COVID-19: Plans for Families with Children

Families with children should create a plan for what will happen if the caregiver or caregivers in the family become ill with COVID-19. A Covid-19 Family Plan should establish a Circle of Support which includes family members, friends, and other trusted people who can help care for children.

What to do if you are sick

COVID-19 is a very infectious disease and those with COVID-19 should limit how much they interact with others. The State of NM recommends that individuals with any symptoms, even mild, get tested as quickly as possible by calling their provider or local public health or tribal health clinic. Those who test positive, or who have symptoms and are waiting for COVID-19 test results, should self-isolate from others in their household (in a separate room and with a separate bathroom, if possible).

Single parents, households in which the other parent/caregiver is away, households in which both parents/caregivers are sick, parents who are breastfeeding an infant, and others can have difficulties self-isolating. The CDC recommends that when a household member with COVID-19 cannot self-isolate, that they wear a cloth face covering or mask around others, and that they wash hands and disinfect surfaces and door handles often.

If the children have health conditions that put them at greater risk, or if the parent/caregiver becomes too sick to care for the children, it is important to have a plan for alternate care of the children, which includes a Circle of Support.

1 Identify your Circle of Support

A Circle of Support is a group of people that a parent or caregiver can call upon to provide short- or long-term child care in case they become sick or have other complications which restrict them from caring for their child.

For many families, grandparents are the go-to people to help with children. But people over the age of 60 are at a high risk of severe illness from COVID-19. Other go-to caregivers in a family’s life may also have health issues that put them at a greater risk of having severe illness if they contract COVID-19.

During COVID-19, parents need to identify a Circle of Support that includes people who are NOT at a higher risk of developing severe illness from COVID-19. Family members like aunts, uncles, cousins and older siblings may be included in the Circle of Support. Family friends the child is familiar and comfortable with can be part of the Circle of Support, or the parents of your children’s friends. What is important is that:

- Your child feels safe and comfortable with them
- You trust them
- They are not in a high-risk category for COVID-related complications (page 3)
- They are close by
Plan ahead with your Circle of Support

- Practice communication, decide how to get in touch
- Share a key or door code with a trusted person
- Share location of your child’s COVID go-bag
- Share copies of emergency plan
- Have a list of support network members visible in your home
- Check in on a regular basis with your Circle of Support to make sure they can continue to support if needed

Know when to activate your plan

In addition to the issues discussed above about when to contact your Circle of Support, it’s important to stay in regular contact with your health care provider and/or the Public Health Nurse if you have tested positive or have symptoms.

Also, if you or your child develop emergency warning signs for COVID-19, you need to get medical attention immediately—meaning call 911 or go to an emergency room. Emergency warning signs include*: 

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Find help outside your Circle of Support

If no one in your Circle of Support can help, there are other resources in your community that may be available to provide support.

First, think about places you are already connected to, such as your child’s school or sports teams, your local faith community, or your family’s tribal community. There may be people beyond your initial circle who would be willing to step in to care for your child.

COVID-19 go-bags

- Child’s identification—School ID, birth certificate, other
- List of emergency contacts—Close relatives, teachers, doctors, or other caregivers
- List of contact information—People the child may communicate with on a regular basis to help the child feel connected and alleviate the stress of separation
- Phone and device chargers
- Multiple outfits—Two or more days’ worth of clothing, undergarments and appropriate outdoor wear
- Comfort items—Blankets, stuffed animals, family pictures, or items that will bring the child comfort
- Medications and other medical or disability-related supplies/equipment
- School supplies—A description of at-home assignments, and a list of online education platforms. Include online education platforms usernames and passwords
- Breastmilk or formula—Or instructions on where to find this in the fridge/freezer, and other infant feeding items, if applicable
- Additional instructions—Dietary restrictions, allergy information, behavioral strategies, routines, and other relevant information

During the COVID-19 crisis children may be feeling overwhelmed. In addition to all of the other changes occurring, some kids may feel scared by the thought that their caregiver/s may not be able to care for them. Others will be reassured that their caregiver/s have a plan in case they become sick. Every parent should determine what is the best course of action for when and whether to talk with their child about this plan.
Call Center phone numbers:

For questions about children returning to school call: 1-833-415-0567

For Health-related questions call: 1-855-600-3453
- Option 1 is to talk with someone about general health questions related to COVID
- Option 2 is to talk with a nurse about your results or if you are symptomatic

For other needs: 1-833-415-0561, then dial
  1-for Unemployment benefits (or underemployed)
  2-If you are a small business needing assistance
  3-Food assistance, then it prompts you based on age, school age is 1, seniors is 2
  4-SNAP
  5-WIC
  6-Housing and Utilities, prompt 1 is for housing/financial assistance, prompt 2 is for utilities
  7-Health Insurance (if you need help in obtaining)

Other resources

- Parents Reaching Out (PRO) www.parentsreachingout.org
- Navajo Family Voices: https://navajofamilies.org
- EPICS: https://www.epicsnm.org
- Children’s Medical Services: www.nmhealth.org/about/phd/fhb/cms/
- The Information Network at the UNM Center for Development and Disability 1-800-552-8195 or 505-272-8549
- New Mexico Medical Home Portal www.nm.medicalhomeportal.org
- NM COVID information from DOH, including testing sites www.cv.nmhealth.org and https://www.newmexico.gov/i-need-assistance/
- Childcare and other assistance (preschool, home visiting, etc): https://www.nmeced.org-information/parents/
Many children in NM are being raised by grandparents and others who are at higher risk with COVID-19. It is important to protect all members of these families from the virus by sheltering at home, making sure that the children do not physically interact with other children, and asking neighbors or others for help for grocery shopping and other errands. If an older caregiver begins to have symptoms of COVID-19, they may want to notify their Circle of Support at an even earlier point.

Co-parenting situations

For families in which there is a shared custody agreement and where children live in multiple homes, this plan will likely need to be set up between the two homes. Some things to consider:
- The regular co-parenting plan may need to change based on the symptoms, test results, and level of medical care needed by one or both of the parents
- The Circle of Support may begin with the other parent but should include other options as well
- Make sure that the health, well-being, and safety of the children are at the center of your plan
- Make sure that your children do not have to witness or be involved in conflict about the plan

More information

For more discussion of these issues, including how to assign temporary guardianship:
- Article in the New York Times: "When Parents Get Sick, Who Cares for the Kids?"
- Helpful emergency planning documents: Fillable form—General Family Emergency Planning
- Fillable form—Medical Summary

High risk individuals

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
- Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
Circle of Support Worksheet

A Circle of Support is a group of people that a parent or caregiver can call upon to provide short- or long-term child care in case they become sick or have other complications which restrict them from caring for their child. For many families, grandparents are the go-to people to help with children. But people over the age of 60 are at a high risk of severe illness from COVID-19. Other go-to caregivers in a family’s life may also have health issues that put them at a greater risk of having severe illness if they contract COVID-19.

**Primary Alternate Care Giver(s)**
Name/s: ____________________________ Relationship to child: ____________________________
Phone: ____________________________ Email: ____________________________ Address: ____________________________
Other: ____________________________________________________________________________

**Secondary Alternate Care Giver/s**
Name/s: ____________________________ Relationship to child: ____________________________
Phone: ____________________________ Email: ____________________________ Address: ____________________________
Other: ____________________________________________________________________________

**Critical Contacts**
Close Relative: ____________________________ Phone: ____________________________
Child’s Health Care Provider: ____________________________ Phone: ____________________________
Child’s Teacher: ____________________________ Phone: ____________________________

**Child’s Contacts**
Parents: ____________________________ Phone: ____________________________
Grand Parent(s): ____________________________ Phone: ____________________________
Grand Parent(s): ____________________________ Phone: ____________________________
Sibling(s): ____________________________ Phone: ____________________________
Cousin(s): ____________________________ Phone: ____________________________
Child’s Friend: ____________________________ Phone: ____________________________
Child’s Friend: ____________________________ Phone: ____________________________

**Child’s COVID-19 Go-Bag**
- Child’s identification—School ID, birth certificate, other
- Phone and device chargers
- Multiple outfits—Two or more days’ worth of clothing, undergarments and appropriate outdoor wear
- Comfort items—Blankets, stuffed animals, family pictures, or items that will bring the child comfort
- Medications and other medical or disability-related supplies/equipment
- School supplies—A description of at-home assignments, and a list of online education platforms.
  Username: ____________________________
  Passwords: ____________________________
- Breastmilk or formula—Or instructions on where to find this in the fridge/freezer, and other infant feeding items, if applicable
- Additional instructions—Dietary restrictions, allergy information, behavioral strategies, routines, and other relevant information
- Health Insurance Info: ____________________________

Medication: __________ Dose: __________
Medication: __________ Dose: __________
Don't forget to leave a healthcare authorization letter for your caregiver. They won't be able to get medical attention for your child from a doctor or hospital without your consent. Be sure to leave behind a photocopy of your child’s health insurance card too.

Be sure to include information such as:

- If your child has an injury that needs more than just a Band-Aid.
- If your baby develops signs of an illness like vomiting or a fever.
- Any questions about medication doses.
- If your baby is inconsolable for a long period of time, despite ruling out all the usual things like hunger, needing a diaper change, etc.

Pediatrician/Child’s Health Care Provider: ____________________________

Pharmacy: ____________________________

Preferred Medical Center/Hospital: ____________________________

You might suggest some meal ideas for whoever is going to be watching your kids during meal times.

Meal ideas: ____________________________

Also, suggest some snack or drink ideas. Be sure to lay out what’s allowed and what is not allowed. Otherwise, your kids might trick them into letting them eat all the ice cream and drink soda straight from the bottle.

Snacks: ____________________________

Drinks: ____________________________

Be sure to mention any food or drink restrictions, particularly if your children have any allergies or food intolerances, and if you have babies under 1 year old. If they are going to be heating bottled breast milk or preparing formula, give detailed step by step instructions on how to do it.

Breast milk/formula instructions: ____________________________

Kids are most comfortable when they have a regular routine, especially babies. Let your caregiver know when your child eats their meals, when they go to bed, and what their bedtime routine involves. For example, if there’s a specific book that you read your child before bed or any other important information to do with favorite toys or security blankets.

Bedtime routine: ____________________________

Which books to read, for how many minutes: ____________________________

Night light: ______ Yes ______ No

Door Open or Shut ________ Open ________ Shut
**Communication**

This section is to provide information about your child’s communication needs. Select all that apply.

**Yes**  **No**  - My child uses a device to help them communicate. The communication tool used is:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>My child uses Sign Language. The language used is:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>____________________________________________________________________________</td>
</tr>
</tbody>
</table>

**Yes**  **No**  - My child reads Braille

**Yes**  **No**  - My child reads English and/or another Language. If another language, please state: ____________________________________________________________________________

Language my child is most comfortable communicating in: ____________________________________________________________________________

Other languages my child speaks and/or understands: ____________________________________________________________________________

Additional information for how my child communicates: ____________________________________________________________________________

**Daily Living Needs**

This section is to provide information about your child’s daily living.

Select all that apply: My child needs help with personal care: Bathing; Grooming; Dressing; Eating; Other Needs: ____________________________________________________________________________

My child uses the following adaptive equipment to get dressed: ____________________________________________________________________________

My child uses: Shower Chair; Tub Transfer Bench; Bedside Commode; Hoyer Lift; Other equipment: ____________________________________________________________________________

Select all that apply: My child uses the following equipment that runs on electricity or batteries: Dialysis Machine; Electrical Lift; Communication Device; Power Chair, Electric Bed; Electric Wheelchair. Other equipment: ____________________________________________________________________________

If there is a power outage the plan to power this equipment is: ____________________________________________________________________________
The medical equipment company contact information:

Name: _____________________________________________________________

Phone Number: ____________________________

Yes  No  - My child uses special utensils that help them eat food and/ or drink

Yes  No  - My child needs foods to be prepared in a special way: ____________________________

Yes  No  - My child needs special food(s). The special food is provided by:

Name: _____________________________________________________________

Phone Number: ____________________________

Name of food(s): ______________________________________________________

Additional information for my child's daily living needs or equipment used: ____________________________

Getting Around

Yes  No  - My child needs a ramp to get in and out of the house

Yes  No  – My child needs a specially-equipped vehicle or accessible transportation

Evacuating

The plan to evacuate my home if the ramp is damaged and can’t be used is:

Service Animal

Yes/ No – My child has a service animal. The animal’s name is: ____________________________

The service animal helps my child in the following way(s): ____________________________

________________________________________

I anticipate in an emergency (I will/ I will not) be able to care for the animal during and after an emergency.

Case Manager/ Care Coordinator

Name: _____________________________________________________________

Agency Involved: ______________________________________________________

Telephone Number: ____________________________________________________

Services Provided: _____________________________________________________
Additional Links and Resources:

American Association on Health & Disability:  
https://www.aahd.us/covid-19/

American Diabetes Association:  

Brain Injury Association of America:  
https://www.biausa.org/brain-injury/community/covid-19-resources

Emergency Medical Services for Children:  

Global Down Syndrome Foundation:  
https://www.globaldownsyndrome.org/covid-19/

Green Mountain Self Advocates:  

Lurie Institute for Disability Policy:  
https://heller.brandeis.edu/lurie/pdfs/resources/covid-guide.pdf

National Alliance on Mental Illness:  

National Association of the Deaf:  
https://www.nad.org/coronavirus/

National Federation of the Blind:  
https://www.nfb.org/resources/covid-19-resources

New York Deaf-Blind Collaborative:  
https://ddi.wayne.edu/covid19/nydbc_tip_sheet_sign_language_during_social_distancing.pdf

Spina Bifida Association:  

University of North Carolina Child Development Institute’s Autism Focused Intervention & Resource Modules:  
https://afirm.fpg.unc.edu/supporting-individuals-autism-through-uncertain-times

Wheelchair and Assistive Technology Users Precautions for COVID-19:  