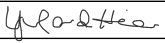


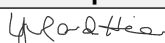
CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1.Yolanda Hill, Owner/CFO			4/29/1968
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC	Zip Code:	20235
State:	NC	Zip Code:	27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
"RECORDKEEPING: Failure to operate the Program in conformance with the performance standards set forth in paragraphs (b)(1)(xviii) and (b)(2)(vii) of this section (Recordkeeping) 7 CFR § 226.6(m)(3)." In reviewing the regulations cited, we were unable to find a regulation identified as (b)(2)(vii) within §226.6. Subsection (b)(1)(xviii) addresses compliance with the following performance standards: financial viability and management, administrative capability, and program accountability. Within program accountability, the regulations address "recordkeeping."			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
Because Balanced Nutrition, Inc. will no longer be providing services under a contract with a North Carolina State agency, it will no longer be filing claims. However, in compliance with §226.10(d), Balanced Nutrition, Inc., shall retain the records needed to support its claims previously made for a period of three years after submitting the final claims.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Immediately, attention will be directed to organizing the entity's records.		
Frequency:	Ongoing until project is complete.		
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable, as no additional records will be produced.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1.Yolanda Hill			8/30/2024
2.			
3.			
STATE AGENCY USE ONLY:			
Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAD Accepted:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature:

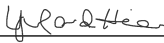
CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1. Yolanda Hill			4/29/1968
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC	Zip Code:	20235
State:	NC	Zip Code:	27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
"RECORDKEEPING - INCOME ELIGIBILITY APPLICATIONS: Balanced, Nutrition, Inc. did not maintain accurate income eligibility applications for its sponsored facilities." The agency found that the following facilities did not maintain accurate income eligibility applications - Apple Tree Wee School, Inc., Gingerbread Learning Center, ABG Provider Services Child Care II.			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
To the extent that they are still providing relevant services, Balanced Nutrition, Inc. will communicate with the above-named facilities to address the importance of maintaining their documentation, including accurate income eligibility applications. In addition, Balanced Nutrition will focus on the organization of its records and shall maintain such records as required by law.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Immediately, attention will be directed to organizing the entity's records. In addition, within the next thirty days, this one-time communication shall be made.		
Frequency:	Ongoing until project is complete.		
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable, as no additional records will be produced.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1. Yolanda Hill			8/30/2024
2.			
3.			
STATE AGENCY USE ONLY:			
Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe <input type="checkbox"/> Yes <input type="checkbox"/> No	
CAD Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staff Signature:	

CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

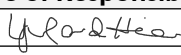
Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1. Yolanda Hill, Owner/CFO			4/29/1968
2.			
3.			
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC	Zip Code:	20235
State:	NC	Zip Code:	27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
"RECORDKEEPING - ENROLLMENT DOCUMENTATION: Balanced Nutrition, Inc. did not maintain enrollment documentation for its sponsored facilities." The agency found that the following facilities did not maintain accurate enrollment documents - ABG Provider Services Child Care II, First Class Preparatory School, Foundation Builders Academy, Apple Tree Wee School, Inc., Jamie Johnson, Robrita McKoy, Sharon Harris.			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
To the extent that they are still providing relevant services, Balanced Nutrition, Inc. will communicate with the above-named facilities and individuals to address the importance of maintaining their documentation, including copies of their enrollment documents. In addition, Balanced Nutrition will focus on the organization of its records and shall maintain such records as required by law.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Immediately, attention will be directed to organizing the entity's records. In addition, within the next thirty days, this one-time communication shall be made.		
Frequency:	Ongoing until project is complete.		
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable, as no additional records will be produced.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1. Yolanda Hill			8/30/2024
2.			
3.			

STATE AGENCY USE ONLY:

Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAD Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature:	

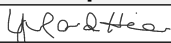
CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

Supporting Documentation Must Be Submitted

Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1. Yolanda Hill, Owner/CFO			4/29/1968
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC Zip Code: 20235	State:	NC Zip Code: 27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
"CIVIL RIGHTS: Balanced Nutrition, Inc. failed to participate in Civil Rights training conducted by the State agency." In addition, the agency found that Balanced Nutrition, Inc. failed to ensure that the following facilities under its sponsorship received annual Civil Rights training: Apple Tree Wee School, Inc., Gingerbread Learning Center, Rosa Reddick, Kim Eaton.			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
To the extent that they are still providing relevant services, Balanced Nutrition, Inc. will communicate with the above-named facilities and individuals to address the importance of receiving annual Civil Rights training. Since Balanced Nutrition is no longer participating in the Program, it will not be subject to its own Civil Rights training.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Within the next thirty days, this communication shall be made.		
Frequency:	One time communication		
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1. Yolanda Hill			8/30/2024
2.			
3.			
STATE AGENCY USE ONLY:			
Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe <input type="checkbox"/> Yes <input type="checkbox"/> No	
CAD Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staff Signature:	

CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

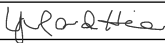
Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1. Yolanda Hill, Owner/CFO			4/29/1968
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC	Zip Code:	20235
State:	NC	Zip Code:	27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
"PROGRAMMATIC TRAINING: Balanced Nutrition, Inc. failed to participate in programmatic training conducted by the State agency." In addition, the agency found that Balanced Nutrition, Inc. failed to ensure that the following facilities under its sponsorship received annual Programmatic training: Apple Tree Wee School, Inc., Gingerbread Learning Center, Rosa Reddick, Kim Eaton.			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
To the extent that they are still providing relevant services, Balanced Nutrition, Inc. will communicate with the above-named facilities and individuals to address the importance of receiving annual Programmatic training. Since Balanced Nutrition is no longer participating in the Program, it will not be subject to its own Programmatic training.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Within the next thirty days, this communication shall be made.		
Frequency:	One time communication		
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1. Yolanda Hill			8/30/2024
2.			
3.			

STATE AGENCY USE ONLY:

Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAD Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature:	

CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

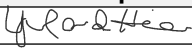
Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460		
Full Name of Responsible Principle:			Date of Birth	
1. Yolanda Hill, Owner/CFO			4/29/1968	
Site Mailing Address:		Site Street Address:		
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504	
City:	Colfax	City:	Greensboro	
State:	NC	Zip Code:	20235	
State:	NC	Zip Code:	27401	
County:	Guilford	County:	Guilford	
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)				
<p>“MONITORING: Balanced Nutrition, Inc. failed to implement the monitoring scheduled as described in the institution’s management plan. Balanced Nutrition, Inc. failed to accurately monitor facilities under its sponsorship. Balanced Nutrition, Inc. failed to maintain all monitoring records for its sponsored facilities. Not all meal types were included in meal observations. The State agency reviewer identified other program violations from the sampled facilities not identified by Balanced Nutrition Inc.” In addition, the agency found that the following facilities did not maintain monitoring conducted by Balanced Nutrition, Inc. – i.e., monitoring forms were not on file for First Class Preparatory School, Apple Tree Wee School, Inc., Gingerbread Learning Center, Foundation Builders Academy, Kim Eaton, Jamie Johnson, Robrita McKoy.</p>				
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?				
Provide a detailed description:				
<p>To the extent that they are still providing relevant services, Balanced Nutrition, Inc. will communicate with the above-named facilities and individuals to address the importance of maintaining monitoring forms for the sponsoring organization that conducts monitoring over them. Since Balanced Nutrition is no longer participating in the Program, it will not be involved in any future monitoring schedule.</p>				
WHO will address the program violation? (List the personnel responsible for this task)				
Name: Yolanda Hill		Title: Owner/CFO		
Name:		Title:		
WHEN will the procedure for addressing the program violation be implemented?				
Date:	Within the next thirty days, this communication shall be made.			
Frequency:	One time communication			
WHERE will the CAD documentation be retained?				
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401				
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)				
Not applicable.				
Printed Name of Responsible Principle		Signature of Responsible Principle		Date
1. Yolanda Hill				8/30/2024
2.				
3.				

STATE AGENCY USE ONLY:

Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAD Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature:	

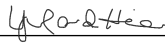
CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1. Yolanda Hill, Owner/CFO			4/29/1968
2.			
3.			
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC	Zip Code:	20235
State:	NC	Zip Code:	27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
MEAL COUNTS: Balanced Nutrition, Inc. did not accurately claim meal counts on the claim for reimbursement for Jamie Johnson, Robrita McKoy, Gingerbread Learning Center, ABG Provider Services Child Care II, Apple Tree Wee School, Inc.			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
Balanced Nutrition, Inc. will review its records to provide the necessary meal counts on the claims at-issue.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Document review will begin within the next thirty days.		
Frequency:			
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1. Yolanda Hill			8/30/2024
2.			
3.			
STATE AGENCY USE ONLY:			
Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe <input type="checkbox"/> Yes <input type="checkbox"/> No	
CAD Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staff Signature:	

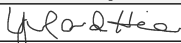
CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1. Yolanda Hill, Owner/CFO			4/29/1968
2.			
3.			
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC	Zip Code:	20235
State:	NC	Zip Code:	27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
MENU REVIEW: Balanced Nutrition, Inc. filed claims for meals that did not meet the CACFP meal pattern for the following facilities: Jamie Johnson, Robrita McKoy, Foundation Builders Academy, Apple Tree Wee School, Inc., Sharon Harris, Gingerbread Learning Center.			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
To the extent that they are still providing relevant services, Balanced Nutrition, Inc. will communicate with the above-named facilities and individuals to address the importance of providing meals that meet the CACFP meal pattern.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Within the next thirty days, this communication shall be made.		
Frequency:	One time communication.		
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1. Yolanda Hill			8/30/2024
2.			
3.			
STATE AGENCY USE ONLY:			
Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAD Accepted:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature:

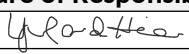
CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1. Yolanda Hill, Owner/CFO			4/29/1968
2.			
3.			
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC	Zip Code:	20235
State:	NC	Zip Code:	27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
<p>"FISCAL INTEGRITY: Balanced Nutrition, Inc. did not disclose to the State agency less-than-arm length transactions relatives related to Yolanda Hill. Labor expenses were claimed for Kimberly Cephas, daughter of Yolanda Hill. Balanced Nutrition, Inc. did not disclose or receive approval from the State agency regarding the less-than-arm length transaction." In addition, the agency found that Balanced Nutrition, Inc. did not report expenses accurately and unallowable expenses were claimed for the following facilities: Apple Tree Wee School, Inc., First Class Preparatory School, Gingerbread Learning Center, ABG Provider Services Child Care II.</p>			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
No steps will be taken as this is not an ongoing violation and Balanced Nutrition, Inc. is no longer providing services through the Program.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Not applicable		
Frequency:			
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1. Yolanda Hill			8/30/2024
2.			
3.			
STATE AGENCY USE ONLY:			
Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAD Accepted:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature:

CORRECTIVE ACTION DOCUMENTATION FOR PROGRAM VIOLATIONS

****Supporting Documentation Must Be Submitted****

Name of Institution: Balanced Nutrition, Inc.		Agreement Number: 9460	
Full Name of Responsible Principle:			Date of Birth
1. Yolanda Hill, Owner/CFO			4/29/1968
2.			
3.			
Site Mailing Address:		Site Street Address:	
Address:	5664 Marblehead Dr.	Address:	122 N. Elm St., Suite 504
City:	Colfax	City:	Greensboro
State:	NC	Zip Code:	20235
State:	NC	Zip Code:	27401
County:	Guilford	County:	Guilford
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)			
VERIFICATION OF A VALID CLAIM: Balanced Nutrition, Inc. failed to file valid claims for the following facilities: Apple Tree Wee School, Inc., Foundations Builders Academy, First Class Preparatory School, ABG Provider Services Child Care II, Gingerbread Learning Center, Jamie Johnson, Robrita McKoy, Sharon Harris, Kim Eaton.			
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?			
Provide a detailed description:			
No steps will be taken as this is not an ongoing violation and Balanced Nutrition, Inc. is no longer providing services through the Program.			
WHO will address the program violation? (List the personnel responsible for this task)			
Name: Yolanda Hill		Title: Owner/CFO	
Name:		Title:	
WHEN will the procedure for addressing the program violation be implemented?			
Date:	Not applicable		
Frequency:			
WHERE will the CAD documentation be retained?			
Location: 122 N. Elm St., Suite 504, Greensboro, NC 27401			
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)			
Not applicable.			
Printed Name of Responsible Principle		Signature of Responsible Principle	Date
1. Yolanda Hill			8/30/2024
2.			
3.			
STATE AGENCY USE ONLY:			
Program Violation Notice Dated:		CAD Due Date:	
Date CAD Received:		Received within required timeframe	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAD Accepted:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature: