

## **Jeannette Watson Wage Supplement Director Verification**

## **To Be Completed by Director**

## Applicant will upload to miscellaneous section on TECPDS.

3. Date of Hire:	4. (	4. Current <u>Hourly</u> Rate/Wage			
5. Has applicant worked in-pe	rson at current cent	er since October 1	, 2022? Yes	No	
5. Name of Program:					
(If you wo	ork at Head Start or mult	i-site childcare prograr	n, be specific as to which	site)	
7. Program Address:					
Street	Street		Apt/Suite		
 City		State	County	 Zip Code	
3. Program Status (Check One	): □For	Profit	<b>□Non-Profit</b>		
). Program Phone Number: (_	)				
.0. Program Email Address:					
.1. Program Permit Number:					
2. Total Number of Children	Enrolled:	13. Numb	er of CCS Children E	nrolled:	
L4. Quality Rating (check all th	hat apply):	☐TRS star level	NAC	□NAEYC	
am authorized to provide em		· •	•	orm is true and	
accurate to the best of my kno	owledge. (applicant	cannot sign their o	own form)		
		Position/Title			
Printed Name of Authorized P	Personnel		Position/little		
Printed Name of Authorized P	Personnel		Position/ little		