FY2026 Youth Access to Tobacco Activity Report

Agency Name:

Counties covered:

Mailing Address:

Person Completing Form:

Email Address:

Phone Number:

1. **Non-Synar**

Were any non-Synar inspections completed?  Yes No

If yes, (there were non-Synar inspections completed), please provide the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Information | Law Enforcement | Civilian | Other Law Enforcement | Total |
| Number of Inspections Planned |  |  |  |  |
| Number of Inspections Conducted |  |  |  |  |
| Number of Retailers who Sold if Law Enforcement/Not Passing Civilian Check |  |  |  |  |
| Number of Retailers who Did Not Sell if Law Enforcement/Passing Civilian Check |  |  |  |  |
| Number of Warnings Given |  |  |  |  |
| Number of YTA Citations Issued |  |  |  |  |
| Total Number of YTA Fines Assessed if Known |  |  |  |  |
| Number of Ordinance Citations to Clerks |  |  |  |  |
| Number of Ordinance Citations to Store Owner |  |  |  |  |
| Total number of Ordinance Fines Assessed to Clerk if Known |  |  |  |  |
| Total number of Ordinance Fines Assessed to Store Owner if Known |  |  |  |  |

If ordinance fines and/or citations are listed above, please specify the type of ordinance (i.e. county, city, etc.):

1. **Law Enforcement Inspections**
   1. Did information on retailers who received a citation get reported to the Michigan Liquor Control Commission?  YES  NO
      1. If not, why:
2. **Civilian Inspections**
   1. Were those retailers who didn’t pass the inspection identified/tagged for a vendor education visit?  YES  NO
      1. If not, why:
   2. Please provide the number of law enforcement entities from which you ***requested*** YTA violation information:
   3. Please provide the number of law enforcement entities from which you ***received***YTA violation information:
3. **Vendor Education:**

Please provide the following information regarding the Vendor Education initiative in your region.

* 1. How many vendors did you provide ***face to face*** Synar Vendor Education to in your catchment area?

*\*This number should match the total number of activities labelled as “Vendor Education” in MPDS.*

* 1. How many vendors did you provide Synar Vendor Education to either *via phone, virtual platform, or by mailing* materials?

*\*These would not be entered in MPDS*.

* 1. Of the outlets visited for Vendor Education, please identify the number of those outlets that were included in your region’s Synar Survey Sample Draw for Compliance Checks:
  2. Of those tobacco outlets that were provided with Vendor Education and were selected for Synar Compliance Checks, how many failed the inspection (would have sold)?
  3. Of those tobacco outlets that were provided with Vendor Education and were selected for Synar Compliance Checks, how many passed the inspection (would not have sold)?
  4. How are tobacco outlets within your region identified for Vendor Education visits?
  5. Please provide a description of any trends identified during the Vendor Education initiative, such as: changes in retailer response, attitude, behavior, etc.

1. **Formal Synar Inspections:**

Please provide the following information regarding the Formal Synar Inspection process within your region.

* 1. Please provide a description of any challenges or barriers identified with complying with Synar related activities.
     1. Underage Inspector and adult chaperone recruitment (i.e. fulfilling age requirements, fulfilling gender requirements, engaging and recruiting youth etc.):
     2. Geographic, demographic, logistical considerations in conducting inspections:
     3. Cultural factors (e.g. language barriers, etc.):
     4. Law Enforcement: limited resources for activities to support enforcement and compliance with youth and young adult tobacco access laws:
     5. Limited public support for enforcement of youth and young adult tobacco access laws:
     6. Other challenges/barriers: