

SUPPLEMENTAL FINDINGS

Agreement # 9460

Facility Name: Kim Eaton

Findings: Enrollment and Disallowed Meals Due to Enrollment

MONTH/YEAR: January 2024

Totals to be Disallowed 0 0 0 0 0 0 0 0 0

- 1. No enrollment documentation on file
- 2. Normal hours of care not provided
- 3. Normal meals eaten not provided
- 4. Normal days of care not provided
- 5. Signature of participant/parent/guardian missing
- 6. Enrollment documentation on file not current

Number of

Name of Participant	Days Present		Verified IEA Classification	Enrollment Finding*	Number of Meals to be Disallowed Per Meal Service												
	0	Tier I			B	AS	L	PS	S	LPS							
[Redacted Name]	0	Tier I	1		0		0		0								

SUPPLEMENTAL FINDINGS

Facility Name: Kim Eaton

Agreement # 9460

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Findings: **Verified Attendance and Meal Counts**

Month/Year: _____

January 2024

Date	Attendance			Breakfast			AM Supplement			Lunch			PM Supplement			Supper			Late PM Supplement		
	Recorded Attendance	Verified Attendance	Difference	Recorded Meal Counts	Verified Meal Counts	Difference	Recorded Meal Counts	Verified Meal Counts	Difference	Recorded Meal Counts	Verified Meal Counts	Difference	Recorded Meal Counts	Verified Meal Counts	Difference	Recorded Meal Counts	Verified Meal Counts	Difference	Recorded Meal Counts	Verified Meal Counts	Difference
1	7	7	0	7	7	0	7	7	0	7	7	0	7	7	0	7	7	0	7	7	0
2	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
3	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
4	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
5	3	3	0	2	2	0	3	3	0	3	3	0	3	3	0	3	3	0	3	3	0
6			0			0			0			0			0			0			0
7			0			0			0			0			0			0			0
8	3	3	0	3	3	0	3	3	0	3	3	0	3	3	0	3	3	0	3	3	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
11	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
12	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
13			0			0			0			0			0			0			0
14			0			0			0			0			0			0			0
15	5	5	0	5	5	0	5	5	0	5	5	0	5	5	0	5	5	0	5	5	0
16	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
17	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
18	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
19	4	4	0	3	3	0	3	3	0	3	3	0	3	3	0	3	3	0	3	3	0
20			0			0			0			0			0			0			0
21			0			0			0			0			0			0			0
22	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
23	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
24	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
25	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
26	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
27			0			0			0			0			0			0			0
28			0			0			0			0			0			0			0
29	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
30	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
31	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0	4	4	0
TOTALS	86	86		84	84		84	84		84	84		84	84		75	75		0	0	
Totals to be disallowed per SF- Enrollment and Disallowed Meals due to Enrollment		0																			0
Verified Total Attendance	86																				0
Total Verified Meal due to Enrollment				84	84		84	84		84	84		84	84		75	75		0	0	0

Summary of Meal Counts

Institution Name:

Agreement #: 9460

Page:

Month/Year: January 2024

Total Enrollment: 0

Maximum number of meals

*verified total enrollment equals the maximum average attendance

Verified Total Number of day meals were provided

Verified Total Monthly Attendance

ADA

Verified Attendance minus enrollment

ADA

Meal Services	Claimed Meals	Recorded Meals	Verified Meals	Difference
Breakfast	37	84	84	47
AM Snack		0	0	0
Lunch	37	84	84	47
PM Snack	13	75	75	62
Supper		0	0	0
Late PM Snack		0	0	0
Total	87	243	243	