

Background

Child care can be very helpful to students and faculty with children, allowing them to attend classes and work while ensuring their children are receiving care. However, when a child is sick or child care arrangements change unexpectedly (e.g., a child care center is closed or a child care provider is sick), parents need to find other arrangements or risk missing classes or work. A 2002-2003 survey of University of California faculty found that 89% of female faculty parents and 69% of male faculty parents indicated that emergency back-up child care (with co-pay) would be either very or somewhat useful.¹ Similarly, a report of the family-friendly initiative at the University of Michigan noted that faculty most frequently cite the need for on-campus daycare facilities and emergency daycare options².

Description

Several universities in the US contract with external services to provide emergency/back-up child care for their students and/or faculty and staff. The University of California^{3,4} and Harvard University⁵ offer these services to their employees while Michigan State University^{6,7} and the University of Michigan^{8,9} offer them to students and employees. Care can be home-based (Harvard University; University of Michigan; Michigan State University for sick child care; University of California) or center-based (Michigan State University for emergency child care; University of California). Payment structures also vary. Michigan State University offers five days of free emergency child care per child and subsidizes 70% of up to 16 hours of sick child care per fiscal year, with students receiving an additional 10% discount.^{6,7} Harvard University and the University of Michigan provide some subsidy, based on income level. The University of California also provides some subsidy, with faculty paying a co-pay of \$2/hour for center-based care and \$4/hour for home-based care.⁴

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

This practice has the potential to transform school and work arrangements for students and faculty with children. Some results from the universities included in this review are available, although more documentation and evaluation is needed, particularly on the effect of varying costs of the practice on students and faculty. A two-year pilot began at University of California-Berkeley in 2009, with 300 assistant and associate professors eligible for the service. Of those who used the service, 94% opted for in-home care.³ The service was used primarily when a regular child care provider was ill or unavailable or when school was not in session. On a scale of 1 to 5, with 5 indicating the highest level of satisfaction, the average

satisfaction score was 4.8 in the first year and 4.6 in the second year. One parent noted, “[t]he service was an absolute life-saver at a time when both of us were going up for tenure. We have been very pleased and satisfied with the whole program.”³ University of California-Berkeley expanded the service to cover all ladder-rank faculty (approximately 1,500) in 2011, halving the available number of hours to ensure that all faculty can be covered.³ University of California-San Francisco also launched a back-up child care service in June 2011.⁴ A 2009 survey of postdoctoral fellows at the University of Michigan also indicated satisfaction with child care options.¹⁰ Although these findings were not specific to emergency child care, respondents frequently cited cost, available hours, and location as reasons for dissatisfaction.

Implementation lessons learned

Financial assistance can be very helpful for students and faculty with children to access emergency child care. Program planners should consider whether such assistance is possible. Michigan State University, for example, provides 524 emergency child care spots at a cost of \$75,000 per year.¹¹ In 2009-2010, over 300 users used the service. The university spends under \$10,000 per year to subsidize sick child care, which is accessed by 50-75 users.¹¹ While the provision of financial assistance may have costs associated with it, institutions also benefit from offering emergency/back-up child care. For example, the equivalent of 550 days of work were saved over University of California-Berkeley’s two-year pilot program.³

Summary conclusions

If costs are not prohibitive, emergency child care can help students and faculty continue to attend classes and work even when there are unexpected disruptions to their regular child care arrangements. More documentation and evaluation is needed to understand how costs might affect its use. Reviewers recommend that institutions offer this practice to students, faculty, and staff in conjunction with child care and financial assistance.

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