

#### IV. Time Frames for Operator of the Year Policy (reviewed on a yearly basis)

Mar 1: Applications must be postmarked by midnight.

Mar 15: The ACFSA Board of Directors will receive copies of all eligible nominations for review.

Mar 24: Ratings (on score sheets) by the ACFSA Board of Directors will be returned to the Past President. The Past President will tally points and notify the Board of Directors of the selection. Resolution of conflicts will be handled at this point.

April 1: Notification Letters will be mailed to the recipients and their supervisors from the ACFSA International President.



### POLICY LETTER

## Correctional Food Service Employee of the Year

The purpose of this policy is to set forth guidelines and procedures under which the Association of Correctional Food Service Affiliates Employee of the Year award program will be administered. These procedures will honor Active or Life members for outstanding and significant contributions to the operation, management and administration of correctional foodservice.

#### I. Correctional Food Service Employee of the Year

A. The recipient of the one International Correctional Food Service Employee of the Year Award will receive up to \$1,000 for travel and expenses to attend the ACFSA International Conference and receive the award.

B. Those who apply for but do not receive the International Employee of the Year Award will be considered for the Employee of the Year Award in their respective regions. The top rated person in each Region who does not receive the International Award will be named the Food Service Employee of the Year for their region at the International Conference. This is not a monetary award. Winners will be presented with an engraved award and will receive recognition both at the International Conference banquet and in ACFSA's *INSIDER* Magazine. If any of these award winners are unable to attend the banquet, arrangements will be made for the award to be presented within their agency, institution or chapter.

C. Recipients of this award are line staff (coordinators, cooks, etc.) or persons not eligible for the Correctional Food Service Operator of the Year Award.

D. This award is nontransferable and must be used by the recipient in the year awarded and for the purpose intended.

#### II. Criteria for Application

A. Applicants must be currently employed in the field of correctional foodservice on a full-time basis and have been so employed for a minimum period of 18 months.

B. Applicants must be Active or Life Members of ACFSA in good standing (dues paid) since March 1, 2007. The applicants must also be active members in good standing at the time of award. The ACFSA staff will verify this.

C. Applicants may be nominated by their supervisors, another ACFSA member, or may nominate themselves, if approved by their supervisors.

D. A copy of the official nomination form must be used to nominate a candidate for award consideration. The form must be completed with as much pertinent information as possible about the candidate's qualifications. No faxes will be accepted.

E. Completed nominations must be postmarked on or before midnight March 1, 2008.

F International Officers and Regional Directors are not eligible to receive this award while in office. No one directly involved in selecting recipients shall be eligible for an award.

G. Recipients may be awarded the Regional Correctional Food Service Employee of the Year one time. The person may continue to be nominated for the International Correctional Food Service Employee of the Year. Recipients may be awarded the International Correctional Food Service Employee of the Year one time.

H. The Board of Directors may elect not to present the Correctional Food Service Employee of the Year Award or a specific Regional Correctional Food Service Employee of the Year Award any year that they determine an appropriate individual has not been nominated.

#### III. Criteria for Award/Selection

A. The award selection will be non-discriminatory and based on accomplishments.

B. The ACFSA Awards Committee will consist of the Board of Directors. Nomination forms will be screened for eligibility. The forms for International Correctional Food Service Employee of the Year will be forwarded to all Board members for scoring.

C. Nominations/applications must follow all directions and be neat and legible. If not, the nomination will be void.

D. The Awards Committee will use one or more of the following criteria in selecting an individual for the Correctional Food Service Employee of the Year award:

- Foodservice and Operations
- Sanitation Standards
- Creativity and Innovation
- Personal Development

E. Award recipients will be notified in writing by March 1st.

F. A Letter of Commendation shall be sent to the Commissioner, Warden, and/or Supervisor of the recipient. In addition, the recipient shall be acknowledged at the ACFSA International Conference and in *INSIDER* Magazine.

G. Only one International Award or Scholarship may be disbursed in a calendar year. If the award winner has also been designated to receive a scholarship, reimbursement is authorized only to the maximum limit of the largest dollar amount award. Recipients may not receive both in the same year. The Heroism Award may be received concurrently with any other award.

#### IV. Time Frames for Employee of the Year Policy (reviewed on a yearly basis)

Mar 1: Applications must be postmarked by midnight.

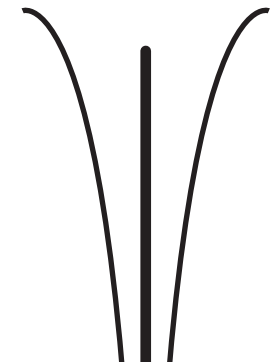
Mar 15: The Board of Directors will receive all applications determined to be eligible.

Mar 24: All scoring will be completed and forwarded to the Past President. The Past President will tally points and notify the Board of Directors of the selection. Resolution of conflicts will be handled at this point.

April 1: Notification Letters will be mailed to the recipients and their supervisors from the ACFSA International President.

## 2008 Policy Letters, Nomination Forms and Applications

### INSTRUCTIONS AND FORMS INSIDE



*Included*

**SCHOLARSHIP POLICY AND APPLICATION FORM  
OPERATOR OF THE YEAR POLICY AND NOMINATION FORM  
EMPLOYEE OF THE YEAR POLICY AND NOMINATION FORM  
AWARD/SCHOLARSHIP NOTIFICATION FORM  
HEROISM AWARD NOMINATION FORM**

## INSTRUCTIONS

*Read the applicable policy letter carefully.*

*Separate form from this booklet.*

*Read the form with care and supply all the information requested.*

*Return the completed form postmarked by Feb. 1, 2007 in the manner prescribed in the pertaining policy letter and on the form itself.*

*All application/nomination forms must be sent by Mar. 1, 2008 to: Theodora (Teddie) Mitchell, CCFP, Shawano County Sheriff's Department, 405 N. Main St, Shawano, WI 54166  
Call with any questions: (715) 526-7952.*

## POLICY LETTER

### *Scholarship Program Guidelines*

*The purpose of this policy is to set forth guidelines and procedures under which the ACFSA Continuing Education Scholarship Program will be administered. These procedures will aid in the professional advancement of the ACFSA membership.*

#### **I. ACFSA Sponsored Scholarships**

A. ACFSA will award scholarships of up to \$750 annually. The number of scholarships to be awarded will be determined by the amount of money donated to the scholarship fund.

B. Recipients will be selected from each of the four regions. The Board of Directors reserves the right to award scholarships to eligible recipients in other regions, should no applications be received from a specific region.

C. One new member (with less than one year of membership at the time of application) will be chosen annually through the New Member Scholarship Lottery to receive a scholarship for attendance at the International Conference.

D. The Immediate Past President or Designee acts as Chair of the Scholarship Committee along with an appointed Professional Partner.

#### **II. Criteria for Application**

A. Applicants must be currently employed in the field of correctional food or farm service on a full-time basis

B. Applicants must be members of ACFSA in good standing (dues paid). The applicant must also be a member in good standing at the time of award and use of the scholarship. The ACFSA staff will verify this. New members (those with less than one year of membership prior to the time of application) will only be eligible for the New Member Scholarship Lottery.

C. A completed, signed application (enclosed) must be postmarked on or before the designated date. The application must be completed in full and signed by the applicant and his/her supervisor. The supervisor's signature will be considered as both authorization and as a recommendation.

D. Scholarships are to be used to attend ACFSA conferences or for ACFSA-sponsored educational programs. The New Member Scholarship Lottery will award one scholarship annually for attendance to the International Conference.

E. Members of the ACFSA International Board of Directors are not eligible to receive scholarship awards while in office. No one directly involved in selecting recipients shall be eligible for an award.

F. The award of scholarship funds will be selected on a non-discriminatory basis.

G. A Scholarship Program recipient will not be eligible for another award for a minimum of three years.

H. If the awarded scholarship is not utilized within one year of award, the funds will revert to the Scholarship Fund. Under these circumstances, the recipient becomes exempt from the three-year eligibility requirement.

I. Scholarships are to be used by the applicant only and are nontransferable.

J. The following awards include a financial reward and as such only one per calendar year may be received: Scholarship, Correctional Food Service Operator of the Year and Employee of the Year Awards. Regional Correctional Food Service Employee of the Year may be received concurrently with a Scholarship or Heroism Award. The Heroism Award may be received concurrently with any other award.

#### **III. Criteria for Award/Selection**

A. Award of the application for scholarship shall be considered on the basis of:

1. Benefit to the individual for professional growth;
2. Approval of employer to attend desired conference or ACFSA sponsored educational program;
3. An objective point system, based upon the pertinent facts of each application;
4. Scholarship program guidelines.

B. All expenses must be reimbursed according to the ACFSA Scholarship Reimbursement Instructions. Any unused portion of the scholarship award shall be retained by the ACFSA. Failure to attend a minimum of 75% of conference and/or continuing education program may subject the recipient to a reduction in scholarship funds or voiding of funds awarded.

C. Scholarship recipients will receive a Letter of Notification of the award of funds and a Letter of Commendation shall be sent to the Agency Head, Institutional Superintendent/Warden/Sheriff or Supervisor of the applicant. In addition, the recipients shall be recognized at the ACFSA International Conference and in *INSIDER* Magazine.

D. Scholarship recipients will be required to write a letter or brief article indicating how the use of the scholarship benefited them, their opinion of the quality of the conference or other training program and how it related to their performing their job better upon returning from the scholarship event. This article may or may not be used as part of an article for the *INSIDER* Magazine or in other ACFSA literature.

#### **IV. Time Frames for Scholarship Policy**

Mar 1: Application must be postmarked on or before midnight.

Mar 15: Completed applications from each region will be mailed to their respective Regional Director. The Regional Director will complete evaluation criteria for each applicant. The Regional Directors will then mail or fax back their evaluation forms with the completed applications and their selections to the rest of the Board of Directors.

Mar 24: The Board will note comments/concerns and forward these to the Chair of the Scholarship Committee (the Past President). Conflicts/concerns will be resolved at this level. The Past President will review/finalize and tabulate the final results. The Past President will then notify the Board of Directors of the final decision.

First week of April: Continuing Education Scholarship recipients for applicants who have been members for at least one year prior to application shall be notified by the President in writing of the award of the scholarship.

April 30: New members (members for less than one year prior to the application deadline) shall be eligible for a lottery drawing (conducted each spring), during which one name will be picked randomly each year and awarded a scholarship for attendance to the International Conference. The winner of the New Member Scholarship Lottery shall be notified by the President in writing.

*Participation in and/or fulfillment of requirements for the training program must be completed as the policy requires in order to receive the Scholarship Award.*

## POLICY LETTER

### *Correctional Food Service Operator of the Year*

*The purpose of this policy is to set forth guidelines and procedures under which the Association of Correctional Food Service Affiliates Operator of the Year award program will be administered. These procedures will honor Active or Life members for outstanding and significant contributions to the operation, management and administration of correctional foodservice.*

#### **I. Operator of the Year**

A. The recipient of the one Correctional Food Service Operator of the Year Award will receive up to \$1,000 for travel and expenses to attend the ACFSA International Conference and receive the award.

B. The recipient of this award will be a manager, director, or administrator who is in complete charge of the foodservice department/division of a correctional institution or system. If the applicant's department consists only of the applicant, he/she is still eligible to apply for the Correctional Food Service Operator of the Year Award.

C. This award is non-transferable and must be used by the recipient in the year awarded and for the purpose intended.

#### **II. Criteria for Application**

A. Applicants must be currently employed in the field of correctional foodservice on a full-time basis and have been so employed for a minimum period of 18 months.

B. Applicants must be Active or Life Members of ACFSA in good standing (dues paid) since March 1, 2007. The applicants must

also be active members in good standing at the time of award. The ACFSA staff will verify this.

C. Applicants may be nominated by their supervisors, another ACFSA member, or may nominate themselves, if approved by their supervisors.

D. A copy of the nomination form must be used to nominate a candidate for award consideration. The form must be completed with as much pertinent information as possible about the candidate's qualifications within the application requirements. No faxes will be accepted.

E. Completed nominations must be postmarked on or before midnight March 1, 2008.

F. International Officers and Regional Directors are not eligible to receive this award while in office. No one directly involved in selecting recipients shall be eligible for an award.

G. Recipients may be awarded the Correctional Food Service Operator of the Year Award only one time.

#### **III. Criteria for Award/Selection**

A. The award selection will be non-discriminatory and based on accomplishments.

B. Nominations/applications must be completed according to all directions and be neat and legible. If not, the nomination will be void.

C. The selection of the Correctional Food Service Operator of the Year will be completed by the ACFSA Board of Directors. Each member will submit their top three candidates from the list of nominated members to Ricky Clark, ACFSA Vice President; he will tally the results/points. The applicant with the most points will be awarded the Correctional Food Service Operator of the Year Award. The Board of Directors may elect to not present the Correctional Food Service Operator of the Year Award in any year that they determine appropriate individuals have not been nominated.

D. The Awards Committee will use one or more of the following criteria in selecting an individual for the Correctional Food Service Operator of the Year Award:

- Exceptional Accomplishments
- Exemplary Leadership
- Creativity and Innovation
- Staff Development

E. The award recipient will be notified in writing by April 1st.

F. A Letter of Commendation shall be sent to the Commissioner, Warden, and/or Supervisor of the recipient. In addition, the recipient shall be acknowledged at the ACFSA International Conference and in *INSIDER* Magazine.

G. Only one International Award or Scholarship may be disbursed in a calendar year. If the award winner has also been designated to receive a scholarship, reimbursement is authorized up to the maximum limit of the largest dollar amount award. Recipients may not receive both in one year. The Heroism Award may be received concurrently with any other award.

## *Scholarship Application*

**Please fill out both sides completely, sign and mail to Teddie Mitchell, CCFP, ACFSA Vice President, Shawano County Sheriff's Department, 405 N. Main St, Shawano, WI 54166 Phone: (715) 526-7952.**

**The envelope must be postmarked on or before March 1, 2008.**

**Check one only:**

Continuing Education Scholarship (Member at least one year at time of application)

New member scholarship (Member less than one year)

*To apply for the new member scholarship, please fill out this page only. One scholarship awarded by lottery drawing each year.*

**APPLICANT**

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

**EMPLOYMENT**

Current Position / Since \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Facility Head \_\_\_\_\_

Title \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Title \_\_\_\_\_

**ELIGIBILITY**

Are you currently employed full-time in correctional foodservice?     Yes     No

**INTENT OF FUNDING (COMPLETE ONE SECTION ONLY)**

Location/Dates of ACFSA conference for which this funding will be used \_\_\_\_\_

ACFSA-Sponsored Educational Program - specify program & intended date of completion \_\_\_\_\_



# Scholarship Application

## PROFESSIONAL PARTICIPATION

Are you a current member in good standing of ACFSA?  Yes  No      In good standing for the past full year?  Yes  No

Have you served as an ACFSA officer? (International, Chapter/State Representative)  Yes  No

Position \_\_\_\_\_

Date of Service \_\_\_\_\_

Have you served as Conference Chair/Co-Chair/Member (International, Regional, Chapter)?  Yes  No

Location \_\_\_\_\_

Date of Service \_\_\_\_\_

Have you served as Committee Chair/Member (other than Conference) International, Chapter?  Yes  No

Specify Committee \_\_\_\_\_

Position \_\_\_\_\_

Date of Service \_\_\_\_\_

Have you ever had an article printed in INSIDER Magazine or other industry publication?

Publication: \_\_\_\_\_ Date of Article: \_\_\_\_\_

Have you given presentations at foodservice or correctional conferences?  Yes  No

Specify topic, association & dates \_\_\_\_\_

Are you currently certified in any of the following areas? Please check all that apply.

ACFSA Certified Correctional Foodservice Professional       Dietary Manager's Association Certificate or License

ACFSA Certified Correctional Food Systems Manager       Certified Chef

ADA Registered Dietitian       Other Certification - Specify \_\_\_\_\_

How many years have you been a member of ACFSA? \_\_\_\_\_

What level of decision making do you have for the following?

Food (check one only)      Equipment (check one only)

Final Decision       Final Decision

Strong Influence       Strong Influence

Limited Influence       Limited Influence

I hereby warrant the accuracy of the above information and authorize the investigation of the accuracy of facts herein noted.

All regulation/guidelines of the ACFSA Scholarship Program are applicable.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Recommendation of Supervisor/Agency Head \_\_\_\_\_

Date \_\_\_\_\_

NOTE: The signature of the supervisor will be considered both authorization to accept the scholarship, if applicant is selected; as well as recommendation for this applicant.

**Please fill out both sides completely, sign and mail to Teddie Mitchell, CCFP, ACFSA Vice President, Shawano County Sheriff's Department, 405 N. Main St, Shawano, WI 54166. The envelope must be postmarked on or before March 1, 2008.**

# *Operator of the Year*

*The recipient will be a Manager, Director or Administrator*

*Please check one of the above which applies to your situation.*

1. Criteria noted in each category must be typed, single or double spaced, and not exceed one-half page per Roman numeral.
2. Nominations must remain in the format provided. A copy of the official form provided must be used. Nominations must be neat and legible to be accepted. *No faxes will be accepted.*

**3. All Nominations must be postmarked by midnight March 1, 2008.**

They must be sent to Teddie Mitchell, CCFP, Shawano County Sheriff's Department, 405 N. Main St, Shawano, WI 54166 Phone: (715) 526-7952.

**On separate pages (no more than one-half page per question) give the following information:**

- I. Describe your candidate's successful foodservice financial and operational techniques, such as cost and quality control or attainment of major agency program goals and/or objectives.
- II. Describe resource management initiated or utilized within the candidate's operation, including training programs, employee motivation and expansion of career opportunities for staff and/or inmates.
- III. What has the candidate done that distinguishes him/her as a leader in the areas of food quality, menu concept development, food preparation and delivery techniques, and presentation?
- IV. Outline the candidate's contributions to the prestige and public image of the correctional segment of the foodservice industry, through participation in community and civic involvement, interagency, governmental and/or professional foodservice organizations.

**Name of Nominee** \_\_\_\_\_

Title of Nominee \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Phone of Supervisor \_\_\_\_\_

**Name of Nominator** \_\_\_\_\_

Title of Nominator \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

# Employee of the Year

The recipient will be a Coordinator, Cook or other line staff professional. Anyone in the Correctional Food Service profession that is not eligible to be nominated for the Operator of the Year award is eligible for the Employee of the Year award.

Please check one of the above which applies to your situation.

1. Criteria noted in each category must be typed, single or double spaced, and not exceed one-half page per Roman numeral.
2. Nominations must remain in the format provided. A copy of the official form provided must be used. Nominations must be neat and legible to be accepted. *No faxes will be accepted.*

**3. All Nominations must be postmarked by midnight March 1, 2008.**

They must be sent to Teddie Mitchell, CCFP, Shawano County Sheriff's Department, 405 N. Main St, Shawano, WI 54166 Phone: (715) 526-7952.

**On separate pages (no more than one-half page per question) give the following information:**

- I. Describe your candidate's successful foodservice financial and operational techniques, such as cost and quality control standardization checks, HACCP controls, ServSafe management & procedures.
- II. Describe resource management initiated or utilized within the candidate's operation, including receiving standards, storage, product handling, and waste utilization.
- III. What has the candidate done that distinguishes him/her as a leader in the areas of food quality, menu concept development, food preparation and delivery techniques, and presentation?
- IV. Outline the candidate's contributions to the prestige and public image of the correctional segment of the foodservice industry, through participation in community and civic involvement, interagency, governmental and/or professional foodservice organizations.

**Name of Nominee** \_\_\_\_\_

Title of Nominee \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Phone of Supervisor \_\_\_\_\_

**Name of Nominator** \_\_\_\_\_

Title of Nominator \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

# *Heroism Award Nomination Form*

The ACFSA wants to recognize those members who have displayed unusual acts of valor or heroism either on or off the job. The person or persons will be given special recognition at the International Conference and within *INSIDER* Magazine. If they are unable to attend the conference, they will be recognized at the next State meeting.

## **Nominee Information**

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## **Why have you chosen this person to receive recognition for heroism or valor?**

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## **Nominator's Information**

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_