

**Connecticut Office of Early Childhood
Division of Licensing**

Education Consultant Application

INSTRUCTIONS: This application must be completed, dated and signed. A resume may be attached along with a copy of your college transcripts or degree. Program staff may not serve as consultants for programs in which they provide direct care or direct supervision.

DO NOT WRITE IN THIS BOX – STATE AGENCY USE ONLY

CRITERIA FOR APPROVAL

Degree in ECE/CD/HD or

4 year Degree in related field and 12 Credits in ECE/CD

Approved Not Approved

And

2 years experience administering a child care program

OEC Staff: _____ Date: _____

Licensure/Complaint/Enforcement databases checked on: Date: _____

DEFINITION: Public Health Code 19a-79-1a(23):

(23) Early childhood education consultant means an individual who is a credentialed early childhood specialist with an Associate, Bachelors, Masters or Doctoral degree in early childhood education, child development or human development or a four (4) year degree in a related field with at least twelve (12) credits in child development or early childhood education from an accredited college or university, who has two (2) or more years experience administering a licensed child care center that meets standards comparable to those in Connecticut.

For School Age Program:

Please note that in order for you to act as an education consultant in a licensed child care center or group child care home that serves school age children, you must have training in child development, recreation, leisure activities, group social work or elementary education.

SECTION A. EARLY CHILDHOOD/SCHOOL AGE EDUCATION CONSULTANT

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Date of Birth: _____ Social Security #: _____ Home # (____) _____

SECTION B. APPLYING AS CONSULTANT TO THE FOLLOWING PROGRAM

Program _____ License Number _____

Address _____ Telephone (____) _____

City/Town _____, CT Zip Code _____ Licensed Capacity _____

Ages Served Center School Age

Director or Head Teacher _____

SECTION C Training (check appropriate box)

**College Degree in Early Childhood,
Child Development or Human Development:**

- Associates
- Bachelors
- Masters
- Doctorate

Accredited College or University:

Name _____

Town _____

State _____

*Please note if name has changed.

Degree in a related field with at least 12 credits in child development or early childhood education
(fill in college information above.) Related Field _____

Transcripts on college letterhead must be attached.

Previous Approval as Early childhood education consultant before January 1994

SECTION D Experience as Director/Administrator

Center _____

Address _____

City/Town _____ State _____ Zip Code _____

Ages of Children Served: Center School Age

Years Served _____

State your job title in the program and describe your responsibilities:

Title: _____ Responsibilities: _____

Name of the person who could verify your work experience:

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone (_____) _____ Role _____

SECTION E List other programs where you are an Office of Early Childhood approved Early Childhood Education Consultant:

Name of Program _____ Name of Program _____

Address _____ Address _____
City/Town _____ City/Town _____
State _____ Zip Code _____ State _____ Zip Code _____
Telephone (_____) _____ Telephone (_____) _____
License Number _____ License Number _____

SECTION F Check One Box: Currently Employed Not Currently Employed

Employer _____
Position _____
Address _____
City/Town _____ State _____ Zip Code _____
Telephone (Work) _____ (Home) _____

Applicant's Signature _____ Date _____

Note: As an early childhood education consultant your responsibilities shall include, but are not necessarily be limited to:

1. annual review of written policies, plans and procedures;
2. annual review of education programs;
3. availability by telecommunication for advice regarding problems;
4. availability, in person, of the consultant to the program;
5. consulting with administration and staff about specific problems;
6. acting as a resource person to staff and the parent(s);
7. documenting the activities and observations required in a consultation log that is kept on file at the facility; and
8. sign annually a written agreement for your consultation services.

Return this application to:
Office of Early Childhood
450 Columbus Boulevard
Suite 302
Hartford, CT 06103