Registering for Early Achievers

Early Achievers Purpose: Early Achievers empowers providers and educators with resources to support each child's learning and development so they can develop the skills they need to be successful in school and life. Early Achievers participation is required in order to accept Working Connections Child Care (WCCC) subsidy or serve Early Childhood Education Assistance Program (ECEAP).

For QRIS Early Achievers Support, Contact: <u>QRIS@dcyf.wa.gov</u> or 1-866-922-7629

To Register for Early Achievers in MERIT, Follow the Steps Below

1. From the MERIT homepage, click on the Facility/Site tab at the top of the page.

Please Note: If you do not have a facility/site tab, please complete the facility/site registration.



2. Click on the blue Early Achievers tab under the Facility/Site details.

| My Record My Education Facility/Site My Applications. Find Training | 0 | |
|--|---|--|
| MERIT » Facility/Site | | |
| Facility/Site Details | | |
| What is a statewide vendor ID? 0 | Earty Achievers Status: Not Enrolled Rating Date: Tribal | |
| | Program Type: Licensed | |
| Provider Id Facility Type License Type Initial License Date Anniversary Date License Expires Primary Contact Name Primary Contact Date of Birth | Data current as of 10/20/2021 | Licensed Capacity Ages Served Current License Status DCYF Licensor DCYF Licensor Phone DCYF Licensor Email Licensee Name |
| | | Date of Birth Substitute Pool Status: |
| Employees Information Account Management Early Achievers Make PBC Payments | | |

3. Scroll to the section labeled "Quality Recognition and Improvement (QRIS) Application" and select the Early Achievers Registration.

| Employees Information | Account Management | Early Achievers | Make PBC Payments | | | |
|----------------------------|----------------------------------|-----------------|-------------------|--|--------------------------------|--------------------------------------|
| | | | | | | |
| Quality Recognitio | n and Improvement S | ystem (QRIS) Ap | oplication | | | |
| Early Achievers Registrati | on t for Quality Recognition. | | | Use this application to register for participation in Early Achiev Use this application to begin the Quality Recognition process to | | ition and Improvement System (QRIS). |
| Early Achievers Reques | tor quality recognition. | | | use and appreciation to begin the second recognition process i | ly requesting a Flogram Flome. | |





MERIT - REGISTERING FOR EARLY ACHIEVERS

4. On page 1 of the application, confirm your program information is correct and select a QRIS Primary Contact from the drop-down menu. Program information is auto-filled based on the facility details in MERIT. If any of this information is incorrect, please contact your licensor or the QRIS inbox.

Please Note: Early Achievers primary and secondary contacts are the people at your site responsible for managing Early Achievers participation. The Early Achievers primary contact is responsible for the oversight and completion of all Early Achievers activities. In early learning programs where there are multiple administrative staff members, an Early Achievers secondary contact may be appointed to support.

| My Record My Education | Facility/Site My App | lications Find Training | | | |
|---|----------------------|--|-----------------|--|--|
| MERIT » My Applications » Early Achievers Registration | | | | | |
| 1 | | | 2 | | |
| Program Info | ormation | | Review & Submit | | |
| Complete the following application to participate in Early Achievers, Washington's Quality Recognition and Improvement System! Upon application submission, your program will be contacted by an Early Achievers coach to support your participation and quality improvement goals! | | | | | |
| Program Information | | | | | |
| Name: License Number: Facility Type: | | | | | |
| Address: | | | | | |
| County: Phone: | | | | | |
| Contact Information | | | | | |
| | |] | | | |
| Name of Primary QRIS Contact: Role within the Program: | | email: Phone: | | | |
| Optional | | r none. | | | |
| Name of Secondary QRIS Contact: | Please Select | 🖌 🥹 email: | | | |
| Role within the Program: | | Phone: | Cancel Next 🛶 | | |



Washington State Department of CHILDREN, YOUTH & FAMILIES

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5. On page 2 of the application, you will confirm your program information and contact information again. You will then complete the application assurances by checking the check boxes next to each statement. The assurances state that you understand participation in Early Achievers is voluntary and that you have read and understand the QRIS Operating Guidelines. Sign and submit the application.

Please Note: The name in the signature box must match exactly the name of the owner of the MERIT account you are using to complete the application.

| My Record | My Education | Facility/Site | My Applications | Find Training | |
|--------------------------------------|--|-----------------------|---------------------|------------------------|--|
| MERIT » My Apj | plications » Earl | ly Achievers Reg | istration | | |
| | 1 | | | | 2 |
| | Program Infor | rmation | | 1 | Review & Submit |
| | | | | | - Back |
| Application Re | eview | | | | |
| Program Infor | mation | | | | View/Edit Information |
| Name: License Number: | | | | | |
| Facility Type: | | | | | |
| Address: | | | | | |
| County: | | | | | |
| Phone: | | | | | |
| Contact Inform | | | | | View/Edit Information |
| | thin the Program: | | email: Phone: | | |
| | unit the Frogram. | | Thome. | | |
| Optional Name of Seconds | ary QRIS Contact: | | email: | | |
| | thin the Program: | | Phone: | | |
| | | | | | |
| Applicant Ass | urances | | | | |
| | | accurate. I authorize | e the Department of | Children, Youth, an | nd Families (DCYF) to enter this information into the Managed Education and Registry |
| Information Tool (N | IERIT), a secure sys | stem owned and op | erated by DCYF. I a | gree to and underst | tand that: |
| | | in Early Achievers | is voluntary. | | |
| | ully understand, and ng Guidelines (Engli | | | | |
| | ng Guidelines (Spar ng Guidelines (Som | | | | |
| Circlo Operadi | iy ouldelines (ouli | ian) | | | |
| Signature: I, correct to the best | of my knowledge | | | affirm that the inform | mation on this application and the supplemental documentation provided are true and |
| | Date: 10/22 | 2/2021 | | | |
| | | | | | Submit |
| | | | | | |

