

## Registering for Early Achievers

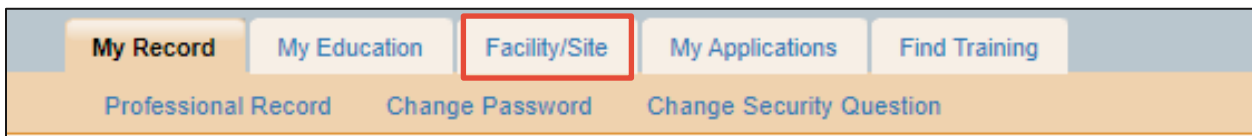
**Early Achievers Purpose:** Early Achievers empowers providers and educators with resources to support each child’s learning and development so they can develop the skills they need to be successful in school and life. Early Achievers participation is required in order to accept Working Connections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

**For QRIS Early Achievers Support, Contact:** [QRIS@dcyf.wa.gov](mailto:QRIS@dcyf.wa.gov) or 1-866-922-7629

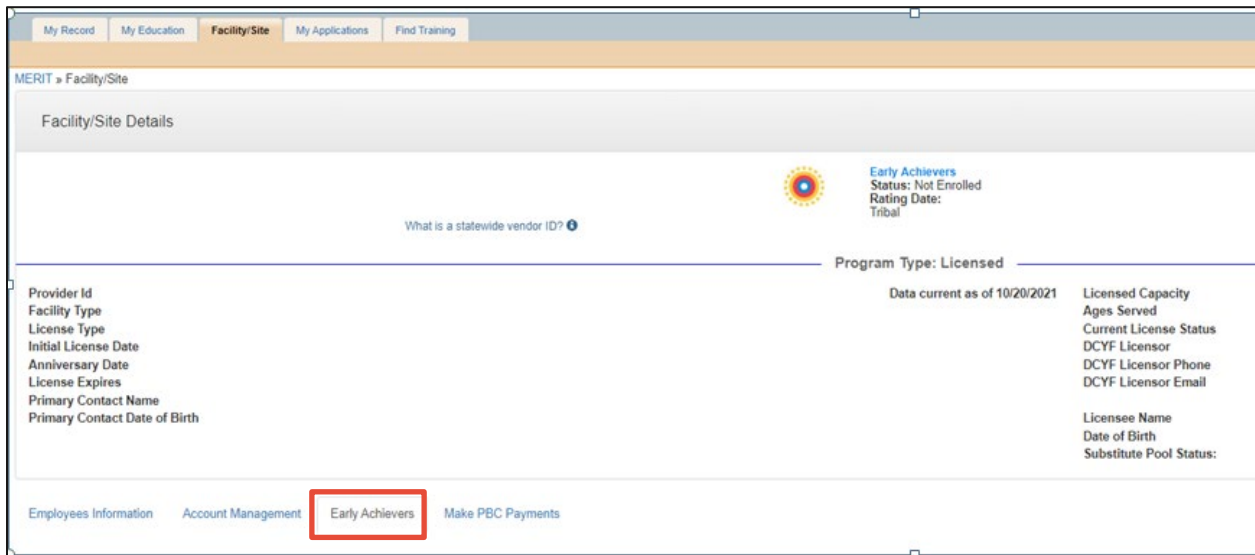
### To Register for Early Achievers in MERIT, Follow the Steps Below

1. From the [MERIT](#) homepage, click on the Facility/Site tab at the top of the page.

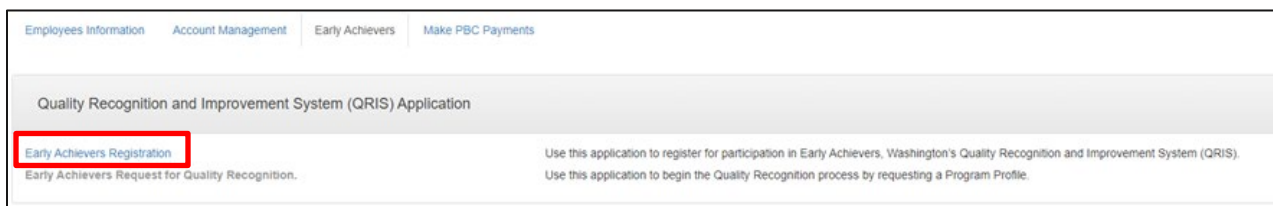
*Please Note: If you do not have a facility/site tab, please complete the [facility/site registration](#).*



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



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



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 Applications** | Find Training

MERIT » My Applications » Early Achievers Registration

1 Program Information | 2 Review & Submit

Cancel | Next →

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: Please Select  email:  
Role within the Program:  Phone:

Optional  
Name of Secondary QRIS Contact: Please Select  email:  
Role within the Program:  Phone:

Cancel | **Next →**



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.*

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My Education
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MERIT > My Applications > Early Achievers Registration

1  
Program Information

2  
Review & Submit

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**Application Review**

**Program Information** View/Edit Information

Name:  
 License Number:  
 Facility Type:  
 Address:  
 County:  
 Phone:

**Contact Information** View/Edit Information

Name of Primary QRIS Contact:                      email:  
 Role within the Program:                              Phone:

*Optional*

Name of Secondary QRIS Contact:                      email:  
 Role within the Program:                              Phone:

**Applicant Assurances**

The information I provided is true and accurate. I authorize the Department of Children, Youth, and Families (DCYF) to enter this information into the Managed Education and Registry Information Tool (MERIT), a secure system owned and operated by DCYF. I agree to and understand that:

I understand that my participation in Early Achievers is voluntary.

I have read, fully understand, and will abide by the:

QRIS Operating Guidelines (English)

QRIS Operating Guidelines (Spanish)

QRIS Operating Guidelines (Somali)

Signature: I, , affirm that the information on this application and the supplemental documentation provided are true and correct to the best of my knowledge.

Date:

Submit
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