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
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?

____________________________________________________________________

____________________________________________________________________
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?
________________________________________________________________

4/2016 wb
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?

__________________________________________________________