

Providing Our Workforce Essential Recognition Manual

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Providing Our Workforce Essential Recognition Manual

1. Introduction

Providing Our Workforce Essential Recognition (POWER) supplemental payments are available to Georgia's Early Care and Education (ECE) professionals working in Georgia Department of Early Care and Learning (DECAL) licensed childcare programs, Department of Defense (DOD) Programs, Early Head Start and Head Start programs, or Georgia's Pre-K lead and assistant teachers in public schools. The POWER Payment is intended to support ECE professionals working directly with children and their families.

1.1 POWER Timeline

- 2022 Round 3 Application Period: June 1 – July 1, 2022

Payments to eligible individuals will be made on a rolling basis after the application period ends and the POWER team begins processing applications.

2. Eligibility Requirements

Applicants must be a United States citizen, legal permanent resident of the United States, or a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien registration number issued by the Department of Homeland Security or other federal immigration agency. A program must be open and serving children at the time of applying for payment. Employees of a program experiencing a temporary closure due to COVID-19 or a facility issue (i.e., water damage) are eligible.

To be eligible for the POWER Round 3 Payment, ECE professionals must meet the following criteria:

- Must be employed on or before May 1st, 2022, must have a valid CRC on file with the program, must have maintained continuous employment since that time, and must still be employed at the time of application.
- Must work on site at an eligible program at least 20 hours per week.
- Must have a GaPDS (Georgia Professional Development System) number.
- Employees are eligible for one payment regardless of how many programs they work for.
- Corporate or district level staff working in a central office are not eligible.
- Volunteer work, practicums, substitute assignments, and internships do not qualify.
- Contractors who work for a staffing service that are not direct employees of the program are not eligible.
- Must maintain continuous employment throughout the entire application process. *Please note, if an individual leaves their employer before a determination has been made, the application will be deemed POWER Ineligible at the request of the employer.*

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Examples of Eligible Positions

- Family Child Care Learning Home Provider
- Family Child Care Learning Home Teacher or Aide
- Child Care Center Teacher
- Child Care Center Assistant Teacher
- Child Care Center Director
- Childcare Center Owner
- Child Care Center Assistant Director
- Child Care Center Cook/Nutrition Staff
- Child Care Center Bus Driver
- Child Care Center Floater (this may include office/clerical staff who work in the classroom providing breaks to staff)
- Child Care Center Custodian/Janitorial Staff directly employed by the program
- Child Care Center Family Service/Transition Coach Staff Working Directly with Families
- Curriculum Coordinator
- Early Head Start/Head Start Lead Teacher
- Early Head Start/Head Start Assistant Teacher
- Early Head Start/Head Start Center Director (*Not for Grantee Leadership Staff*)
- Early Head Start/Head Start Center Assistant Director (*Not for Grantee Leadership Staff*)
- Early Head Start/Head Start Home-Based Visitation Direct Service Staff (*Not for Grantee Leadership Staff*)
- Early Head Start/Head Start Family and Community Engagement Direct Service Staff (*Not for Grantee Leadership Staff*)
- Georgia's Pre-K Lead Teacher (private or public)
- Georgia's Pre-K Assistant Teacher (private or public)

Eligible Programs

To be eligible for the payment, ECE professionals must work in one of the following eligible programs:

- A Georgia childcare center program licensed by DECAL or DOD
- An exempt Georgia Head Start or Early Head Start program (*Note: Head Start/Early Head Start Grantee Leadership Staff are not eligible for payment*)
- Georgia's Pre-K Program provider (private or public)

2.1 Application Process

Providers must apply on behalf of their staff through DECAL KOALA. It is strongly recommended that providers complete the application on a computer or tablet and use Chrome or Microsoft Edge for their browser as Internet Explorer (IE) is no longer supported and may interfere with access. The application is not accessible from a cell phone.

All communication regarding applications should be managed by the employer. If additional information is needed, the POWER Processor will contact the facility to request additional documentation. If an

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individual has any questions or concerns, please communicate them to the employer. Individuals should also monitor their email and spam folders for missed communications from Care Solutions.

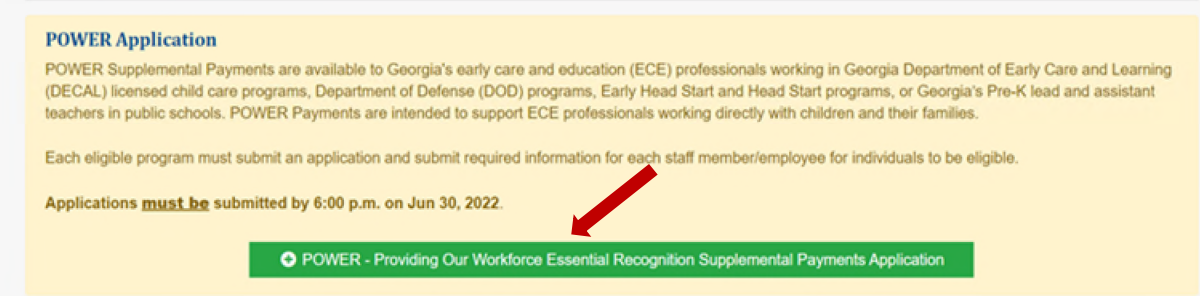
Please note, the application process outlined in this document does not apply to payments for Georgia's Pre-K Program Lead and Assistant Teachers employed by a local school system. DECAL will pay the funds directly to the school system for Georgia's Pre-K lead and assistant teachers employed by the school system.

2.2 Process for New Employee Applications

Providers who did not submit POWER applications in Round 1 or 2, or those with new employees will complete a full application through DECAL KOALA for each eligible new employee. Providers who submitted a Round 2 application should refer to **Section 3.2** for information on how to apply for these individuals.

NOTE: If an individual's Lawful Presence documents submitted in POWER Round 1 required SAVE review, the individual will need to resubmit the documents for POWER Round 3. This will include a new notarized affidavit.

1. Upon logging into DECAL KOALA, the "+ POWER: Providing Our Workforce Essential Recognition Supplemental Payments Application" button displays for all eligible programs.




POWER Application

POWER Supplemental Payments are available to Georgia's early care and education (ECE) professionals working in Georgia Department of Early Care and Learning (DECAL) licensed child care programs, Department of Defense (DOD) programs, Early Head Start and Head Start programs, or Georgia's Pre-K lead and assistant teachers in public schools. POWER Payments are intended to support ECE professionals working directly with children and their families.

Each eligible program must submit an application and submit required information for each staff member/employee for individuals to be eligible.

Applications **must be** submitted by 6:00 p.m. on Jun 30, 2022.

 **POWER - Providing Our Workforce Essential Recognition Supplemental Payments Application**

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2. Review the application important dates, eligibility requirements, and instructions. *Note: Head Start/Early Head Start Grantee Leadership Staff are not eligible for payment.*

Eligible programs can start the process to apply by entering their staff/employee rosters.

From **05/01/22** eligible programs will be able to apply by completing the program application and providing the required information for each eligible staff member/employee. Programs must provide all required information and documentation in order for individual staff members/employees to receive payments.

Who is eligible to receive the \$1,000 workforce bonus?
The Early Childhood Professionals Bonus is available to Georgia's early care and education (ECE) professionals working in Georgia Department of Early Care and Learning (DECAL) licensed child care programs, Department of Defense (DOD) programs, Early Head Start and Head Start programs, or Georgia's Pre-K lead and assistant teachers in public schools. The bonus is intended to support ECE professionals working directly with children and their families.

[Please refer to this link for application instructions.](#) This application can be saved before being submitted, so please be sure to complete all relevant sections in accordance with the directions.

Examples of eligible positions include:

- Child Care Center Assistant Teacher
- Child Care Center Assistant Director
- Child Care Center Bus Driver
- Child Care Center Cook/Nutrition Staff
- Child Care Center Custodian/Janitorial Staff
- Child Care Center Director
- Child Care Center Family Service/Transition Coach Staff Working Directly with Families
- Child Care Center Floater
- Child Care Center Teacher
- Child Care Program Owner
- Curriculum Coordinator
- Early Head Start/Head Start Assistant Teacher
- Early Head Start/Head Start Directors
- Early Head Start/Head Start Family and Community Engagement Direct Service Staff
- Early Head Start/Head Start Home-Based Visitation Direct Service Staff
- Early Head Start/Head Start Lead Teacher
- Family Child Care Learning Home Provider
- Family Child Care Learning Home Teacher or Aide
- Georgia's Pre-K Assistant Teacher (private or public)
- Georgia's Pre-K Lead Teacher (private or public)

This program must be open and serving children at the time of applying for the bonus. Employees of a program experiencing a temporary closure due to COVID or a facility issue (i.e. water damage) are eligible.

Add Secure Key for Decal Koala

OPTIONAL:
If you would like to add an additional level of security to the POWER Employee Applications please select 'Add Secure Key for Decal Koala'

3. Providers will have the ability to set up a Secure Key to access the application. This optional feature is designed to enhance security of information contained in the POWER application. See **Appendix A** for more information on the Secure Key feature.

Eligible programs can start the process to apply by entering their staff/employee rosters.

From **05/01/22** eligible programs will be able to apply by completing the program application and providing the required information for each eligible staff member/employee. Programs must provide all required information and documentation in order for individual staff members/employees to receive payments.

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[Please refer to this link for application instructions.](#) This application can be saved before being submitted, so please be sure to complete all relevant sections in accordance with the directions.

Examples of eligible positions include:

- Child Care Center Assistant Teacher
- Child Care Center Assistant Director
- Child Care Center Bus Driver
- Child Care Center Cook/Nutrition Staff
- Child Care Center Custodian/Janitorial Staff
- Child Care Center Director
- Child Care Center Family Service/Transition Coach Staff Working Directly with Families
- Child Care Center Floater
- Child Care Center Teacher
- Child Care Program Owner
- Curriculum Coordinator
- Early Head Start/Head Start Assistant Teacher
- Early Head Start/Head Start Directors
- Early Head Start/Head Start Family and Community Engagement Direct Service Staff
- Early Head Start/Head Start Home-Based Visitation Direct Service Staff
- Early Head Start/Head Start Lead Teacher
- Family Child Care Learning Home Provider
- Family Child Care Learning Home Teacher or Aide
- Georgia's Pre-K Assistant Teacher (private or public)
- Georgia's Pre-K Lead Teacher (private or public)

This program must be open and serving children at the time of applying for the bonus. Employees of a program experiencing a temporary closure due to COVID or a facility issue (i.e. water damage) are eligible.

Add Secure Key for Decal Koala

OPTIONAL:
If you would like to add an additional level of security to the POWER Employee Applications please select 'Add Secure Key for Decal Koala'

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- Review the list of employee records prepopulated into the application. The employee list will include employees with a satisfactory Criminal Records Check (CRC) by May 1, 2022.

Showing 1 to 2 of 2 entries

[Add Employee/Staff Member](#)

	Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
	EMP- [REDACTED]	[REDACTED]	[REDACTED]	Jan 02, 2019	Incomplete		
	EMP- [REDACTED]	[REDACTED]	[REDACTED]	Feb 03, 2006	Incomplete		

- If an employee record does not populate but the employee had a valid CRC on file on or before May 1, 2022, select "Add Employee/Staff Member" and follow the screen prompts to add the employee.



- A list of valid CRCs on file for the program will appear. Select the employee to add. If employer is a DOD or GAHS/GAEHS program, select "Add Employee/Staff Member." A blank screen will appear; enter the employee's information. *Note: Head Start/Early Head Start Grantee Leadership Staff are not eligible for payment.*

Select Employees

Select all the employees that you want to add for this POWER application. If someone is not listed, confirm that they have a completed background check application.

[Add to POWER Application](#)
[Cancel](#)

Select	Name	Date of Birth
<input type="checkbox"/>	Betty Boop	Jan 01, 1960

POWER - Add Employee

Contact Information

First Name

Last Name

Suffix

Date of Birth

SSN

GaPDS #

Phone

Email

Employment Information

Hire Date

Hourly Amount

Pay Indicator

Employed at least 20 hours per week:

Employee Role

Mailing Address

Address

Address 2

City

State

Zip

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Example of a Completed Employee Record

Contact Information

First Name

██████████

Last Name

██████████

Suffix

Select-->

Date of Birth

██████████

SSN

XXX-XX-XXXX

GaPDS #

██████████

Phone

██████████

Email

Marcy.Maioli@dec.al.ga.gov

Employment Information

Hire Date

02/03/2006

Hourly Amount

\$ 10.00

Pay Indicator

☒ Hourly
☐ Salary

Employed at least 20 hours per week:

☒ Yes
☐ No

Employee Role

Family Child Care Learning Home Provider

Mailing Address

Address

██████████

Address 2

City

██████████

State

Georgia

Zip



██████████

- To delete employees who are no longer employed at the facility or are no longer eligible, click the Red Trash Can next to their information. A dropdown menu will appear; select a "Criteria Not Met Reason."

Showing 1 to 2 of 2 entries

Add Employee/Staff Member



Search:

Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
EMP ██████████	Ramari Watkins	██████████	Jan 02, 2019	Incomplete		
EMP ██████████	Angaleque Crawford-Fowler	██████████	Feb 03, 2006	Incomplete		

Showing 1 to 2 of 2 entries

Add Employee/Staff Member

Search:

Employee #	Employee Name	Status	Remove	Doesn't Meet Criteria
EMP ██████████	Ramari Watkins			
EMP ██████████	Angaleque Crawford-Fowler			

Criteria Not Met Reasons

Select-->
Select-->
Contractor/Staffing Agency
CRC Determination letter not valid
Hire Date - Employed after 5/01/2022
Hours - Not employed 20 or more hours
No longer employed/move to another location
Role Change/Role - Ineligible
Work Authorization Expired


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Georgia Department of Early Care and Learning

Questions? Email the Power Support Team at supplementalpayments@dec.al.ga.gov

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- After updating the Employee List, complete an individual application for each employee. This can be done by clicking on the Folder Icon next to the employee's name.




	Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
	EMP [REDACTED]	Ramari Watkins	[REDACTED]	Jan 02, 2019	Complete		Hire Date - Employed after 5/01/2022
	EMP [REDACTED]	Angaleque Crawford-Fowler	[REDACTED]	Feb 03, 2006	Complete		

- Verify the employee's name, address, SSN, GaPDS number, and employment information. If this information is not accurate, the POWER application review may be delayed.


POWER - Add Employee

Contact Information

First Name Last Name Suffix Date of Birth 

SSN GaPDS # Phone Email


Employment Information

Hire Date  Hourly Amount \$ Pay Indicator ☒ Hourly ☐ Salary

Employed at least 20 hours per week:
☐ Yes
☐ No

Employee Role

Mailing Address

Address 

Address 2

City State Zip

- Upload all required documents.

Upload Documents

Required Documents:

- 1. Verification of lawful presence and employment verification form
- 2. Supporting documentation for verification (secure and verifiable document)
- 3. Supporting documentation for employment (copy paystub etc...)

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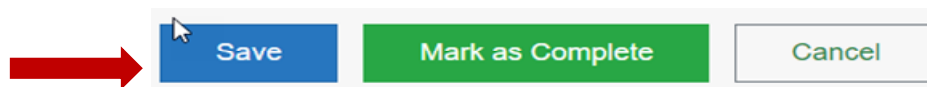
- a. *Notarized Verification of Lawful Presence and Employment form*: This form can be accessed in the employee's POWER application record. The form should be printed for each employee. Employees must then complete, sign, and have the form notarized. See **Appendix B** for more details on the *Verification of Lawful Presence* form.
- b. *Supporting Documentation for Affidavit Verification*: Upload the appropriate lawful presence verification documentation, such as a Driver's License for U.S. citizens. Qualified aliens or non-immigrants should provide appropriate documentation as explained in **Appendix B**.

Important Note Regarding Minors: In some cases, employees as young as 16 years old may be eligible for a POWER payment. Employees under the age of 18 should complete an *Employment Verification for Minors Form*. See **Appendix C** or email supplementalpayments@dec.al.ga.gov for a copy of the form.

- c. *Supporting Documentation of Employment*: Upload a paystub or other wage verification documentation as outlined in **Appendix D**.

Important Note Regarding Continuous Employment: Employees who have ended employment at a POWER eligible program and have begun employment at a different POWER eligible program may be eligible to receive a POWER payment if the employee had a break in service less than 14 calendar days between employers. For these employees, complete the *Continuous Employment Form*, available in **Appendix E** or by contacting supplementalpayments@dec.al.ga.gov. For these individuals, upload a copy of both their last paystub from their previous employer and their first paystub from the current employer.

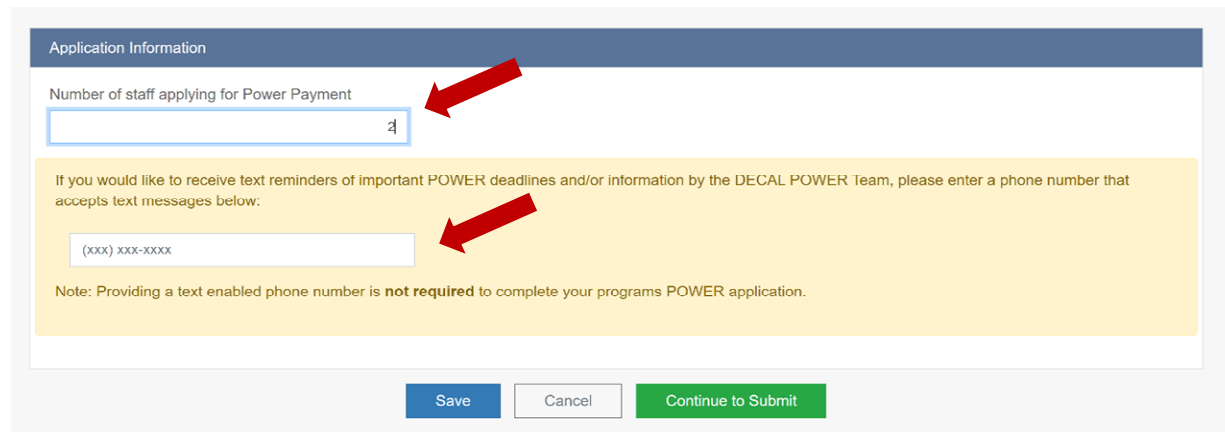
6. After uploading all required documentation, select "Save" to ensure the system has captured all information.



7. Repeat steps 8 – 11 for each eligible employee.

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After completing applications for all employees, scroll to the bottom of the page and update the “Number of Staff Applying for POWER Payment” section. Provider will also have the option to enter a phone number to receive text reminders regarding the center’s application.



Application Information

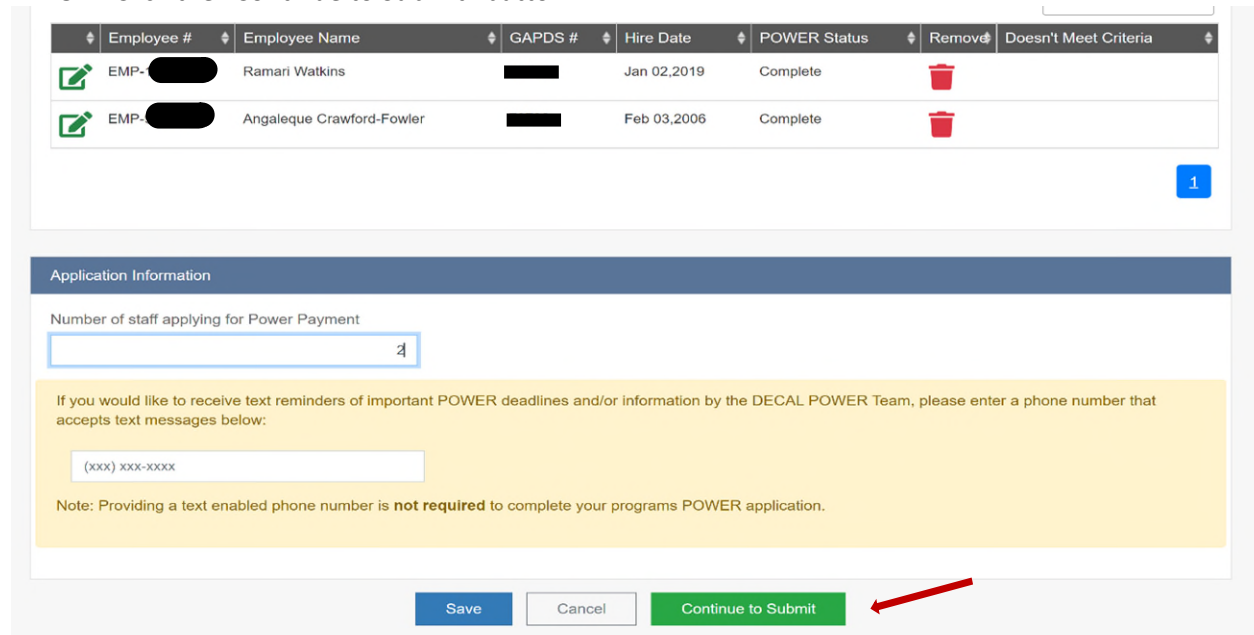
Number of staff applying for Power Payment

(xxx) xxx-xxxx

Note: Providing a text enabled phone number is **not required** to complete your programs POWER application.

Save Cancel Continue to Submit

8. Click the “Continue to Submit” button.



Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
EMP- [REDACTED]	Ramari Watkins	[REDACTED]	Jan 02, 2019	Complete	[REDACTED]	
EMP- [REDACTED]	Angaleque Crawford-Fowler	[REDACTED]	Feb 03, 2006	Complete	[REDACTED]	

1

Application Information

Number of staff applying for Power Payment

(xxx) xxx-xxxx

Note: Providing a text enabled phone number is **not required** to complete your programs POWER application.

Save Cancel Continue to Submit

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9. Read each statement and click the box to acknowledge understanding. Enter name of person submitting the application and click the "Submit" button.

Power Application

By submitting this Application for Providing Our Workforce Essential Recognition (POWER) Supplemental Payments made available through the Georgia Department of Early Care and Learning and/or accepting funds distributed pursuant to this Application, the undersigned certifies and agrees to the following terms (**Please check all**):


- ☐ The undersigned is a duly authorized representative of the provider submitting this application (hereinafter "Provider").
- ☐ The Provider is either a Child Care Learning Center licensed by DECAL or DOD, a Family Child Care Learning Center licensed by DECAL or DOD, an exempt Georgia Head Start or Early Head Start program or a Georgia's Pre-K Program provider.

Each staff member for which I am submitting an application is eligible for this bonus and meets each of the following qualifications:

- ☐ The Staff Member is an early care and education (ECE) professional working in either a Georgia Department of Early Care and Learning (DECAL) licensed child care program, a Department of Defense (DOD) Program, an Early Head Start Program, a Head Start Program OR is a Georgia Pre-K Lead or Assistant Teacher.
- ☐ The Staff Member has been employed by this Provider for at least six week prior to submitting this application.
- ☐ The Staff Member has worked onsite at the Provider's program for at least 20 hours per week, excluding any time the Staff Member was doing volunteer work, doing substitute assignments, or working on an unpaid practicum or an internship.
- ☐ The Staff Member was not corporate or district level staff working in a central office.
- ☐ The Staff Member was not a contractor working for a staffing service.

- ☐ I understand and agree that funds received pursuant to this Application are subject to repayment, reclaim and recapture if any information provided in the application is found to be false or misleading.
- ☐ I understand that it is a felony in Georgia to make a false statement, or to make or use a false writing or document in any matter involving a government agency pursuant to O.C.G.A. § 16-10-20.
- ☐ By entering your name _____ as an electronic signature, you affirm that the information entered on the above POWER supplemental Payment Application is true to the best of your knowledge pursuant to O.C.G.A. 16-10-20. Also understanding that initiation of this process does not guarantee that payments will be issued. You further acknowledge that this document executed by electronic signature shall be considered as an original signature for the purpose of being screened for this payment and shall have the same force and effect as an original signature.

10. Provider will receive the following message. If provider receives this message, applications have been submitted successfully.

 Kids Online Administrative Licensing Application

FR-47573 | Maria Jose Smith ▾

[Home](#) [Facility Update](#) [License Fee](#) [Enforcement Actions](#) [Manage POI Notices](#) [License Certificate](#) [Background Check](#) [Required Reporting](#) [Emails](#)

Thank you for your submission of the POWER Supplement Payments application. Your submission number is POWER-10. Applications will be processed once the POWER application period has closed and you will be notified at that time if any additional action is necessary for your employees and staff to receive the \$1000 payment. If you have any questions please email supplementalpayments@decalfga.gov

[Frequently Asked Questions](#) [Legal Notice](#) [Resources](#)

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2.3 [Process for Returning Applicants](#)

Employers who submitted a POWER application in Round 2 and have employees who are eligible for another payment should complete the application as outlined below. For new employees who did not receive a POWER payment in Round 2, please refer to **Section 3.1** for information on how to complete the application for these individuals.

1. Upon logging into DECAL KOALA, the “+ POWER: Providing Our Workforce Essential Recognition Supplemental Payments Application” button displays for all eligible programs.

POWER Application

POWER Supplemental Payments are available to Georgia's early care and education (ECE) professionals working in Georgia Department of Early Care and Learning (DECAL) licensed child care programs, Department of Defense (DOD) programs, Early Head Start and Head Start programs, or Georgia's Pre-K lead and assistant teachers in public schools. POWER Payments are intended to support ECE professionals working directly with children and their families.

Each eligible program must submit an application and submit required information for each staff member/employee for individuals to be eligible.

Applications **must be** submitted by 6:00 p.m. on Jun 30, 2022.

[+ POWER - Providing Our Workforce Essential Recognition Supplemental Payments Application](#)

2. Review the application important dates, eligibility requirements, and instructions. *Note: Head Start/Early Head Start Grantee Leadership Staff are not eligible for payment.*

Eligible programs can start the process to apply by entering their staff/employee rosters.

From **05/01/22** eligible programs will be able to apply by completing the program application and providing the required information for each eligible staff member/employee. Programs must provide all required information and documentation in order for individual staff members/employees to receive payments.

Who is eligible to receive the \$1,000 workforce bonus?
The Early Childhood Professionals Bonus is available to Georgia's early care and education (ECE) professionals working in Georgia Department of Early Care and Learning (DECAL) licensed child care programs, Department of Defense (DOD) programs, Early Head Start and Head Start programs, or Georgia's Pre-K lead and assistant teachers in public schools. The bonus is intended to support ECE professionals working directly with children and their families.

[Please refer to this link for application instructions.](#) This application can be saved before being submitted, so please be sure to complete all relevant sections in accordance with the directions.

Examples of eligible positions include:

- Child Care Center Assistant Teacher
- Child Care Center Assistant Director
- Child Care Center Bus Driver
- Child Care Center Cook/Nutrition Staff
- Child Care Center Custodian/Janitorial Staff
- Child Care Center Director
- Child Care Center Family Service/Transition Coach Staff Working Directly with Families
- Child Care Center Follower
- Child Care Center Teacher
- Child Care Program Owner
- Curriculum Coordinator
- Early Head Start/Head Start Assistant Teacher
- Early Head Start/Head Start Directors
- Early Head Start/Head Start Family and Community Engagement Direct Service Staff
- Early Head Start/Head Start Home-Based Visitation Direct Service Staff
- Early Head Start/Head Start Lead Teacher
- Family Child Care Learning Home Provider
- Family Child Care Learning Home Teacher or Aide
- Georgia's Pre-K Assistant Teacher (private or public)
- Georgia's Pre-K Lead Teacher (private or public)

This program must be open and serving children at the time of applying for the bonus. Employees of a program experiencing a temporary closure due to COVID or a facility issue (i.e water damage) are eligible.

[Add Secure Key for Decal Koala](#)

OPTIONAL:
If you would like to add an additional level of security to the POWER Employee Applications please select 'Add Secure Key for Decal Koala'

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- Providers will have the ability to set up a Secure Key to access the application. This optional feature is designed to enhance security of information contained in the POWER application. See **Appendix A** for more information on the Secure Key feature.

A High Quality Child Care Program

CCLC-32927

Eligible programs can start the process to apply by entering their staff/employee rosters.

From Dec 17, 2021 eligible programs will be able to apply by completing the program application and providing the required information for each eligible staff member/employee. Programs must provide all required information and documentation in order for individual staff members/employees to receive payments.

Who is eligible to receive the \$1,000 workforce bonus?
The Early Childhood Professionals Bonus is available to Georgia's early care and education (ECE) professionals working in Georgia Department of Early Care and Learning (DECAL) licensed child care programs, Department of Defense (DOD) programs, Early Head Start and Head Start programs, or Georgia's Pre-K lead and assistant teachers in public schools. The bonus is intended to support ECE professionals working directly with children and their families.

[Please refer to this link for application instructions.](#) This application can be saved before being submitted, so please be sure to complete all relevant sections in accordance with the directions.

Examples of eligible positions include:

- Child Care Center Assistant Teacher
- Child Care Center Assistant Director
- Child Care Center Bus Driver
- Child Care Center Cook/Nutrition Staff
- Child Care Center Custodian/Janitorial Staff
- Child Care Center Director
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- Child Care Center Floater
- Child Care Center Teacher
- Early Head Start/Head Start Assistant Teacher
- Early Head Start/Head Start Directors
- Early Head Start/Head Start Family and Community Engagement Direct Service Staff
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This program must be open and serving children at the time of applying for the bonus. Employees of a program experiencing a temporary closure due to COVID or a facility issue (i.e water damage) are eligible.

Add Secure Key for Decal Koala

If you would like to add an additional level of security to the POWER Employee Applications please select 'Add Secure Key for Decal Koala'

- Review the list of employee records prepopulated into the application. The employee list will include employees with a satisfactory Criminal Records Check (CRC) by May 1, 2022.

Add Employee/Staff Member

Showing 1 to 2 of 2 entries

Search:

	Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
	EMP- [REDACTED]	Ramari Watkins	[REDACTED]	Jan 02, 2019	Incomplete		
	EMP- [REDACTED]	Angaleque Crawford-Fowler	[REDACTED]	Feb 03, 2006	Incomplete		

- If an employee record does not populate but the employee had a valid CRC on file on or before May 1, 2022, select "Add Employee/Staff Member."

Add Employee/Staff Member

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- A list of valid CRCs on file for the program will appear. Select the employee to add. If the program is a DOD or GAHS/GAEHS Program, select “Add Employee/Staff Member.” A blank screen will appear; enter all the employee’s information. *Note: Head Start/Early Head Start Grantee Leadership Staff are not eligible for payment.*

Select Employees

Select all the employees that you want to add for this POWER application. If someone is not listed, confirm that they have a completed background check application.

Add to POWER ApplicationCancel

Select	Name	Date of Birth
<input type="checkbox"/>	Betty Boop	Jan 01, 1960

POWER - Add Employee

Contact Information

First Name

Last Name

Suffix

Date of Birth

SSN

GaPDS #

Phone

Email

Employment Information

Hire Date

Hourly Amount

Pay Indicator

Employed at least 20 hours per week:

Employee Role

Mailing Address

Address

Address 2

City

State

Zip

Providing Our Workforce Essential Recognition Manual

Example of a Completed Employee Record

Contact Information

First Name

Angaleque

Last Name

Crawford-Fowler

Suffix

Select-->

Date of Birth

SSN

XXX-XX-XXXX

GaPDS #

Phone

Email

Marcy.Maioli@dec.al.ga.gov

Employment Information

Hire Date

02/03/2006

Hourly Amount

\$

10.00

Pay Indicator

☒ Hourly
 ☐ Salary

Employed at least 20 hours per week:

☒ Yes
 ☐ No

Employee Role

Family Child Care Learning Home Provider

Mailing Address

Address

Address 2

City

State



Georgia

Zip

To delete employees who are no longer employed at the facility or are no longer eligible, click the Red Trash Can next to their information. A dropdown menu will appear; select the appropriate "Criteria Not Met Reason."



Add Employee/Staff Member

Showing 1 to 2 of 2 entries

Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
EMP-XXXX	Ramari Watkins	XXXX	Jan 02, 2019	Incomplete		
EMP-XXXX	Angaleque Crawford-Fowler	XXXX	Feb 03, 2006	Incomplete		

Add Employee/Staff Member

Showing 1 to 2 of 2 entries

Employee #	Employee Name	Status	Remove	Doesn't Meet Criteria
EMP-XXXX	Ramari Watkins			
EMP-XXXX	Angaleque Crawford-Fowler			

Criteria Not Met Reasons

Select-->

Select-->

Contractor/Staffing Agency

CRC Determination letter not valid

Hire Date - Employed after 5/01/2022

Hours - Not employed 20 or more hours

No longer employed/move to another location

Role Change/Role - Ineligible

Work Authorization Expired

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- After updating the Employee List, complete an individual application for each employee. This can be done by clicking on the Folder Icon next to the employee's name.

Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
EMP-1	Ramari Watkins		Jan 02, 2019	Complete		Hire Date - Employed after 5/01/2022
EMP-2	Angaleque Crawford-Fowler		Feb 03, 2006	Complete		

Showing 1 to 2 of 2 entries

[Add Employee/Staff Member](#)

Search:

Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
EMP-1	Ramari Watkins		Jan 02, 2019	Incomplete		
EMP-2	Angaleque Crawford-Fowler		Feb 03, 2006	Incomplete		

- Verify the employee's name, address, SSN, GaPDS number, and employment information. If this information is not accurate, the POWER application review may be delayed.

Contact Information

First Name

Last Name

Suffix

Date of Birth

Angaleque

Crawford-Fowler

Select-->

SSN

GaPDS #

Phone

Email

XXX-XX-XXXX

Marcy.Maioli@dec.al.ga.gov

Employment Information

Hire Date

Hourly Amount

Pay Indicator

02/03/2006

\$ 10.00

☒ Hourly
 ☐ Salary

Employed at least 20 hours per week:

☒ Yes
 ☐ No

Employee Role

Family Child Care Learning Home Provider

Mailing Address

Address

Address 2

City

State

Zip

Georgia

30038

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9. Upload *Supporting Documentation of Employment* in the form of a paystub or other wage verification documentation as outlined in **Appendix D**. Employers are not required to submit a new *Verification of Lawful Presence* form or to provide *Supporting Documentation for Affidavit Verification* for employees who received a POWER payment in Round 2.

The screenshot shows the 'Upload Documents' section of the application form. It features a blue header bar with the text 'Upload Documents'. Below this is a yellow box labeled 'Required Documents:' containing a bullet point: '3. Supporting documentation for employment (copy paystub etc...)'. To the right of this box is a blue button labeled 'Upload Document'. At the bottom of the section are three buttons: 'Print Affidavit' (blue), 'Save' (blue), and 'Mark as Complete' (green), followed by a 'Cancel' button (grey).

10. After uploading all required documentation, select “Save” to ensure the system has captured all information.

A close-up of the 'Save' button, which is blue with white text. A red arrow points directly to the button. To its right are two other buttons: 'Mark as Complete' (green with white text) and 'Cancel' (grey with green text).

11. Repeat steps 8 – 11 for each eligible employee.

12. After completing applications for all employees, scroll to the bottom of the page and update the “Number of Staff Applying for POWER Payment” section. Providers will also have the option to enter a phone number to receive Text reminders regarding centers applications.

The screenshot shows the 'Application Information' section of the application form. It has a blue header bar with the text 'Application Information'. Below this is a section titled 'Number of staff applying for Power Payment' with a text input field containing the number '1'. A red arrow points to this field. Below this is a yellow box containing the text: 'If you would like to receive text reminders of important POWER deadlines and/or information by the DECAL POWER Team, please enter a phone number that accepts text messages below.' Below this text is a text input field with a placeholder '(xxx) xxx-xxxx'. A red arrow points to this field. At the bottom of the yellow box is a note: 'Note: Providing a text enabled phone number is **not required** to complete your programs POWER application.' At the bottom of the section are three buttons: 'Save' (blue), 'Cancel' (grey), and 'Continue to Submit' (green).

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13. Click the "Continue to Submit" button.

	Employee #	Employee Name	GAPDS #	Hire Date	POWER Status	Remove	Doesn't Meet Criteria
	EMP- [REDACTED]	Ramari Watkins	[REDACTED]	Jan 02, 2019	Complete		Hire Date - Employed after 5/01/2022
	EMP- [REDACTED]	Angaleque Crawford-Fowler	[REDACTED]	Feb 03, 2006	Complete		

1

Application Information

Number of staff applying for Power Payment

1

If you would like to receive text reminders of important POWER deadlines and/or information by the DECAL POWER Team, please enter a phone number that accepts text messages below:

(xxx) xxx-xxxx

Note: Providing a text enabled phone number is **not required** to complete your programs POWER application.

Save

Cancel

Continue to Submit

14. Read each statement and click the box to acknowledge understanding. Enter name of person submitting the application and click the "Submit" button.

Power Application

By submitting this Application for Providing Our Workforce Essential Recognition (POWER) Supplemental Payments made available through the Georgia Department of Early Care and Learning and/or accepting funds distributed pursuant to this Application, the undersigned certifies and agrees to the following terms (**Please check all**):

- ☐ The undersigned is a duly authorized representative of the provider submitting this application (hereinafter "Provider").
- ☐ The Provider is either a Child Care Learning Center licensed by DECAL or DOD, a Family Child Care Learning Center licensed by DECAL or DOD, an exempt Georgia Head Start or Early Head Start program or a Georgia's Pre-K Program provider.

Each staff member for which I am submitting an application is eligible for this bonus and meets each of the following qualifications:

- ☐ The Staff Member is an early care and education (ECE) professional working in either a Georgia Department of Early Care and Learning (DECAL) licensed child care program, a Department of Defense (DOD) Program, an Early Head Start Program, a Head Start Program OR is a Georgia Pre-K Lead or Assistant Teacher.
- ☐ The Staff Member has been employed by this Provider for at least six week prior to submitting this application.
- ☐ The Staff Member has worked onsite at the Provider's program for at least 20 hours per week, excluding any time the Staff Member was doing volunteer work, doing substitute assignments, or working on an unpaid practicum or an internship.
- ☐ The Staff Member was not corporate or district level staff working in a central office.
- ☐ The Staff Member was not a contractor working for a staffing service.

- ☐ I understand and agree that funds received pursuant to this Application are subject to repayment, reclaim and recapture if any information provided in the application is found to be false or misleading.
- ☐ I understand that it is a felony in Georgia to make a false statement, or make or use a false writing or document in any matter involving a government agency pursuant to O.C.G.A. § 16-10-20.

☐ By entering your name _____ as an electronic signature, you affirm that the information entered on the above POWER supplemental Payment Application is true to the best of your knowledge pursuant to O.C.G.A. 16-10-20. Also understanding that initiation of this process does not guarantee that payments will be issued. You further acknowledge that this document executed by electronic signature shall be considered as an original signature for the purpose of being screened for this payment and shall have the same force and effect as an original signature.

Submit

Cancel

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15. Providers will receive the following message when all applications have been submitted successfully.

The screenshot shows the DECAL KOALA Kids Online Administrative Licensing Application interface. At the top, the DECAL KOALA logo is on the left, and the user ID 'FR-47573 | Maria Jose Smith' is on the right. Below the logo is a green navigation bar with links: Facility Update, License Fee, Enforcement Actions, Manage POI Notices, License Certificate, Background Check, Required Reporting, and Emails. The main content area has a light green background with a message: 'Thank you for your submission of the POWER Supplement Payments application. Your submission number is POWER-10. Applications will be processed once the POWER application period has closed and you will be notified at that time if any additional action is necessary for your employees and staff to receive the \$1000 payment. If you have any questions please email supplementalpayments@decals.ga.gov'. Below the message is a green 'Continue' button. At the bottom, there is a gray footer bar with links: Frequently Asked Questions, Legal Notice, and Resources.

3. Application Review Process

1. After all employee applications have been submitted by the provider, DECAL's POWER team will review the applications and make an eligibility determination. Providers and employees should check their email regularly for updates on the status of the POWER application.
2. Applications that are deemed *Eligible* will be sent to Care Solutions for further processing. See **Section 5** for more information on the review and payment process.
3. Applications that are deemed *Ineligible* will be marked as such in DECAL KOALA and both the provider and employee will receive an email indicating the applicant is not eligible to receive a POWER payment.
4. In some cases, the POWER team may not have enough information to make an eligibility determination. These applications will be returned to the employer with an explanation of what information is needed to complete the application. The POWER processor will contact the provider to gather more information. See below for some examples of why applications may be returned.
5. All communication regarding employee applications should be handled by the employer.
6. Eligible individuals must keep continuous employment throughout the entire application process. If an individual leaves their employer before a determination has been made, the application will be deemed POWER Ineligible at the request of their former employer.

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Examples of Application Return Reasons

- **Documents Not Legible**
 - Sometimes documents become difficult to read after being scanned. Please double check that all sections of a document are legible before submitting.
- **Invalid Documents**
 - Names do not match on application, pay stub, affidavit, and supporting documentation.
 - Submitted documents cannot be used to determine employment because it is not an accepted document and/or does not provide enough information to make an eligibility determination.
 - The uploaded document is empty or is a document for another individual other than the applicant.
 - Applicant did not use the POWER specific *Verification of Lawful Presence* form.
- **Missing Documents**
 - The uploaded file was empty.
 - Required forms were not uploaded or employer uploaded the same form for all required documents.
- **Missing Signature**
 - Employee did not sign the affidavit.
 - Notary did not sign the affidavit.
- **Not Notarized Properly**
 - Notary did not date affidavit.
 - Notary stamp expired.
 - Date notary signed document was prior to applicant's signature.
 - Notary impression is too dark/light, incomplete, smudged, or unreadable.
- **Picture ID Not Legible**
 - Identification documents are blurry or not visible.
 - Name on identification is spelled incorrectly or does not match name on affidavit or wage verification.
 - The applicant indicated that they are a non-citizen but did not attach their Permanent Resident or Qualified Alien document.

4. Review and Payment Process

Care Solutions is the payment partner for Power Payments and can be contacted by phone at 800-227-3410, ext. 613 or by email at support@decapowerpayments.com. Eligible POWER applications are sent to Care Solutions on a nightly basis. After the information is received from Care Solutions, the following steps are taken:

1. Eligible employees will be contacted via email to verify their information, complete a survey, and provide their payment preference: ACH (banking institution) or paper check (mailing address). Once either method has been provided and verified, payments will be made directly to the individual.

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2. If the employee's identity cannot be verified on the first screen, then the employee must contact Care Solutions. Employees will be asked to send a copy of their Driver's License and Social Security Card before Care Solutions is able to change information in the application. Upon receipt, Care Solutions will verify and enter revised information. Employees can then proceed to enter payment/survey info.
3. Once the employee has successfully completed the payment preference and survey as well as verified information, Care Solutions will begin processing payment. Payment can take up to 30 days from this point, depending on the employee's banking institution processing times, and/or mail delivery times.
4. Care Solutions will send a 1099 NEC at the end of the year for employees to use for completing their tax returns since this payment is taxable.

5. POWER Application Concerns

Employees are encouraged to work directly with their employer to collect documentation required for the POWER application and to address any concerns regarding POWER eligibility. Neither DECAL nor the POWER Team can or will mediate disputes between the employee and their employer.

Medical Leave, FMLA, or Maternity Leave

In the event an employee has taken medical leave, FMLA, or maternity leave, the provider should contact the POWER team prior to submitting the employee's application for guidance on whether the individual is eligible to apply and to determine what documents the employer is required to submit.

Appendix A: Secure Key

The POWER application allows the provider to add a Secure Key as an optional feature. This feature allows an additional level of security for employee information. Only DECAL KOALA director and owner IDs will be able to view or update the program's POWER Application if a Secure Key is created. *It is the provider's responsibility to keep the Secure Key private.*

If the provider forgets the POWER Secure Key, contact Supplemental Payments at supplementalpayments@decalfga.gov.

Follow the steps below to create a Secure Key.

1. Click "Add Secure Key for DECAL KOALA."

The screenshot shows a web application interface for DECAL KOALA. At the top, a header states: "Eligible programs can start the process to apply by entering their staff/employee rosters." Below this, a yellow box contains information about the \$1,000 workforce bonus, including eligibility criteria and a link to application instructions. A green button labeled "Add Secure Key for Decal Koala" is prominently displayed. Below the button, the text "OPTIONAL:" is followed by a prompt: "If you would like to add an additional level of security to the POWER Employee Applications please select 'Add Secure Key for Decal Koala'".

2. Follow the prompts to add a Secure Key to the account. When creating a POWER Secure Key, provide the user's name, email address, phone number, and a secret word. This information will be used to reset the POWER Secure Key if needed. All the following information must be entered:

- **Secure Name:** (30 characters)
- **Secure Phone Number:** (phone number format)
- **Secure Email Address:** (valid email address)
- **Password Reset Secret Word:** (30 characters)
- **Secure Key:** (15 characters)
- **Press SAVE**

Note: Please keep in mind the Secure Key cannot be the same as the Password Reset Secret Word. If the provider forgets the password or has any issue with the Secure Key, contact Supplemental Payments at supplementalpayments@dec.al.ga.gov.

Add Secure Key for DECAL KOALA Screen

Add Secure Key for Decal Koala

If you would like to add an additional level of security to the **POWER Employee Applications** please read the instructions below.

- By selection a secure key for DECAL KOALA you will be responsible for obtaining and keeping your DECAL KOALA Secure key private.
- Only DECAL KOALA user ids (director and owner ids) will be able to view or update your programs POWER Employee Application or STABLE 4ward applications in DECAL KOALA once the DECAL KOALA Employee Secure Key is created.
- If you forget your DECAL KOALA Secure Key please contact Supplemental Payments mailbox at supplementalpayments@dec.al.ga.gov.
- When selecting your DECAL KOALA Secure Key please provide a name, email address and phone number along with a secret word. This information will be used to reset your DECAL KOALA Secure Key, if needed.

Secure Name:

Secure email address:

Secure phone number:

Password reset secret word:

Secure Key:

Note: Secure secret word will be used to reset a Decal Koala secure key if it is forgotten

Save

Cancel

Example of Completed Add Secure Key for DECAL KOALA Screen

Add Secure Key for Decal Koala

If you would like to add an additional level of security to the **POWER Employee Applications** please read the instructions below.

- By selection a secure key for DECAL KOALA you will be responsible for obtaining and keeping your DECAL KOALA Secure key private.
- Only DECAL KOALA user ids (director and owner ids) will be able to view or update your programs POWER Employee Application or STABLE 4ward applications in DECAL KOALA once the DECAL KOALA Employee Secure Key is created.
- If you forget your DECAL KOALA Secure Key please contact Supplemental Payments mailbox at supplementalpayments@dec.al.ga.gov.
- When selecting your DECAL KOALA Secure Key please provide a name, email address and phone number along with a secret word. This information will be used to reset your DECAL KOALA Secure Key, if needed.

Secure Name:


Secure email address:

Secure phone number:

Password reset secret word:

Secure Key:

Note: Secure secret word will be used to reset a Decal Koala secure key if it is forgotten



Save


Cancel

- The provider will be required to enter the Secure Key to have access to the POWER application. Providers should not share the Secure Key with anyone who should not have access to the information in the POWER application. Providers will also have the option to reset or delete the Secure Key.

Facility Update License Fee Enforcement Actions Manage POI Notices License Certificate Background Check Required Reporting Apply for Exemption Emails

Secure Key

Secure Key:

[Reset Secure Key](#) 

[Delete Secure Key](#)


How to Reset Secure Key

Select “Reset Secure Key.” Enter the Password Reset Secret Word and then create a new Secure Key. Select “Continue” to save the new Secure Key.

Reset Secure Key

Password reset secret word:

New Secure Key:





Example of Completed “Reset Secure Key” Screen

Reset Secure Key

Password reset secret word:

New Secure Key:



Note: Please keep in mind the Secure Key cannot be the same as the Password Reset Secret Word. If the provider forgets the password or has any issue with the Secure Key, contact Supplemental Payments at supplementalpayments@dec.al.ga.gov.

How to Delete Secure Key

Select “Delete Secure Key.”

DECAL KOALA
Kids Online Administrative Licensing Application

CCLC-32927 | Amanda Brown ▾

Facility Update License Fee Enforcement Actions Manage POI Notices License Certificate Background Check Required Reporting Apply for Exemption Emails

Secure Key

Secure Key:

[Reset Secure Key](#)
[Delete Secure Key](#)

Continue Cancel

Enter the Secure Key to gain access. Select “Continue” to delete the Secure Key.

Delete Secure Key

Secure Key:

Continue Cancel

If provider enters an incorrect Secure Key, the message below appears. Re-enter the correct Secure Key. If the provider does not remember the Secure Key, contact Supplemental Payments at supplementalpayments@dec.al.ga.gov or 470-717-2012 for assistance.

The screenshot shows a web interface for deleting a secure key. At the top, a pink error banner contains the text: "• The Secure Key you entered is not valid." A red arrow points from this message to the "Continue" button below. The main form area is titled "Delete Secure Key" and contains a label "Secure Key:" followed by a text input field with a red border and a red asterisk icon. Below the input field are two buttons: "Continue" (blue) and "Cancel" (white with a green border). A red arrow points from the input field to the "Continue" button.

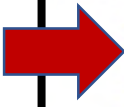
Note: Please keep in mind the Secure Key cannot be the same as the Password Reset Secret Word. If the provider forgets the password or has any issue with the Secure Key, contact Supplemental Payments at supplementalpayments@dec.al.ga.gov.

Appendix B: Verification of Lawful Presence

Employees should follow the steps below to complete the *Verification of Lawful Presence* form.

1. Select the type of program in which the employee works.

By executing this Affidavit under oath, the undersigned hereby swears or affirms that he or she is an individual working onsite for at least 20 hours per week, began employment on or before 04/05/2021, has maintained continuous employment since that time, and serving children on the date of this application or is experiencing temporary closure due to COVID-19 or a facility issue (i.e. water damage) AND is (check all that apply):

- 
- ☐ a Georgia Child Care Learning Center licensed by the Department of Early Care and Learning (DECAL) or Department of Defense;
 - ☐ a Georgia Family Child Care Learning Home licensed by DECAL;
 - ☐ an Exempt Georgia Head Start or Early Head Start Program;
 - ☐ a public or private Georgia Pre-K provider;

I further swear or affirm that I am not corporate or district level staff working in a central office, nor am I working as a volunteer, substitute, intern or in a practicum in the program listed above.

2. Complete Part A or Part B. Only U.S. citizens who have applied for a previous DECAL grant or benefit should complete Part A. All others should complete Part B.
3. Print and sign.
4. List correct city and state.
5. Provide current contact information.
6. All affidavits must be signed and notarized by a notary public. Commissions that are expired will not be accepted unless the notary commission expires after the date notarized.
7. Ensure the notary stamp and seal is clear and visible.
8. Upload a secure and verifiable document to accompany the *Verification of Lawful Presence* form. Some examples are provided below.

Examples of Secure and Verifiable Documents

U.S. Citizens ONLY

All documents should be current and legible; no expired documents will be accepted.

- U.S. Passport
- U.S. Military ID
- Driver's License
- ID Card
- Birth Certificate

Provide copies of both **front and back** of documents. All documents must be current; if the document is expired, applicant must submit a copy of expired card along with a copy of the USCIS letter or letter from Homeland Security showing applicant applied for renewal. Applications with these documents will require SAVE Verification, which may extend the processing period.



Appendix C: Employment Verification for Minors

POWER Payments Employment Verification for Minors

This form must be completed in its entirety and submitted in the POWER Application as *Required Document 1: Verification of lawful presence and employment verification form.*

The employee listed below is under 18 years of age and will not have a notarized affidavit. The employee will submit a notarized affidavit to supplementalpayments@dec.al.ga.gov within 30 days of the employee's eighteenth birthday. The employee provides at least one secure and verifiable document.

Employee Name (printed): _____

Employee Date of Birth: _____

Employee Signature: _____

Date: _____

Employer Name (print): _____ Provider Number: _____

Employer Signature: _____

Date: _____

The following secure and verifiable document is being provided for the employee listed above. The secure and verifiable document will be uploaded into the POWER Application as *Required Document 2: supporting documentation for affidavit verification (secure and verifiable document)*.

Name of document: _____

DECAL Processor, submit this individual applicant for Manager Review.

Appendix D: Employment Verification Documents

Employment verification is an important part of the process for determining POWER eligibility. There are several acceptable documents that providers can submit for processing:

- Paystub (Preferred)
- W2
- 1099
- Schedule C or Schedule K (Facility Owners Only)
- CCLC Wage Verification Form (See Appendix F)
- Wage Verification Form for Family Providers (See **Appendix G**)
- CAPS Documentation (Family Providers Only)

Paystub (Preferred)

- If this method of employment verification is chosen, providers are required to submit the most recent paystub. Eligibility is determined based upon hours listed on the paystub. POWER processors will calculate the hours in the pay period shown to determine the required 20 hours per week. If the paystub does not provide the hours worked during the pay period, the POWER team will calculate hours worked based on the year to date pay and the reported hourly rate.
- The paystub must be dated during the required timeframe for the application period. For example, if the application opens in June 2022, the paystub must be dated May 2022.

W2 and 1099 Tax Documents

- If this method of employment verification is chosen, providers are required to submit their 2021 W2 or 1099. Appropriate calculations will be administered to assess the number of hours worked.

CCLC Wage Verification Form

- If this method of employment verification is chosen, providers are required to complete the *Wage Verification Form*.
- The form must be accompanied by copies of three consecutive and most recent receipts or checks with at least one dated after May 1, 2022.
- The *Wage Verification form* can be found in **Appendix F** or can be emailed at the provider's request.

Wage Verification Form for Family Providers (Family Providers Only)

- If this method of employment verification is selected, family providers are required to complete the *Wage Verification Form*.
- The form must be accompanied by copies of the three consecutive and most recent receipts or checks with at least one dated after May 1, 2022.
- The *Wage Verification Form* can be found in **Appendix G** or obtained by emailing supplementalpayments@dec.al.ga.gov.

Schedule C or K (Facility Owners Only)

- This method of employment verification is for facility owners **ONLY**. Please upload the 2021 Schedule C filed for the facility. This method cannot be utilized by teachers, facility staff members, or directors who are not also owners.


CAPS Documents (Family Providers Only)

In the event a family provider does not have any of the employment documents described above, the provider may submit CAPS documents as proof of employment. This option should be selected only if no other employment documentation is available. All CAPS documents must be accompanied by a signed and dated letter from the provider, preferably on a facility letterhead, detailing the following information:

- Statement the family provider receives payment from CAPS
- Number of children receiving CAPS
- Average payment amount received from CAPS
- Business operating hours

Accepted CAPS documents:

- Attendance History Detail
- Maximus Child Care Invoice
- Self-Employment Report



Self-employment Report

Instructions: Complete this form for the most recent month of self-employment and submit as verification of self-employment income and hours.


- **Begin and End Date:** enter the first and last date worked for this customer in the month
- **Customer Name:** enter job or customer information
- **Hours worked:** enter number of hours worked for this customer between these dates
- **Gross Income:** enter total income received for this customer, including tips
- **Business expenses:** enter total business expenses associated with this customer during this month. Refer to [CAPS Income Calculations Policy \(CAPS/00/8\)](#) for disallowed expenses for self-employment.

Parent Name:

Report Month:

Begin Date	End Date	Customer Name	Hours Worked	Gross Income	Business Expenses

- Employment Verification Form

<div><div>Employment Verification</div><div><div>TO BE COMPLETED BY PARENT</div><div>PARENT NAME (PRINT): _____ CASE ID#: _____</div><div>COMPANY/EMPLOYER NAME: _____</div><div>SUPERVISOR NAME: _____</div><div>SUPERVISOR PHONE NUMBER: _____ SUPERVISOR E-MAIL: _____</div><div>The named individual above is an applicant/recipient of child care assistance. Regulations require us to verify income for all applicants/recipients. Your company was listed by this person as a current place of employment for a period of less than six weeks. In order to complete program eligibility, it is necessary that we contact you to verify this person's employment details and address.</div></div></div>
--

Appendix E: Continuous Employment Form

POWER Payments Continuous Employment Form

This form must be completed in its entirety and uploaded in the POWER Application along with the required paystubs. Required paystubs include the last paystub received from the previous employer AND the first paystub received from the current employer. Both paystubs should be scanned together with this completed document and uploaded as required in the application section *Document 3: Supporting documentation for employment*.

Employee Name: _____

Employee GaPDS Number: _____ Employee Email Address: _____

Provider Name: _____ Provider Number: _____

Administrator Name (person completing POWER application): _____

By completing this form, I affirm the following to be true and correct:

_____ The employee named above started employment at the listed program after 5/1/2022.

First date of employment at current program: _____

_____ Prior to 5/1/2022, the employee named above was employed by another POWER eligible childcare program and maintained continuous employment with the program.

_____ The employee named above works at least 20 hours per week at the current program.

_____ The employee named above worked at least 20 hours per week at the previous program.

Name of Previous Program: _____ Provider # of Previous Program: _____

Last Date of Employment with Previous Program: _____

Signature of Current Administrator: _____

Printed Name: _____ Date: _____

Signature of Employee: _____

Printed Name: _____ Date: _____

DECAL Processor, submit this individual applicant for Manager Review.

Appendix F: CCLC Wage Verification Form

POWER Payments

CCLC Wage Verification Form

This form must be completed in its entirety and uploaded with the POWER Application for employees who are not paid via a payroll check (e.g., cash, Zelle, CashApp, Venmo). Required proof of payment includes three (3) consecutive receipts or checks showing how payment was received, including at least one dated after May 1, 2022. Documents must show the applicant worked the required 20 hours or more per week. All receipts and this form should be scanned into one document and uploaded into the application under *Document 3: Supporting documentation for payroll verification*.

Employee Name: _____ Employee GaPDS Number: _____

Employee Email Address: _____

Facility Name: _____

Provider Number: _____

Method of Payment: (i.e., cash, Zelle, CashApp, Venmo) _____

Pay Rate: _____

Hours worked per week: _____

Pay Cycle: (i.e., weekly, bi-weekly...) _____

Comments:

Director's Printed Name: _____

Director's Signature: _____

Appendix G: Wage Verification Form for Family Providers

POWER Payments Wage Verification Form for Family Providers

Facility Name: _____ Provider Number (FR): _____

Owner Name: _____ Owner's Contact Number: _____

Method of payment received. (i.e., cash, check, cash app, etc.) _____

Number of children served: _____ Hours of operation: _____

Please complete the following for three consecutive pay periods.

Pay Period Start Date	Pay Period End Date	Date Pay Received	# Of Hours Worked	Tuition Rate	Gross Earnings	Year to Date Earnings

Please complete the information below for each employee. Use additional forms if necessary.

Employee Name: _____

Employee Hire Date: _____ Method of Payment: _____

Pay Frequency (EX: weekly, monthly): _____ Salaried Employee: Y / N

Hourly Rate: _____ Hours Worked per Pay Period: _____

Position (Role): _____

Please provide the information for three consecutive pay periods.

Pay Period Start Date	Pay Period End Date	Date Pay Received	# Of Hours Worked	Gross Earnings	Year to Date Earnings