



Division of Child Care & Early
Childhood Education
P. O. Box 1437, Slot S150
Little Rock, AR 72203-1437
P: 501.682.6390
F: 501.683.6060
TDD: 501.682.1550
HUMANSERVICES.ARKANSAS.GOV

**APPLICATION TO SERVE ON THE APPEAL REVIEW PANEL
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION
CHILD CARE LICENSING UNIT**

Date

Name:

Volanda Traylor

Address:

11821 Doc Run Dr.

City/Zip:

L.R., Ar. 72209

Phone:

501-916-2073

Cell:

501-744-4325 (cell)

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: Faith-based / Non-profit
 - 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:

Page 2 of 2

Member of Delta Sigma Theta Sorority, Inc.
Mission Mini Serve Outreach
Director of Day School at First Church

Why are you interested in serving on this panel?

Interested in serving as much as I can in Early Childhood Education. I have worked in the classroom and administration a total of 20 years and it is never too late to keep serving in the field.

References (Please list three references):

#	Name	Address	Phone
1.	Amy Morledge		501-278-1625
2.	Connie Coleman		501-690-0860
3.	Marcy Bujarski		501-944-8269

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.

Yolanda Taylor

Signature of Applicant

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