



American Culinary Federation, Inc. • Attention: Accreditation • 180 Center Place Way • St. Augustine, FL 32095 • 800-624-9458 • www.acfchefs.org

**Institution Information:**

iMIS ID: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ website: \_\_\_\_\_

Lead Instructor: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Institution's President/Director/Principal: \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

**Program Information:**

Program Name: \_\_\_\_\_ # Years established: \_\_\_\_\_

Initial ACFEF Accreditation Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total Contact Hours for Completion: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_

Program Type: Certificate \_\_\_\_\_ Diploma \_\_\_\_\_ # of Graduates Last Years: \_\_\_\_\_

# of Technical Faculty: FT \_\_\_\_\_ PT \_\_\_\_\_ # of Students: FT \_\_\_\_\_ PT \_\_\_\_\_

Program Name: \_\_\_\_\_ # Years established: \_\_\_\_\_

Initial ACFEF Accreditation Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total Contact Hours for Completion: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_

Program Type: Certificate \_\_\_\_\_ Diploma \_\_\_\_\_ # of Graduates Last Years: \_\_\_\_\_

# of Technical Faculty: FT \_\_\_\_\_ PT \_\_\_\_\_ # of Students: FT \_\_\_\_\_ PT \_\_\_\_\_

**Required Signatures:**

All documents submitted to the ACFEF by the Educational Institution completing this Annual Report and Corresponding Exhibits will be Verified to be accurate and truthful, and are responsibility of the Educational Institution Representing approving and signing this application.

Application Submitted by: Lead Instructor \_\_\_\_\_ Date \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Educational Representative

## Annual Report Instructions:

the Annual Report has items that pertain to your program in relation to the ACFEF Standards. The ACFEF Standards are available for download at <http://www.acfchefs.org/download/documents/Accreditation/standards.pdf>

1. Annual Reports are required to be submitted by all ACFEF Postsecondary and Secondary accredited programs between January 1 and May 1 each year.

Note: You will be exempt from submitting an Annual Report during that given year in which you are scheduled for a Site Visit, as this information will be contained in your Self Study and be reviewed during your Site Visit.

2. Follows these steps to process your Annual Report:

a. Download the Annual Report and Professional Development Report document templates, from the ACF website at:

[http://www.acfchefs.org/ACF/Resources/Downloads/ACF/Resources/Downloads/.](http://www.acfchefs.org/ACF/Resources/Downloads/ACF/Resources/Downloads/)

b. After downloading, open documents and “Save As” to your desktop or a folder before filling out (this will make the live fields active). Re-open documents and fill out the required information.

c. Email the completed documents and exhibits to [annualreports@acfchefs.net](mailto:annualreports@acfchefs.net).

Note: As a part of our “Going Green” initiative, we will not be accepting mailed hard copies of Annual Reports.

3. Your Annual Report will be reviewed and an e-mail from the ACFEF Accreditation Department will be sent to you informing you that the Annual Report has been accepted as complete or the information that has been submitted is insufficient and requires additional clarification. Any pending issues must come into compliance by June 30.

4. If you have any questions, please contact the Accreditation Department at (800) 624-9458.

### Exhibit and Narrative Checklist

1. Use the following Exhibit/Narrative Checklist to ensure all necessary supporting documentation and narratives are included with your Annual Report.

**Note:** The Exhibits are labeled to match the Exhibit #'s used in the Self Study.

Self-Study Section	Required Exhibits and Narratives
<p>3.05 <i>The program will have an Advisory Committee whose meetings are scheduled twice per year (one meeting per semester) to advise the program and respond to the employment needs of the industry. Written agendas and minutes which include members in attendance and are available to document this activity.</i></p>	<p>Exhibit 3B - Advisory Committee minutes for the past academic year which include:</p> <ol style="list-style-type: none"> <li>Minimum of two written meeting minutes.</li> <li>Meeting minutes include: list of Advisory Committee members in attendance (with their titles).</li> <li>Meeting minutes include agenda topics:           <ul style="list-style-type: none"> <li>-- curriculum</li> <li>-- facility equipment</li> <li>-- student recruitment</li> <li>-- graduate placement</li> <li>-- externships</li> <li>-- funding sources</li> <li>-- scholarships</li> <li>-- industry needs</li> <li>-- ACFEF standards and Required Knowledge and Skills Competencies</li> <li>-- examples of major suggestions and results</li> </ul> </li> </ol>
<p>4.09 <i>The program faculty must show evidence of professional growth on an annual basis in the area of instructional and technical skills.</i></p>	<p>Exhibit 4D - Copy of Professional Development Reports (PDRs) for all full-time and part-time instructors.</p>
<p>5.13 <i>The lab and dining facilities, if applicable, have a uniform policy that reflects high standards of professional appearance by instructors and students to ensure that sanitation and safety policies are being met.</i></p>	<ol style="list-style-type: none"> <li>Write narrative response describing:       <ol style="list-style-type: none"> <li>The institution's lab uniform and Dining Room (if applicable) policy. Include where this policy is visible to students.</li> <li>If the students are responsible for providing the required uniforms or if the uniforms are provided by the school.</li> <li>How the uniform policies are enforced.</li> </ol> </li> </ol> <p><b>Follow all Local and State Food Service Health Regulations</b></p> <ol style="list-style-type: none"> <li><b>Chef Coat-</b> Must be worn at all times students are in the kitchen/lab and must be clean and pressed (free of wrinkles)  <b>Reason-</b> Safety-Protect the student. Sanitation- protect from food contamination</li> <li><b>Work Shoes-</b> Must be worn at all times. Shoes must be leather, non-slip sole, closed-toed and cleanable  <b>Reason-</b> Safety-Protect the student from slips, spills and falls</li> <li><b>Pants-</b> Long pants must be worn in the kitchen at all times. Pants should be worn at the waist and pants length should be ankle length but not touch the ground. Hounds tooth/checked or black. Non- denim.  <b>Reason-</b> Safety -Protect the student from spills and burns</li> <li><b>Hair Covering-</b> All hair must be covered, if hair extends beyond shoulder-length both hat and a hairnet must be used (Chef Hat, Cap, or Hairnet), this includes bangs which must be secured off the face or under a hairnet.  <b>Reason-</b>Sanitation- prevent hair from falling into food</li> <li><b>Jewelry-</b> Hands: No jewelry of any kind is to be worn in the kitchen except for plain band with no settings. Ears: limit to one stud per ear, nothing dangling. Face: all facial studs, piercings, chains need to be removed. This includes nose, cheek, eyebrow and neck. Wrist: watches need to be removed and or buttoned to Chef Coat or shirt. No bracelets.</li> </ol>

	<p><b>Reason-</b> Safety and sanitation- earrings and earring backs, ring settings which can fall into food products, piercing jewelry can be caught on pieces of equipment and can harbor food and germs causing unsanitary and unsafe conditions. Wrist watches, wrist bands and bracelets are a potential source of cross contamination.</p> <p>6. <b>Nails and Nail Polish-</b> No nail polish of any kind or false nails are permitted. All nails must be trimmed to finger length.</p> <p><b>Reason-</b> Sanitation and physical hazards</p> <p>Narrative:</p>
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<p>5.17 <i>Students are trained in the proper use of lab equipment with documentation and evidence of training available for review and kept on file. (Equipment Safety Check Sheet).</i></p>	<p>Exhibit 5C – A filled out Copy of the Equipment Safety Check Sheet.</p>
<p>6.05 <i>United States, United States Territory and International programs must meet or exceed safety and sanitation guidelines as established through the United States Department of Labor’s Occupational Health and Safety Administration (OSHA), federal, state, and local codes, United States FDA Food Code and / or guidelines established by International Government Agencies to monitor safety and sanitation.</i></p>	<p>Exhibit 6C - Current sanitation report, if required by federal, state or local code.</p>
<p>8.01 <i>There is an ongoing system for collecting, and documenting programmatic assessment data from a variety of sources. Graduate placement (college, workforce, military), student retention, and student education achievements for each accredited program, in verifiable and consistent ways, including graduate</i></p>	<p>Exhibit 8A - Evaluations and Surveys: Provide dates, sample forms, and results from the most recent:</p> <ul style="list-style-type: none"> <li>-- Current student evaluations of courses and faculty</li> <li>-- Graduate surveys</li> <li>-- Graduate follow-up surveys</li> <li>-- ACF Certification Rates (if available)</li> </ul> <p>Note: Remove all student identification information from documentation submitted in exhibits.</p>



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*surveys, graduate follow-up surveys, employer surveys, student completion rates, job placement rates and ACF certification rates.*

There are current articulation agreements in place which allows students credits to be awarded and accepted for previous educational experiences.

1. Write a narrative response describing the institutions policy on articulation agreements. Include the amount of credits that are transferable with in the articulation agreement.



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**Program Changes in the past year: (Write a short narrative if you answer yes to any changes)**

1. Were there Changes to Staff, Faculty or Lead Instructor? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Were there Changes to course titles and/or program additions? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Were there changes to facility/equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Were there changes to Resources or Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Were there changes to institutional accreditation status for state approval? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Were there other changes affecting the accredited program? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you intend to seek renewal accreditation for your program? Yes \_\_\_\_\_ No \_\_\_\_\_



## Program Feedback: How has the accreditation process affect your program?

### 1. Short Narrative: