

Instructions on how to port (transfer) a determination letter from one center to another from your Owner Account or Support Center. Support Centers start with slide 9.



Porting for the individual remains the same.

Currently, individual porting requires the applicant/employee to enter four pieces of information into a portability request on the receiving center's account.

The receiving center begins by opening their KOALA account; click on *Background Check*, and then click *Add Portability Request*.

The applicant enters their *social security number, date of birth, date of hire,* and the *day the applicant last worked* in the child care industry.

If their letter is portable, KOALA will ask for the applicant's personal e-mail address, so they can be notified their letter is ported successfully.



A Facility Update Registration Background Check

Comprehensive Background Check Portability Request

Comprehensive Background Check Unit H I (855) 884-7444	elpline: Comprehensive Background Check Unit Email: <u>CRCHelpDesk@decal.ga.gov</u>	
	Ν	
Please enter all the fields below to initiate	he Portability Request.	
SSN:	*Date of Birth:	
	mm/dd/yyyy 🛅	
Date of Hire:	*Date person last worked in child care industry:	
mm/dd/yyyy	mm/dd/yyyy 🛅	
	Search Cancel	
minuduryyyy 🔛		

Frequently Asked Questions	Legal Notice	Resources

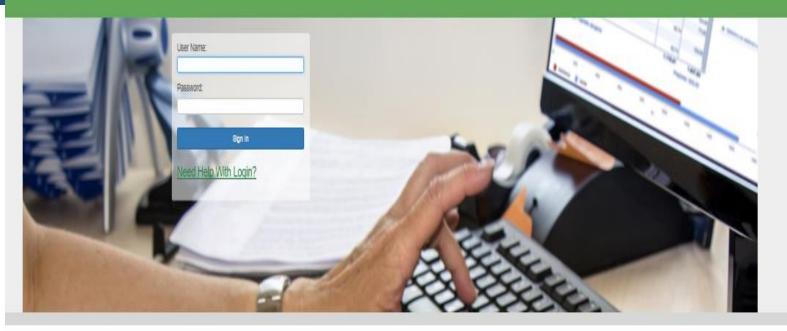
SUPP-39357 | Mary Mae Mosley -



You can do mass porting if you own two or more centers with the same tax identification number.

Instructions for setting up an Owner Account can be accessed on the CRC webpage under *Documents* at the bottom of the page.

Click on *Owner Account* or go to <u>http://www.decal.ga.gov/documents/attac</u> <u>hments/OwnerAccountsInstructions.pdf</u> using google chrome.



Bright from the Start is continuing its commitment to provide excellent customer service, increase communication and simplify administrative processes. DECAL KOALA is an online resource that is available to all licensed child care programs, approved exempt programs and registered support centers. When you activate your DECAL KOALA account, you can log in online to view and update specific information about your program(s), enter additional email addresses, pay license fees (if applicable), print your license or registration certificate and more.

If you have questions, comments or need support, send an email to decalkoala@decal.ga.gov

After setting up your Owner Account, log in at <u>www.decalkoala.com</u> with your OWN-#### account.

All your facilities will be listed under your Owner Account.

Select the facility where the employee currently works, so you can port them to another facility or all facilities.

Example: Sue Adams (employee) currently works at CCLC-30191.



🖀 Update Contact Pay License Fee License Certificate Resources

New Owner, Inc.	
wner Contact First Name:	Owner Contact Last Name:
manda	Adamack
Dwner Phone:	Owner Email:
111) 222-3333	marcy.maioli@decal.ga.gov

This is the current list of licensed programs that are in the DECAL database as Open (operating) under your Owner Name. If this list does not match your records, notify your consultant immediately.

	Provider Number	Facility Name	Address	City	Capacity
 1. 📂	CCLC-1760	A New Owner #2	458 Owner Circle	Atlanta	87
 2. 📂	CCLC-30191	A New Owner #1	123 Owner Blvd	Stockbridge	162
 3. 📂	CCLC-31732	A New Owner #3	789 Owner Lane	Stone Mountain	84

Frequently Asked Questions Legal Notice Resources

OWN-1042 | Amanda Adamack 🔻

If an employee is in the portability period, you will see a green check in the first column to the left of their name.

Example: In the screen shot on the right, Sue Adams has a green check in the first column to the left of her name indicating she is in the portability period.

Click the green check to the left of her name to port her to your other facilities.



A Update Contact Pay License Fee License Certificate Resources

Comprehensive Background Check

New Owner #1						CCLC-30	191 🔻
Comprehensive Background Chec 1 (855) 884-7444	k Unit Helpline:		sive Background Cheo sk@decal.qa.qov	ck Unit Email:			
Add Applicatio		Add Portability Request					
cility Comprehensive Rechar	ound Check Applications						
acility Comprehensive Backgr	ound Check Applications					✓ <u>Show</u>	Filter
acility Comprehensive Backgr		Background Check Letter	Delete Application	n		✓ <u>Show</u>	Filter
		-	 Delete Application Send Portability Res 			✓ <u>Show</u>	Filter
View Application	Print Comprehensive	within 90 days				✓ <u>Show</u>	Filter
View Application Edit Application	Print Comprehensive O Application is expiring	within 90 days prization Required	Send Portability Rev	equest to a facility arance Expiration	Portability Deadline	✓ <u>Show</u>	Filter
 View Application Edit Application Approve Application 	 Print Comprehensive Application is expiring Comprehensive Author 	within 90 days prization Required	Send Portability Rev Submission Clea Date Date	equest to a facility arance Expiration			Filter

Enter the hire date and the last day the person worked in the child care industry.

Select which programs or all programs to which you want to port Ms. Adams' determination letter within the Owner Account.

Check the box, type the owner's name, and read the consent statement before submitting the portability initiation request.



Update Contact Pay License Fee License Certificate Resources

Owner multiple portability request:

omprehensive Background Check Unit Helpline	Comprehensive Background Check Unit Email
(855) 884-7444	CRCHelpDesk@decal.qa.qov

Application Number: 143000	Applicant/Employee Type: Employee - Teacher/Asst. Teacher			
Applicant Last Name: Adams	Applicant First Name:	Applicant Middle Name:	siden/Aliss Name:	Date of Birth:
Gender: Female	Race: Black	SSN: X000-X00-1111		
Date of Hire: mmiddiyyyy	*Date person last worked in child care Industry: mm/dd/yyyy			

dect ell	Provider Number	Facility Name	Address	City
	CCLC-1760	A New Owner #2	456 Owner Circle	Atlanta
	CCLC-30191	A New Owner #1	123 Owner Blvd	Stockbridge
	CCLC-31732	A New Owner #3	789 Owner Lane	Stone Mountain

Owner Name , hereby acknowledge that I understand by submitting this portability request I must ensure a personnel file is maintained at each location are records check results are ported on the Director, all Employees, Provisional Employees, Personnel, Staff, Students-In-Training, Volunteers, Cierical, Housekeeping, Intenance, and other Support Staff for the duration of employment plus one (1) calendar year.

You will receive a confirmation screen that the portability was successful.

The facility or facilities to which the employee's letter was ported must accept the portability request.

Female

"Date of Hire:

01/07/2020

🖶 Update Contact Pay License Fee License Certificate Resources

Owner multiple portability request:

Comprehensive Background Check 1 (855) 884-7444	Unit Helpline	Comprehensive Backgroun CRCHelpDesk@decal.ga.g		
applicant Information				
Application Number: 261422	Applicant/Employee Type: Employee - Teacher/Azst. Teacher	,		
Applicant Last Name: Jackson	Applicant First Name: Makyla	Applicant Middle Name:	Malden/Allaz Name:	Date of Birth:
Gender:	Race:	88N: XXX-XX-1111		

This is the current list of licensed programs that are in the DECAL database as Open (operating) under your Owner Name.

American Indian or Alaska Native

Industry:

01/07/2020

1.1

"Date person last worked in child care

Select all	Provider Number	Facility Name	Address	City
	CCLC-1780	A New Owner #2	455 Owner Circle	Atianta
	CCLC-30191	A New Owner #1	123 Owner Blvd	Stockbridge
	CCLC-31732	A New Owner #3	759 Owner Lane	Stone Mountain

1

Verify the information above and read the Consent Statement

I, Owner Name hereby acknowledge that I understand by submitting this portability request I must ensure a personnel file is maintained at each location where records check results are ported on the Director, all Employees, Provisional Employees, Personnel, Staff, Students-In-Training, Volunteers, Cierical, Housekeeping, Maintenance, and other Support Staff for the duration of employment plus one (1) calendar year.



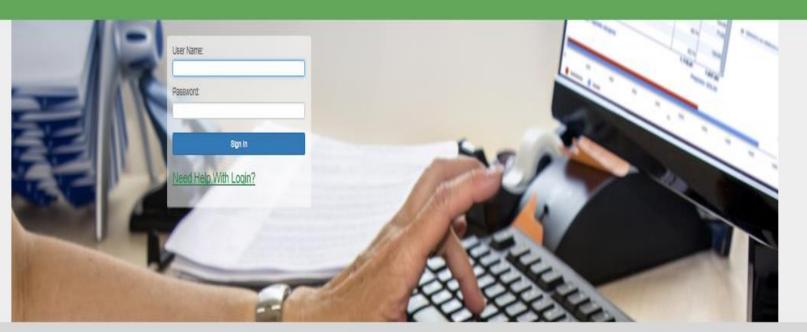
The Receiving Director must accept the portability request within 10 days of the request. The request can also be declined.

Or Select Decline

Access Dentshillter Denneste				
Accept Portability Request:				×
OAcclipt				
Decline				
By declining this portability request valid and current satisfactory Finge Determination while children are p fine or revocation of your license o	erprint Records Check Del resent for care, A New Ow	termination of	r Comprehensive Reco	ords Check
	Submit	Cancel		

Log in to your Support Center account at <u>www.decalkoala.com</u>





Bright from the Start is continuing its commitment to provide excellent customer service, increase communication and simplify administrative processes. DECAL KOALA is an online resource that is available to all licensed child care programs, approved exempt programs and registered support centers. When you activate your DECAL KOALA account, you can log in online to view and update specific information about your program(s), enter additional email addresses, pay license fees (if applicable), print your license or registration certificate and more.

If you have questions, comments or need support, send an email to decalkoala@decal.ga.gov

Click on *Background Check* in the green bar.



A Facility Update Registration Background Check

A New Support Center

Facility Address	Mailing Address	Approval Date
2 Peachtree St. NW Atlanta GA 30303 County: Fulton		Feb 07, 2019

Contact Information	
Director/Admin Name: Millie Moe	
Website:	
Facility Phone: (404) 404-4040	Facility Fax:

Frequently Asked Questions	Legal Notice	Resources
©2020 E	©2020 Bright from the Start: Georgia Department of Early Care and Learning	

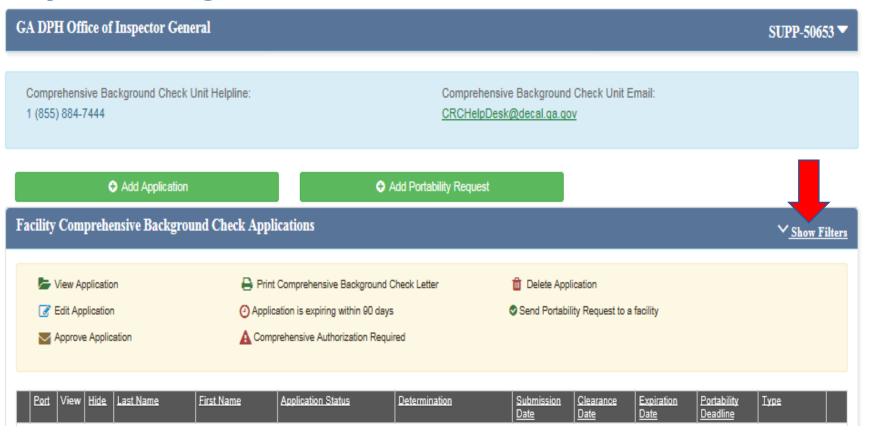
SUPP-50653

Kids Online Administrative Licensing Application

Facility Update Registration Background Check

Comprehensive Background Check

Use the filter button to find the person whose determination letter you want to port to other facilities.



To port an individual, click the green check in the first column Send Portability Request to a facility



Facility Update Registration Background Check

Comprehensive Background Check

A DPH Office of Inspector Gene	ral				SUPP-50653
Comprehensive Background Check U 1 (855) 884-7444	Init Helpline:		ve Background Check Unit E k@decal.ga.gov	mail:	
Add Application		Add Portability Request			
Facility Comprehensive Backgrou	nd Check Applications				^ <u>Hide Fil</u>
Last Name:	SSN:	Application St	atus:	Submission Date Rang	ge:
Jones		Select>	~	mm/dd/yyyy	
First Name:	Determination: Select>	Show Hidd	en Applications	to mm/dd/yyyy Filter	Clear
View Application	🖨 Print Comprehensive Bac	kground Check Letter	Delete Application		
Edit Application	Application is expiring within	in 90 days	Send Portability Request to a	facility	
Market Application	A Comprehensive Authorizat	ion Required			
Port View Hide Last Name	First Name Application Status	Determination	Submission Clearance Date Date	Expiration Portability Date Deadline	Type
1. 📀 🖕 📋 Jones	Anna Completed	Comprehensive satisfactory	07/23/2019 07/19/2019	07/19/2024 07/19/2020	Application

Complete the date of hire and the date the person last worked in the child care industry.

Search for the facility by supplying **one** of the following: *Provider Number, Facility Name, Facility Address, Facility City,* or *Facility Zip*



🖶 Facility Update Registration Background Check

Portability request:

Comprehensive Background Check Unit Helpline	Comprehensive Background Check Unit Email
1 (855) 884-7444	CRCHelpDesk@decal.ga.gov

Applicant Information				
Application Number: 281428	Applicant/Employee Type: Independent Contractor			
Applicant Last Name: May	Applicant First Name: Mevis	Applicant Middle Name:	Malden/Allax Name:	Date of Birth: 1/1/2000
Gender: Female	Race: Black	SSN: XXXX-XXX-1111		
*Date of Hire: mmidd/yyyy	*Date person last worked in child care Industry: mm/dd/yyyy			

Search Facility				
Please select a facility before complete	ng the application.			
Provider Number:	Facility Name:	Facility Address:		
Facility City:	Facility Zip:			
	Search Cancel			

Legal Notice

Find the facility to which you want to port the person's determination letter.

Select the facility.

Registration Background Check

Portability request:

C

omprehensive Background Check Unit Helpline	Comprehensive Background Check Unit Email
(855) 884-7444	CRCHelpDesk@decal.ga.gov

Applicant Information				
Application Number: 281428	Applicant/Employee Type: Independent Contractor			
Applicant Last Name: Mey	Applicant First Name: Mevis	Applicant Middle Name:	Maiden/Aliaz Name:	Date of Birth: 1/1/2000
Gender: Female	Race:	SSN: X00(-X0(-1111		
*Date of Hire: mmiddiyyyy	"Date person last worked in child care industry: mm/dd/yyyy			

Search Facility				
Please select a facility before comp	eting the application.			
Provider Number: CCLC-30191 Facility City:	Facility Name:	Facility Addr	ess:	
	٤	Bearch Cancel		
elect Provider Number Belect CCLC-30191	Facility Name A New Owner #1	Facility Address 123 Owner Bivd	Facility City Stockbridge	Facility Zip 30281
Frequently Asked Ques	tions	Legal Notice	R	lesources

Enter the hire date and the last day the person worked in the child care industry.

Verify that the facility is correct. If not, search and re-select the correct facility.

Check the box at the bottom of the page, type the support center director's name, read the consent I statement, and submit the request.



Faolity Update Registration Background Check

Portability request:

comprehensive Background Check Unit Helpline	Comprehensive Background Check Unit Email
(855) 884-7444	CRCHelpDesk@decal.ga.gov

Applicant Information				
Application Number: 281428	Applicant/Employee Type: Independent Contractor			
Applicant Last Name: May Gender:	Applicant First Name: Mevis Race:	Applicant Middle Name: SSN: X006-X05-1111	Malden/Alias Name:	Date of Birth:
*Date of Hire: mm/ddi/yyyy	Black "Date person last worked in child care Industry: mm/dd/yyyy	-		
A New Owner #1				CCLC-30191
Facility Address: 123 Owner Blvd Stockbridge, GA 30281		Reselect Facility		

Verify the information above and read the Consent Statement

	by acknowledge that I understand by submitting this portability request I must ensure a personnel file is maintained at each location rector, all Employees, Provisional Employees, Personnel, Staff, Students-In-Training, Volunteers, Clerical, Housekeeping, ation of employment plus one (1) calendar year.		
	Submit Cancel		
Frequently Asked Questions	Legal Notice	Resources	

The receiving director will receive a confirmation screen that the portability was successful.

The facility or facilities to which the employee's letter was ported must accept the portability request within 10 days.



Resources

🚓 Faoility Update Registration Baokground Cheok

Portability request:

Comprehensive Background Check Unit Helpline	Comprehensive Background Check Unit Email
1 (855) 884-7444	CRCHelpDesk(Ødecal.ga.gov

Applicant Information			
Application Number: 281428 Applicant Last Name: Mey Gender: Femsle *Date of Hire: D1.06/2020	Applicant/Employee Type: Independent Contractor Applicant First Name: Mavis Race: Black *Date person last worked in child care Industry: D1/05/2020	Applicant Middle Name: Meiden/Aliax Neme: SSN: XXXX-XXX-1111	Date of Birth: 1/1/2000
A New Owner #1			CCLC-30191
Facility Address: 123 Owner Blvd Stockbridge, GA 30281		Reselect Facility	

Verify the information above and read the Consent Statement

Frequently Asked Questions

I, John Quincy Adams , hereby acknowledge that I understand by submitting this portability request I must ensure a personnel file is maintained at each location where records check results are ported on the Director, all Employees, Provisional Employees, Personnel, Staff, Students-in-Training, Volunteers, Clerical, Housekeeping, Maintenance, and other Support Staff for the duration of employment plus one (1) calendar year.		
Submit Cancel		
The records check portability request was successfully initiated and the program will need to accept the request to complete this process.		

Legal Notice

The Receiving Director must accept the portability request within 10 days of the request. The request can also be declined.

If the portability initiation isn't accepted before the 11th day the portability initiation request will be cancelled and the Director pushing the determination letter can submit it again, if needed.

Or Select Decline

Accept Portability Request:
OAcclipt
Opecline
By declining this portability request, you understand that if Amy Adams is present on your premises without a valid and current satisfactory Fingerprint Records Check Determination or Comprehensive Records Check Determination while children are present for care, A New Owner #3 - CCLC-31732 may be subject to citation, fine or revocation of your license or exemption.
Submit Cancel

Questions

If you have any questions about porting determination letters from an Owner Account or Support Center, contact:

DECAL's Criminal Records Check Unit

Phone: (855) 884-7444 e-mail: <u>CRCHelpdesk@decal.ga.gov</u>