

**MAINE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
Alternative Serving Locations**

7 CFR 210.7

Child Nutrition Staff have found several findings and reporting errors in districts offering alternative serving areas. The Food Service Director is responsible for all locations where food is served to ensure accurate accountability. The superintendent signs the claim every month stating the information is correct and accurate.

Alternative serving areas are locations where meals are served outside the traditional cafeteria area. This includes: Head Start, Pre-K programs, Breakfast in the Classroom and Alternative Education Programs. The keyword is **served**, the location a student picks up/receives their meal. Do not confuse this with **consumed** location. Locations where meals are served must have an acceptable accountability system at the point of service. The systems are listed in the annual participation application. Without acceptable accountability there can be no reimbursement. Technical assistance and training is available from DOE Child Nutrition Staff.

Districts are required by Federal Regulation 210.7 to notify the State Agency for approval of Alternative Serving Locations. Due to increased findings and claiming errors a procedure must be in place to ensure program integrity. The online district participation application does not have the ability to accept this data currently; therefore a simple form is available now for districts to submit to DOE Child Nutrition.

Submit forms to:

**Maine Department of Education
Child Nutrition
23 State House Station
Augusta, ME 04333**

**MAINE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
Alternative Serving Locations**

7 CFR 210.7

District: _____

Contact Person: _____ **Phone:** _____

School: _____

Alternative Location 1: (be specific)

Method of Acceptable Accountability System and who determines a reimbursable meal?

Was training provided and by whom?

**MAINE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
Alternative Serving Locations**

7 CFR 210.7

District: _____

Contact Person: _____ **Phone:** _____

- - - - -

School: _____

Alternative Location 2: (be specific)

Method of Acceptable Accountability System and who determines a reimbursable meal?

Was training provided and by whom?

**MAINE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
Alternative Serving Locations**

7 CFR 210.7

District: _____

Contact Person: _____ **Phone:** _____

School: _____

Alternative Location 3: (be specific)

Method of Acceptable Accountability System and who determines a reimbursable meal?

Was training provided and by whom?

