	Supporting Documentation Must be Submitted									
Name of In			d Nutrition, Inc.			Agr	eement Nur		9460	
Full Name	of Respon	sible Princi _l	ole:					Date	e of Birth	
1. Yolanda F	Hill, Owne	r/CFO						4/29	9/1968	
	Site Ma	iling Addres	s:			Si	ite Street Ad	dress:		
Address:	5664 Ma	ırblehead Dı		Addres	ss:	122 N. E	lm St., Suite	504		
City:	Colfax			City:		Greensb	oro			
State:	NC	Zip Code:	20235	State:		NC	Zip Code:	2740	1	
County:	Guilford			County: Guilford						
What is the	Program	Violation: (List the Progran	n Violatio	on (PV) fr	om the re	eview form.	List on	e (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 a	ddress th	e nrogram v	violation? (List	the nerso	nnel resr	onsible f	or this task)			
Name: Yol		c program v	TOTALION: (EIST	Ī	e: Owner/		or triis tasky			
Name:	undu min			Title						
	the proce	dure for ad	dressing the pro			imnleme	ented?			
Date:			ntion will be dire							
Frequency:	_		ect is complete.	icted to c	n garnzinig	tile cittie	y 3 records.			
			tion be retained	17						
			04, Greensboro,		11					
Location.	LZZ IN. LIII	i st., suite s	54, Greensboro,	NC 2/40	/1					
HOW will s	taff or pro	oviders he in	formed of the	new nolic	ries and n	rocedure	s? (Handho	nk trai	ning wehsite)	
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.										
тот аррпса	DIC, as HO	additionari	ccords will be p	rouuccu.	•					
Printed N	lame of Re	esponsible I	Principle	Signatu	re of Resp	onsible F	Principle		 Date	
1.Yolanda H		coponsible i	Пісіріс	Jigilatai	lplo-2-		Tillelpie	8/30	0/2024	
2.					A) = (o a			3,30	", <u>LUL</u> T	
3.										
STATE AGEN	ICY USF O	NLY:	1							
	rogram Violation Notice Dated: CAD Due Date:									
riogram VI	บเสนเปม เฟ	rice Dated:		(AD DUE L	Jaic.				

Program Violation Notice Dated:			CAD Due Date:				
Date CAD Received:			Received within re	quired timeframe	□Yes	□No	
CAD Accepted:	 □Yes	□No	Staff Signature:				

			Supporting D	ocumentation in	150 50 0	Jubillie					
Name of In	Name of Institution: Balanced Nutrition, Inc. Full Name of Responsible Principle:								9460		
Full Name	of Respo	nsible Princip	ole:					Date	e of Birth		
1. Yolanda l	Hill							4/29	7/1968		
	Site M	ailing Addres	s:			Site S	treet Ado	ress:			
Address:	5664 M	arblehead Dr	•	Address:	122 N	N. Elm S	st., Suite 5	504			
City:	Colfax			City:	Greer	nsboro					
State:	NC	Zip Code:	20235	State:	NC	Zij	p Code:	2740	1		
County:	Guilford		1	County:	Guilfo	ord	<u> </u>				
What is the	Progran	n Violation: (List the Progran	n Violation (PV) fr	om the	e revie	w form. L	ist one	e (1) PV per form)		
									te income eligibility		
applications	for its spo	nsored faciliti	es." The agency f	ound that the follow	ing faci	ilities di	d not mair	ntain ac	ccurate income eligibility		
applications	- Apple T	ree Wee Schoo	ol, Inc., Gingerbre	ad Learning Center,	ABG Pr	rovider	Services C	hild Car	re II.		
WHAT are	WHAT are the procedures (actions and steps) that will be taken to correct the program violation?										
Provide a d	Provide a detailed description:										
To the exte	nt that th	ney are still p	roviding relevar	nt services, Balance	ed Nuti	rition, I	nc. will co	ommu	nicate with the above-		
named faci	lities to a	ddress the in	nportance of ma	aintaining their doo	cumen	ntation,	including	accur	ate income eligibility		
application	s. In addi	tion, Balance	d Nutrition will	focus on the organ	nizatio	n of its	records a	nd sha	all maintain such		
records as	required	by law.		•							
		•									
WHO will a	ddress tl	ne program v	iolation? (List t	he personnel resp	onsib	le for t	his task)				
Name: Yol	anda Hill			Title: Owner/	′CFO						
Name:				Title:							
WHEN will	the proc	edure for add	dressing the pro	gram violation be	imple	emente	d?				
Date:								n addit	tion, within the next		
	1	-		ication shall be ma		•			,		
Frequency:			ect is complete.								
			tion be retained	1?							
			04, Greensboro,								
		,	.,,								
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.										
пот аррпса	DIC, as III	J additional i	ecorus wiii be p	Toduceu.							
Drinted N	lame of E	Responsible F	Principle	Signature of Resp	oncih	lo Drine	cinlo		Date		
1.Yolanda l		reshousinic L	Пісіріс	·	Hear	HC FIIII	cipic	8/20)/2024		
2.	1111			gara				0/30	7 2024		
3.	CVLICE	NAIL V.									
	ATE AGENCY USE ONLY:										
Drogram Vi	alation N	otico Datadi	1	CVD Duo E	Jata.	1					

Program Violation Notice Dated:			CAD Due Date:			
Date CAD Received:			Received within required timeframe	<pre></pre>	<pre>INo</pre>	
CAD Accepted:	<pre></pre>	□No	Staff Signature:			

Name of In	stitution: Balanced	Nutrition, Inc.		Agreement Number: 9460						
Full Name	of Responsible Principl	e:					Date	of Birth		
	Hill, Owner/CFO						4/29/	/1968		
2.										
3.										
	Site Mailing Address	:				Site Street Add	lress:			
Address:	5664 Marblehead Dr.		Addr	ess:	122 N.	Elm St., Suite 5	04			
City:	Colfax		City:		Greens	boro				
State:	NC Zip Code:	20235	State	e:	NC	Zip Code:	27401			
County:	Guilford		Coun	nty:	Guilfor	d				
What is the	Program Violation: (L	ist the Program	Viola	tion (PV) fr	om the	review form. L	ist one	(1) PV per form)		
"RECORDKE	EPING - ENROLLMENT DO	CUMENTATION: I	Balanc	ed Nutrition	, Inc. did	not maintain en	rollmen	t documentation for its		
	acilities." The agency fou		_							
	vices Child Care II, First C		School,	, Foundation	Builders	Academy, Apple	Tree W	Vee School, Inc., Jamie		
Johnson, Ro	brita McKoy, Sharon Harr	is.								
								_		
	the procedures (action	s and steps) tha	at will	be taken to	o correct	t the program	violatio	on?		
Provide a d	letailed description:									
To the extent that they are still providing relevant comics. Delanced Nutrition, the will conseque into with the charge										
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 su	maintain such records as required by law.									
	ddress the program vi	olation? (List th				for this task)				
Name: Yol	anda Hill			tle: Owner	CFO					
Name:				tle:						
	the procedure for add									
Date:	Immediately, attent					ity's records. Ir	n additi	ion, within the next		
	thirty days, this one		cation	shall be m	ade.					
Frequency			_							
	I the CAD documentat									
Location:	122 N. Elm St., Suite 50	4, Greensboro, N	NC 27	401						
	taff or providers be inf				rocedur	es? (Handboo	k, train	ning, website)		
Not applica	ble, as no additional re	cords will be pro	oduce	ed.						
Printed N	lame of Responsible Pi	rinciple	Signat	ture of Res _l	ponsible	Principle		Date		
1.Yolanda I	Hill			yea	Officer		8/30/	/2024		
2.				<u> </u>						
3.										
STATE AGEN	ICY USE ONLY:									
Program Vi	olation Notice Dated:			CAD Due I	Date:					
Date CAD F						quired timefra	me	Yes No		
CAD Accep		IYes		Staff Signa						

Name of Institution: Balanced Nutrition, Inc. Agreement Full Name of Responsible Principle:							eement Nu	mber:	9460
Full Name	of Respoi	nsible Princi _l	ole:					Date	of Birth
1.Yolanda H	Hill, Owne	er/CFO						4/29	/1968
	Site M	ailing Addres	is:			Si	te Street A	ddress:	
Address:	5664 M	arblehead Di	•	Address:	122	N. El	m St., Suite	504	
City:	Colfax			City:	Gree	ensbo	oro		
State:	NC	Zip Code:	20235	State:	NC		Zip Code:	27401	I
County:	Guilford		,	County:	Guil	ford		•	
What is the	Progran	n Violation: (List the Program	Violation (PV) fr	om t	he re	view form.	List one	e (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 foun	d that Bala	anced Nutritic	n, Inc. failed to en	sure that the follow	ing fa	acilitie	es under its s	ponsorsl	hip received annual Civil
Rights trainii	ng: Apple	Tree Wee Sch	ool, Inc., Gingerbre	ead Learning Center	r, Ros	a Red	dick, Kim Ea	ton.	
WHAT are	the proce	edures (actio	ns and steps) th	at will be taken to	corı	rect t	he progran	n violati	on?
Provide a d	etailed d	lescription:							
To the exte	nt that th	ney are still p	roviding relevan	t services, Balance	ed Nu	ıtritic	n, Inc. will	commu	nicate with the above-
named faci	lities and	individuals t	o address the im	portance of receiv	ving a	annua	al Civil Righ	ts traini	ng. Since Balanced
Nutrition is	no longe	r participatir	ng in the Program	n, it will not be sul	bject	to its	own Civil I	Rights tr	aining.
WHO will a	ddress th	ne program v	violation? (List t	he personnel resp	onsi	ble fo	or this task)	
Name: Yol	anda Hill			Title: Owner/	′CFO				
Name:				Title:					
WHEN will	the proc	edure for ad	dressing the pro	gram violation be	imp	leme	nted?		
Date:	Within	n the next th	irty days, this co	mmunication shal	l be n	nade			
Frequency:	One ti	ime commur	nication						
WHERE wil	I the CAD) documenta	tion be retained	?					
Location: 1	L22 N. Elr	n St., Suite 5	04, Greensboro,	NC 27401					
		-							
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)									
Not applicable.									
Printed N	lame of R	Responsible I	Principle	Signature of Resp	onsi	ble P	rinciple		Date
1. Yolanda			•	Unla 2				8/30)/2024
2.				7				1, 20	<u>: </u>
3.									
	TATE AGENCY USE ONLY:								
Dun augus 1/	ATE AGENCY OSE ONET:								

Program Violation Notice Dated:			CAD Due Date:			
Date CAD Received:			Received within require	ed timeframe	<pre>[]Yes</pre>	<pre>INo</pre>
CAD Accepted:	<pre></pre>	□No	Staff Signature:			

	Supporting Documentation Must be Submitted								
Name of In			d Nutrition, Inc.		Agr	eement Num		9460	
Full Name	of Respor	sible Princi _l	ole:				Date	e of Birth	
1. Yolanda F	lill, Owne	r/CFO					4/29	9/1968	
	Site Ma	ailing Addres	ss:		Si	te Street Ado	dress:		
Address:	5664 Ma	arblehead Dr		Address:	122 N. El	m St., Suite 5	504		
City:	Colfax			City:	Greensbo	oro			
State:	NC	Zip Code:	20235	State:	NC	Zip Code:	2740	1	
County:	Guilford			County:	Guilford				
What is the	Program	Violation: (List the Progran	n Violation (PV) f	rom the re	view form. L	ist on	e (1) PV per form)	
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.									
						_			
		· · · · · · · · · · · · · · · · · · ·	ns and steps) th	at will be taken t	o correct t	he program	violati	ion?	
Provide a d	Provide a detailed description:								
named faci	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.								
14/10 11									
		e program v	iolation? (List t	he personnel res	_	or this task)			
Name: Yol	anda Hill			Title: Owner	7CFO				
Name:				Title:					
				gram violation b					
Date:				mmunication sha	II be made				
Frequency:	One ti	me commur	ication						
WHERE wil	l the CAD	documenta	tion be retained	l?					
Location: 1	.22 N. Eln	n St., Suite 5	04, Greensboro,	NC 27401					
HOW will s	HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)								
Not applica	ble.								
Printed N	ame of R	esponsible I	Principle	Signature of Res	ponsible P	rinciple		Date	
1. Yolanda		•	-		Q Hear	<u> </u>	8/30)/2024	
2.				Ψ ,					
3.									
STATE AGEN	CY USE O	NLY:	I				1		
D \('	DATE AGENCY OSE ONE!								

Program Violation Notice Dated:			CAD Due Date:				
Date CAD Received:			Received within red	quired timeframe	<pre></pre>	□No	
CAD Accepted:	<pre>[]Yes</pre>	□No	Staff Signature:				

		and bouring by	ocamicintation in	ist be su	Difficed					
Name of In	stitution: Balanced	Nutrition, Inc.		Ag	reement Nun	nber:	9460			
Full Name	of Responsible Princip	le:				Date	of Birth			
1. Yolanda H	lill, Owner/CFO					4/29	/1968			
	Site Mailing Addres	S:		9	Site Street Ad	dress:				
Address:	5664 Marblehead Dr	•	Address:	122 N. E	Im St., Suite	504				
City:	Colfax		City:	Greensk	ooro					
State:	NC Zip Code:	20235	State:	NC	Zip Code:	27401	1			
County:	Guilford		County:	Guilford	l					
What is the	Program Violation: (List the Program	Violation (PV) fr	om the r	eview form. I	ist one	e (1) PV per form)			
"MONITORIN	NG: Balanced Nutrition,	nc. failed to imple	ement the monitori	ng schedu	ıled as describe	d in the	e institution's			
-	t plan. Balanced Nutritic									
	ntain all monitoring reco									
							lanced Nutrition Inc." In			
	agency found that the	-		_	-					
_	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.										
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?										
Provide a detailed description:										
Provide a d	etalied description:									
To the oute	nt that they are still n	rovidina rolovan	t comisos Dolono	ad Niveriti	النبد عمل مما	0 00 00 111	nicata with the above			
		_					nicate with the above-			
	ities and individuals to			_	_					
_	n that conducts monit	-		Nutrition	is no longer p	articip	aung in the Program,			
It WIII HOLD	e involved in any futu	re monitoring sc	nedule.							
WHO will a	ddress the program v	iolation? (List t	he nerconnel rec	onsible :	for this tack)					
Name: Yol		ioiation: (List t	Title: Owner		ioi tilis task)					
Name:	ariua riiii		Title: Owner/	CIO						
	the procedure for add	dressing the pro		imnlem	ented?					
Date:	Within the next thi									
			illillullication shai	i be illau	С.					
Frequency:	the CAD documenta		2							
	.22 N. Elm St., Suite 50									
LOCALIOII.	.22 N. EIIII St., Suite St	74, Greensboro,	NC 2/401							
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)										
	Not applicable.									
пот аррпса	DIE.									
Drinted N	ame of Responsible F	rinciplo	Signature of Res	ancible	Drinciple		Date			
1.Yolanda F	•	Tillcipie	Signature of Resi		rillicipie	8/20	/2024			
	1111		gras	lacar		0/30	// LUL1			
2.										
3.	CV LICE ONLY:									
	CY USE ONLY:	1	T -		Г					
Program Vi	olation Notice Dated:		CAD Due I	Jate:						

Program Violation Notice Dated:			CAD Due Date:				
Date CAD Received:			Received within red	quired timeframe	<pre></pre>	□No	
CAD Accepted:	<pre></pre>	□No	Staff Signature:				

	Supporting Documentation Must be Submitted									
Name of In	stitution:	Balanced	l Nutrition, Inc.			Agr	eement Nu	ımber:	9460	
Full Name	of Respor	nsible Princip	ole:					Date	e of Birth	
1. Yolanda l	Hill, Owne	er/CFO						4/29	9/1968	
2.										
3.										
	Site Ma	ailing Addres	S:			Si	te Street A	ddress:		
Address:	5664 Ma	arblehead Dr	•	Ad	dress:	122 N. El	m St., Suite	504		
City:	Colfax			Cit	y:	Greensb	oro			
State:	NC	Zip Code:	20235	Sta	ite:	NC	Zip Code:	2740	1	
County:	Guilford		•	Co	unty:	Guilford				
What is the	What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)									
									ment for Jamie Johnson,	
Robrita McK	oy, Ginger	bread Learnin	g Center, ABG Pro	ovide	r Services Chilo	l Care II, Ap	ple Tree We	ee Schoo	l, Inc.	
WHAT are	the proce	dures (actio	ns and steps) th	at w	ill be taken to	correct t	he prograi	n violat	ion?	
Provide a d	letailed d	escription:								
Balanced N	Balanced Nutrition, Inc. will review its records to provide the necessary meal counts on the claims at-issue.									
		e program v	iolation? (List t	he p	ersonnel resp	onsible f	or this task	:)		
Name: Yol	anda Hill				Title: Owner	′CFO				
Name:					Title:					
WHEN will	the proce	edure for add	dressing the pro	gran	n violation be	impleme	nted?			
Date:	Docun	nent review	will begin within	the	next thirty da	ıys.				
Frequency:										
WHERE wil	I the CAD	documenta	tion be retained	l?						
Location: 2	L22 N. Eln	n St., Suite 50	04, Greensboro,	NC 2	27401					
HOW will s	taff or pr	oviders be in	formed of the n	new	policies and p	rocedure	s? (Handbo	ok, trai	ning, website)	
Not applica	ble.									
Printed N	lame of R	esponsible F	Principle	Sign	nature of Resp		rinciple		Date	
1.Yolanda I	Hill				4ROQ1	Jear		8/30	0/2024	
2.										
3.										
	TATE AGENCY USE ONLY:									

Program Violation Notice Dated:			CAD Due Date:				
Date CAD Received:			Received within re	quired timeframe	<pre> [Yes</pre>	□No	
CAD Accepted:	<pre></pre>	□No	Staff Signature:		-		

Supporting Documentation Must Be Submitted										
Name of In	stitution	eement Nui	nber:	9460						
Full Name	of Respoi	nsible Princip	ole:					Date	e of Birth	
1. Yolanda I	Hill, Owne	er/CFO						4/29/1968		
2.										
3.										
	Site M	ailing Addres	s:			Si	te Street Ad	dress:		
Address:	5664 M	arblehead Dr	•	Ad	ldress:	122 N. El	m St., Suite	504		
City:	Colfax			Cit	ty:	Greensbo				
State:	NC	Zip Code:	20235	Sta	ate:	NC	Zip Code:	2740	1	
County:	Guilford			Co	unty:	Guilford				
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)										
MENU REVIE	W: Baland	ced Nutrition,	Inc. filed claims fo	r me	eals that did no	t meet the	CACFP meal	pattern	for the following	
		on, Robrita Mc	Koy, Foundation E	Build	ers Academy, A	Apple Tree \	Wee School, I	Inc., Sha	aron Harris, Gingerbread	
Learning Cer	nter.									
	_						-			
			ns and steps) th	at w	vill be taken t	o correct t	he program	violat	ion?	
Provide a d	letailed d	lescription:								
		-	_						inicate with the above-	
named faci	lities and	individuals to	o address the im	por	tance of provi	iding meal	s that meet	the CA	CFP meal pattern.	
WHO will a	ddress th	ne program v	iolation? (List t	he p	personnel resp	onsible fo	or this task)			
Name: Yol	anda Hill				Title: Owner	/CFO				
Name:					Title:					
WHEN will	the proc	edure for add	dressing the pro	grar	m violation be	e impleme	nted?			
Date:	Within	n the next thi	rty days, this co	mm	unication shal	I be made	•			
Frequency:	One ti	ime commun	ication.							
WHERE wil	I the CAD) documenta	tion be retained	! ?						
Location: 1	L22 N. Elr	n St., Suite 50	04, Greensboro,	NC :	27401					
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)										
Not applicable.										
Printed N	lame of R	Responsible F	Principle	Sign	nature of Res	ponsible P	rinciple		Date	
1. Yolanda I		-	-		Worlden			8/30/2024		
2.					Ţ,					
3.										
STATE AGEN	ICY USE C	ONLY:								

Program Violation Notice Dated:			CAD Due Date:			
Date CAD Received:			Received within re	<pre></pre>	□No	
CAD Accepted:	<pre></pre>	□No	Staff Signature:			

Name of Institution: Balanced Nutrition, Inc. Agreement Nu								eement Nu	mber:	9460			
	Full Name of Responsible Principle:								Date of Birth				
1. Yolanda I	•	-							_	7/1968			
2.		<u> </u>								<u>- </u>			
3.													
	Site M	ailing Addres	s:				S	ite Street Ac	ldress:				
Address:		arblehead Dr		Ac	ldress:	122	N. E	lm St., Suite	504	504			
City:	Colfax			Cit	ty:								
State:	NC	Zip Code:	20235	Sta	ate:	NC		Zip Code:	2740:	1			
County:	ounty: Guilford County: Guilford								•				
What is the	Progran	n Violation: (List the Program	n Vic	olation (PV) fr	om th	ne re	eview form.	List on	e (1) PV per form)			
"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.													
WHAT are the procedures (actions and steps) that will be taken to correct the program violation?													
Provide a d	letailed d	escription:											
-			ot an ongoing vi	olat	ion and Balan	ced N	utrit	tion, Inc. is n	o longe	er providing services			
through the	e Progran	n											
						•••							
		ne program v	iolation? (List t	he p	<u>-</u>		ole t	or this task)					
Name: Yol	anda Hill				Title: Owner	/CFO							
Name:	41				Title:								
			dressing the pro	grai	m violation be	e impi	eme	entea <i>:</i>					
Date:		oplicable											
Frequency:		documenta	tion be retained	12									
					27401								
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.													
TTO CUPPTICUDIC.													
Printed N	lame of R	Responsible F	Principle	Sign	nature of Res	ponsil	ole I	Principle		Date			
1.Yolanda Hill				0-	Wolfea			8/30	0/2024				
2.					U `		-		1				
3.													
STATE AGEN	ICY USE C	NLY:	•										
Program Vi	ogram Violation Notice Dated: CAD Due Date:												

Program Violation Notice Dated:			CAD Due Date:				
Date CAD Received:			Received within re	<pre></pre>	□No		
CAD Accepted:	<pre></pre>	□No	Staff Signature:				

	Supporting Documentation Must be Submitted										
Name of Institution:Balanced Nutrition, Inc.Agreement Nur								9460			
Full Name	of Respo	nsible Princip	ole:				Date	e of Birth			
1. Yolanda F	Hill, Owne	er/CFO					4/29	9/1968			
2.											
3.											
	Site M	ailing Addres	s:		Si	te Street Ad	dress:				
Address:	ess: 5664 Marblehead Dr. Address: 122 N. Elm St., Suite 5							04			
City:	Colfax		,	City:	Greensb	oro					
State:	NC	Zip Code:	20235	State: NC Zip Code:				1			
County:	Guilford			County:	Guilford						
What is the Program Violation: (List the Program Violation (PV) from the review form. List one (1) PV per form)											
VERIFICATIO	N OF A VA	ALID CLAIM: Ba	alanced Nutrition,	Inc. failed to file va	lid claims f	or the followi	ng facili	ties: Apple Tree Wee			
School, Inc.,	Foundatio	ons Builders Ad	cademy, First Class	Preparatory Schoo	ol, ABG Pro	vider Services	Child C	Care II, Gingerbread			
Learning Cer	nter, Jamie	e Johnson, Rob	orita McKoy, Sharc	n Harris, Kim Eator	າ.						
		•	ns and steps) th	at will be taken t	o correct t	the program	violati	ion?			
Provide a d	etailed d	lescription:									
			ot an ongoing vi	olation and Balan	ced Nutrit	ion, Inc. is n	o longe	er providing services			
through the	e Progran	n.									
WHO will a	ddress tl	ne program v	violation? (List t	he personnel res _l	ponsible f	or this task)					
Name: Yol	anda Hill			Title: Owner,	/CFO						
Name:				Title:							
WHEN will	the proc	edure for ad	dressing the pro	gram violation be	e impleme	ented?					
Date:	Not a	pplicable									
Frequency:											
WHERE wil	I the CAD) documenta	tion be retained	?							
Location: 1	22 N. Elr	n St., Suite 50	04, Greensboro,	NC 27401							
HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)											
Not applicable.											
Printed N	lame of F	Responsible F	Principle	Signature of Res	ponsible F	rinciple		Date			
1.Yolanda H		-		Worldean			8/30/2024				
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	CY USE C	ONLY:	l				'				
STATE AGENCY USE ONLY:											

Program Violation Notice Dated:			CAD Due Date:			
Date CAD Received:			Received within re	<pre></pre>	□No	
CAD Accepted:	<pre></pre>	□No	Staff Signature:			