

**UNIVERSITY OF VIRGINIA
FAMILY SUPPORT COLLAB**



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Introduction

The global pandemic amplified the long-standing challenges faced by one in five full-time workers¹ of juggling work and caregiving responsibilities. As the workforce landscape continues to evolve, evidence suggests that gaps in dependent care affect day-to-day and contingency planning for the diverse professional needs of faculty, staff, graduate students, and Health System team members who work at the University in a continuous day and night environment. Working parents and caregivers are struggling to address work-life balance, navigate changing requests to return to the office, and source reliable and affordable dependent care.

Caregiving and dependent care responsibilities impact recruitment, retention, engagement, well-being, productivity, career progression, and Diversity, Equity, and Inclusion (DEI) initiatives. Addressing caregiving needs within the University community aligns with the [University's 2030 Strategic Plan](#) to "strengthen our foundation." Specifically, tackling caregiving needs increases the University's ability to:

- Recruit and retain excellent and diverse faculty
- Attract and support talented and committed staff
- Ensure that our systems enable our students, faculty, and staff to do their best work

The University's workforce likely encounters an additional challenge sourcing dependent care due to Charlottesville—and the surrounding area's—lack of childcare supply and demand elasticity most often found in more populous localities. Families struggle to locate available care when they need it, within their budget, and in a convenient location. In addition, a [Willis Towers Watson](#) (WTW) article noted almost 75% of all employers are feeling the pressure to offer family-friendly benefits as they face a recruiting and retention crisis.

¹ [Working While Caring: A National Survey of Caregiver Stress in the US Workforce](#)

Key data points include:

- As of the date of this report, enrollment at the four University-affiliated childcare centers is 487 children, infants, and toddlers, and there are 150 families on the waitlist.
- Employees covered by the University’s Health Plan have an estimated 5,341 dependents under age five (based on 2021 University Health Plan enrollment data).
- The estimated capacity of all licensed childcare facilities in Charlottesville/Albemarle is 3,857.

Dependent care is highly personal and specific to life stages. Different employee segments have differing needs, and a solution that works for one family may not work for another. Although the University provides a back-up dependent care program, maintains on-site childcare facilities, and provides for up to eight weeks of paid parental leave, gaps remain in these benefits that impact the quality of care available to families at the University.

Dependent Care Personas at The University		
	A Nurse Practitioner who works a 12-hour shift and must be on the floor promptly at 7am, rendering childcare centers that operate from 8am – 6pm unable to meet their caregiving needs.	A Facilities team member who must be on-site even when schools are closed due to inclement weather and who typically has less than 24 hours notice to find childcare.
	A Staff Associate and partner whose combined net pay is less than \$75,000 a year and who are expecting a child. They are concerned they will not be able to find affordable quality care within their budget and near UVA.	A Graduate Medical Education Trainee who has a child at a UVA childcare center and must miss work in their residency program due to COVID-related classroom closures.

The Provost and Human Resources offices jointly sponsored a Family Support Collab (FSC), members of which examined the current extent and size of the caregiving situation and identified best-in-class solutions. Beginning in June 2020, the FSC met monthly, sharing expertise and experience to understand and advocate for the diverse and evolving caregiving needs of faculty, staff, graduate students, and Health System team members. Sourcing affordable, accessible, and convenient dependent care is not a unique challenge to families at the University. With its particular amalgamation of graduate students, faculty members, staff, police, and health care professionals, the University is distinctly positioned to develop a multi-year strategy and caregiver philosophy that will meaningfully impact families.

The FSC also documented existing resources, identified gaps, and benchmarked the University's caregiving benefits to peer institutions with similar characteristics.

Existing Resources

1. University Affiliated On-Site Childcare

The University offers four centers in total at unique locations that care for children mainly under five years of age, namely:

- Malcolm Cole Child Care Center (156 infant to preschool students; enrollment at capacity)
- Sharon Hostler Child Development Center (152 infant to preschool students; enrollment at capacity)
- Copeley UVA Child Development Center (115 preschool ages 2-5 students; enrollment at capacity)
- Earhart UVA Child Development Center (62 infant to age 2 students; enrollment at capacity)

Enrollment at each center has different priority weighting for childcare slots based on the employment division of the University parent. In aggregate, an average of over 150 families are on waitlists at the four University-affiliated centers at any given time. For families with the highest priority, enrollment wait times average between six to twelve months. Regrettably, families with lower priority rarely ever get an enrollment slot at their desired childcare center.

The four centers are financially subsidized by the University Academic Division (Earhart and Copeley CDC's), University Medical Center (Malcolm Cole CCC), or the UVA Physicians Group (Sharon L. Hostler CDC). The amount of financial support provided to each childcare center varies from center to center. The amount of funding is based upon number of enrolled children, which may be dependent upon staffing and room capacity. After adjusting for the University subsidies, tuition at University-affiliated childcare centers averages \$300 per week or \$14,400 per year. For University families earning less than \$75,000, this represents almost 20% of pre-tax income. Part-time tuition is generally unavailable and neither University-affiliated childcare centers nor local childcare centers issue a tuition refund when a child is excluded from the classroom, or when a facility is closed (e.g., a COVID-required or inclement weather closure). Caregivers must still pay the tuition plus the additional cost of back-up care. The Malcolm Cole Child Care Center is the only center providing limited scholarships, which are funded through an endowment.

The Malcolm Cole and Copeley centers are on-Grounds and within walking distance of job locations, while the Sharon Hostler and Earhart centers are off-Grounds, which presents additional challenges (access, traffic, and general inconvenience). The Earhart center is leased by the management company, KinderCare. The lease of the building is through June 2025 and will not be renewed. Some University Clinical Faculty reported to the FSC that a lack of classroom availability forced them to have children at multiple University-affiliated childcare centers.

Geographical inconvenience extends the day for caregivers, adds to traffic congestion in the community, and negatively impacts the effects of the value-added proposition for having an on-site childcare center at the University. Families experience frustration which, when compounded by the emotionally charged arena involving their young children, adds to the overall displeasure and negative experience.

2. Back-up Care Through Bright Horizons

Benefit-eligible caregivers in need of short-term temporary back-up care may receive in-home care, facility-based care, or source their own under the University Back-Up Care program. This program provides benefits-eligible employees temporary emergency care for their loved ones of any age. The University subsidizes up to fifteen days of temporary care. The cost of the caregiver is \$6.00 per hour for one in-home caregiver, and \$15 per child per day at a Bright Horizons facility. Caregivers are encouraged to pre-register in advance to increase the probability of successfully sourcing on-demand care. Less than 10% of eligible employees are currently registered for this benefit. The FSC has recommended that additional information about how to pre-register for these resources be included in the mail-to-home brochure to be sent in late summer announcing open enrollment for the 2023 plan year with the hope that more caregivers will be available for future demand.

3. Sourcing In-Home Care

Benefits-eligible employees receive a free twelve-month membership to SitterCity, a digital platform that connects families with local childcare providers affiliated with Bright Horizons. The SitterCity service helps employees source caregivers, request background checks, and allows for the review of verified references at no cost. Employees may also use SitterCity to source educational tutors, housekeepers, pet sitters, and other similar services. Since the employee

connects directly with the caregiver, there are no metrics that indicate the frequency or popularity of this resource.

3. Parent & Guardian Connection

The Parent & Guardian Connection is supported by the Dual Career Program. The awareness tool facilitates connections amongst parents and guardians with similar needs and priorities, including contingency planning, community building, and recent relocation assistance. After registering, University parents and guardians may access a database of other parents and guardians interested in building community and assisting one another. The database contains contact information, shared only to registrants with similarly aged children in the same geographic area.

[Parent & Guardian Connection](#)

Gap Analysis

The FSC conducted a gap analysis which compared the current state of the University's childcare programs with the potential or desired programs based on stakeholder feedback. The analysis identified a diverse range of caregiver issues, assessed the current state of dependent care benefits, and enabled the FSC to recommend steps to close gaps in care.

CURRENT STATE	GAP
There are no true user satisfaction metrics for UVA Childcare Centers.	There are four on-site centers run by two different vendors and managed by three different departments, making satisfaction/parity difficult.
There is a lack of equitable financial subsidies for childcare.	Only Malcolm Cole Scholarship provides limited scholarships, and no state subsidies are permitted due to administrative licensing and facilities requirements.
There is a perception of nepotism and favoritism around the childcare center waitlists.	The waitlist rules are posted on center websites, but there is no clear understanding of how they work and why a family may skip ahead.
The current centers operate at full capacity, and there are limited hours and availability of on-site caregivers.	Staffing turnover and availability effects capacity. Centers are unable to flex schedules to meet the needs of enrollment or classroom capacity.
Current dependent care benefits are highly used by some families and under-used by others.	Confusion exists surrounding pre-registration requirements, types of resources in place, and short-term accessibility.
Flexible schedules and work from home options are not universally accepted/available/practiced.	Flexwork options are extremely limited in a healthcare setting, and departments/managers have broad flexibility about flexwork, resulting in perception issues.

Benchmarking

The FSC benchmarked the University with schools of [similar size/geography to Charlottesville](#) metropolitan statistical area in the [Washington Monthly's Teaching Hospital Guide](#).

Charlottesville's median home price and median childcare cost was the highest in the group, and its household income was in the middle of the pack, qualities which necessitate finding viable options to subsidize caregiving for employees.

Some academic medical centers are adjusting their dependent care programs by:

- Eliminating back-up care and caregiving hiring services to heavily invest in additional on-site caregiving that includes income-based sliding tuition to increase accessibility and address equity
- Offering back-up care for the first time or, in cases where the programs were previously terminated, adding back-up care back into the benefits portfolio
- Creatively sourcing options by using their students and retirees to be a source of caregiving

Recommendations

“As one of the nation’s leading public institutions, UVA pushes the boundaries of what’s possible – always in the name of the greater good. One of the things that makes this possible is an unswerving commitment to initiatives that grow, strengthen, and shape our institution for the future.”

- UVA Website, “About Us”

1. Continue the work of the FSC and develop a multi-year caregiving direction for the University

- Expand participation in the FSC to broader University community representation that includes the University Police Department and University Facilities Management
- Identify short-term solutions, as well as long-term goals and projects
- Open communication channels with University-affiliated childcare centers to measure quality, satisfaction, and accessibility for ability to improve services and benefits
- Build increased transparency in childcare enrollment practices and back-up care registrations
- Remove childcare obstacles that interfere with career advancement

2. Fund a Family Support Specialist position to address the diverse caregiving needs of our population

- With University Human Resources, create a single point of access for employees of the University to guide them to resources intended to balance and integrate their work and life demands as working caregivers and collect feedback from stakeholders
- Support the work of the FSC to address priorities, organization, and advocacy
- Explore the possibility of addressing a recommendation by the School of Medicine and Graduate Medical Education trainees to provide a concierge-like service, which could support locating childcare that lines up with clinical scheduling

3. Consolidate the management of all University-affiliated childcare centers

- Management of the childcare centers is distributed across three different groups: Malcolm Cole Child Care Center is managed by University Human Resources; the Sharon Hostler center is managed by The UVA Physicians Group; and the Earhart and

Copeley centers are managed through University Business Operations (the current contracts will expire June 2025). With the impending expiration of the contracts in 2025, there is an opportunity to consolidate the management under one entity, University Human Resources.

- Suggest that University Human Resources have oversight of the University-affiliated centers. After due diligence, University Human Resources should propose the best structure for oversight and management.

4. Standardize the policies and practices of the University-affiliated childcare centers²

- Operations: all centers should have the same protocols for classroom closures, center closures, and tuition rates so parents do not compare notes about different rules at different centers, adding to confusion and frustration.
- Management and administration of waitlists should be standardized and centrally managed (including transparency, priority updates, and quarterly reviews).
- Expansion, flexibility, agility: as part of management consolidation and consistent operational protocols, we should ensure that centers adapt agile practices to provide rapid access to meet the needs of UVA Health team members (location, hours, space, etc.).
- Improve subsidy equity, tuition waivers, and/or fund scholarships to increase equitable and affordable solutions for families. Consider partnership with University Advancement to provide an endowment/fundraising specifically to support these efforts.

²See side-by-side comparison in the appendix

5. Build a new childcare center on Grounds as a replacement facility for the Earhart center

- Increase availability of childcare capacity in general
- Provide for a centralized location on Grounds close to parking and bus routes
- Explore the role of educational research and clinical partnership in early childhood development between EHD, SOM, and Pediatric Medicine. Copeley was designed with observation rooms for researchers to use, but over time these spaces were not well-used and have been given over to storage. A new building design may incorporate a more modern approach.
- Co-locate infant center and preschool (currently housed in two buildings)

6. Explore the feasibility of an on-site sick childcare option

- Clinical setting for sick children specifically for parents who are unable to bring a sick child into a classroom, yet are needed on-site at the Medical Center to administer patient care

7. Review policies as they relate to flexwork, training, and attendance

- Academic [DHRM Policy 4.35](#) (Leave Sharing) and UVA Health System [HR Policy 315](#) (Paid Time Off) do not allow for Leave Sharing outside of approved continuous FMLA
- [GME Committee Policy NO. 03](#) - Leave of Absence from Graduate Medical Training does not permit leave due to pandemic or the stressors of caregiving
- [HRM-013](#) - Available Leave Types for University Staff Employees does not permit for leave due to pandemic or the stressors of caregiving
- [HRM-038](#) - Faculty Leaves does not permit for leave due to pandemic or the stressors of caregiving
- [HR Policy 704](#) - Attendance does not allow enough flexibility for manager discretion for removal of occurrences due to caregiving challenges

APPENDIX 1: CENTER SIDE-BY-SIDE

		Malcolm Cole	Sharon Hostler	University of Virginia Child Development Center (2 Locations)
Vendor		Bright Horizons	Bright Horizons	Kindercare
Registration Fee		125	125	75
Enrollment Capacity		143 (budgeted, up to 170 if space or building changes)	148	115 (Copeley Road) and 64 (Earhart Street)
Current Enrollment	Infant	22	16	32-offerings
	Toddlers	30	32	32-offerings
	Two's	36	26	30-offerings
	Pre-K	68	55	85-offerings
Monthly Tuition	Infant	1361	1309	1330
	Toddlers	1301	1276	1284
	Two's	1133	1114	1100
	Pre-K	1055	1045	1004
Sibling Discount		0.1	0.1	10% off lowest rate
Wait List **	Wait List Policy	Waitlist policy link	Waitlist policy link	Waitlist policy link
	Priority 1	Medical Center (Agency 209) employees providing direct patient care including residents and nurses	UPG/SOM = FT/PT faculty with UPG contract, UPG = FT/PT UPG Physicians (RPC/Outreach)	FT benefits-eligible Agency 207, and FT students
	Priority 2	All other Medical Center (Agency 209) employees	Agency 209 = Residents/Fellows (House Staff), AHP's, other MC employees providing direct patient care, UPG = AHP's (Nurse Practitioners and Physician Assistants), SOM Agency 207 = AHP's, other SOM employees providing direct patient care	FT benefits eligible Agency 209

	Priority 3	- Employees of Health Services Foundation employees contracted for Nutrition Services or Environmental Services D17 - UVA faculty, Staff and research professionals, including attending physicians paid by the Medical School (Agency 207)	- SOM (Agency 207) = FT/PT UVA SOM faculty (e.g, researchers), non patient care staff, Agency 209 = MC non-patient care staff, - - E17UPG = UPG non-patient care staff	- Part time (with partial benefits and working not less than 32 hours per week) University (Agency 207) employees - Part time (with partial benefits and working not less than 32 hours per week) UVA Health System (Agency 209) employees - Part time students - Full time Foundation employees affiliated with the University or UVA Health System - Full time contractor employees (the contracted company must have a contract with the University or UVA Health System for a minimum of three years and provide on-site services to the University or UVA Health System. Contracted employees must be working full time at the University of Virginia or the UVA Health System.) - Faculty, Visiting, Non-Paid
	Priority 4	n/a	UVA Agency 207 = Non health system UVA Faculty and Staff (Preschool and School-Age program only)	n/a
	Wait List Count	45 (26 active, 19 desire care in the future)	55 (32 active, 23 desire care in the future)	TBA
Website	Malcolm Cole website link	Sharon Hostler website link	Copeley Center Earhart Center	
Provides Meals	Yes	Yes	Yes	
Provides Diapers, Wipes and Formula	Yes	No	No	
Weather Closures	Follows UVA Health Status Board - also approves Snow Team for guaranteed opening	Follows UVA Health Status Board - also approves Snow Team for guaranteed opening	Follows UVA's Academic Division delays and closure schedule	
RFP end date	45292	tba	45658	
Parents Group	Yes	Yes	Yes	
Agency 207	University Faculty and Staff			
Agency 209	Health System			
**Siblings of children who are already enrolled receive priority over non-enrolled families.				

APPENDIX 2: BENCHMARKING

	UVA	Milton Hershey Med Ctr	U of CO Hospital Authority	UMass Memorial Med Ctr Inc.	U of WI Hospitals and Clinics	St Luke's Hospital Bethlehem	U of MI Health System	Berkshire Med Ctr Inc.	WV U Hospitals	Baylor Scott and White Clinic–Temple	Duke U Hospital
Rank and Size	18	5	6	8	11	14	26	33	35	19	24
Size	400+ beds	400+ beds	400+ beds	400+ beds	400+ beds	400+ beds	400+ beds	200-399 beds	400+ beds	400+ beds	400+ beds
Location	Charlottesville, VA	Hershey, PA	Aurora, CO	Worcester, MA	Madison, WI	Bethlehem, PA	Ann Arbor, MI	Pittsfield, MA	Morgantown, WV	Temple, TX	Durham, NC
Population of Location	47,096.00	14,654.00	369,111	185,143	254,977	75,461	120,735	42,142	30,712	74,762	269,702
Public Transportation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Median Home Price	\$299,600	\$272,100	\$290,000	\$227,100	\$246,300	\$173,500	\$323,400	\$174,300	\$210,300	\$143,400	\$224,100
Median Household Income	\$ 59,741	\$ 69,688	\$ 65,100	\$ 48,139	\$ 65,332	\$ 55,809	\$ 65,745	\$ 51,411	\$ 42,966	\$ 54,873	\$ 58,905
Median Monthly Cost of Childcare	\$ 1,033	\$ 693	\$ 918	\$ 1,115	\$ 773	\$ 693	\$ 652	\$ 1,115	\$ 556	\$ 680	\$ 771
Number of Active/Registered Community Childcare Centers	64	6	178	66	181	45	96	31	20	32	159
Notes	Surrounded by Albemarle Cnty with add'l pop. = 109,330	15-minute drive to Harrisburg	16-minute drive to Denver	Larger city in central MA	Large city in south central WI	5-minute drive to city of Allentown	30-minute drive to Detroit metro	Located in western MA	Located in northern WV	Located in central TX	Located in central NC

Website	www.virginia.edu	https://med.psu.edu/home	https://www.cuanschutz.edu/	https://www.massmed.edu/hr/work-life/childcare/	https://www.wisc.edu/	https://www.slhn.org/som	https://umich.edu/	https://www.massmed.edu/	https://talentandculture.wvu.edu/	https://jobs.bswhealth.com/us/en/working-here#benefits	https://medschool.duke.edu/
Number of Employees	30,000	31,027	37,000	6,000	21,000	16,000	30,000	6,000	16,000	unknown - part of a 52 hospital unit across TX with 49K employees	23,312
S											
Back-up Care	Yes, through Bright Horizons	No	Yes for FT EE's	No	Suspended due to COVID	No	Yes, 1) Care.com and 2) KidsKare service is limited to areas closer to UofM	Yes through Care.com	No	Yes, through Bright Horizons	No, but extensive community partnership
Childcare Centers on Grounds	4	5	2	1	3	No	3	1	1	0	2
Childcare/Elder Care Hiring Service	Yes through Bright Horizons	No	Yes for all EE's, students, and retirees	No	No	No	Community resources referenced	Care.com	Care.com	Yes, through BH/SitterCity	No
Childcare Subsidy	Yes through the Medical Center funding of Malcolm Cole \$500k per year	Yes...linking EE's to state programs, and through sliding scale tuition at centers	No, link EE's to state subsidy programs	Childcare assistance based on income	Yes for high need only	No	Yes, for income based subsidy	Income-driven	No, but EE's are directed to state resources the cover a majority of childcare for working parents	No	Yes..income based

FEAP - Community Resource	Yes	See details	See details	See details	See details	Outsourced	See details	See details	See details	Yes, outsourced to CIGNA	See details
Employee Assistance Fund	See details	Not for childcare	Not for childcare	Yes	No, but they offer loans	No	Yes	Yes. EE's are asked to donate PTO and/or funds	Yes	Yes	Yes, but not for childcare
Notes		Penn State no longer offers back-up care, and instead invests a large sum in their subsidy program at their 5 centers based on income with rates posting at \$756-\$1812 for monthly tuition.	Their site references EE's using Handshake to post caregiving jobs.	No backup care, but the EAP has a team who tries to help the EE match care within the community & apply for state subsidies	UW has a department dedicated to family support services	Located in the metro Allentown area	UofM relies heavily on their campus community to help each other.	Most geographically similar to UVA. Rural with major cities 60-90 minutes away by car only	The University appears to rely on lists of providers to help their EE's	Rely heavily on BH for all child related services	Duke groups caregiving into their family friendly benefits
Similar Size Teaching University	X						X				X
Similar Size Hospital	X	X	X	X	X	X	X		X	X	X
Similar Geography to Charlottesville	X							X		X	
Similar Geography - City		X	X	X	X	X	X				X

Appendix 3 – Links to University Resources and Policies

[University-Affiliated On-Site Childcare](#)

[Back-up Care Through Bright Horizons](#)

[Sourcing In-Home Care](#)

[Parent & Guardian Connection](#)