![Wisconsin Community Nutrition logo]

Home Visit (HV) Infant Review Log

Provider Name_____   Provider #_____   FFY 20___

Complete a chart for each enrolled infant   **Menu Review =** Review entire month of most recent claim & current month up to HV date

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Chart 1

Name:	Age: _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally appropriate foods	Y/N:
Provider claims meals w/ ≤ 1 **Family-supplied** component	Y/N:

Notes

Chart 2

Name:	Age _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally app. foods	Y/N:
Provider claims meals w/ ≤ 1 **Fam. Sup.** comp.	Y/N:

Notes

Chart 3

Name:	Age _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally appropriate foods	Y/N:
Provider claims meals w/ ≤ 1 **Fam. Sup.** comp.	Y/N:

Notes

Chart 4

Name:	Age _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally appropriate foods	Y/N:
Provider claims meals w/ ≤ 1 **Family-supplied** component	Y/N:

Notes

Chart 5

Name:	Age _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally app. foods	Y/N:
Provider claims meals w/ ≤ 1 **Family-sup.** comp.	Y/N:

Notes

Chart 6

Name:	Age _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally appropriate foods	Y/N:
Provider claims meals w/ ≤ 1 **Family-sup.** comp.	Y/N:

Notes

Chart 7

Name:	Age _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally appropriate foods	Y/N:
Provider claims meals w/ ≤ 1 **Family-supplied** component	Y/N:

Notes

Chart 8

Name:	Age _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally app. foods	Y/N:
Provider claims meals w/ ≤ 1 **Fam. Sup.** comp.	Y/N:

Notes

Chart 9

Name:	Age _____ Months	HV Date:

Birthdate:	Menu Review	Complete during HV		
Meal Components	On Menus ☑	Family Sup. ☑	Provider Sup. ☑	Creditable (Y/N)
Breast Milk			■	
Infant Formula				
Iron-Fort. Infant Cereal				
Fruits/Vegetables				
Meats/Meat Alternates				
Grains				

Provider serves developmentally appropriate foods	Y/N:
Provider claims meals w/ ≤ 1 **Fam. Sup.** comp.	Y/N:

Notes

● "N" answers require meal disallowances and corrective action (CA)   ● CA is required when foods are on-hand for infant, but are not recorded on infant's menus