

The Department of Children, Youth, & Families Oversight Board

Child Care Internal Review Process Panel Application

Applicant Information:		
First Name	Middle Name or Initial	Last Name
Primary Phone	Primary Email Address	Preferred Pronouns
Address Line 1		Address Line 2
City	State	Zip Code
Race – check all that apply (optional)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Other		
Ethnicity (optional)		
<input type="checkbox"/> Hispanic or Latinx	<input type="checkbox"/> Non-Hispanic or Latinx	
Employment/Experience:		
Job Title	Employer	
Address Line 1	Address Line 2	
City	State	Zip Code
Work Phone (optional)	Work Email (optional)	
Previous Employment Experience		

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Please list any memberships in professional, civic organizations or government boards or commissions and/or community service/volunteer activities

Questions:

Why do you want to serve on the Internal Review Process Panel for child care facility licensing?

What qualifications, knowledge or skills do you possess that make you a good addition to the Internal Review Process Panel?

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Meetings will likely occur during weekdays with meetings lasting anywhere from two to eight hours. There is also a chance the panel would need to come together quickly to review cases with very short notice. Would you be able to accommodate a potentially unpredictable schedule?

What is your level of familiarity with the Washington Administrative Codes (WACs) that set the standards for licensed or certified child care facilities in Washington State?