



Cost Effective Child Care 0-5 Years of Age: A Sustainable Federally Qualified Health Center Model

Tina Alicea

Swiss School of Business and Management DBA Program, Switzerland

Citation: Tina Alicea (2025) Cost Effective Child Care 0-5 Years of Age: A Sustainable Federally Qualified Health Center Model. J of Clin Onco & Adv Thpy 1(4), 01-03. WMJ/JCOAT-112

***Corresponding author:** Tina Alicea, Swiss School of Business and Management DBA Program, Switzerland.

Submitted: 19.09.2025

Accepted: 22.09.2025

Published: 23.10.2025

Introduction

Is cost-effective childcare between 0-5 years of age by a Federally Qualified Health Center (FQHC) a sustainable program? It has been proven cost-effective childcare is essential to a strong economy ("Home - First Five Years Fund," n.d.; "How did childcare in the US become so absurdly expensive? | Childcare | The Guardian," n.d.) allowing young families the safety net of quality childcare at rates parents can afford while beginning their careers or completing their education. According to Friedlander's (2021) article "Can Federally Qualified Health Centers provide a model for delivering high-quality programs for young children" the subject of utilizing the Federally Qualified Health Centers (FQHC) model as a platform for cost effective childcare and early education was discussed along with federal subsidies but fell short on making a compelling argument without a proven sustainability model to support a cost-effective program and regulatory oversight. Amy Friedlander was on the precipice of a great idea but didn't understand the complexities of the FQHC model she was proposing. Currently cost-effective childcare

is not sustainable and relies heavily on government subsidies with no recognizable financial return on childcare investment, resulting in childcare being addressed as a social determinant rather than an economic stimulus.

I, however, have 45 years of being a serial entrepreneur for highly regulated industries and have spent the last 15 years focused on the complexities of the FQHC model as a Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Chief Development Officer (CDO) of 5 Federally Qualified Health Centers in Nevada and have consulted on an additional 3 start-up FQHCs. I am the only person in Nevada that has successfully developed the FQHC Look-Alike model with 2 different healthcare centers. An FQHC Look-Alike is a health center that meets all the program requirements without the assistance of federal funding. The majority of FQHCs in America demonstrate a high need area in a competitive bid process and receive federal money to build a health center to meet the needs. The competitive bidding process is after Congress appropriate funds and occurs randomly. In the last

15 years we have had 4. All FQHCs are highly regulated and audited annually, even the FQHC Look-Alike. Therefore, you don't have to wait for Congress to appropriate funds to be designated an FQHC Look-Alike which sets the foundation for how FQHC's can develop cost effective childcare as a sustainable business model.

FQHC's began in rural American and expanded to the urban areas specifically focused on maternal and childcare. FQHC's were developed to provide every service from prenatal, obstetrics, postnatal, immunization, child well checks, child developmental checks, behavioral health, dental checks, parental education, English as a second language (ESL), insurance assistance, social service assistance, community health worker assistance in-home, nutrition programs and transportation services. We are trained to identify domestic violence, substance use disorders, developmental lags and equipped to treat. FQHC's are funded to do everything, but center-based childcare. Over the years FQHC have grown their services to add voter registration, financial literacy, food pantries, professional wardrobe closets and more. Centerbased childcare appears to be a missed opportunity to close the circle of complete childcare wellness. This research project will demonstrate that FQHC's can provide a sustainable costeffective childcare program to all families by utilizing its existing foundation and implementing an income based sliding fee scale for childcare costs.

Preliminary Literature Review

Preliminary Literature Review Objectives

What benefits does cost effective childcare provide and who benefits from these benefits? The national childcare costs on average \$1,188 per month per child which most families find to be a barrier to having more children without a parent resigning from the workforce to focus on the family at home. Simply put, 65% young parents with children 5 and younger don't make enough money to justify the expense of childcare, as only 18% (8% in Nevada) are eligible to receive some form of federal or state subsidies. There is also a demand for cost-effective childcare for families above the current federal poverty level currently being served. When young people don't work, they missed the opportunity to learn a trade, advance from an entry level position or finish their

education negatively effecting the American economy which loses 122 billion dollars annually through missed stimuli. ("Children's Health Insurance Program (CHIP) | Medicaid," n.d.; "Home - First Five Years Fund," n.d.; "Maternal, Child and Adolescent Health (MCH)," n.d.). Income based sliding fee scale can be incorporated into the purposed cost-effective childcare program to support sustainability and encourage young couples to start a family. These reasons alone reduce the household income and opportunity to develop a self-sufficient lifestyle. And if you are a single parent 39% of your income is spent on infant care disproportionately holding women's employment opportunities back. Nevada, the state I am using as a model, fairs a bit better than the national average, but not significantly enough to make it an out layer. I am also focusing on center-based childcare versus home based childcare, as home based childcare doesn't have the regulations in place that protect the child, is difficult to formulate a common baseline and offers a large variety of inconsistent services. There is a demand for Center-based childcare in the USA even with the high cost. The research demonstrates high childcare costs, low childcare health and education outcomes, inconsistent education preparation for kindergarten, and no financial safety net for young families starting out. As of 2023 there are approximately 1400 FQHCs in the USA with over 14,000 service sites in the areas of the highest need and lowest income base. My research will demonstrate the hypothesis that cost-effective childcare can be sustainable utilizing federally qualified health centers as a foundation, and in doing so will provide thousands of FQHC an additional service to complement their resources, diversify their revenue source and strengthen the communities they serve. Service areas could begin with school-based clinics and expand as needed in the area.

Discussion and Conclusion

Discussion

The primary research method for this study is a quantitative and conceptual modeling, relying on historical and current research by various government audited figures, publicly traded insurance company data, non-profit independent organization, and currently real-time data from FQHC studies. Constraint identification and classification through a structured approach is the very first step toward a "zero-constraint in business" environment. This study will first review

various types of constraints in childcare and their similar characteristics to an FQHC. Based on this understanding, a classification method will be developed to categorize constraint factors for the purpose of constraint identification and modeling looking for creativity and flexibility. In the second stage of this study, existing constraint modeling methods will be identified based on a comprehensive review of current industry practices and academic research. Finally, once the constraint classification and modeling techniques are identified, a conceptual framework for total constraint management will be outlined. This study will be conducted between September 2025 and May 2026.

Conclusion

With this research we intend to demonstrate that an FQHC's existing infrastructure can provide cost effective childcare to their existing healthcare program scope as a sustainable program and promotes education collaboration specific to a community's needs.

References

1. Can Federally Qualified Health Centers provide a model for delivering high-quality programs for young children? (2025) Capita [WWW Document], n.d. URL <https://capita.org/can-federallyqualified-health-centers-provide-a-model-for-delivering-high-quality-programs-for-youngchildren/>.
2. Children's Health Insurance Program (CHIP) (2025) Medicaid [WWW Document], n.d. URL <https://www.medicaid.gov/chip>.
3. Home - First Five Years Fund [WWW Document], n.d. URL <https://www.ffyf.org/>.
4. How did childcare in the US become so absurdly expensive? (2025) Childcare | The Guardian (2025) n.d. URL https://www.theguardian.com/us-news/2025/mar/24/childcaredaycare-cost-absurdly-expensive?utm_source=chatgpt.com.
5. Maternal, Child and Adolescent Health (MCH) (2025) n.d. URL [https://dpbh.nv.gov/Programs/Maternal,_Child_and_Adolescent_Health_\(MCH\)/](https://dpbh.nv.gov/Programs/Maternal,_Child_and_Adolescent_Health_(MCH)/).