

TOBACCO-FREE CERTIFICATION TOBACCO-USE PREVENTION EDUCATION

District/Charter/County Office of Education 	County	CDS Code
Contact Person 	E-mail	Telephone #
		Date

HEALTH AND SAFETY CODE, Section 104420 Compliance Requirements

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The district tobacco-free policy prohibits the use of tobacco products any time in district owned or leased buildings, on district property, and in district vehicles. The district has established written procedures to enforce this policy. <ul style="list-style-type: none"> Submit the official district tobacco-free policy and enforcement procedures to ensure the above factors are addressed, including date of implementation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy and enforcement procedures have been communicated clearly to school personnel, parents, students, and the larger community. <ul style="list-style-type: none"> Submit the information that was disseminated to school personnel, students, parents, and the community to show the policy and enforcement procedures have been communicated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Permanent signs stating, "Tobacco Use is Prohibited" are prominently displayed at all entrances to all school properties/locations. <ul style="list-style-type: none"> Submit evidence of compliance that includes: pictures of permanent signs <u>and</u> a superintendent/assistant superintendent signed assurance. |
| <input type="checkbox"/> | <input type="checkbox"/> | Information about smoking cessation support programs is made available and encouraged for students and staff. <ul style="list-style-type: none"> Submit a list of programs available to serve students and staff, and describe how information regarding these programs is disseminated. |

Send this form and all documentation to your county coordinator for the Tobacco-Use Prevention Education program.

You may contact your county coordinator or the Safe and Healthy Kids Program Office at 916-319-0920 if you have questions.

For County and State Use Only

The agency must meet the requirements for certification by July 1 to receive funding for that fiscal year.

If the agency does not meet the requirements for certification until after July 1, it is ineligible to receive funding until the following fiscal year.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | The above district/charter/COE meets the criteria for certification as Tobacco-Free and is eligible for funding beginning July 1, _____. |
| <input type="checkbox"/> | The above district/charter/COE does not meet the criteria for recognition as a Tobacco-Free and is not eligible for funding from the Cigarette and Tobacco Products Surtax Fund. |
| <input type="checkbox"/> | The above district/charter/COE intends to decline all opportunities to request TUPE funds now and in the future. The agency understands it is ineligible for funding from the Cigarette and Tobacco Products Surtax Fund until they have been certified. |

Signature of County TUPE Coordinator	Printed Name	Telephone #	Date
Signature of CDE Consultant	Printed Name	Telephone #	Date
		916-319-0920	

INSTRUCTIONS FOR TOBACCO-FREE CERTIFICATION

The District/Charter/County Office of Education (COE) must meet the requirements for tobacco-free certification by July 1 to receive funding beginning that fiscal year. **If the District/Charter/COE does not meet the requirements for certification until after July 1, they are ineligible to receive funding until the following fiscal year** [Health and Safety Code, section 104420 (p)(2)].

If compliance cannot be documented for any compliance requirement, your agency is not eligible for funding from the Cigarette and Tobacco Products Surtax Fund.

1. On the top two lines, print the name of the School District, Charter School or COE; County name; CDS Code; Contact Person, E-mail address, Telephone number and Date.
2. For each compliance requirement, assemble the required documentation, as identified on the form.
3. After you have completed the upper portion of the form and assembled all the supporting documentation showing your agency's compliance with the law, **submit this form and the documentation to the Tobacco-Use Prevention Education (TUPE) program coordinator in your county office of education.**

The county TUPE program coordinator will review all the documentation submitted by your agency to demonstrate compliance with the law and will check the box for each compliance requirement to indicate whether the agency is or is not compliant. The county coordinator will notify an agency directly if documentation does not clearly demonstrate compliance. If compliance cannot be documented for any compliance requirement, the county coordinator will check the appropriate box, sign and date the form and submit it to the Safe and Health Kids Program Office (SHKPO).

If an agency demonstrates compliance with all requirements, the county coordinator will check the appropriate box, and sign and date the certification form. The form will then be submitted to the SHKPO.

4. If the District/Charter/COE does not wish to be certified as tobacco-free, complete the upper portion of the form and submit this form to your county TUPE program coordinator with a cover letter from the Superintendent addressed to the SHKPO stating the agency does not wish to be certified as tobacco-free.

Tobacco-Free Certification Program
Safe and Healthy Kids Program Office
California Department of Education
1430 N Street, Room 6408
Sacramento, CA 95814

5. The county TUPE program coordinator cannot certify the COE and must submit the required documentation with this form to the SHKPO for review and certification.
6. If you have any questions regarding Tobacco-Free Certification or when funding will begin, contact your SHKPO regional consultant at 916-319-0920.

TYPE ON AGENCY LETTERHEAD

This memo only assures the Safe and Healthy Kids Program Office of your agency's compliance with signage. ***This memo does not certify your district as being wholly tobacco-free.***

To: Tobacco-Free Certification Program
Safe and Healthy Kids Program Office
California State Department of Education

From: _____
District/Charter/County Office of Education Name

_____-_____
Co. Code District/School Code

Re: Assurance of Compliance with Signage

As the superintendent/assistant superintendent of a district, charter or county office of education that receives funds from the Cigarette and Tobacco Products Surtax Fund, I hereby certify this agency complies with the Health and Safety Code, section 104420 (p)(2), as it pertains to signage.

This memorandum is my assurance to the California State Department of Education that this agency has permanent signs stating, "Tobacco Use is Prohibited" and these signs are prominently displayed at all entrances to all school properties/locations.

Date of Tobacco-Free Policy adoption/revision

Print Superintendent's/Assistant Superintendent's Name

E-mail Address

Signature of Superintendent

Date