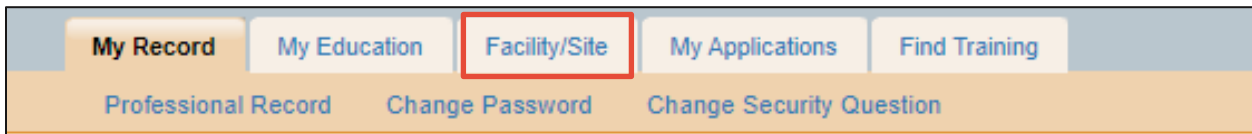# Request for Quality Recognition

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

To Request for Quality Recognition 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.
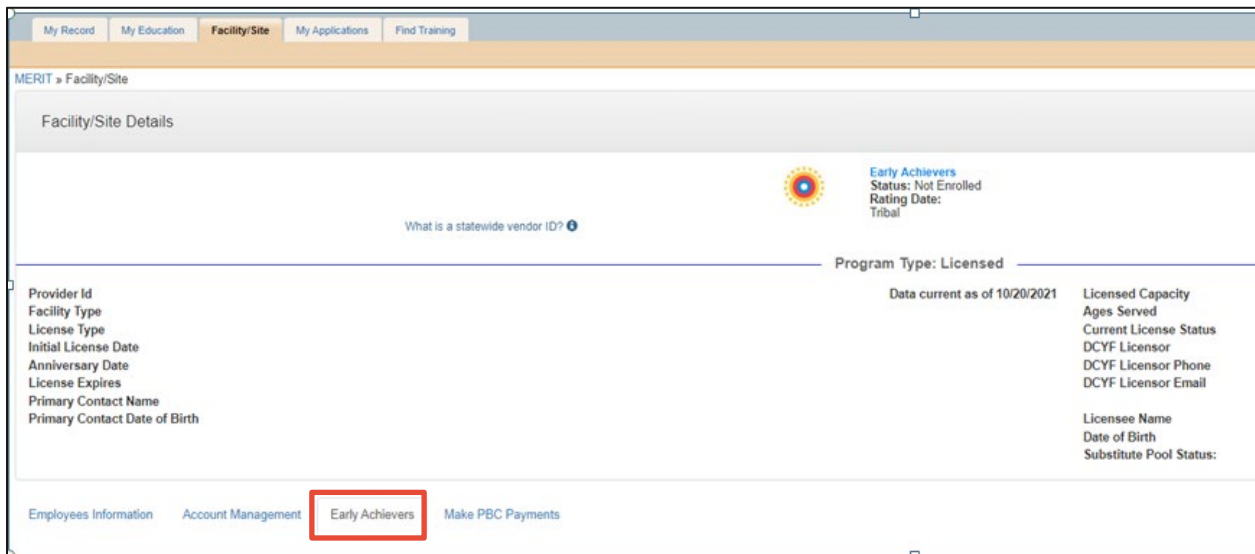
3. Scroll to the section labeled "Quality Recognition and Improvement (QRIS) Application" and select the Early Achievers Request for Quality Recognition.
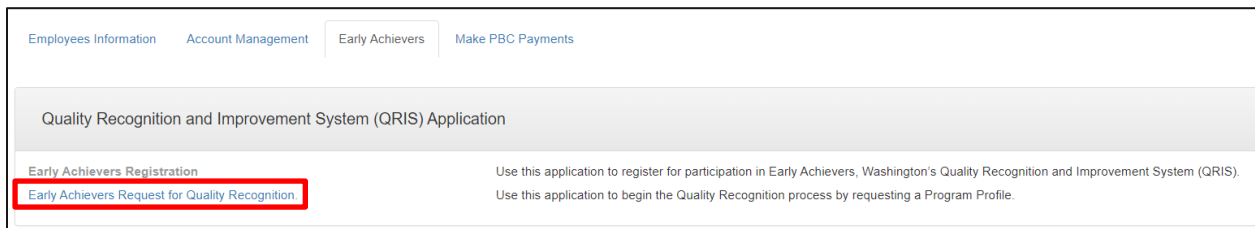
4. When you are ready to proceed with the application, click the blue "Next" button to begin filling out the application.

MERIT » Facility/Site » Early Achievers Request for Quality Recognition

Early Achievers Request for Quality Recognition

You are requesting to begin your quality recognition cycle by completing a program profile. Please click Next to start the application process.

Cancel | Next >

5. The first page of the application is Facility Information.

MERIT » My Applications » Request for Quality Recognition

1 Facility Information —————— **2** Review & Submit

Cancel | Next →

Please enter information about the structure of your program.

Contact Information

Name of Primary QRIS Contact: [⌄]   email:
Role within the Program: Family Home Owner   Phone:

Optional
Name of Secondary QRIS Contact: [⌄]   email:
Role within the Program: Phone:

Program Schedule

Please select all that apply (check at least one box on each line):

☐ Full Day (more than 5 hours) ☐ Part Day (less than 5 hours) ☐ 24 hours

☐ Full Year ☐ Part Year (Example: June to September)

Children Served

How many children are you approved to serve (ex. Licensed capacity)? **Do not include dedicated school-age slots (6-12 years).** [   ]

Ages Served. Please check all that apply:

☐ Check/Uncheck All

☐ Infant (0-11 months) ☐ Toddler (12-29 months) ☐ Pre-School (30 months - 5 years)

Total number of children from ages 0 through 5 years currently enrolled: [   ]

Primary language spoken in your facility (between provider and children)? [Please Select ⌄] If Other [   ]

Secondary language spoken in your facility (between provider and children)? (optional) [Please Select ⌄] If Other [   ]

Classroom and Sessions

Add a record for each session in each classroom. Example, if you have one classroom with a morning and afternoon session, you would add a record for each session. A classroom is defined as a physical room in your facility. A session is defined as one or more classes within a program offered in the same classroom space.

[+ Click here to add Classroom/Session]

Classroom Name	Classroom Capacity	Session Name / #	Session Start Time	Session End Time	Age Range Served	Total Children	Teaching Staff	Schedule	Head Start/ECEAP	Name(s) of Teaching Staff	Delete	Edit
					No Records Found							

Cancel | Next →

Washington State Department of
CHILDREN, YOUTH & FAMILIES

6. In the Contact Information section, select a QRIS Primary Contact and optional Secondary Contact from the drop-down menu.

7. In the Program Schedule section, you will indicate whether your program is Full Day (more than 5 hours), Part Day (less than 5 hours), or 24 hours. You will also need to indicate whether you are Full Year or Part Year (Example: June to September).

8. In the Children Served section, please indicate how many children you are approved to serve, which may be equal to your licensed capacity.

In the Ages Served subsection, check the boxes for each age group.

Next, add the total number of children ages 0-5 currently enrolled in the box provided.

Next, indicate the primary language spoken with children in your facility. An additional optional language may be added.

9. In the Classroom and Sessions section, click the plus button to set up your classrooms and sessions.

Classroom and Sessions

Add a record for each session in each classroom. Example, if you have one classroom with a morning and afternoon session, you would add a record for each session. A classroom is defined as a physical room in your facility. A session is defined as one or more classes within a program offered in the same classroom space.

+ Click here to add Classroom/Session

10. Classroom Information: Write the name of your classroom in the given box along with the capacity.

Classroom Session Information

A classroom is defined as a physical room in your facility. A session is defined as one or more classes within a program offered in the same classroom space.

Classroom Information

Classroom Name: Alphabet   Classroom Capacity: 5

11. Session Information: Sessions help us identify when more than one group of children is served within a classroom space. Write the name/number of your session, the start and end time for the session, the age range that is served in the classroom, and the schedule by using the drop-down menu to select whether you are full year, part year, or seasonal.

Indicate whether this session is full day or part day using the buttons just below the drop-down menu.

Indicate how many children are in this session along with the number of staff in each session.

Indicate whether or not this session is Head Start/ECEAP.

Session Information

Session Name/Number: Butterfly   Session Start Time: 7:00 AM   Session End Time: 4:00 PM

Select the age range that is served in the classroom: Family Home Environment

Classroom schedule: Full Year

● Full Day (more than 5 hours) ○ Part Day (less than 5 hours)

Number of Children: 2   Number of Staff: 2

Head Start/ECEAP in session?
○ Yes ● No

12. Employees: Indicate the staff members who work in this classroom session using the check boxes on the left side next to their names.

At this point, click the orange save button and it will take you back to the original application screen.

13. Next, you will see a summary of the classroom information you have entered. If you have more than one classroom or session, you will need to repeat this process for each session. Once the table is complete, click next.

14. On the final page of the application, you will verify that all information is correct. If there are changes you need to make at this time, click the blue back button to make your changes. If everything is correct, scroll down to complete the Application Assurances.

15. After confirming your information on this page is correct, 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.