



Division of Child Care & Early
Childhood Education
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Little Rock, AR 72203-1437
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APPLICATION TO SERVE ON THE APPEAL REVIEW PANEL
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION
CHILD CARE LICENSING UNIT

Date

Name: Mary-Katherine Hardin	
Address: 200 General Street	
City/Zip: Batesville 72501	
Phone: 870-793-3200	Cell: 870-613-3451

SERVICE CATEGORY:

I wish to apply to serve on the Child Care Licensing Appeal Review Panel as a representative of:

- ☐ Early Childhood Professional
- ☐ Pediatric Health Professional (active involvement or experience with pre-school children in group settings is preferred)
- ☐ Parent of a child attending an early childhood program
- ☒ Licensed Child Care Provider / Type of program: EIDT
 - Number of Years in Licensed/Registered Care: 20
- ☒ Better Beginnings Facility – Level Better Beginnings

Ethnic Background: (Optional)

- ☐ African American / Black
- ☐ American Indian
- ☐ Asian
- ☒ Caucasian
- ☐ Hispanic
- ☐ Other _____

Professional / Community Involvement:

State Excel by Eight Foundations Collaborative Committee Member; Independence County Excel by Eight Steering Committee Member; Arkansas Go NAPSACC Committee Member; Batesville Area Chamber of Commerce Member;

Why are you interested in serving on this panel?

I have over 20 years of experience in this field. I am committed to helping our field grow and improve.

References (Please list three references):

#	Name	Address	Phone
1.	Bill Sims	5 Remington Cove, Little Rock, 72204	501-580-4885
2.	Jamie Rayford	409 Vine St, Batesville, 72501	870-793-2378
3.	Gracie Hellums	200 General St, Batesville, 72501	870-793-3200

By applying for service on the Appeal Review Panel, I understand the commitment for a three (3) year appointment and agree to meet monthly in Little Rock (if required) to consider appeals from childcare providers for the Division of Child Care and Early Childhood Education. Mileage from travel will be reimbursed at the current established rate.

Mary Katherine Hardin

Signature of Applicant

5/18/2023

Date

(Resume – Optional)

RETURN COMPLETED FORM TO:

Email: Rebecca.mitchell@dhs.arkansas.gov

or

Mail: Division of Child Care and Early Childhood Education
Licensing and Accreditation Unit
P. O. Box 1437, Slot S-150
Little Rock, AR 72203