

CHILD'S INFESTATION (Bed Bugs) REPORT

Child's Name: _____ Class: _____ Center: _____ Date: _____

Staff name: _____

Child's clothing or belongings were checked for Bed Bugs today by: _____

Reasons checked: Signs of bed bugs on: ☐ Clothing ☐ Blanket ☐ Back Pack ☐ Diaper Bag ☐ Car Seat

Was the parent notified by phone? Yes No _____

☐ Child remained at school

☐ Parent picked child up at school (does not have to go home)

☐ Bed Bug letter was given to parent explaining what to do

☐ A copy of this form forwarded to _____ (F.A. name) date _____

CBT: Email to Health Coordinator – Original to Family Advocate to do HV

Family Advocate is to visit family's home within 48 hours and complete this section with the parent.

Date Family Advocate visited home: _____

Does Family Own Home? ☐ Yes ☐ No

What is the status of the treatment of the environment? _____

Does family have or have access to proper equipment to contain the bed bugs?

Vacuum: ☐ Yes ☐ No

Washer: ☐ Yes ☐ No

Dryer: ☐ Yes ☐ No

Plastic container or garbage bags to store clean clothes, purses, backpacks etc. in? ☐ Yes ☐ No

Notes: _____

Additional suggestions, information (using Bed Bugs Handouts) discussed with family:

Referrals to agencies were made: ☐ Yes ☐ No (start referral form if yes)

Notes: _____

Parent Signature: _____ Date: _____