

## County of Alameda 2024 Licensed Provider Grants

\*Required

1. Legal/Licensed Name of Your Child Care Program*  Emeryville Child Development Center	
2. First Name* Desiree	3. Last Name* Garland
<b>4. Phone Number (10 Digits)*</b> 510-596-4367	<pre>5. Email* desiree.garland@emeryville.org</pre>
6. Child Care Program Site/Facility - ADDRESS* 1220 53rd St Emeryville CA 94608	
7. Child Care Program Site/Facility - CITY* Emeryville	8. Child Care Program Site/Facility - ZIP* 94608
9. Are You a Licensed Child Care Provider?* X Yes No	
10. Provider License Number* Preschool #010213812 Infant# 020213813	
11. Is Your Child Care Program Currently Caring for Children?* X Yes No	
12. Licensed Provider Type*  Small Family Child Care (Licensed capacity for 8 less children)  Large Family Child Care (Licensed capacity for 12 or more children)  X Center-based	
13. How long has your child care program been in operation? (In Years)* 33	
14. Is your program fully enrolled?*  Yes  No, and we have current openings  No, and we are currently limiting enrollment	to allow for social distancing
15. Do any children, in your current care, have s	special needs?* X Yes No
16. Are any children, in your current care, paid to X Yes No	for by a subsidized payment program?*
17. Are you in good standing with Community C  (X) Yes  (No)	are Licensing? If no, please list any violations.*



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18. Preferred Language* English		
19. Preferred/Permanent Mailing Address (where you will receive communcations)* 1220 53rd St Emeryville CA 94608		
20. Preferred/Permanent Mailing - CITY* Emeryville	21. Preferred/Permanent Mailing - ZIP* 94608	
22. Race/Ethnicity (check all that apply)		
African American or Black American Indian or Alaskan Native Asian Caucasian Filipino  23. Gender Female	Hispanic or Latino Multi-ethnic Native Hawaiian or other Pacific Islander Other Prefer not to say	
Desiree Garland Name*		
Signature*	Date*	