



Home Visit (HV) Infant Review Log

Provider Name _____ Provider # _____ FFY 20____

Complete a chart for each enrolled infant @ each HV Menu Review = Review entire month of most recent claim & current month up to HV date (Rev. 8/23)

Name:	Age: _____ Months	HV Date:				Age: _____ Months	HV Date:				Age: _____ Months	HV Date:					
Birthdate:	Menu Review	Complete during HV				Menu Review	Complete during HV				Menu Review	Complete during HV					
Meal Components	On Menus <input checked="" type="checkbox"/>	Family Sup. <input checked="" type="checkbox"/>	Provider Sup. <input checked="" type="checkbox"/>	Creditable (Y/N)		On Menus <input checked="" type="checkbox"/>	Family Sup. <input checked="" type="checkbox"/>	Provider Sup. <input checked="" type="checkbox"/>	Creditable (Y/N)		On Menus <input checked="" type="checkbox"/>	Family Sup. <input checked="" type="checkbox"/>	Provider Sup. <input checked="" type="checkbox"/>	Creditable (Y/N)			
Breast Milk																	
Infant Formula																	
Iron-Fort. Infant Cereal																	
Fruits/Vegetables																	
Meats/Meat Alternates																	
Grains																	
*Claims meals w/ 1 or less Family-supplied item					Y/N:	*Claims meals w/ 1 or less Family-supplied item					Y/N:	*Claims meals w/ 1 or less 1 Family-supplied item					Y/N:
*Claims meals that serve developmentally appropriate foods					Y/N:	*Claims meals that serve developmentally appropriate foods					Y/N:	*Claims meals that serve developmentally appropriate foods					Y/N:
**Infant menus contain same components as on-hand					Y/N:	**Infant menus contain same components as on-hand					Y/N:	**Infant menus contain same components as on-hand					Y/N:
Notes						Notes						Notes					
Name:	Age: _____ Months	HV Date:				Age: _____ Months	HV Date:				Age: _____ Months	HV Date:					
Birthdate:	Menu Review	Complete during HV				Menu Review	Complete during HV				Menu Review	Complete during HV					
Meal Components	On Menus <input checked="" type="checkbox"/>	Family Sup. <input checked="" type="checkbox"/>	Provider Sup. <input checked="" type="checkbox"/>	Creditable (Y/N)		On Menus <input checked="" type="checkbox"/>	Family Sup. <input checked="" type="checkbox"/>	Provider Sup. <input checked="" type="checkbox"/>	Creditable (Y/N)		On Menus <input checked="" type="checkbox"/>	Family Sup. <input checked="" type="checkbox"/>	Provider Sup. <input checked="" type="checkbox"/>	Creditable (Y/N)			
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*Claims meals that serve developmentally appropriate foods					Y/N:	*Claims meals that serve developmentally appropriate foods					Y/N:	*Claims meals that serve developmentally appropriate foods					Y/N:
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Notes						Notes						Notes					

*"N" answers require meal disallowances and corrective action (CA) **"N" answers require CA; more than 1 occurrence requires CA and disallowances