SUPPLEMENTAL FINDINGS Agreement # 9460 Facility Name: Jamie Johnson Findings: Enrollment and Disallowed Meals Due to Enrollment January 2024 MONTH/YEAR: Totals to be Disallowed 15 0 15 0 0 5. Signature of participant/parent/guardian missing 1. No enrollment documentation on file 3. Normal meals eaten not provided 4. Normal days of care not provided *Finding: 2. Normal hours of care not provided 6. Enrollment documentation on file not current Number of **Days** Verified IEA **Enrollment Name of Participant** Classification Finding* **Number of Meals to be Disallowed Per Meal Service Present** AS PS В S LPS 15 D 0 15 0

				SUPPLEMENTA	L FINDINGS				
Facility Name:	Jamie Johnson								
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Findings: Verified Attendance and Meal Counts Month/Year:									

	Attendance		Breakfast AM Supplement			Lunch PM Supplement				nent	Supper Late PM Supplement										
				Recorded	Verified		Recorded	Verified		Recorded	Verified		Recorded	Verified		Recorded	Verified		Recorded	Verified	
	Recorded	Verified		Meal	Meal	D.(f	Meal	Meal	D.#	Meal	Meal	D:#	Meal	Meal	D.#	Meal	Meal	D.W	Meal	Meal	D'66
Date	Attendance	Attendance		Counts	Counts	Difference	Counts	Counts	Difference	Counts	Counts	Difference	Counts	Counts	Difference	Counts	Counts	Difference	Counts	Counts	Difference
1 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 -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 12	8 5	8	0	5	4	-1	0	0	0	5	5 4	0	8	8	0	0	0	-1 0	0	0	0
13	5	5	0	4	4	0	0	0	0	4	4	0	5	5	0	U	0	0	U	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	4		0		_	0	4		0			0	_		0		_	0
22 23	7 9	7 9	0	<u>4</u> 5	4	0	0	0	0	<u>4</u> 5	<u>4</u> 5	0	6 8	6 8	0	0	0	0	1	0 1	0
24	9	9	0	5	4	-1 -1	0	0	0	5	5	0	8	8	0	2	1	-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	Ö	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
TOTALS	142	141		88	75		0	0		88	88		126	125		22	9	=	9	9	
disallow Enrolli Disallov	Is to be red per SF- ment and wed Meals Enrollment	15			0			0			0			15			0			0	
	ed Total ndance	126	Total V Meal o	due to	75			0			88			110			9			9	

	Sur	nmary of Meal Cou	ints						
Institution Name:	Balanced Nutrition	n, Inc.							
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Month/Year: January 2024 Maximum number of meals Verified Total Number of day meals were provided Verified Total Monthly Attendance Verified Attendance minus enrollment Verified Attendance minus enrollment Total Enrollment: 8 *verified total enrollment: 8 *verified total enrollment: 20 ADA 8 Total Enrollment: 8 *verified total enrollment: 8 *ADA 8 Total Enrollment: 8 *verified total enrollment: 8 *verified total enrollment: 9 **Maximum average attendance									
Meal Services	Claimed Meals	Recorded Meals	Verified Meals	Difference					
Breakfast	75	88	75	0					
AM Snack	0	0	0	0					
Lunch	88	88	88	0					
Lunch PM Snack	88 125	88 126	88 125	0					
PM Snack	125	126	125	0					

SUPPL	FMFI	ΙΔΤΙ	FIND	INGS

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Agreement # Facility Name: Jamie Johnson Findings: MEAL DISALLOWANCES
MONTH/YEAR: January 2024 Page:

Date	Breakfast	Reason *	AM Snack	Reason *	Lunch	Reason *	PM Snack	Reason *	Supper	Reason *	Late PM Snack	Reason *
1/23/24												Н
1/23/24											1	п
							1					
							1					
							1					
							1					
							1					
							1					
Tetal	_		_		_		_		_			
Total	0		0		0		0		0		1	
Meals												
previously disallowed												
due to												
enrollment												
T-4-1	_											
Total	0		0		0	<u> </u>	0		0	l .	1	
Reason Co							once per day (child and adult				
	fant formula/bre	eastmilk				ed dessert serv			N- Missing 2nd creditable component at snack			
B- Juice serve						eds sugar limi				adult menus or		
	editable grain fo					it or vegetable			O-Deep-fat frying on site/in satellite kitchen			
	eat/meat altern	ate/iron-fortifie	d infant cereal			ed more than o			P- Missing me			
E-Missing mil							ate component		* Missing sup	porting docume	entation	
F- Missing gra	ain component			M-Yogurt exce	eeds the sugar	limit						