



Backup Dependent Care

In recent years, universities across the US have added innovative dependent care benefits in an effort to better support the needs of faculty, staff, and students. These new benefits, including backup dependent care, have been adopted for a range of reasons, including attracting and retaining faculty and staff, minimizing employee absenteeism, and supporting diversity and inclusion efforts.

It is estimated that US companies lose \$4.4 billion annually due to employees with childcare breakdowns missing work.¹ Over a 6-month window, 45 percent of parents miss at least one day of work due to childcare breakdowns, with an average of 4.3 days lost. Additionally, a growing number of employees have eldercare responsibilities. Companies that offer eldercare benefits have found these programs offer a return on investment in the form of cost savings due to decreased employee absenteeism, higher worker productivity, and greater retention.² Employees at organizations with supportive work-life cultures exhibit greater job commitment, higher work satisfaction, and lower turnover intentions.³ Given these findings, the implementation of backup dependent care at UD would be expected to increase employee productivity and retention, as well as improve perceptions of climate.

Backup Dependent Care

Backup dependent care programs provide access to screened in-home child or adult caregivers, with some programs also offering temporary slots at childcare centers. This backup care is designed to be used when standard arrangements break down, whether due to a sick child, school closing, or a regular care provider being unable to work. The most common providers of these programs are Bright Horizons and Care.com, both of which offer backup dependent care nation-wide. Care providers are available with minimal advance notice and are employees of the backup care vendor or vetted in-home care agencies. Employers offering backup dependent care frequently subsidize the cost of this care.

Example cases:

- A faculty member has a sick child who cannot attend daycare. The faculty contacts the backup care program coordinator, who identifies a screened, trained caregiver to come to the faculty's house and care for their child. The caregiver will call the faculty member in advance to confirm the details of the care needed.
- A faculty member's nanny has a personal emergency and cannot care for the faculty's preschool-aged children for several days. The faculty member contacts the backup care program coordinator, who finds a local licensed childcare center that can accept the children into their pre-school room on a temporary basis.

Bright Horizons Care Advantage: used by institutions including Columbia, DePaul, Emory, Northwestern, Notre Dame, Stanford, University of Virginia, Washington University, UCLA, University of Houston, and University of Washington

- Emory University: subsidized backup care is available to faculty, staff, and graduate students; 10 days of emergency care per year; \$15 per day copay for childcare center and \$6 per hour for in-house child or eldercare

¹ https://usa.childcareaware.org/wp-content/uploads/2017/12/2017_CCA_High_Cost_Report_FINAL.pdf

² Wells, Susan. 2000. "The Elder Care Gap." HR Magazine, Society for Human Resource Management.

³ Bond, T. J., Thompson, C. A., Galinsky, E., & Protts, D. 2003. Highlights of the 2002 National Study of the Changing Workforce. New York: Families and Work Institute.

Care.com Care@Work: used by institutions including Bryn Mawr, George Washington, Harvard, Indiana, Johns Hopkins, MIT, Northeastern, Penn, Princeton, Tufts, University of Florida, and Vanderbilt.

- Johns Hopkins: subsidized backup care is available to faculty, staff, and postdocs; up to 10 days of backup care per year for children or adults; \$6-10 per hour, based on employee income

Local Child Care Vendors: used by institutions including Northwestern, NYU, Michigan State, Case Western, Michigan, Iowa.

Dependent Care Travel Grants

These grants subsidize the costs associated with dependent care during professional travel. Types of covered travel include attending a conference, giving an invited lecture, or conducting research. Eligible expenses vary by institution, but may include on-site childcare at a conference, the cost of transporting a dependent and caregiver to an event, or in-home dependent care while the faculty member is traveling. Covered expenses include those above the normal, everyday dependent care costs. Travel grants are generally limited to one per year per faculty member, often capped at up to \$1,000 of expenses, and awarded on a rolling basis until the annual budget is exhausted.

Example cases:

- A nursing mother who requests assistance to cover the cost of transporting her infant to a conference as well as on-site childcare while at the conference.
- A single parent who will bring his or her child along while traveling for short-term research and needs a local care provider for the duration of the research trip.
- A dual career family where both parents will travel to an academic conference without their school aged children and thus need in-home childcare for the days they will be away.

Implementation Strategies:

- All programs require faculty to submit an application form; some programs also require a travel verification form; most programs reimburse for costs after travel, but a few have a separate process to apply for a grant in advance of travel

Institutions providing dependent care support for faculty travel include Penn, Brown, Case Western, Emory, Yale, Pepperdine, Stanford, Cornell, Harvard, Princeton, Northwestern, Michigan, USC, University of Chicago, UC Irvine

- Cornell: tenure-track and tenured faculty eligible; covers up to \$1,000 of childcare costs per year (\$1500 for special needs children) associated with travel for meetings, conferences, research

Recommendations

UD ADVANCE recommends that the university investigate the feasibility of providing backup dependent care through a national provider such as Bright Horizons. ADVANCE is interested in supporting the administration in this effort. First steps include:

- Engaging in discussions about backup dependent care with:
 - (1) current UD employees, to further understand current unmet dependent care needs
 - (2) faculty affairs or HR at peer institutions with dependent care benefits, to assess perceptions of program & potential challenges in program implementation
- Deciding on the population that will be served by the backup dependent care (faculty, staff, students).
- Bright Horizons and Care.com both require a collaboration with HR in order to assess desired scope of services and anticipated demand from employees. After these discussions, the vendors will prepare a cost estimate.