b. Weighted percent coverage found: \_\_\_\_\_ %  
c. Number of outlets found through canvassing: \_\_\_\_\_  
d. Number of outlets matched on the list frame: \_\_\_\_\_

3. a. Describe how areas were defined. (e.g., census tracts, counties, etc.)

b. Were any areas of the state excluded from sampling?

Yes  No

If Yes, please explain.

4. Please answer the following questions about the selection of canvassing areas.

a. Which category below best describes the sample design? (Check only one.)

Census (Go to Question 6.)

**Unstratified statewide sample:**

Simple random sample (Respond to Part b.)

Systematic random sample (Respond to Part b.)

Single-stage cluster sample (Respond to Parts b and d.)

Multistage cluster sample (Respond to Parts b and d.)

**Stratified sample:**

Simple random sample (Respond to Parts b and c.)

Systematic random sample (Respond to Parts b and c.)

Single-stage cluster sample (Respond to Parts b, c, and d.)

Multistage cluster sample (Respond to Parts b, c, and d.)

Other (Please describe and respond to Part b.) \_\_\_\_\_

**b. Describe the sampling methods.**

**c. Provide a full description of the strata that were created.**

**d. Provide a full description of how clusters were formed.**

**5. Were borders of the selected areas clearly identified at the time of canvassing?**

Yes  No

**6. Were all sampled areas visited by canvassing teams?**

Yes (*Go to Question 7.*)  No (*Respond to Parts a and b.*)

**a. Was the subset of areas randomly chosen?**

Yes  No

**b. Describe how the subsample of visited areas was drawn. Include the number of areas sampled and the number of areas canvassed.**

**7. Were field observers provided with a detailed map of the canvassing areas?**

Yes  No

*If No, describe the canvassing instructions given to the field observers.*

**8. Were field observers instructed to find all outlets in the assigned area?**

Yes  No

*If No, respond to Question 9.*

*If Yes, describe any instructions given to the field observers to ensure the entire area was canvassed, then go to Question 10.*

**9. If a full canvassing was not conducted:**

**a. How many predetermined outlets were to be observed in each area? \_\_\_\_\_**

**b. What were the starting points for each area? \_\_\_\_\_**

**c. Were these starting points randomly chosen?**

Yes  No

**d. Describe the selection of the starting points.**

**e. Please describe the canvassing instructions given to the field observers, including predetermined routes.**

**10. Describe the process field observers used to determine if an outlet sold tobacco.**

**11. Please provide the state's definition of "matches" or "mismatches" to the Synar sampling frame? (i.e., address, business name, business license number, etc.)**

**12. Provide the calculation of the weighted percent coverage (if applicable).**





# Synar Survey



<b>Survey Date:</b> _____		<b>Survey Number:</b> _____	
<b>Time of Survey:</b> _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
<b>Investigative Aide</b>	<b>Investigative Aide ID:</b> _____		
	<b>Age:</b> _____	<b>Date of Birth:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Agent Assigned</b>	<b>Name/ID:</b> _____		
<b>Licensee/Location Information:</b>		<b>Licensee/Location Name or address</b>	
<b>Outlet ID:</b> _____ <b>License Number:</b> _____ <b>Name:</b> _____ <b>DBA:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____		<b>Correction:</b> _____   	
<b>Type of Sales Transaction:</b> <input type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine <b>Is licensed premise eligible?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Unsatisfactory condition) <input type="checkbox"/> (I1) Out of business			
<b>If no, check one of the following reasons:</b>			
<input type="checkbox"/> (I2) Does not sell tobacco products		<input type="checkbox"/> (I7) Wholesale only/carton sale only	
<input type="checkbox"/> (I3) Inaccessible by youth		<input type="checkbox"/> (I8) Vending machine broken	
<input type="checkbox"/> (I4) Private club or private residence		<input type="checkbox"/> (I9) Duplicate	
<input type="checkbox"/> (I5) Temporary closure		<input type="checkbox"/> (I10) Other ineligibility (specify): _____	
<input type="checkbox"/> (I6) Un-locatable			
<b>If license premise is eligible, was the survey completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If no, check one of the following reasons:</b>			
<input type="checkbox"/> (N1) In operation, but closed at time of visit		<input type="checkbox"/> (N6) Drive thru only, but youth inspector has no driver license	
<input type="checkbox"/> (N2) Unsafe to access		<input type="checkbox"/> (N7) Tobacco out of stock	
<input type="checkbox"/> (N3) Presence of police		<input type="checkbox"/> (N8) Run out of time	
<input type="checkbox"/> (N4) Youth inspector knows salesperson		<input type="checkbox"/> (N9) Other non-completion (specify): _____	
<input type="checkbox"/> (N5) Moved to new location but not inspected			
<b>If survey was completed, was buy attempt successful?</b> <input type="checkbox"/> Yes (POS) <input type="checkbox"/> No (NEG)			
<b>Notes:</b> _____ _____			
<b>Investigative Aide Initial:</b> _____		<b>Agent Signature:</b> _____	

Federally Mandated Form

**Department of Business and Professional Regulation  
Division of Alcoholic Beverages and Tobacco  
Bureau of Law Enforcement  
Policy Manual**

	<b>TITLE:</b>  Investigative Aides	<b>POLICY #</b>  5-4	
	CFA Standard: 18.03	Effective Date: 05/19/2014 Review Date: 08/09/2013	
Repeals: PPD 3.10 Investigative Aides-Confidential Informants, Interim orders 2010-03 & 2010-08, & LE 2012-001			
Approved: _____ <i>Thomas Connors</i> Thomas Connors, Chief			

**I. Purpose**

The purpose of this directive is to establish guidelines regarding the of Division of Alcoholic Beverages and Tobacco (ABT), Bureau of Law Enforcement (BLE), use of underage persons, here in referred to as Investigative Aides (IA) to determine if licensed premises are selling alcoholic beverages, tobacco products and/or any illegal items/contraband to underage persons.

**II. Policy**

It is the policy of the bureau to conduct enforcement activities against the sale of alcoholic beverages, tobacco products and/or any illegal items/contraband to underage persons using IA's. The utilization of an IA will be conducted in the presence of at least 2 sworn law enforcement officers, to include at least 1 ABT/BLE sworn member. Investigative Aides are not considered Confidential Informants. (CFA 18.03 G, H)

**III. Authority**

[Section 561.705 Florida Statute](#)

[Section 569.008 Florida Statute](#)  
[Section 843.02 Florida Statute](#)

**IV. Definitions**

**Compliance Check**

A process used by ABT/BLE to identify licensed premises where business owners/employees are selling alcoholic beverages, tobacco products and/or any illegal items/contraband to underage persons.

**Controlled Buy Method**

Use of an IA to make a controlled buy of alcoholic beverages, tobacco products and/or any illegal items/contraband.

**Investigative Aide (IA)**

Underage person(s) who assist the bureau with efforts to eliminate the sale of alcoholic beverages, tobacco products and/or any illegal items/contraband to underage persons.

- The permitted age range for an IA to attempt to purchase an alcohol beverage is 16-19 years of age.
- The permitted age range for an IA to attempt to purchase a tobacco product and/or lottery ticket is 14-16 years of age.
- If the IA is utilized for SYNAR surveys the age limit is 15-16 years of age.

- An IA that is 16 years of age may be used to attempt a purchase of an alcoholic beverage, a tobacco product and/or a lottery ticket simultaneously.
- IA's having reached their 20<sup>th</sup> birthday (17<sup>th</sup> birthday for tobacco product and lottery ticket investigations) will not be used in order to avoid any accusation of entrapment.

**V. Relevant Forms**

- BLE-320 or BLE-320E Record of Inspection Form
- BLE-513 Investigative Aide Agreement Form
- BLE-514 Investigative Aide Statement Form

**VI. Procedure**

**A. Investigative Aide Files:** Each IA must be documented and reliable. IA's will not be used if they have a criminal record, unless under court order to assist law enforcement.

1. Each district office will create a master file of all IA's used. The master file will include the Investigative Aide Agreement form BLE-513 and will list the IA's assigned code number, which identifies the IA. The IA's assigned code number will be used on all documents, correspondence and reports in lieu of the IA's name and/or signature. The Primary IA Custodian will be a Lieutenant who is responsible for maintaining IA files for their district office. Each file will be retained in a designated secure area separate from the confidential informant files. The District Captain will assign an Alternate IA Custodian (must be a sworn ABT/BLE member) for each district office under their command. Master files will include, but may not be limited to:

- a. Personal History (Section A BLE-513);
- b. Photographs;
- c. Waivers, if applicable;
- d. Agreement of Understanding (Section B BLE-513);
- e. Parental permission, if applicable (Section C BLE-513);
- f. Copy of their driver license/identification (ID) card or birth certificate; and,
- g. IA's assigned code number (BLE-513).

2. The IA code number will be assigned by the primary or alternate IA custodian and will be known to the IA and ABT/BLE member utilizing the IA. The code number will be placed on the outside of the folder. The code number will be IA-YYYY-XXX-###. IA indicates an Investigative Aide file, YYYY indicates the Year the IA was assigned, XXX indicates the district office indicator (see below), and ### is a sequential three digit number restarting each year for new IA's at 001.

a. XXX (District Office Indicators):

- |                        |                            |
|------------------------|----------------------------|
| i. GVL – Gainesville   | vii. ORL – Orlando         |
| ii. FTM – Fort Myers   | viii. PCY – Panama City    |
| iii. FTP – Fort Pierce | ix. PNS – Pensacola        |
| iv. JAX – Jacksonville | x. TLH – Tallahassee       |
| v. MAR – Margate       | xi. TPA – Tampa            |
| vi. MIA – Miami        | xii. WPB – West Palm Beach |

For example, IA-2014-TPA-001, IA-2014-TPA-002 and so on.

3. Each IA's file will record all work performed, to include dates worked, locations checked and whether a "buy" was made or refused.
4. All legal aspects of using persons under 18 years of age must be met, including but not limited to, written parental permission, etc. Parental permission will not be necessary for persons 18 years or older. The utilization of an IA under the age of 18 must have a parent or legal guardian immediately available in case of an emergency.
5. The IA must be obviously underage in appearance. The IA will not wear a uniform, but will dress as is the custom of the community standards within the area of which they will be assisting the member.
  - a. No facial hair will be allowed (beards or mustaches) for male IA's; and,
  - b. Female IA's may not be "dressed up" (hair and makeup) to appear older or wear revealing attire.
6. A photograph of the IA will be taken each date worked. Photographs will be initialed and dated by the ABT/BLE member, attached to the BLE-513, and maintained in the IA's file. If an administrative case is filed, a copy of the picture must be included as part of the evidence list and attached to the case report.
7. The IA will be asked if they have their valid form of ID, if they have any personal cash, tobacco products, alcoholic beverages, and/or any illegal items/contraband on their person.
  - a. If the IA does not possess a valid form of ID, they will not be able to work.
  - b. If the IA has any personal cash on their person, it is required that the personal cash be separate from the Investigative and Evidence (I&E) monies at all times.
  - c. If the IA is illegally in possession of tobacco products, alcoholic beverages and/or any illegal items/contraband, appropriate action will be taken.
  - d. If the IA is legally in possession of tobacco products, their personal tobacco products will remain on their person at all times.
8. Children and other relatives of Department of Business and Professional Regulation (DBPR) employees may not be used as IA's.
9. IA's are not employees of DBPR, ABT/BLE, and as such, will be compensated a fee not to exceed \$50.00 per day, unless approved by the Chief, or designee, for their meals, snacks, mileage, and any other incidental expenses (receipts if available). The compensation will be paid with I&E Funds. IA's may not receive a wage, salary or other employment compensation other than the fee stated above. They are to be utilized periodically as the need arises. IA's will be managed to provide maximum effectiveness to the bureau.
10. IA's possessing a valid driver license may drive their own vehicle, when necessary, in performing their IA duties. However, at no time will an IA operate a state-owned, leased or rented vehicle.
  - a. The driving record of each IA will be checked before allowing them to drive their vehicle to conduct State business; and,



b. The driving record may not reflect more than three moving traffic violations.

B. **Controlled Buy Method/Compliance Check:** During any assistance with ABT/BLE, IA's will be supervised by:

1. At least 2 sworn law enforcement officers, to include at least 1 sworn ABT/BLE member, when testing package stores, convenience stores and restaurants (1 sworn officer inside).
2. At least 3 sworn law enforcement officers, to include at least 1 sworn ABT/BLE member, when testing bars, nightclubs, or high crime area stores (at least 1 sworn officer inside).
3. Safety of the IA will be a primary concern. Barring unusual or exigent circumstances, at no time during the course of an operation will an IA be left unsupervised. In such instances, the IA will be secured in the state-owned, leased or rented vehicle (equipped with a communication device and phone number to the lead agent) or other safe area.
4. The assigned sworn ABT/BLE member(s) will brief the IA on what is expected of them, what their duties and responsibilities as IA's are, and instruct them on what they are to say and do.
5. All IA's will be instructed to correctly state their age if asked by an employee while attempting to make a controlled buy. If asked, the IA will present their legal ID for proof of age. The IA will only be allowed to show their valid driver license, Florida ID card issued by the Department of Highway Safety and Motor Vehicles (DHSMV) and/or a valid military ID card. Underage IA's must always respond to questions posed truthfully from the employee relating to the sale or purchase of alcohol, tobacco products and/or any illegal items/contraband.
6. Immediately after each "buy", the IA will exit the premises, be debriefed, and will prepare and sign a sworn Investigative Aide Statement form BLE-514. If the buy results in an administrative case, a copy of the statement will be listed as supporting evidence and attached to the case report.
7. ABT/BLE members will ensure that each IA properly mark all evidence for future ID in any criminal or administrative proceeding (Date, IA#, etc...).

C. **Seizure of IA Identification (ID):**

1. On occasion, licensees or their employees will seize the valid ID belonging to and used by the IA during a controlled buy. ABT/BLE members will remain professional and courteous when communicating with the individual unlawfully possessing the driver license or ID card.
2. In such instances, ABT/BLE members will take the following steps:
  - a. The IA should immediately report to the controlling agent.
  - b. The IA will not be allowed to remain in the premises.
  - c. ABT/BLE members will properly identify themselves and explain the purpose of their visit.
  - d. ABT/BLE members will explain that the IA was working under the direction and control of the sworn ABT/BLE member or other sworn law enforcement officer(s).
  - e. ABT/BLE members will explain that the ID used by the IA is valid and lawfully issued to the underage IA and is not, in any way, altered.
  - f. ABT/BLE members will further explain that the ID will be returned to them for the IA.

- g. ABT/BLE members will explain that the licensee or employee is unlawfully in possession of the ID and failure to return the ID may result in charges being filed.
- h. ABT/BLE members will determine why the licensee or employee seized the ID and why they are refusing to return it.
- i. As with any violation, if the licensee knew or should have known about the violation (store policy of seizing ID of underage persons, even if valid or unaltered, licensee statements, etc.), administrative charges would be appropriate when criminal charges were necessary to retrieve the property. In the absence of the licensee knowledge, a Record of Inspection form BLE-320 (or BLE-320E) concerning the matter is required.
- j. ABT/BLE members will inform, educate and reason with the licensee or employee. It would be only after the licensee and/or employee has been fully advised of the situation and the possible consequences of failing to come into compliance that enforcement action would be taken.
- k. If after proper notification of the above, the person still refuses to return the driver license or ID card, ABT/BLE member(s) or other law enforcement will place the subject under arrest for the aforementioned violations; Obstructing Justice, Section 843.02 Florida Statute.
- l. The ID will be retrieved from the licensee or employee, photographed for evidentiary purposes and returned to the IA.

**D. Industry Cooperation Program:**

- 1. The bureau will work closely with the industry if they suspect their employees to be selling alcoholic beverages, tobacco products and/or any illegal items/contraband to underage persons without first checking for ID, or when underage persons are becoming a nuisance by continuing to attempt purchases from their employees.
- 2. Any investigative request of this nature must be submitted in writing to the district office supervisor and will include the following information:
  - a. A Pro-Active Management Plan established in writing by the licensee to prevent unlawful sales to underage persons;
  - b. A log of surveillance and controlled buys the licensee has completed at a particular location and the results; and,
  - c. The licensees proposed plan of a joint investigation including the furnishing of a documented source.
- 3. ABT/BLE members will proactively provide information to licensees concerning the provisions of Section 561.705 Florida Statute (Responsible Vendor Training), Section 569.008 Florida Statute (Responsible Retail Tobacco Products Dealers), and other methods to prevent sales to underage persons.

**E. ABT/BLE members will be held accountable for following directives and bear the responsibility for seeking instruction or additional information from their immediate supervisor should they not understand a given directive.**

**Vii. Index**

Compliance Check  
Controlled Buy  
Investigative Aide

SYNAR Survey

# Investigative Aide Agreement

Investigative Aide#: \_\_\_\_\_

SECTION A		PERSONAL HISTORY									
LAST NAME			FIRST NAME				MIDDLE INITIAL				
ADDRESS						CITY/STATE					
DOB	/	/	AGE	HEIGHT	'	"	WEIGHT	HAIR	EYES		
TELEPHONE (RESIDENCE)			( )	-	WORK		( )	-	CELL	( )	-
DRIVER LICENSE #						STATE	EXP.	/ /			
OCCUPATION											
BUSINESS/SCHOOL											
ADDRESS						CITY/STATE					
VEHICLE (Make, Model)								YEAR			
TRAFFIC VIOLATION(S)											
Have you ever been arrested or been given a Notice to Appear in court for a violation of criminal law?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:											
Have you ever used false identification?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:											

SECTION B	I AGREE:
1	As an Investigative Aide to assist the Division of Alcoholic Beverages and Tobacco in the investigation of the sale of alcoholic beverages, tobacco products and/or any illegal items/contraband to underage persons. It is understood that I am not an employee of the Division and that I am not an interested party in a business licensed by the Department or Division, nor a child of a licensee, and that my participation is based only as the need arises, and based on my availability.
2	I release and acquit the Division of Alcoholic Beverages and Tobacco, its Agents and employees from any injury or liability, which I may suffer or sustain as a result of my participation in Investigative Aide program.
3	This agreement is entered into of my own free will and not as a result of intimidation, threats, coercion or promises.
4	To show my real identification and respond truthfully as to my legal age if asked by the licensee or their employee(s) during any investigation. I also agree that my dress will be such that it will not make me appear to be of legal age. Note: Males are to be clean shaven.
5	It is understood that I am not a law enforcement officer and will not represent myself in that manner at any time, and that I am not entitled to carry a firearm or a badge.
6	It is understood that participation in this program does not extend any special privileges to me and that violations of law, failure to abide by the terms of this agreement, failure to follow instructions or procedures of the Division or any school related problems including attendance and grades, will be grounds for termination from this program.
7	It is understood that I may not sample any alcoholic beverages or tobacco that is purchased on behalf of the Division and I shall promptly turn over any such purchases to the Agents for evidentiary purposes.
8	It is understood I may be required to testify in criminal or administrative hearings.
9	I hereby authorize a representative of Division to act in my behalf for any medical emergencies that may occur while volunteering in this capacity.
10	I understand as an Investigative Aide I am not paid for my time or services. I understand the Division may reimburse me for meals, mileage and other incidental expenses, which I incur while operating as an Investigative Aide.

<b>PARENTAL PERMISSION REQUIRED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete SECTION C
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Signature of Investigative Aide \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Witness \_\_\_\_\_ Telephone \_\_\_\_\_

SECTION C	PARENTAL PERMISSION
1	The undersigned affirms that he or she is the parent or legal guardian of the minor named and identified in Section A of this Investigative Aide Agreement, and hereby gives consent and release for the minor to participate as an Investigative Aide dealing with the sale of alcoholic beverages, tobacco products and/or any illegal items/contraband to underage persons, as conducted by the Division of Alcoholic Beverages and Tobacco. It is understood the minor child is a volunteer and is not an employee of the Division. It is also understood the minor child assumes all risks, personal injury or otherwise, while acting as a volunteer on assignment with the Division.
2	Consent is given with the understanding that all investigations will be under the supervision and direction of no less than two (2) certified law enforcement officers, or in the case of vending machines, in which no arrest will be made, an investigator of the Division.
3	Consent is given with the understanding that participation will require testifying at any and all legal proceedings by the Investigative Aide.
4	Consent is given with the understanding that consent may be withdrawn at any time by notifying the Division in writing.
5	Consent is given with the understanding that the consumption of alcoholic beverages or tobacco products is prohibited.
6	Consent is given with the understanding that the Division acknowledges its primary concern is for the safety and welfare of the Investigative Aide.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Witness \_\_\_\_\_ Telephone \_\_\_\_\_

<b>SECTION D</b>	<b>REVIEW</b>
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Results of local record and driver license check: \_\_\_\_\_

Date Accepted/Rejected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason Not Accepted: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**RON DESANTIS**  
GOVERNOR

March 18, 2021

Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, 13N14-A  
Rockville, Maryland 20857

To Whom It May Concern:

This letter is to inform you that Shevaun L. Harris, Secretary of the Florida Department of Children and Families, is the authorized official designee to sign federal grant applications, assurances, certifications, and other grant-related documents on behalf of the State of Florida to the Substance Abuse and Mental Health Services Administration within the Department of Health and Human Services. This designation is effective for the remainder of my term as Governor.

Ms. Harris' mailing address is:  
Secretary Shevaun Harris  
Florida Department of Children and Families  
2415 North Monroe Street  
Suite 400, Room A100  
Tallahassee, FL 32303

Thank you for supporting the State of Florida's efforts to address substance use disorder and mental health services in our communities.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor