

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 # (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Cell #(\_\_\_\_) \_\_\_\_\_

**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.

**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 \_\_\_\_\_

<b><u>SECTION E</u></b>	<b>List other programs where you are an Office of Early Childhood approved Early Childhood Education Consultant:</b>
Name of Program _____	Name of Program _____
_____	_____
Address _____	Address _____
City/Town _____	City/Town _____
State _____ Zip Code _____	State _____ Zip Code _____
Telephone (_____) _____	Telephone (_____) _____
License Number _____	License Number _____

<b><u>SECTION F</u></b>	<b>Check One Box:</b>	<input type="checkbox"/> <b>Currently Employed</b>	<input type="checkbox"/> <b>Not Currently Employed</b>
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