



**SUPPLEMENTAL FINDINGS**

Facility Name: **Jamie Johnson**

Agreement # **9460**

Page:

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			0			0			0			0			0			0			0
2	4	4	0	4	3	-1	0	0	0	4	4	0	3	3	0	2	1	-1	1	1	0
3	7	7	0	6	5	-1	0	0	0	6	6	0	7	6	-1	2	1	-1	1	1	0
4	7	7	0	6	6	0	0	0	0	6	6	0	6	6	0	1	1	0	1	1	0
5	4	4	0	3	2	-1	0	0	0	3	3	0	3	3	0	1	0	-1	0	0	0
6			0			0			0			0			0			0			0
7			0			0			0			0			0			0			0
8	7	7	0	4	3	-1	0	0	0	4	4	0	7	7	0	1	0	-1	0	0	0
9	1	0	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	7	7	0	4	4	0	0	0	0	4	4	0	7	7	0	0	0	0	0	0	0
11	8	8	0	5	4	-1	0	0	0	5	5	0	8	8	0	1	0	-1	0	0	0
12	5	5	0	4	4	0	0	0	0	4	4	0	5	5	0	0	0	0	0	0	0
13			0			0			0			0			0			0			0
14			0			0			0			0			0			0			0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	8	8	0	5	4	-1	0	0	0	5	5	0	7	7	0	1	0	-1	0	0	0
17	8	8	0	4	4	0	0	0	0	4	4	0	6	6	0	1	1	0	1	1	0
18	7	7	0	4	4	0	0	0	0	4	4	0	6	6	0	0	0	0	0	0	0
19	4	4	0	3	3	0	0	0	0	3	3	0	4	4	0	0	0	0	0	0	0
20			0			0			0			0			0			0			0
21			0			0			0			0			0			0			0
22	7	7	0	4	4	0	0	0	0	4	4	0	6	6	0	0	0	0	0	0	0
23	9	9	0	5	4	-1	0	0	0	5	5	0	8	8	0	2	1	-1	1	1	0
24	9	9	0	5	4	-1	0	0	0	5	5	0	8	8	0	2	1	-1	1	1	0
25	8	8	0	4	3	-1	0	0	0	4	4	0	7	7	0	1	0	-1	0	0	0
26	5	5	0	3	2	-1	0	0	0	3	3	0	4	4	0	1	0	-1	0	0	0
27			0			0			0			0			0			0			0
28			0			0			0			0			0			0			0
29	9	9	0	5	4	-1	0	0	0	5	5	0	8	8	0	2	1	-1	1	1	0
30	9	9	0	5	4	-1	0	0	0	5	5	0	8	8	0	2	1	-1	1	1	0
31	9	9	0	5	4	-1	0	0	0	5	5	0	8	8	0	2	1	-1	1	1	0
<b>TOTALS</b>	<b>142</b>	<b>141</b>		<b>88</b>	<b>75</b>		<b>0</b>	<b>0</b>		<b>88</b>	<b>88</b>		<b>126</b>	<b>125</b>		<b>22</b>	<b>9</b>		<b>9</b>	<b>9</b>	
Totals to be disallowed per SF- Enrollment and Disallowed Meals due to Enrollment		<b>15</b>			<b>0</b>			<b>0</b>			<b>0</b>			<b>15</b>			<b>0</b>			<b>0</b>	
<b>Verified Total Attendance</b>	<b>126</b>		<b>Total Verified Meal due to Enrollment</b>	<b>75</b>			<b>0</b>			<b>88</b>			<b>110</b>			<b>9</b>			<b>9</b>		

### Summary of Meal Counts

Institution Name: **Balanced Nutrition, Inc.**

Agreement #: **9460**

Page:

Month/Year: **January 2024**

Total Enrollment: **8**

Maximum number of meals 160

\*verified total enrollment equals the maximum average attendance

Verified Total Number of day meals were provided

20
----

Verified Total Monthly Attendance

141
-----

**ADA**

8
---

Verified Attendance minus enrollment

126
-----

**ADA**

7
---

Meal Services	Claimed Meals	Recorded Meals	Verified Meals	Difference
<b>Breakfast</b>	75	88	75	0
<b>AM Snack</b>	0	0	0	0
<b>Lunch</b>	88	88	88	0
<b>PM Snack</b>	125	126	125	0
<b>Supper</b>	9	22	9	0
<b>Late PM Snack</b>	9	9	9	0
<b>Total</b>	306	333	306	

