**AFTERSCHOOL SNACK PROGRAM**

**quarterly report**

*Instructions: Please complete this form electronically and submit it via e-mail to Jerome Armijo,* [*Jerome.Armijo@state.nm.us*](mailto:Jerome.Armijo@state.nm.us)*. Note: the boxes automatically expand as you add text.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Food Service Director: | | |  | | | | | | | | | | | | |
| District/School: | | | | | |  | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | ST: | |  | Zip: |  | |
| Phone: |  | | | | Fax: | |  | Email: | |  | | | | | |
| Secondary Contact: | | | |  | | | | | Title: | |  | | | | |
| Mailing Address: | | |  | | | | | | | ST: | |  | Zip: | |  |
| Phone: | |  | | | Fax: | |  | Email: | |  | | | | | |

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Food Service Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requirements for afterschool snack program:**

* Afterschool snacks must contain at least two different components of the following four:
  + A serving of fluid milk;
  + A serving of meat or meat alternate;
  + A serving of vegetables or fruit or full strength vegetable or fruit juice;
  + A serving of whole grain or enriched bread or cereal.
* Maintain production records daily.
* Keep all documentation for a minimum of three years.
* Provide an acceptable or educational enrichment activity.
* All snacks must be properly counted and claimed according to program eligibility.

**Please select the program eligibility your SFA is participating in:**

**🞏 Area Eligible**

**🞏 Site Eligible**

**🞏 Non-Area Eligible**

**When is the SFA providing the Afterschool Snack Program enrichment activity?**

**Please describe the enrichment activity provided.**

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*This box auto-expands.*

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| FOR PED INTERNAL USE ONLY: | |
| Reviewed by: | Date: |