

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CHILD DAY CARE LICENSING PROGRAM**

**THIS APPLICATION TO BE COMPLETED FOR
EARLY CHILDHOOD EDUCATION CONSULTANT**

DO NOT WRITE IN THIS BOX – STATE AGENCY USE ONLY

<p>Return to: _____ Child Care Licensing Specialist Department of Public Health</p>	<p>CRITERIA FOR APPROVAL:</p> <p><input type="checkbox"/> Degree in ECE/CD <input type="checkbox"/> Degree in related field (12 Credits) <input type="checkbox"/> Director of Center (2 years) <input type="checkbox"/> Prior Approval</p>	<p><input type="checkbox"/> Center <input type="checkbox"/> School Age</p> <p>DPH Staff: _____ Date: _____</p>
<p><input type="checkbox"/> Licensure/Complaint/Enforcement databases checked on _____(date)</p>		

DEFINITION: Public Health Code 19a-79-1a(21):

(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 day care center that meets standards comparable to those in Connecticut.

Public Health Code 19a-79-11(g) for School Age Program

(g) The Early childhood education Consultant used in the program shall have training and experience in child development, recreation, leisure activities, group social work or elementary education.

INSTRUCTIONS: THIS FORM MUST BE COMPLETED, DATED AND SIGNED BY THE APPLYING EARLY CHILDHOOD EDUCATION CONSULTANT. 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 PROGRAM SUPERVISION.

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 _____

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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: _____

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Name of the person who could verify your work experience:

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone (_____) _____ Role _____

