



How to submit your program's information for the Commitment 2 Quality (C2Q) payments

This document will guide you through submitting your information for your Commitment 2 Quality (C2Q) payments. To expedite the payment process, carefully follow the instructions below.

If your program has not received a payment from Care Solutions in the past, you will receive an email to submit your program's information. Click on the link at the bottom of the email. It is best to use a computer (not a mobile phone), if possible.

Subject Line:	 Invitation to Receive Your Quality Rated Commitment to
Quality (C2Q) Payment	
To ,	
Your facility is eligible to re star provider participating the deadline to submit y information will result in fo	aceive the Commitment to Quality (C2Q) payment since you are a 2- or 3 in the CAPS program. To ensure timely payment of your C2Q payment, our information is Wednesday, March 19, 2025 . Failure to submit your prfeiture of the C2Q payment.
Any questions, email <u>supp</u>	ort@decalgrpayments.com or call 770-642-6722 ext. 613
For instructions on how to	complete the submission page, click <u>HERE</u>
TO SUBMIT YOUR INFORM	IATION, PLEASE CLICK <u>HERE</u> .

A web page will open. Enter your name and position and click Continue.

Georgia Dept of Early Care and Learning S@LUTIONS
After affirming my name and position, I understand I will have to upload a current W9 and enter in the business TiN/EIN to proceed. I also recognize my geolocation is being captured electronically during this process as further verification. First Name First Name Last Name Position Position/Titld Continue





3 Make sure the program information at the top of the next page is correct. Then, select either TIN or EIN (the number you use to file your taxes). Enter your TIN/EIN number and click Submit.

QUALITY RATED CHILD CARE PAYMENTS	Georgia Dept of Early Care and Learning and Learning	MANAGED BY SœLUTIONS
Request for Taxpayer Identification Number and Certification Facility information.		
Business Name: Business Address: Current Director: Business Owner: License Number:	2	3
Please enter the tax identification number (TIN) or employer identification number (FIN).		1
Select an identification number type		Subra
Upload your program's W9. To download a blank W9, click here,		
Epidoard W9		

4 Your TIN/EIN number will be validated against the IRS database. It may take up to two minutes to validate.

QUALITY. CHILD CARE PAYMENTS	Georgia Dept of Early Care and Learning See LUTIONS
Request for Taxpayer Identification Number a	nd Certification
Business Name: Dusiness Address: Current Director: Business Owner: License Number:	
Nease enter the tax identification number (TIN) or employer identification nu	mber (EIN).
Select an identification number type	Enter Sudmit
Jpload your program's W9. To download a blank W9, click here.	
Upbed W9	





Once your TIN/EIN is validated, a green message will appear, "Valid TIN/EIN." If you receive a red message "Invalid TIN/EIN," please double-check the number you entered and try again.

If you continue to encounter an error message, email <u>support@decalqrpayments.com</u> to let us know you cannot get past the validation screen, and include your TIN/EIN number in the email.

CHID CARE PAYMENTS	Georgia Dept of Early Care and Learning
Request for Taxpayer Identification Number and Certification	
Business Name: Business Address: Current Director: Business Owner:	
License Number: Please enter the tax identification number (TIN) or employer identification number (EIN).	
Select an identification number type Ent TIN En Upload your program's W9. To download a blank W9, click here.	er Subria
Upload WV	

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Upload your W-9 by clicking on the Upload W-9 button (you can click on the link above the button to download a blank W-9). The W-9 must include the same TIN/EIN number that was validated during the previous step, and it must be fully complete and signed within the past year.

QUALITY" RATED CHILD CARE PAYMENTS	Georgia Dept of Early Care and Learning	S@LUTIONS
Request for Taxpayer Identification Number and Certification		
Business Name: Business Address:		
Current Director: Business Owner: License Number:		
Please enter the tax identification number (TIN) or employer identification number (EIN).		
Select an identification number type Enter		Sint
Upload your program's W9. To download a blank W9, click here.		
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Select the W-9 from your files on your computer and click Open. The file name will appear next to "File Uploaded." Once your document is uploaded, a green message will appear, "Document updated successfully." If you receive a red message "Invalid/Error," please check the name, size, and type of your file (please note, file types other than PDF may result in an error message). Once your file is fixed, try uploading it again.

If you continue to encounter an error message, email <u>support@decalqrpayments.com</u> to let us know you cannot upload your W-9, and include your W-9 in the email.

QUALITY RATED CHILD CARE PAYMENTS		Georgia Dept of Early Care and Learning	MANAGED BY SœLUTIONS
Request for Taxpayer Identification Number	and Certification		
Business Name: Business Address: Carmed Directori Business Amaric: Educates Namber:	Document updated successfully!		
Please enter the tax identification number (TIN) or employer identification	umber (EN).		
Select an identification number type TIN TIN	Enter and a second seco		
Upload your program's W9. To download a blank W9, click here.			
Select a Payment Preference	File Uphoaded: W-9 IRS Form w Care Solutions.pdf		
When selecting a Payment Preference please keep in mind:			
Make sure the data you enter is correct before submitting. If you choose ACH Payment, during the application process you wo your submission. For Payment by Check, confirm that your mailing address matches week after verification of your submission, and delivery times will de	dd have to agree to the terms and conditions. Please note that ACH payment may take a few days after the verification of he USPS formatting to ensure the proper treatment of your mailed check. Please note that your check may be issued a pend on the USPS mail system.		Select Payment Type ACH Check

Next, select your payment type. You can choose either ACH (direct deposit) or check.

QUALITY. CHILD CARE PAYMENTS				Georgia Dept of Early Care and Learning	MANAGED BY
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Upland W9	File Uploaded:	W-9 IRS Form w Care Solutions.pdf			
ect a Payment Preference					
then selecting a Payment Preference please keep in mind: Make sure the data you enter is correct before submitting. If you choose ACH Payment, during the application process you would your submission. For Payment by Check, confirm that your mailing address matches th week after verification of your submission, and delivery times will dep 	have to agree to the terms and conditions USPS formatting to ensure the proper free and on the USPS mail system.	. Please note that ACH payment may take a few trment of your mailed check. Please note that yo	days after the verification of ur check may be issued a		Select Payment Type





If you choose ACH (direct deposit), the Tipalti ACH Setup will open in a pop-up window. Fill in all sections. Use the scroll bar in the window to scroll to the bottom to see the Next button. The window will automatically close after pressing "Next" on the 2nd page.

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10 If Check is selected for the payment type, it will open a different pop-up window. Confirm the mailing address for the check. If the mailing address is incorrect, email <u>support@decalqrpayments.com</u> with the correct address.

Request for Taxpayer Identification Number and Certification	Georgia Dept of Early Care and Learning	Selutions
Facility Information. Business Name: Business Address: Canned Director: Business Dente: License Munice		
Please enter the tax identification number (TIN) or employer identification number (CIN). Select as identification number type TNI ● EN Upload your program's W9. To download a blank W9, click berg. Upload your program's W9. To download your program's W		
Select a Payment Preference When selecting a Payment Preference please keep in mind: Make sure the data you enter is correct before submitting. Make sure the data you enter is correct before submitting. For Payment by Check, coefirm that your mailing address matches the USPS formatting to ensure the proper treatment of your mailed check. Please note that your check may week after verification of your submission, and delivery times will depend on the USPS mail system.	verification of be issued a	Select Payment Type O ACH @ Check

11 Once the payment type is filled in, check the box to open the Certification and Authorization section.

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QUALITY RATED CHILD CARE PAYMENTS		Georgi of Earl and Le	ia Dept MANAGED BY ly Care Similar SCELUTIONS	
Carnet Director: Business Owner: License Namber:				
Please enter the tax identification number (TIN) or employer identification num	ber (EIN).			
Select an identification number type O TIN () EIN	Enter			
Upload your program's W9. To download a blank W9, click here.				
lipliced MI	File Uploaded: W-9 IRS Form w Care Solutions.pdf			
Select a Payment Preference				
When selecting a Payment Preference please keep in mind:				
Make sure the data you enter is correct before submitting. If you choose ACIP Payment, during the application process you would to of your submission. For Payment by Check, confirm that your mailing address matches the t week after verification of your submission, and delivery times will depen	ave to agree to the terms and conditions. Please note that ACH payment may take a SPS formatting to ensure the proper treatment of your mailed check. Please note that d on the USPS mail system.	few days after the verification It your check may be issued a	Select Payment Type O ACH Check	
CERTIFICATION AND AUTHORIZATION				
Click this box to agree to the Certification and Authorization 🔘				
Please confirm all of your facility's information is accurate before clic	king Confirm & Submit.			





12 A pop-up window will appear with the Certification and Authorization statement. After reading the statement, press Continue.

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enter the tax identify	ortina ar mh co FMM an ann da an 1 de aMantina ar mhan AMM.		
t an identification m	CERTIFICATION AND AUTHORIZATION		
n 🛞 Ein	I certify that all of the information on my application and supporting documents for the Georgia Department of Early Care and Learning (DECAL) S	Scholars Program is true, correct and complete to the best of my knowledge. I	
	uncerstand that any tasse or misseading information knowingly provided on the application or supporting documents may be grounds for me to be d may prevent me from participation in any future programs sponsored by the DECAL. I understand that intentionally providing false or misleading on	ensed participation in the DECAL schorars commitment to Quality Program and the application or supporting documents is a violation of state law and may result	
ad your program's W9.	in civil or criminal penalties.		
	Without limiting the generality of the foregoing, I certify and affirm that the taxpayer identification number on my application is my Social Security Security Administration or the Internal Reseaue Service (IBS)	number or other taxpayer identification number lawfully issued to me by the Social	
	I authorize any agent or employee of DECAL to verify the information I have provided on my application and supporting documents. I acknowledge	e, understand and agree that DECAL and its agents and employees may share	
a Payment Preference	personal information from my application and supporting documents with (i) Care Solutions, Inc., DECAL's agent administrating the DECAL Scholars	Commitment to Quality Program, (ii) the U.S. Citizenship and Immigration Services	
	and the Social Security Administration in connection with DECAEs systems for citizenship and employment-related verifications, and (iii) the payment Scholars Program.	nt processor engaged to distribute funds should I receive an award from the DECAL	
n selecting a Payme	I understand, acknowledge and agree that, if approved and awarded funds, (i) I may be issued IRS Form 1099 to report awarded funds as income	if such awarded funds are deemed taxable (combined with any taxable funds) in	
Make sure the data	any tax year are at least \$600, (ii) regardless of the amount of any awarded funds and regardless of whether I am issued Form 1099, I must comply DECAL, nor any of its agents or employees, have provided me any tax or legal advice in connection with my application to the DECAL Scholars Come	with applicable law in reporting income on my tax returns, and (iii) neither the mitment to Quality Program or any awarded funds.	
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ICATION AND AUTH	ORIZATION		
ck this box to agre	e to the Certification and Authorization		

13 Click the Confirm and Submit button that appears at the bottom right corner of your screen.

		Ge an	Georgia Dept MANAGED BY of Early Care and Learning See LUTIONS	
Business Address: Current Director: Business Rowner: License Humber:				
Please enter the tax identification number (TIN) or employer identification number (EIN).				
Select an identification number type Enter				
Upicad your program's W9. To download a blank W9, click here.				
quicad no File Uploaded:	W9 IRS Form w Care Solutions pdf			
Select a Payment Preference				
When selecting a Payment Preference please keep in mind: Make sure the data you enter is correct before submitting. If you choose ACM Payment, during the application process you would have to agree to the terms and conditions. P of your unalministics. For Payment by Check, confirm that your mailing address matches the USPS formatiseg to easure the proper treatm week after verification of your submission, and delivery times will depend on the USPS mail system.	fease note that ACH payment may take a few days a next of your mailed check. Please note that your che	fter the verification	Select Payment Type O ACH 🕃 Check	
CERTIFICATION AND AUTHORIZATION				
Click this box to agree to the Certification and Authorization				
Please confirm all of your facility's information is accurate before clicking Confirm & Submit.			Cort	im & Submit





14 Once your information is successfully submitted, you will be brought to a landing page and you will see the green message "Facility Verified." If you receive a red message "Invalid/Error," close out the window, click on the email link again, and redo the submission form.

If you continue to encounter the red error message, email <u>support@decalqrpayments.com</u> and let us know which section is causing the issue.

QUALITY" RATED CHILD CARE PAYMENTS	Georgia Dept of Early Care and Learning Best from the Math
S Facility Verified	
Thank you for requesting for your Commitment to Quality (C2Q) Payment. Please allow tim be processed. If you have any questions or concerns, please contact us: Email: support@decalqrpayments.com Phone: 770 042 6722 ext. 613	e for the verification of your information and for your payment to

In addition, you will receive a confirmation email. If you do not see the confirmation email within 3 business days, please check your spam/junk folder. You can also email support@decalqrpayments.com to confirm your submission.

From: support@decal	lqrpayments.com <support@decalqrpayments.com></support@decalqrpayments.com>
Sent: Monday, Januar	y 27, 2025 5:14 PM
To:	
Subject:	- Quality Rated Commitment to Quality (C2Q) payment - lilburn@afuntimeout.com
	- Quality Rated Commitment to Quality (C2Q) payment
	01/27/2/
We have received y	your information for the C2Q payment. Your information will be verified and payments will processed as quickly as possible.
To ensure you don't	t miss any communication from us, please add support@decalqrpayments.com to your safe senders list. If you have any questions, feel free
to email us or call (7	770) 642-6722 Ext. 613.
🕤 Reply 🛛 🤿	Forward