## SUPPLEMENTAL FINDINGS Agreement # 9460 Facility Name: Robrita McKoy Findings: Enrollment and Disallowed Meals Due to Enrollment January 2024 MONTH/YEAR: Totals to be Disallowed 19 19 17 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 S LPS 19 19 17 3 0 0 0 0

				SUPPLEMENTA	AL FINDINGS		
Facility Name:	Robrita N	<b>/IcKoy</b>					
Agreement #	9460					Page:	
Findings: Verifi	ied Atter	ndance	and Meal Counts			Month/Year:	January 2024

	Δ	ttendance			Breakfas	t	AM	Supplen	nent		Lunch		PM	Suppler	nent		Supper	,	Late F	PM Supp	lement
				Recorded	Verified		Recorded	Verified		Recorded	Verified		Recorded	Verified		Recorded	Verified		Recorded	Verified	
	Recorded	Verified		Meal	Meal		Meal	Meal		Meal	Meal		Meal	Meal		Meal	Meal		Meal	Meal	
Date	Attendance	Attendance	Difference	Counts	Counts	Difference	Counts	Counts	Difference	Counts	Counts	Difference	Counts	Counts	Difference	Counts	Counts	Difference	Counts	Counts	Difference
1			0			0			0			0			0			0			0
2	17	17	0	9	9	0	2	2	0	5	5	0	12	12	0	8	8	0	11	11	0
3	17	17	0	9	9	0	2	2	0	5	5	0	12	12	0	8	8	0	11	11	0
4	17	17	0	9	9	0	2	2	0	5	5	0	12	12	0	8	8	0	11	11	0
5 6	17	17	0	9	9	0	2	2	0	5	5	0	12	12	0	8	8	0	11	11	0
7			0			0			0			0			0			0			0
8	18	18	0	10	10	0	2	2	0	5	5	0	12	12	0	8	8	0	12	12	0
9	18	18	0	4	4	0	0	0	0	5	5	0	12	12	0	8	8	0	12	12	0
10	12	12	0	1	1	0	0	0	0	3	3	0	8	8	0	5	5	Ö	6	6	0
11	16	16	0	7	7	0	0	0	0	3	3	0	12	12	0	8	8	0	12	12	0
12	16	16	0	8	8	0	0	0	0	3	3	0	12	12	0	8	8	Ö	12	12	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	16	16	0	8	8	0	0	0	0	3	3	0	12	12	0	8	8	0	12	12	0
17	16	16	0	8	8	0	0	0	0	3	3	0	12	12	0	8	8	0	12	12	0
18	16	16	0	8	8	0	0	0	0	3	3	0	12	12	0	8	8	0	11	11	0
19	16	16	0	8	8	0	0	0	0	3	3	0	12	12	0	8	8	0	12	12	0
20 21			0			0			0			0			0			0			0
22	19	19	0	11	11	0	2	2	0	4	4	0	12	12	0	8	8	0	12	12	0
23	17	17	0	9	9	0	0	0	0	4	4	0	13	13	0	8	8	0	12	12	0
24	17	17	0	9	9	0	0	0	0	4	4	0	13	13	0	8	8	0	12	12	0
25	17	17	0	11	11	0	2	2	0	4	4	0	12	12	0	8	8	Ō	12	12	0
26	14	14	0	8	8	0	0	0	Ö	4	4	0	11	11	Ö	5	5	0	9	9	Ö
27			0			0			0			0			0			0			0
28			0			0			0			0			0			0			0
29	17	17	0	9	9	0	0	0	0	4	4	0	13	13	0	8	8	0	13	12	-1
30	17	17	0	9	9	0	0	0	0	4	4	0	13	13	0	8	8	0	12	12	0
31	17	17	0	9	9	0	2	2	0	3	3	0	11	11	0	8	8	0	12	12	0
TOTALS	347	347		173	173		16	16		82	82		250	250		162	162		239	238	-
disallow Enrollr Disallov	s to be ed per SF- nent and ved Meals inrollment	19			19			0			0			17			0			0	
	ed Total ndance	328	Total V Meal o	due to	154			16			82			233			162			238	

**Summary of Meal Counts** 

Institution Name: **Balanced Nutrition** 

9460 Agreement #: Page:

Month/Year: January 2024 **Total Enrollment:** 17

Maximum number of meals 357 \*verifed total enrollment equals the maximum average attendance

21

Verified Total Number of day meals were provided Verified Total Monthly Attendance Verified Attendance minus enrollment 347 ADA 328 ΔΠΔ

vermed Attendanc	e minus emoninem		320 <b>AD</b>	10
Meal Services	Claimed Meals	Recorded Meals	Verified Meals	Difference
Breakfast	173	173	173	0
AM Snack	16	16	16	0
Lunch	82	82	82	0
PM Snack	250	250	250	0
Supper	162	162	162	0
Late PM Snack	237	239	238	1
Total	920	922	921	

SHI	DDI	FΜ	ΕN	ΤΔΙ	_ FII	ADII	NGS

Agreement # Facility Name: racility Name: Robrita McKoy
Findings: MEAL DISALLOWANCES
MONTH/YEAR: January 200

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Date	Breakfast	Reason *	AM Snack	Reason *	Lunch	Reason *	PM Snack	Reason *	Supper	Reason *	Late PM Snack	Reason *
1/4/24			2	N								
1/11/24			0	N								
1/18/24			0	N								
1/25/24			2	N								
1/30/24			0	N								
1/30/24			U	IN								
_			_									
Total	0		4		0		0		0		0	
									<u></u>			
Meals												
previously												
disallowed												
due to												
enrollment												
SINOMINETAL												
Tatal	_				^		_				_	
Total	0		4		0		0		0		0	
Reason Cod							once per day (c					
	ant formula/bre	astmilk				d dessert serv					mponent at sna	ack
B- Juice serve	d to infants				I- Cereal exce	eds sugar limit	1			adult menus or		
C-Missing cred	ditable grain for	infants at sna	ick		J- Missing frui	t or vegetable	component		O-Deep-fat fry	ing on site/in s	atellite kitchen	
	at/meat alterna				K- Juice serve				P- Missing me			
E-Missing milk			55.541				ate component			oorting docume	ntation	
									wiissing supp	Joi ung docume	manon	
r- iviissing gra	in component				M-Yogurt exce	eus ine sugar	IIINII					

## SUPPLEMENTAL FINDINGS

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Agreement # 9460
Facility Name: Apple Tree Wee School, Inc.
Findings: MEAL DISALLOWANCES
MONTH/YEAR: February 2024

Date   Breakfast   Reason*   AM Snack   Reason*   Lunch   Reason*   PM Snack   Reason*   Supper   Reason*   Lata P Snac	
201724	
2016/24   29   G	
2/15/24   23   J/G	
2/20/24   23   JG	
2/21/24   25	
2/22/24   33	
2/29/24   33   J	
21/124	
22/274   5	
255/24	
227/24 4 P	
28/24   4	
29/24   4	
2/12/24   3	
2/13/24   6	
2/14/24   5	
2/15/24   5	
2/16/24	
2/19/24	
2/20/24	
2/21/24   5	
2/22/24   5	
2/23/24	
2/27/24   5	
2/28/24   5	
2/29/24   4   P	
Meals previously disallowed	0
previously disallowed	<del>*  </del>
previously disallowed	
disallowed	
due to	
enrollment	
Total 247 0 103 262 0 0	0
Reason Codes G- Missing whole grain-rich once per day (child and adult menus only)	
A- Missing Infant formula/breastmilk  H- Grain-based dessert served  N- Missing 2nd creditable component and an arrangement of the component and arrangement arrangement and arrangement arrangement and arrangement a	ent at snack
B- Juice served to infants I- Cereal exceeds sugar limit (child and adult menus only)	
C-Missing creditable grain for infants at snack  J- Missing fruit or vegetable component  O-Deep-fat frying on site/in satellite kite	kitchen
D- Missing meat/meat alternate/iron-fortified infant cereal K- Juice served more than once per day P- Missing menu	
E-Missing milk component L- Missing meat/meat alternate component * Missing supporting documentation	1
F- Missing grain component  M-Yogurt exceeds the sugar limit	

SHI	DDI	FΜ	ΕN	ΤΔΙ	_ FII	ADII	NGS

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Agreement # 9460
Facility Name: Apple Tree Wee School, Inc.
Findings: MEAL DISALLOWANCES
MONTH/YEAR: March 2024

	WONTH/TEAR. WAICH 2024											
Date	Breakfast	Reason *	AM Snack	Reason *	Lunch	Reason *	PM Snack		Supper	Reason *	Late PM Snack	Reason *
3/6/24							52	Р				
3/28/24							42	Р				
3/1/24	2	D			2	D	2	D				
3/4/24	1	D			1	D	1	D				
3/5/24					1	D	1	D				
3/6/24 3/7/24	1	D			1	D	1	D D				
3/8/24	'	U			ı	D	1	D				
3/11/24	1	D			1	D	1	D				
3/12/24	1	D			1	D	1	D				
3/13/24							1	D				
3/14/24							1	D				
3/15/24							1	D				
3/18/24					1	D	1	D				
3/19/24							1	D				
3/20/24 3/21/24					1	D	1	D D				
3/22/24					1	D	1	D				
3/25/24	1	D			1	D	1	D				
3/26/24							1	D				
3/27/24	1	D			1	D	1	D				
3/28/24							1	D				
Total	0		^		44		115		^		0	
Total	8		0		11		115		0		0	
Meals												
previously												
disallowed												
due to												
enrollment												
Total	8		0		11		115		0		0	
Reason Coo						_	once per day (c	child and adult				
	ant formula/bre	astmilk				d dessert serv				d creditable co		ack
B- Juice serve		u imfarete d	- ale			eds sugar limit				adult menus or		
	ditable grain fo					t or vegetable				/ing on site/in s	atellite kitchen	
	eat/meat alterna	ate/iron-fortifie	u intant cereal		K- Juice serve				P- Missing me		ntation	
E-Missing mill	in component				L- Missing me M-Yogurt exce		ate component		wissing sup	porting docume	intatiON	
i - iviiooiily yla	component				IVI- I Oguit EXCE	ous nie suyal						