



How to Submit: Quality Rated Workforce Bonus

This document will guide you through submitting your application for the Quality Rated Workforce Bonus.

To begin, visit <u>decalqrpayments.com/quality-rated-workforce-bonus</u>.

2 Scroll down to the Find Your Program's Application Window section. Enter simple words or numbers into only ONE of the search fields to find your program.







3 If there is more than one search result, select your program from the drop-down menu that appears.

| QUALITY RATED CHILD CARE | MENTS | Georgia Dept of Early Care and Learning | MANAGED BY S©LUTIONS | | | |
|--|--|---|-------------------------|--|--|--|
| Home Payment Programs | | | | | | |
| | Please select your program | | <u></u> | | | |
| Quality Rate | Big Blue Marble - Athens - 2400 Daniels Bridge R | d. Athens, GA 30606 - CCLC-57459 | | | | |
| FOR ELIGIBLE EN | Big Blue Marble - Bogart - 1181 Rocky Branch Ro | ad Bogart, GA 30622 - CCLC-55324 | | | | |
| | Big Blue Marble - Dallas Acworth Hwy - 10492 Da | allas Acworth Hwy. Acworth, GA 30101 - | CCLC-50216 | | | |
| | Big Blue Marble - Duluth - 3480 Pleasant Hill Roa | d Duluth, GA 30096 - CCLC-51029 | | | | |
| Recognizing your hard | Big Blue Marble - East Cherokee - 8991 E. Cherok | ee Drive Canton, GA 30115 - CCLC-5026 | 64 | | | |
| Funded by the Georgia Department | Big Blue Marble - Evans Towne Center - 7100 Evans Towne Center Blvd Evans, GA 30809 - CCLC-50207 | | | | | |
| annual Quality Rated Workforce B acknowledges the hard work that p | Big Blue Marble - Hartley Station - 4901 Mount Pleasant Church Rd Macon, GA 31216 - CCLC-50414 | | | | | |
| quality of care and education that c | Big Blue Marble - Hwy 155 - 1924 Hwy. 155 North McDonough, GA 30252 - CCLC-50217 | | | | | |
| receive a \$500 annual bonus. | Big Blue Marble - John's Creek - 3835 Johns Creek Parkway Suwanee, GA 30024 - CCLC-62165 | | | | | |
| | Big Blue Marble - Madeline Drive - 4124 Madeline Drive Augusta, GA 30909 - CCLC-50206 | | | | | |
| When can I apply? | Big Blue Marble - Monroe - 1860 Bold Springs Ro | I. Monroe, GA 30656 - CCLC-55312 | | | | |
| | Big Blue Marble - Newnan - 243 Summerlin Blvd. Newnan, GA 30265 - CCLC-58021 | | | | | |
| If you meet the eligibility requirem based on your program's assigned a | Big Blue Marble - Peake Rd 7087 Peake N. Rd Macon, GA 31210-8038 - CCLC-50413 | | | | | |
| CLICK HEDE TO CHEC | Big Blue Marble - Steven's Creek Road - 925 Steven's Creek Road Augusta, GA 30907 - CCLC-50203 | | | | | |
| CLICK HERE TO CHEC | Big Blue Marble - Townsend Road - 989 Townsen | d Road Villa Rica, GA 30180 - CCLC-502 | 18 | | | |
| | Big Blue Marble Academy - 2773 Hwy 81 McDon | ough, GA 30252 - CCLC-53322 | | | | |
| | sig sive Marble Academy #48 - 5415 Campgroun | na koaa cumming, GA 30040 - CCLC-56 | 50006 | | | |
| | Big Blue Marble Academy - Butord - 2715 Mall of | du Hill Road Mariatta GA 30519 - CCLC | -38080 | | | |
| | big bige warble Academy - windy Hill - 270 Win | ay min koad manetta, GA 50060 - CCLC- | 04201 | | | |
| | Please select your program | 0 | | | | |
| | Salart Saurch Amin | | | | | |
| | Search Again | | | | | |
| | | | | | | |

4

If it is not your application window, it will say Not Yet Open and indicate your application month. Come back during that month to apply.

| 🕓 Not Yet Open |
|--|
| |
| Your application window is October 1-31, 2025. |
| Search Again |



5 If it is your application window, it will say Time to Apply. Click on Apply Now.



6 You will be redirected to <u>www.decalscholars.com</u>. Sign into the account you have with Care Solutions, reset your password, or <u>create a new account</u>. Please note, if you reset your password or create a new account, you will need to go back to Step I of this guide to get to the application.

| Scholars | RATED PAYMENTS | Georgia Dept of Early Care and Learning | SELUTIONS | |
|--|---|---|-----------------|--|
| Account Sign In | | Don't ha | ive an account? | |
| Email Address | | | | |
| | | | | |
| Password | | | | |
| | | | | |
| If you are still experie 642-6722 ext. 602 or | encing issues, pleas support@decalschola | e contact Care Solu irs.com | tions at 770- | |
| | Login | l. | | |
| | Earnat Daga | word? | | |





7 Answer the pre-qualification questions.

| Scholars | Q1100 TANKING | G SELUTIONS | | | Need Help | 9 |
|--------------|------------------------|------------------------------|---------------------------------|------------------------------------|------------------------|---|
| | | | | | < Back To Dashboar | d |
| 2025 N | larch QR \ | Norkforce Pre- | Qualification Fo | orm | | |
| Welcome t | to the QR Work | force Bonus | | | | |
| Georgia's pr | rogram that rewa | rds early childhood eligib | le staff in a 1-, 2-, or 3- sta | r facility with an annual \$500 p | payment. | |
| Please answe | er each of the follo | wing required questions to h | elp us determine how to direc | st you. | | |
| Do you wor | rk in a 1, 2, or 3-Sta | r Quality Rated program? | | | | |
| • Yes | No | | | | | |
| Have you b | een employed with | your current employer for a | t least 90 days? | | | |
| • Yes |) No | | | | | |
| Are you a f | ull-time teacher or | support staff (30+ hour per | week or 15+ hours per week i | f working only in school-age class | room)? | |
| • Yes | No | | | | | |
| Do you wor | rk on-site? | | | | | |
| • Yes | No | | | | | |
| | | | | | Check Your Eligibility | |

8

If you are pre-qualified, select Continue to Application. If not, you can try again if you believe you may have answered any of the questions incorrectly.







9 Review the Employer Information. If you do not work there, select Delete
 Application – it will bring you back to the search feature on the website to start over.
 If it is correct, press Confirm and Continue.







O Review your Personal Information. Fill in any required fields. Press Continue.

| Schoars Quil more | SELETIONS | | | | Need Help |
|---|--|---|--|---|------------------------------|
| Home > Programs > 2025 | March QR Workforce > Application | on | | | |
| 0 | 0 | 0 | o | 0 | o |
| Employer | Personal | Employment | Documents | Payment | Affirmation |
| Personal Informatic Please enter the following inf the Decal Scholars office at 8 About You If your name has changed, ple | ON formation about yourself. Pre-po 00-227-3410 or 770-642-6722 t ease submit the relevant update | opulated information was co o make changes. ed documents during the Doc | lected during your account cre suments step. You may submit | ation process. If any of that h any proof of identity under "L | as changed, you must contact |
| Name* | | | Date of Birth * | | |
| | | | 55N * | | |
| Contact Info | | | | | |
| St Address* | | | Apt/Unit | | |
| | | | | | |
| City* | | | State* | | |
| | | | | | |
| Zip Code* | | | Email | | |
| | | | | | |
| Mobile Phone* | | | Home Phone | | |
| | | | | | |
| Add Mailing Address (| (if Mailing is different from Cont | tact Information. Tax papers | and checks will be mailed to th | vis address.) | |
| Your Identity | | | | | |
| Gender * | | | Ethnicity* | | |
| | | - | | | • |
| Race * | | | Residency Status * | | |
| | | * | | | • |
| | | | | | |

(Continued on next page)





Complete the Employment information and press Continue.

| Home > Programs > 2025 March QR | Workdorce > Application | | | | | |
|--|---|--|--------------------------------------|--------------------------------|---------------------|--|
| ۰ | • | 0 | o | o | o | |
| Employer Your Position | Personal | Employment | Documents | Payment | Attemation | |
| Applicant Job Title (mark all that ap | oply) * | | | | | |
| Owner Director As | st. Director 🕑 Teacher 🗌 Asst | L Teacher 🗌 Floater 🗌 Administ | ration Staff 🗌 Nutrition Staff 🗌 | Maintenance Staff Transporta | ntion Staff 🗌 Other | |
| Are you a teacher in a lottery-funder | d Georgia's Pre-K classroom? | | | | | |
| Are you a literal Start or Early literal | Gast teacher? | | | | | |
| ⊖ Yes ⊖ No | | | | | | |
| Are you a teacher working only with | school age children (512) in before | /after care?* | | | | |
| O Yes O No | | | | | | |
| What is your date of hire? Please us | se the original hire date if employment | nt has been continuous with present en | sployer, but at different locations* | | | |
| MM/DD/YTYY | G | | | | | |
| How many children do you work wit | \$6?* | | | | | |
| | | | | | | |
| What ages of children do you work | with? (Please mark all that apply)* | old and Dee K 🖳 Kindemaster and d | | | | |
| 0 | | | | | | |
| | Child Care Learning Center | | | | | |
| Hours & Payment facility type | | | | | | |
| Hours & Payment facility type What is the number of hours you w | ork each week?* | | | | | |
| Hours & Payment facility type What is the number of hours you w | ork each week?* | | | | | |
| Hours & Payment facility type What is the number of hours you w 1224 cs. What is your hourly wage?* | ork each week?* | | | | | |
| Hours & Payment facility type What is the number of hours you w 1234 ex. What is your hourly wage?* | ork each week?* | | | | | |
| Hours & Payment facility type What is the number of hours you w 1224 ex. What is your hourly wage?* Jiow often do you get paid?* | ork.each week?* | | | | | |
| Hours & Payment facility type What is the number of hours you w 1224 ex. What is your hourly wage?* Liow often do you get paid?* | ok each week?* | | | | | |
| Hours & Payment facility type What is the number of hours you we 1224 es. What is your hourly wage?* I low often do you get paid?* What is the number of months per y | ok each week?* year you woek?* | | | | | |
| Hours & Payment facility type What is the number of hours you we 1224 es. What is your hourly wage?* How often do you get paid?* What is the number of months per y | ok each week?* year you woek?* | | | | | |
| Hours & Payment facility type What is the number of hours you w 1234 cs. What is your hourly wage?* Now often do you get paid?* What is the number of months per y What is the number of months per y | ook each week?* pear you wook?* pear you wook?* | | | | | |
| Hours & Payment facility type What is the number of hours you we 1234 ex. What is your hourly wage?* How often do you get paid?* What is the number of months per y what is the number of months per y | ook each week?* rear you work?* rear you work?* | | | | | |

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Follow these steps to upload all required documents.

a. Select the required document from the dropdown menu. Select Choose File to choose your file from your device.

| Schoars Que and C The | SELUTIONS | | | | S Need Help 💿 |
|--|---|---|-----------------|---|---------------------|
| Home > Programs > 2025 March QR Worl | kforce > Application | | | | • |
| Emolower | Personal | Employment | O Documents | © | Affermation |
| Documents Please upload the following documents Required Documents | | | | | |
| Notarized Affidavit for Lawful Presence Notarized Affidavit for Lawful Presence Verification | Verification Secure and Verifiable Document | You can download a blank Affidavit for Lawful Presence Verification here. Please ensure that you select one citizenship status on your Affidavit, your Affidavit is Notarized, and your signature date is on or before the Notary's signature date. | Download Form 🛓 | | |
| GaPDS Recent Profile Paystubs | | Choose File No file chosen | | | |
| Back | | | | | Save Draft Continue |





b. Click upload.

| Schwars Quere a month of state | | | | | 📦 Need Help |
|--|-----------------------------------|---|-----------------|---------|---------------------|
| Employer | © Personal | ⊘ Employment | Documents | Payment | 0 Affirmation |
| Documents Please upload the following documents Required Documents Document | terification | | | | |
| Notarized Affidavit for Lawful Presence Verification GaPDS Recent Profile Paystubs | Secure and Verifiable Document | You can downtoad a blank Atfidianty for Lawful Presence verification here. Prease ensure that you select one citizenthys status on your Atfidianty in Instantice, and your signature date is on or before the Notary's signature date. Choose Film Atfioret pdf | Download Form ± | | |
| Back | | | | | Save Draft Continue |

c. Once uploaded, a green checkmark will appear next to the document on the left column and the document name will appear on the right column. Do not select the red x appearing next to the document you uploaded on the right of your screen, unless you wish to remove the document you just uploaded.

| Remonal | | | | | | | |
|--|---|---|---|---|-------------|---|------------------------------------|
| Personal | GaPDS | Employer | Employment | CDATrainer | Affirmation | Documents | Payment |
| Documents Please submit the followin Affidavit for Lawful Presen Required Document Document Secure and Verifiable Do GaPDS Notarized Affit Profile Verification Training YourCourt | g documents to the D ce Verification on this ts cocument davit for Lawful Prese scil Profile | Decal Scholars office off s page. Please print the B ance d c | ice to complete your app m out and sign where ne Submit a copy of the f ACK of your Secure and ocument. A list of these of an be found here. | lication. You can downlo eded. FRONT and Download F- Verifiable locuments | orm & | ation Page, Statement of GaPDS Profile Document 1.pdf.pdf Notarized Affidavit fo Presence Verificatio Document 2.pdf.pdf | Affirmation, and or Lawful n |



d. Continue to select the next document from the dropdown menu, select Choose File, and upload for all required documents. Be sure to upload 2 recent paystubs. If you already have a notarized affidavit on file with Care Solutions, you will not be prompted to upload a new one or submit your secure and verifiable document on this screen. Once all documents show a green checkmark, press Continue.

| Norman > Programs > 2025 March QR Workforce | LUTIONS | | | | 🛙 Need Help 💿 |
|---|-----------------------------------|--|-----------|--|---------------------|
| Conceptions | Personal | Congleyment | Documents | ©Payment | Alfemation |
| Notarized Alfidavit for Lawful Presence Verification GaPDS Recent Troffee Paystubs | Secure and Verifiable Document | Your paystubs must be within 30 days and reflect your gross YTD wages. Choose File No file chosen | | Notarized Affidavit for Lawful Press Affidavit pdf GaPDS Profile GaPDS Profile pdf Secure and Verifiable Document Drivers License front back.pdf Recent Paystubs Paystub 2.png | ence Verification |
| Back | | | | × Recent Paystubs Paystub 2.png | Save Draft Continue |

3 Next, select which payment type you would prefer to receive.

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|---|--|---|--|---------------------------------------|-------------------------------------|---|
| | When selecting a Particle Part | ayment Preference pleas ACH Payment, during the nd conditions. ay Check, confirm that yo ensure the proper treatm | se keep in mind: e application process yo our mailing address mate ent of the mailed check. | u would have to agree hes the USPS | Select Payment Type ACH Check | |
| | Back | | | | Save Draft Continue | 3 |



a. If ACH is selected, enter your information through the secure portal. You will need to scroll down and select Next to navigate through each screen.

| Tipalti ACH Setup | | | × | |
|---|---|------------------|----|--|
| 1 2 Address Payment Method | | Powered by tpatt | Î | |
| Enter Your Informa To ensure that you receive your pa bank. | tion yments on time, please enter your details as you shared them with | your | | |
| Туре | Individual | | | |
| Contact Email | | | | |
| Phone Number | | | | |
| First Name | | | | |
| Middle Neme | | | w. | |

| MIGUIE Mallie | |
|----------------|--------|
| Last Name | |
| Street Address | |
| Address 2 | |
| City | |
| Country | |
| State | |
| ZIP | |
| | Edit |
| | Next → |





b. Or you may select Check and press Continue.



Read the Affirmation statement, type in your signature at the bottom of the screen (exactly as it appears in the first sentence), and press Continue.

| Home > Programs > 2025 April QR Wolf | force > Application | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| Employer | Personal | Employment | Documents | Payment | Affemation |
| intentionally providing false or misle Without limiting the generality of 1 Internal Revenue Service (RS). 1 authorize any agent or employee application and supporting documer employment related verifications, an | independent on the application or support in the foregoing, I certify and affirm that the taxpaye of DECAL to verify the information I have provid to with (i) Care Solutions, Inc., DECAL's agent ab d (iii) the payment processor engaged to distribu | g documents is a violation of state law and ma r identification number on my application is my ed on my application and supporting document ministering the DECAL payments, (ii) the U.S. C te funds should I receive an award from DEC | y result in civil or criminal penalties. Social Security number or other taxpayer iden s. I acknowledge, understand and agree that D taxenship and Immigration Services and the Sc | tification number lawfully issued to me by the ECAL and its agents and employees may sha cial Security Administration in connection wit | Social Security Administration or the re personal information from my th DECAUs systems for citizenship and |





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Review all your information. If something needs to be corrected, press the pencil icon on the right to go back to that page and edit your information. If everything is correct, press Request Employer Verification.

| Nore , Programs , 2025 March (Rt Workford , Apple) | x | | ¥ Need Help 🕝 |
|--|--|---|-------------------------------|
| Review Verify all the following information before submitting your Applicant Name Ganter Oute of Brm | pplication. Go back to the application if you need to make any changes. Please | read and agree to the terms of agreement. | \bigcirc |
| Adoss Residency Statu Sucial Security Res Execution Registration Number Email Madia France Nume France | | | |
| Employer Fallity Name Faulty Advance Employment Onto at the Hours Worked Each Nack | | | () () |
| Houry Yage Pymaer Tyse Numeer of Park Months Rer Year Numeer of Park Months Rer Year Affirmation Statement Bigedore Date | | | $\overline{\mathbf{O}}$ |
| Back | | Print | Request Employer Verification |

You will receive a Submission Confirmation screen, confirming your application has been sent to your employer for verification. The director or administrator at your center will need to verify your employment details before the application is received by Care Solutions for processing.

| = | Scholars Official Solutions |) |
|---|--|---|
| | Submission Confirmation Thank you for submitting your online Test Program QR application - we have received your electronic information! | |
| | What happens next? | |
| | Your Director will receive an email at asking them to review your employment information. They have 7 days to complete this review. Once your Director verifies your information, we will proceed with processing your application. Please allow an additional 3-4 weeks for processing after verification is completed. | |
| | Note: If the email address indicated is not correct, please have your Director or Owner email support@decalqrpayments.com and provide the new contact name, position, and email address for the person authorized to complete your employment verification form. | |
| | Back To Dashboard | |





17 You may go to your Dashboard to view the Status of your application at any time. You may also update your Profile at any time.

| Scholars Quin an | G SSLUTIO | NS | | | Need Help |
|--|----------------------------------|--------------|---------|---|---|
| My Applicant Record | | | | | |
| Name Applicant Id Address | | | | Date of Birth Social Security Email Mobile Phone Home Phone | |
| III Columns 🐨 Filters 🔳 Program Group | Density 🕁 Export Program Name | Last Updated | Period | Amount | Status Actions |
| QR Workforce | 2025 March QR Workfo | 03/30/2025 | Monthly | N/A | Employer Verification Resend Verification > |
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| III Columns Program Rinup Program Name Last Updated Period Amount Status Actions QR Workforce 2025 March QR Workfo 03/30/2025 Monthly N/A Employer Verification Reserved Verification > Rows per page: 5 × 1-1 of 1 < > > > | My Applicant Record Name Applicant I Address | | | | Date of Birth Social Security Email Mobile Phone Home Phone | | Password Communication Communication 1099 Payment Uploads Logout |
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| | III Columns V Fiters II Program Group QR Workforce | Density 🛓 Export Program Name 2025 March QR Workfo | Last Updated 🔶 03/30/2025 | Period Monthly | Amount N/A | Status Employer Verification | Actions Resent Verification |

What does the status of my application mean?

- <u>Not Yet Submitted</u> You have not finished completing your application. It must be completed and submitted before it can be reviewed.
- <u>Employer Verification</u> Your application is submitted and waiting for Employment Verification. It must be verified by your employer before Care Solutions can review it.
- <u>Received</u> Your application was verified by your Employer and sent to Care Solutions for review.

(Continued on next page)





What does the status of my application mean? (Continued)

- <u>Under Review</u> Your application is actively being reviewed by Care Solutions.
- <u>Incomplete</u> Your application has been reviewed. More documentation (or updated documentation) is required to complete the processing of your application. Please upload the requested documentation.
- <u>Denied</u> Your application has been reviewed. It was determined that you do not meet the eligibility criteria to receive the QR Workforce Bonus.
- <u>Approved with Stipulations</u> Your application is going through E-Verify to confirm your eligibility to work in the United States.
- <u>Approved</u> Your application has been reviewed and approved for payment. Please allow 2-4 weeks for payment to be processed.
- Payment Sent Your application was approved, and payment has been sent.