



State of Utah  
Department of Workforce Services  
Office of Child Care

**CHILD CARE QUALITY SYSTEM (CCQS)  
REQUEST FOR ACCREDITATION INCLUSION IN CCQS FRAMEWORK**

Name of Accrediting Organization: \_\_\_\_\_

Address of Accrediting Organization: \_\_\_\_\_

Website Address of Accrediting Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please complete all fields and include all requested documentation. **Incomplete Applications may not be considered.** If the accrediting organization answers "No" to any of the following questions, it is not eligible for inclusion within Utah's Child Care Quality System. Please see [CCQS policy](#) for further details. The accrediting organization will be notified by email of its status after its application is fully processed.

1. Is the accrediting organization an independent, third party organization? .....  Yes  No
2. Does the accrediting organization offer accreditation in all 48 states within the contiguous United States? .....  Yes  No
3. Is the accrediting organization a not-for-profit? .....  Yes  No  
If yes, attach IRS verification of status.
4. Is the accreditation offered for either early childhood or out-of-school time? ....  Yes  No  
If yes:  Early Childhood  Out-of-school Time  Both
5. Does the accreditation offered incorporate evidenced-based practices related to positive outcomes for children? .....  Yes  No  
If yes, please attach documentation of evidenced-based practices.
6. Does the accreditation process include onsite review of criteria to ensure the program is implementing requirements? .....  Yes  No  
If yes, please briefly explain the onsite review process, including the frequency of the process, in the space below:

7. Does the accrediting process incorporate a renewal process at least every five years? .....  Yes  No

**Submit completed application and all required documentation to [ccqs@utah.gov](mailto:ccqs@utah.gov).**

***Equal Opportunity Employer/Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.