Application for an Organization to be Recognized as a Professional Association by YoungStar
12.19.14

Professional development is promoted in YoungStar through the Business and Professional Practices indicator (C.3.4). This quality indicator recognizes that the Director and/or administrator or family provider plays an active role in a professional early childhood education or school-age association. The purpose of this indicator is for Programs to show their commitment to the field of early childhood beyond program-based responsibilities. This may include service or leadership in an early childhood professional organization such as the organizations listed in the below. The goals of this indicator are to strengthen and to promote cooperation between professionals and agencies, to encourage interdisciplinary collaboration among professionals in the areas of child well-being, family supports, and educators and to promote access to high-quality programs.

In order for a program to be recognized as a Professional Organization for YoungStar indicator C.3.4, the organization must have all of the following:

- **Proof of membership:** Proof of membership can be membership cards, letters and/or invoices with dates of membership. Active membership means that they are current members who attend four meetings per year: either regular meetings of the association or of committees/groups/teams per year (in person or by phone or web conference). Meeting schedules, agendas, notes/minutes of the meetings will provide proof of active participation. If the Provider belongs to more than one organization and attends a total of four meetings across multiple organizations (for example: 2 NAEYC meetings and 2 BCDI meetings) per year, this would meet the requirement for this indicator.

- **Open membership:** The organization must have an open membership policy. This means that organizations that are only open to members by invitation do not meet the intent of this indicator. For example, Early Childhood Advisory Committees of the technical colleges in Wisconsin are not eligible to be recognized as a professional association by Youngstar because they are not an open membership organization. Not all Programs can belong to the advisory committee.

- **Conflict of Interest:** An association/organization will not be considered if there is a perceived conflict of interest (financial or delivering a service and is in the position to benefit, directly or indirectly, etc.). For example, recognition of a Local YoungStar Office as a professional organization may be perceived as a conflict of interest, therefore, they are not eligible to be recognized as a professional organizations by YoungStar.

- **Supporting Quality:** The organization encourages high quality practices in early childhood.

A full list of organizations that are currently recognized are listed on the YoungStar website at: https://dcf.wisconsin.gov/files/youngstar/pdf/recognized-organizations.pdf
Organizations that would like to be recognized as a Professional Association for the purposes of YoungStar should fill out this form, attach the following information and send it to the address below:

- Association or organizational bylaws, if available
- Committee titles, roles and responsibilities of committees, if available
- A copy of a membership card, letter given to acknowledge membership, or invoice given with dates of membership

Send completed applications and materials to:
Bridget Cullen
Department of Children and Families
201 E Washington Ave  2nd Floor
Madison, WI  53708
Email:  Bridget.Cullen@wisconsin.gov
FX:  608-267-2200

Name of Association: ____________________________________________________________
Organizational Address: _________________________________________________________
City, State, Zip Code: ____________________________________________________________
Contact Person ________________________________________________________________
Contact Telephone(s): ___________________________ Fax: ___________________________
E-Mail: _________________________________________________________________________

I certify all information included on this application is correct.

____________________________________  ______________________________
Signature                          Date

Statement of organizational mission:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Goals of the organization:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What is the geographical area of coverage for the organization: (counties, cities, state-wide, region)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
What is the marketing plan to promote membership?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

How does the organization work to support family child care or group child care?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Please describe the association’s activities that support providers and the profession in Wisconsin to improve child care program quality:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Please list provider orientated activities that have occurred during the past 6 months - What specific actions have occurred at the support group meetings during the last six months that impact individual child care quality improvement related to educational competencies, environment, curriculum and assessment, professional practices and/or health and wellness?

Educational Competencies:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Environment:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Curriculum/Assessment/Child Goals:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Professional Practices:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Health and Wellness

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Please describe links your organization has to state initiatives (example: offer family child care conference – name, location, dates of conference)

__________________________________________________________________________________________
__________________________________________________________________________________________

Please describe links your organization has to national initiatives (example: gives certificates for training to help track providers professional development as required by state regulatory systems)

__________________________________________________________________________________________
__________________________________________________________________________________________

Please describe links to accreditation projects and/or other professional development projects in Wisconsin or nationally.

__________________________________________________________________________________________
__________________________________________________________________________________________

Are membership dues paid by members/participants?  _____ YES  _____ NO
Please describe what the membership dues are used for.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please list the leadership roles in the organization and the persons who are currently filling those roles and term dates if applicable.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

How often does the association or organization meet?

__________________________________________________________________________________________

Does the organization have an active website or Facebook page:  _____ YES  _____ NO
Website address: ________________________________
Facebook Page address: __________________________
Other Considerations:


Thank you for the Application for Organization to be Recognized. The process will take approximately two weeks to review the application.