

Child and Adult Care Food Program (CACFP)

Institution: 0
 Facility: **Balanced Nutrition/ Rosa Reddrick**

Agreement #: **9460**
 Claim Month/Year: **January 2024**

Centers:	Free	Reduced	Paid	Total	FY 2024	July 1, 2023-June 30, 2024	
	Reported	9			9	Maximum # of meals allowed	142
	Verified #	9			9	Operating Days	21
Verified %	100.0000%	0.0000%	0.0000%	100.0000%	Average Attendance	7	

Enrolled Participants Classified as Free, Reduced, and Paid

Meals	Reported	Verified	Additional Meals Allowed	Disallowed Meals	Reason	Rates	Verified x Rates	Totals
Breakfast:	109	89		20	E			
F		89		0	H	\$2.2800	\$202.92	Breakfast = \$202.9200
R		0				\$1.9800	\$0.00	
P		0				\$0.3800	\$0.00	
AM Snack:	0	0		0	E			
F		0		0	H	\$1.1700	\$0.00	AM Snack = \$0.0000
R		0				\$0.5800	\$0.00	
P		0				\$0.1000	\$0.00	
Lunch:	109	89		20	E			
F		89		0	H	\$4.2500	\$378.25	Lunch = \$404.5050
R		0				\$3.8500	\$0.00	
P		0				\$0.4000	\$0.00	
PM Snack:	162	142		20	E			
F		142		0	H	\$1.1700	\$166.14	PM Snack = \$166.1400
R		0				\$0.5800	\$0.00	
P		0				\$0.1000	\$0.00	
Supper:	0	0		0	E			
F		0		0	H	\$4.2500	\$0.00	Supper = \$0.0000
R		0				\$3.8500	\$0.00	
P		0				\$0.4000	\$0.00	
LPM Snack:	0	0		0	E			
F		0		0	H	\$1.1700	\$0.00	LPM Snack = \$0.0000
R		0				\$0.5800	\$0.00	
P		0				\$0.1000	\$0.00	
Cash-in-Lieu Portion:						\$0.2950	\$26.26	
Food Portion:							\$747.31	
Total Verified Reimbursement:								\$773.57

Amount due to State Agency: \$0.00
 Amount due to Institution: \$102.98

Reimbursement Paid to Institution: \$670.59
 Verified Reimbursement: \$773.57
 Difference (Paid minus Verified): -\$102.98

Note: If the difference is a positive number then money is owed to the State Agency. If the difference is a negative number then money is owed to the Institution.

Reasons for Allowance/Disallowance
E=Missing/Incomplete Documentation of Enrollment
H=Missing Meal Component(s)

I acknowledge I have received page two of form CAC 100E "Review and Appeal Procedures" detailing my appeal rights if money is owed to the State Agency.

Sent by fedex
 Signature of Institution's Authorized Representative Title
Janet Phelps
 Signature of SNP Consultant

Date
7/24/2024
 Date

Distribution: Original and Copy: State Agency Copy: Consultant Copy: Institution

REVIEW AND APPEAL PROCEDURES

An amount owed to the State Agency indicated on page 1 of the CAC 100E form will become effective **fifteen (15)** days from the date of this notice unless you request 1) an informal review or 2) an appeal.

1) You may request an informal review by submitting a written request for an informal conference within fifteen (15) days of receipt of this notice or by submitting written documentation in lieu of an informal conference within fifteen (15) days of the date of this notice. Send your request and/or written documentation with a copy of this notice to:

Child and Adult Care Food Program
Community Nutrition Services Section
Division of Child and Family Well Being
Women's and Children's Health Section
1914 Mail Service Center
Raleigh, North Carolina 27699-1914

The agency will fully consider all information you provide before making a review decision in this matter. Following the informal review, the agency will notify you of its decision in writing and of your appeal rights, in the event the agency's review decision is not satisfactory to you.

2) Alternatively, you may waive your right to an informal review and request a formal appeal of the amount owed to the State Agency by filing a petition for a contested case hearing with the Office of Administrative Hearings (OAH) in accordance with N.C. Gen. Stat. §130A-24 and N.C. Gen. Stat. §150B-23(a). A petition form is enclosed for your convenience. In addition, a petition form can be obtained online at <http://www.ncoah.com>, by calling OAH at (919) 431-3000, or by writing them at the address below:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6700

Your petition, both the original and a copy, must be filed with OAH **within fifteen (15) days** of receipt of this notice. If you file electronically or by fax, please designate your petition as "CACFP Expedited". If you file a petition, you must also serve a copy of the petition on:

Julie Cronin
Department of Health and Human Services
Office of Legal Affairs
2001 Mail Service Center
Raleigh, NC 27699-2001

Please note, you should receive **fifteen (15) days** advance notice from OAH of the time, date, and location of your hearing. Furthermore, no continuances will be granted by OAH for any reason due to the time limitation imposed by 7 C.F.R. §226.6(k)(5)(ix) for rendering a final decision.