



Washington State Department of Early Learning (DEL) is now called Department of Children, Youth, and Families (DCYF).

Go to this website: <https://apps.dcyf.wa.gov/MERIT/Home/Welcome?ReturnUrl=%2fmerit>



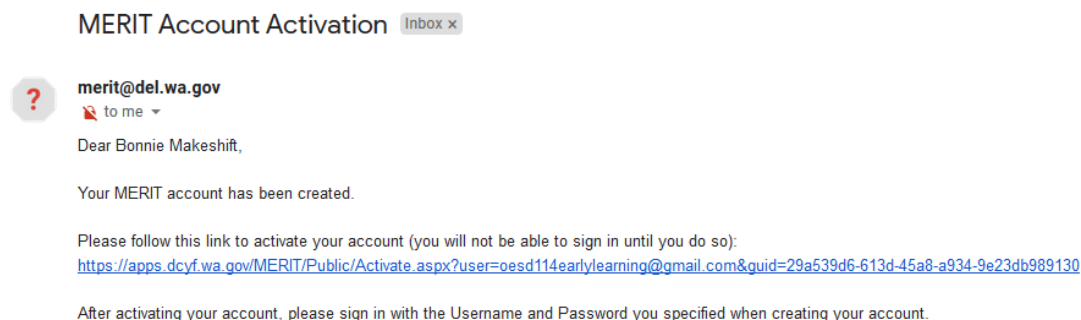
Click on “Sign In or Register”.

Choose “MERIT Registration” and follow all of the prompts to enter your information. Click on “Save”. **Now you will see this:**

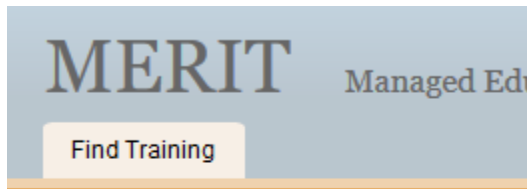
Account Created

Congratulations, you've successfully registered with MERIT! To activate your account, please click on the activation link that was just sent to your email address from MERIT.

You must now go to your email and click on the activation link that was just sent to you. See screen shot below:



When you click on the Activation Link, you should see this message:

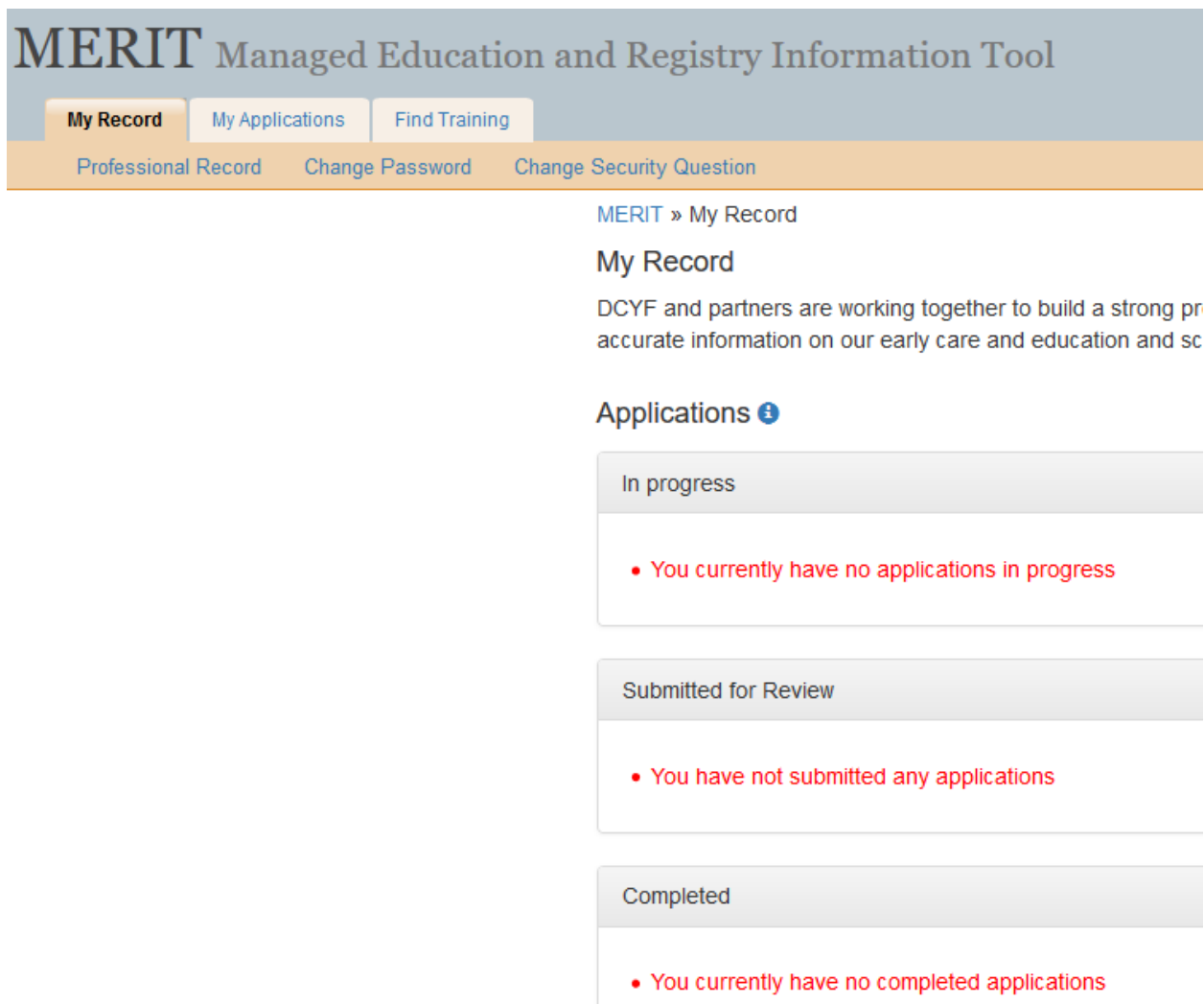


Account Activation

Your account has been successfully activated.
Please click [here](#) to log in.

Click on the blue word “here” to log in and Sign-In to your account.

Now your screen will look like this: (click on the My Applications tab)



MERIT Managed Education and Registry Information Tool

My Record My Applications Find Training

Professional Record Change Password Change Security Question

[MERIT](#) » My Record

My Record

DCYF and partners are working together to build a strong pr
accurate information on our early care and education and sc

Applications ⓘ

In progress

- You currently have no applications in progress

Submitted for Review

- You have not submitted any applications

Completed

- You currently have no completed applications

Now you will click on the blue words STARS ID Number:

My Applications

STARS ID

[STARS ID Number](#)

Use this application to request a STARS ID number and create a professional record in MERIT. Once you submit this application, you will receive your STARS ID immediately on the confirmation page and via email.
Please note: You will not be able to change your name, gender or date of birth after submitting this application.

Now you will see this screen: (fill out ALL of the information)

STARS ID Number Request Personal Information

1

2

3

Personal InformationEmploymentSubmit

CancelNext >

Personal Information

Update your personal information here. Please make sure your name, gender, and date of birth are correct.

First Name :

Bonnie

Middle Name :

Katherine

Last Name :

Makeshift

Primary Language :

English

Secondary Language :

Choose one...

Gender :

☒ Female ☐ Male

Ethnicity :

Not Hispanic/Latino

Race :

White

UserName :

oesd114earlylearning@gmail.com

Birth Date :

06/18/1992

Contact Information

Primary Email

oesd114earlylearning@gmail.com

Additional Email

Contact Phone

(555)555-5555 ext 1234

Cell Phone

(555)555-5555

Now click on Next. You will see this screen:

STARS ID Number Request Employment

1

2

3

Personal InformationEmploymentSubmit

< BackNext >

Early Care & Education/School-Age Employment Information

+Click here to add Employment

| Type | SSPS Provider # | Provider/ Organization ID | Facility Name | License Status | Facility Type | Job Role/Title | Date | Employment Status | Edit |
|------------------|-----------------|---------------------------|---------------|----------------|---------------|----------------|------|-------------------|------|
| No Records Found | | | | | | | | | |

| Type | Site ID | Grantee/Contractor | Site Name | Job Role/Title | Date | Employment Status | ECEAP Staff Qualification Status | Edit |
|------------------|---------|--------------------|-----------|----------------|------|-------------------|----------------------------------|------|
| No Records Found | | | | | | | | |

Click on the light blue rectangle-shaped box that says “+Click here to add Employment”

Now this screen will pop-up:

Employment Edit

Job Title

Employer Search

Employment

Program(s)

- ☐ ECEAP
- ☐ Head Start/Early Head Start
- ☐ Licensed Child Care Center
- ☐ Licensed Family Child Care Home
- ☐ Licensed School-age Program
- ☐ Tribal Child Care
- ☐ Military Child Care
- ☐ FFN In-Home Relative Child Care Provider

Job Title

Cancel

Save

Place a check mark in the “LICENSED CHILD CARE CENTER” box.

When you do that, the Job Title becomes viewable on the right (CHOOSE “I AM CURRENTLY APPLYING”):

Employment Edit

Job Title

Employer Search

Employment

Program(s)

- ☐ ECEAP
- ☐ Head Start/Early Head Start
- ☒ Licensed Child Care Center
- ☐ Licensed Family Child Care Home
- ☐ Licensed School-age Program
- ☐ Tribal Child Care
- ☐ Military Child Care
- ☐ FFN In-Home Relative Child Care Provider

Job Title

Center Aide
Center Assistant Director
Center Assistant Teacher
Center Director
Center Lead Teacher
Center Program Supervisor
Center Volunteer
I am currently applying
Other
Owner

Cancel

Save

Right after you choose “I am currently applying”, you will see this screen (Now type in the number 213346 into the “Search Licensed Facility/Site ID” field and click on “Go”):

Employment Edit

Job Title

Employer Search

Employment

Job Title
I am currently applying

Search Facility/Site Name

Go

Search Licensed Facility/Site ID
213346
Go

Search License Status
All
Go

| Provider/Site ID | Provider Status | Provider Type | Provider/Site Name | Address |
|------------------|-----------------|---------------|--------------------|---------|
|------------------|-----------------|---------------|--------------------|---------|

Cancel Save

Now you will see this pop-up at the bottom (Click on “Select”):

Employment Edit

Job Title

Employer Search

Employment

Job Title
I am currently applying

Search Facility/Site Name

Go

Search Licensed Facility/Site ID
213346
Go

Search License Status
All
Go

| Provider/Site ID | Provider Status | Provider Type | Provider/Site Name | Address | |
|------------------|-----------------|---------------|----------------------------------|--|--------|
| 213346 | Open | Licensed | Discovery Alternative Head Start | 2150 Fircrest Drive SE Port Orchard, WA 98366 | Select |

Cancel Save

After you click on “Select”, you will need to enter your Employment Start Date on the next screen and then click on “Save”.

Your screen should now look exactly like this (Click on “Next”):

STARS ID Number Request Employment

1

2

3

Personal InformationEmploymentSubmit

BackNext

Early Care & Education/School-Age Employment Information

Click here to add Employment

| Type | SSPS Provider # | Provider/ Organization ID | Facility Name | License Status | Facility Type | Job Role/Title | Date | Employment Status | Edit |
|----------|-----------------|---------------------------|----------------------------------|----------------|-------------------|-------------------------|----------------------|-------------------|----------------------|
| Licensed | 806829 | 213346 | Discovery Alternative Head Start | Open | Child Care Center | I am currently applying | 09/16/2019 - present | Self-Entered | Edit |

| Type | Site ID | Grantee/Contractor | Site Name | Job Role/Title | Date | Employment Status | ECEAP Staff Qualification Status | Edit |
|------------------|---------|--------------------|-----------|----------------|------|-------------------|----------------------------------|------|
| No Records Found | | | | | | | | |

BackNext

This is the next screen you will see (Type your name in the Signature box and click on “Submit”):

STARS ID Number Request Submit

1

2

3

Personal InformationEmploymentSubmit

Back

Signature:
Bonnie Makeshift

Date
09/16/2019

BackSubmit

You will now have your STARS ID Number shown to you (SAVE this number into your cell phone for easy access—Now click on “Done”):

Congratulations! You have successfully been issued a STARS ID number. It is **4024056700**. To view your submitted application, click Done and you will be returned to the My Record page where you can click the Early Learning Professional Registration application link to view details.

Done

Now, click on the “My Applications” tab again and click on the blue words that say “Portable Background Check Application”:

MERIT Managed Education and Registry Information Tool

[My Record](#) [My Education](#) **[My Applications](#)** [Find Training](#)

My Applications

| Portable Background Check Application | |
|---|--|
| Portable Background Check Application | Use this application to request a Portable Background Check for a household member at an early learning program, provider or household member. |

| DCYF Licensed, Certified Facilities, Head Start or ECEAP Sites or FFN In-Home/Relative Child Care | |
|---|--|
| Facility/Site Registration | Directors, Owners, Site Managers, and Family Home Care Providers can use this application to register their facility/site. Upon approval, you will be able to use MERIT as a household management tool. |
| FFN In-Home/Relative Child Care Provider Registration | FFN In-Home/Relative Child Care Provider or FFN can use this application to register their household or the household of the child they are caring for. Upon approval, you will be able to use MERIT as a household management tool. |

You will now see this screen (select “Licensed Child Care” and “Employee/Household Member. Then click on “Next”):

Portable Background Check Application Early Learning Program

1

2

3

4

5

Early Learning Program

Applicant Information

Applicant Address

Background Information

Review & Submit

Cancel

Next >

Early Learning Program Selection

You are requesting a Portable Background Check to apply to work, volunteer, are currently working in an early learning program or are a household member of a Family Child Care Home with access to children.

Please select an early learning program below to indicate your primary reason for completing the Portable Background Check application.

☒ Licensed Child Care

☐ Early Childhood Education and Assistance Program (ECEAP)

☐ Head Start

☐ Substitute Pool Applicant ⓘ

☐ FFN In-Home/Relative Child Care Provider ⓘ

Please select your role in the early learning program:

☒ Employee/Household Member

☐ Volunteer

On the next screen, you will enter your information (then click on “Next”):

1

2

3

4

5

Early Learning Program

Applicant Information

Applicant Address

Background Information

Review & Submit

< Back

Account Information

Please review the personal information below. Changes to this information can be made by contacting [MERIT Support Services](#) or by calling toll free: 1-866-482-4325, **opti information must match your government issued ID (Example: Driver's License, Passport, etc.)**

First Name : Bonnie

Middle Name : Katherine

Last Name : Makeshift

STARS ID # : 4024056700

Date of Birth : 06/18/1992

Gender : Female

Applicant Information

Social Security Number - OPTIONAL

###-##-####

Email Address

oesd114earlylearning@gmail.com

Contact Phone #

(360) 536-0240

Alternate Phone #

(555) 555-5555

Government Issued ID (Example: Driver's License, Passport, etc.)

Non-Expired Gov ID Type

Washington License or State ID

State

Washington

ID Number

MAKESBK509LJ

On this screen, you will enter your address history (you will be required to enter at least 5 consecutive years of addresses; be prepared to have access to previous addresses). Click on “Click here to add an Address”. Afterwards, either enter another address or click on “Next”:

Portable Background Check Application Applicant Address

1

2

3

4

5

Early Learning ProgramApplicant InformationApplicant AddressBackground InformationReview & Submit

< BackNext >

Current and Previous Addresses

Please list your current and previous address(es) for the last 5 consecutive years. Use physical addresses and do not enter mailing addresses that include a "P.O. Box."

+ Click here to add an Address

| Address 1 | Address 2 | City | State | Zip | County | Country | From / To | Current Address | Edit | Delete |
|-----------|-----------|------|-------|-----|--------|---------|-----------|-----------------|------|--------|
|-----------|-----------|------|-------|-----|--------|---------|-----------|-----------------|------|--------|

< BackNext >

On this screen, you will now answer questions about your background (answer them and click on “Next”):

Portable Background Check Application Background Information

1

2

3

4

5

Early Learning ProgramApplicant InformationApplicant AddressBackground InformationReview & Submit

< BackNext >

Background Information

Criminal History

Have you been **convicted** of any crime or had any other disposition of criminal charges against you in any local, state, federal, military (either through judicial or non-judicial means), tribal or foreign jurisdiction? For the purpose of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor.

☐ Yes☒ No

+ Click here to add Crime

| Crime | Jurisdiction | Decision | Decision Date | Edit | Delete |
|-------|--------------|----------|---------------|------|--------|
|-------|--------------|----------|---------------|------|--------|

Pending Charges

On this screen, you will review & submit your application. Check mark all of the boxes after you have read each statement. Provide your electronic signature and indicate where it was signed, then hit "Submit".

Portable Background Check Application Review & Submit

1 Early Learning Program 2 Applicant Information 3 Applicant Address 4 Background Information 5 Review & Submit

[< Back](#)

Applicant Assurances

I declare under penalty of perjury under the laws of the State of Washington that all information provided on this form is true and correct. I understand that if the information I provided is determined not to be true and correct I may be charged with perjury, I may be disqualified from having unsupervised access to children in care, and, if I am a child care licensee, DCYF may revoke my license or take other enforcement action against me.

- ☒ I have viewed my information and it is correct. I understand that if I submit information that is incorrect, I may be charged an additional fee to correct the information.
- ☒ I give DCYF and DSHS permission to check my background with any government entity, including but not limited to law enforcement agencies.
- ☒ I give any governmental entity, including but not limited to law enforcement agencies, permission to release to DCYF and DSHS any background check information that DCYF and DSHS requests.
- ☒ In the event my background check information becomes pertinent to an appeal of a background check disqualification or a licensing action, I give DCYF and DSHS permission to release my background check information to an administrative law judge, and administrative law review judge, or to a court.
- ☒ I give DCYF and DSHS permission to release my background check information as required by court order, the Public Disclosure Act, Chapter 42.56 RCW, or other laws pertaining to privacy, confidentiality, or the release of public records.
- ☒ I give DCYF permission to give my background information to the person or entity named in Step 1.

If I am age 13, 14, or 15 a non-criminal background check will be completed per WAC.

These permissions are valid for three years from the date of signature and submission.

Reporting Responsibilities

I understand I must report within twenty-four hours the following information about myself once I submit my background check, regardless of the State where the incident occurred:

- An arrest or pending charge against me.
- Allegations of abuse or neglect of a child or vulnerable adult.

Report this information to 1.866.ENDHARM (1.866.363.4276).

- ☒ I have read and understand the reporting responsibilities.

Electronic Signature: Must match the first & last name provided on Step 2

Bonnie Makeshift

Date:

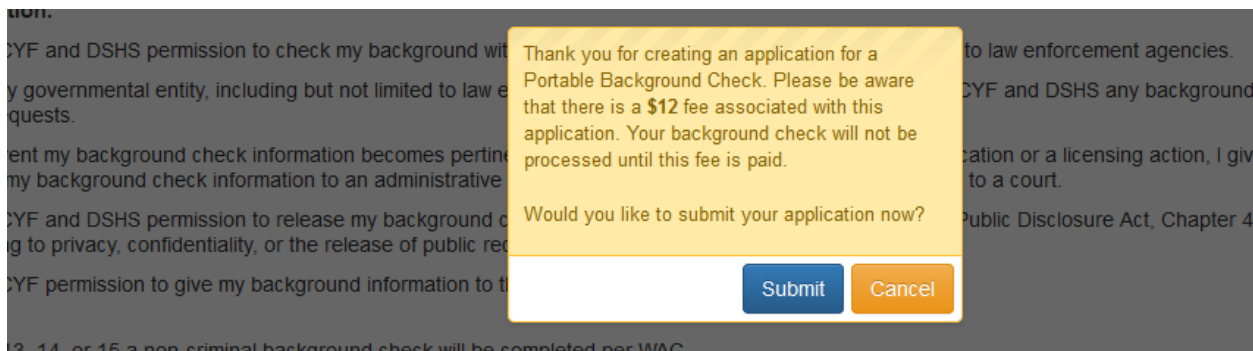
09/17/2019

Please indicate where the form was signed (Name of city or county):

Kitsap County

[< Back](#) [Submit](#)

After you hit the yellow “Submit” button, this will pop-up. This is where you need to pay the \$12 fee associated with the application. You need to fill out a “Non-Travel Reimbursement” form and provide a copy of your receipt in order to be reimbursed. Give those things to your Supervisor and it will be submitted to the Business Office for reimbursement. If you are unable to pay the fee, contact the office at 360.478.6889 to make an appointment to come into the office and we will pay for it:



Click on “Submit” to continue to pay and follow the prompts.

Once you pay the \$12, your application has been officially submitted. This is now the time to CAREFULLY WATCH YOUR EMAIL. You will receive an email from backgroundcheck@dcyf.wa.gov (in a few days up to two weeks), informing you that you need to be fingerprinted. The subject line will read *“Portable Background Check Fingerprints Required”* The email will have a PDF attached to it. You need to open the PDF and find the OCA#. It is at the top of the PDF.

From the date you receive their email, you ONLY have 10 days to make your appointment. If you miss the deadline, you will have to submit another PBC application and it will cost you \$12.

To schedule your appointment, go to:




www.identogo.com/locations/washington

State Department of
YOUTH & FAMILIES

| | |
|--|------------------|
| | |
| | |
| | OCA # 5254714 |

Once you get to the Identogo website, under “Enrollment Services”, click on “Digital Fingerprinting” as shown below:

Enrollment Services
Select an Option Below to Get Started

| | | |
|---|---|---|
|  Digital Fingerprinting Fingerprinting for state and federal agency or employment |  TSA Pre✓® An expedited security screening program connecting travelers |  HAZMAT A threat assessment for any driver seeking to obtain, renew |
|---|---|---|

On this screen, choose “For New Appointments” and click on “Schedule a New Appointment”.

Fingerprinting & Enrollment Services
For Licensing, Certification or Employment requirements in Washington

Important! You must finish the registration process to be fingerprinted. You will receive an email or a confirmation number when registration is complete.

| | | | |
|--|--|---|--|
| For New Appointments To schedule a new appointment, click the green button below. We will ask you for the information needed to schedule and process your background check. <div style="background-color: #28a745; color: white; padding: 5px; text-align: center; margin-top: 10px;">Schedule a New Appointment</div> | To Mail In Your Fingerprint Card To register to send your prints through the mail, click the button below. You will be asked to mail your fingerprint cards to Identogo after payment is made. Only out of state residents or individuals physically unable to be digitally printed are able to use this option. <div style="background-color: #28a745; color: white; padding: 5px; text-align: center; margin-top: 10px;">Register for Fingerprint Card Processing Service</div> | To Look Up or Change an Existing Appointment To look up, reschedule or cancel your appointment, please choose one of the below methods to locate your record. <div style="background-color: #17a2b8; color: white; padding: 5px; text-align: center; margin-top: 10px;">Registration ID (REGID)</div> <div style="background-color: #17a2b8; color: white; padding: 5px; text-align: center; margin-top: 5px;">Email Address</div> | For Fingerprint Rejection Notices To schedule your retake appointment, we need to lookup your registration. Please choose one of the below methods to locate your record. <div style="background-color: #17a2b8; color: white; padding: 5px; text-align: center; margin-top: 10px;">Registration ID (REGID)</div> <div style="background-color: #17a2b8; color: white; padding: 5px; text-align: center; margin-top: 5px;">Transaction Control Number (TCN)</div> |
|--|--|---|--|

On this screen, from the drop-down list, choose “Department of Children, Youth, and Families (DCYF)” and click “Go”:

Agency

Please choose your agency from the list below.

Agency/Applicant Type Department of Children, Youth and Families (DCYF) ▼

Go Back Go

On this screen, you will enter the OCA# from the PDF form that was attached to the email and your date of birth and click on “Lookup Applicant”:

Lookup Applicant

OCA/Inquiry ID

Date of Birth

Lookup Applicant

To complete the scheduling of your appointment, follow the prompts that come next. You will be required to pay \$45.75 to make this appointment. You will be reimbursed for this. Save your receipt and turn it into your Supervisor along with a Non-Travel Reimbursement form. Call 360.478.6889 if you would like to make an appointment to come into the office and do this.

Completing the ECEAP Staff Qualification Application in MERIT Procedure

When? The application needs to be complete within one week of starting your new position. Completing the application should take you about 15-30 minutes, depending on how much information you've previously entered into MERIT. Documentation needs to be mailed to Centralia as soon as possible after the application is complete.

What kind of financial incentives are available? See the DCYF Professional Development Achievement Awards page by clicking on the link below. The funding is limited and awarded first-come, first-served, so submit your application and documentation right away!

<https://www.dcyf.wa.gov/services/earlylearning-profdev>

Procedure

Go to <https://apps.dcyf.wa.gov/MERIT/Home/Welcome?ReturnUrl=%2fmerit>

1. Click "Sign in or Register" at the bottom of the screen
2. Register for an account or sign in with your email address and password
3. Click the "My Education" Tab in the top left of your screen
4. Under "My Education Profile" select "Complete My Education Application..."
5. Select YES for "I am an ECEAP lead teacher, ECEAP assistant teacher and/or ECEAP family support staff."
6. Click the blue GO button
7. You are now on Step 1 – My Role. Follow all directions on this page, then click Next.
8. Proceed through Steps 2, 3, 4, and 5 following the directions on each page from top to bottom.
9. Gather your documentation:
 - a. Have your college or university mail your official transcripts to you at your home
 - b. Gather all documentation that demonstrates you are qualified for your ECEAP position, based on the option you selected on the Staff Qualifications application
 - i. For example, if you checked "An associate or higher degree with 30 or more college quarter credits in early childhood education," you will gather transcripts that show your final degree award as well as transcripts that show all 30 credits
 - c. Gather any additional documentation that backs up your education award described on Step 3 of your application, such as diplomas, certificates, and credentials
 - d. Do not include anything extra. For example, do not gather workshop certificates unless those workshops were used to qualify you for your ECEAP position
 - e. Do not resubmit documentation that was previously verified through MERIT (if you already received a financial incentive award)
10. Write your STARS ID on the top of each page of your documentation.
 - a. Tip: Black out your SSN if it appears on your transcripts

11. Submit to Centralia College in one of the following ways:
- a. By mail:
 - i. Copy the front and back sides of your official transcripts and all other documents
 - ii. Write your STARS ID on the outside of the envelope (next to your name)
 - iii. Place the copies of your transcripts and certificates into one envelope and mail it to: Centralia College CFS Attn: MERIT 600 Centralia College Blvd
Centralia, WA 98531-4035
 - b. By email:
 - i. Scan and email to: centraliamerit@centralia.edu