Districts are required by Federal Regulation 210.7 to notify the State Agency for approval of Alternative Serving Locations.

Alternative serving areas are locations where meals are served outsidethe 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. Without acceptable accountability there can be no reimbursement.

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.

Technical assistance and training is available from DOE Child Nutrition Staff.

Please fill out individual forms for each meal period, location, or circumstance

Forms should be uploaded into to your annual application

**District/School**:

**Meal Service** **(circle one): Traditional CEP SP2**

**Meal Period (circle one): Breakfast Lunch**

**Contact Person**:

**Phone**:

**- - - - - - - - - - - -**

**Alternative Location 1:** (be specific ex: grab & go cart, or classroom #)

**Method of Acceptable Accountability System** (how are you ensuring that only one meal is served to each student?)

**Who determines a reimbursable meal?**

**Was training provided and by whom and when?**

**District/School**:

**Meal Service (circle one): Traditional CEP SP2**

**Meal Period (circle one): Breakfast Lunch**

**Contact Person**:

**Phone**:

**- - - - - - - - - - - -**

**Alternative Location 1:** (be specific ex: grab & go cart, or classroom #)

**Method of Acceptable Accountability System** (how are you ensuring that only one meal is served to each student?)

**Who determines a reimbursable meal?**

**Was training provided and by whom and when?**

**District/School**:

**Meal Service (circle one): Traditional CEP SP2**

**Meal Period (circle one): Breakfast Lunch**

**Contact Person**:

**Phone**:

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