

New York State
 Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

NYS Department of Labor
 Apprentice Training

OCT 03 2023

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.
 Central Office

Section I

- A. Sponsor name: DAY ONE Early Learning Community Inc.
- B. Trade(s): Childcare Assistant (Time-Based)
- C. Type of Apprenticeship Training Program (check one):
 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
***For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.**
- D. Name of entity completing this form: DAY ONE Early Learning Community Inc.
- E. Entity completing this form (check one):
 Individual Employer/Sponsor Union JAC/JATC Association
 Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
- F. Mailing address: Street: 70 Hooker Avenue
 City/Town: Poughkeepsie State: NY Zip Code: 12601
- G. Email: [REDACTED] H. Phone: 845-471-4790 I. Fax: _____
- J. Federal Employer Identification Number (FEIN): [REDACTED]
- K. NYS Unemployment Insurance Employer Registration (ER) Number: [REDACTED]
- L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?..... Yes No
- M. Type of Entity (check one and provide attachments as noted in the instructions):
 Corporation Partnership Sole-Proprietor LLC LLP Other
- N. How many years has your organization been in business? 4
- O. Within the past five (5) years, have you done business under a different name?..... Yes No
 If 'Yes', provide attachments as noted in the instructions.
- P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? Yes No
 If 'Yes', provide attachments as noted in the instructions.

Section II

Complete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law?..... Yes No
- 2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... Yes No
- 3. Any grant of immunity for conduct constituting a crime under state or federal law?..... Yes No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
 b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Julie G. Riess 7/22/23
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date
 Dr. Julie Riess, Executive Director

Print name and title: _____
 Sworn to me this: 22nd day of July 2023 Sheri Parle
 Signature of Notary Public or Commissioner of Deeds



SHERI PARTE
 Notary Public, State of New York
 Reg. No. 01PA0004751
 Qualified in Dutchess County
 Commission Expires April 3, 2027



NYS Department of Labor
Apprentice Training
OCT 03 2023
Central Office

New York State
Registered Apprenticeship Training Program
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- A. Sponsor name: Day One Learning Community Inc.
- B. Trade(s): Childcare Assistant (time based)
- C. Type of Apprenticeship Training Program (check one):
1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.
- D. Name of entity completing this form: Tioronda Learning Center
- E. Entity completing this form (check one):
 Individual Employer/Sponsor Union JAC/JATC Association
 Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
- F. Mailing address: Street: 94 Prospect St
City/Town: Beacon State: NY Zip Code: 12508
- G. Email: [Redacted] Phone: 917 589 4488 I. Fax: _____
- J. Federal Employer Identification Number (FEIN): [Redacted]
- K. NYS Unemployment Insurance Employer Registration (ER) Number: [Redacted]
- L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? Yes No
- M. Type of Entity (check one and provide attachments as noted in the instructions):
 Corporation Partnership Sole-Proprietor LLC LLP Other
- N. How many years has your organization been in business? 4
- O. Within the past five (5) years, have you done business under a different name? Yes No
If 'Yes', provide attachments as noted in the instructions.
- P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? Yes No
If 'Yes', provide attachments as noted in the instructions.

Section II

Complete all questions (1 - 10), in this section and provide attachments as noted in the instructions.

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- 1. Any conviction for a crime under state or federal law? Yes No
- 2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? Yes No
- 3. Any grant of immunity for conduct constituting a crime under state or federal law? Yes No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
 b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity

08/31/23

Date

Print name and title:

Meredith Hairsten Director/Owner

Sworn to me this:

31st day of August, 2023

Matt Romano

Signature of Notary Public or Commissioner of Deeds





NYS DOL Use Only: Sponsor No. _____
 New Program Reactivation Revision Recertification

NYS Department of Labor
Apprentice Training

OCT 03 2023

Central Office

New York State
Registered Apprenticeship Training Program

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 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
 *For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.
- D. Name of entity completing this form: Love & Care Bilingual Child Care
- E. Entity completing this form (check one):
 Individual Employer/Sponsor Union JAC/JATC Association
 Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
- F. Mailing address: Street: 40 Columbia Street
 City/Town: Poughkeepsie State: NY Zip Code: 12601
- G. Email: [REDACTED] H. Phone: 914-483-2280 I. Fax: _____
- J. Federal Employer Identification Number (FEIN) [REDACTED]
- K. NYS Unemployment Insurance Employer Registration (ER) Number: [REDACTED]
- L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?..... Yes No
- M. Type of Entity (check one and provide attachments as noted in the instructions):
 Corporation Partnership Sole-Proprietor LLC LLP Other
- N. How many years has your organization been in business? 1
- O. Within the past five (5) years, have you done business under a different name?..... Yes No
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Jarette Chavez 09/07/2023
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date
 Print name and title: Jarette Chavez, Owner & Operator
 Sworn to me this: 7th day of September, 2023 Kimberly Ann Karounos
 Signature of Notary Public or Commissioner of Deeds

NYSDOL Official Use Only
 KIMBERLY ANN KAROUNOS
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01KA6213661
 Qualified in Dutchess County
 My Commission Expires 11/16/2025
 Field - Receipt Date Stamp

NYS Department of Labor
 RECEIVED
 SEP 14 2023
 Apprentice Training
 Albany Office

Apprentice Training Program Registration Agreement

Revision []

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code 89-584
Effective Date of AT Program

- 1. Name of Sponsor: DAY ONE Early Learning Community Inc.
2. Mailing Address: 70 Hooker Avenue Poughkeepsie NY 12601 Dutchess
3. Actual Address: 70 Hooker Avenue Poughkeepsie NY 12601 Dutchess
4. Telephone No.: 845-471-4790 Ext. - Fax No.: N/A
5. E-mail Address: [Redacted]
6. Trade/Occupation: Childcare Assistant (Time-Based)
7. No. Employees: 17 No. Apprentices: 0 No. Journeyworkers: 19 8. Ratio: 1:1,1:1
9. DOT Code: - 10. Length of Program: 21 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard [] or Revised []
13. Minimum Journeyworker Rate: \$ 17.50 per hour 14. Effective Date of Wages: 9/1/2022

15. Apprentice wage progression for each period - in months (M) or hours (H)

Table with 10 columns (1-10) and 3 rows (M/H checkboxes, H checkboxes, and wage rates like 15.00, 16.50)

NYS Department of Labor Apprentice Training

OCT 03 2023

Central Office

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.

17. Signature of Official Sponsor Representative: Julie A Riess, Executive Director Date: 7/22/23

18. Signature of Union Representative: N/A Date: [Blank]

19. Signature New York State Department of Labor

Date

Apprenticeship Training Program

Related Instruction Availability

Trade: Childcare Assistant (Time-Based)

Sponsor Name: DAY ONE EARLY LEARNING COMMUNITY

Sponsor Representative: Dr. Julie Riess

Sponsor Address:
 No. & Street: 70 Hooker Avenue City: Poughkeepsie
 County: Dutchess State: NY Zip Code: 12601

Sponsor Telephone No.: 845-471-4790

Proposed Number of Apprentices: 5

AT Office
 Name: NYS DOL Albany
 No. & Street: W. Averell Harriman State Office Campus Building 12, Room 455/459
 City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [REDACTED] Date Prepared: _____

Related instruction is not available. Related instruction is available at:

School
 Name: Dutchess Community College
 No. & Street: 53 Pendell Road
 City: Poughkeepsie State: NY Zip Code: 12603

School Representative Contact Information:
 Name: Laraine Kautz
 Telephone No.: 845-431-8905 Email: [REDACTED]

School
 Name: _____
 No. & Street: _____
 City: _____ State: _____ Zip Code: _____

School Representative Contact Information:
 Name: _____
 Telephone No.: _____ Email: _____

NYS Department of Labor
Apprentice Training

OCT 03 2023

DLEA
 Name: Carolyn Detweiler
 No. & Street: Route 9W
 City: Port [REDACTED] NY Zip Code: 12466
 Signature of DLEA: [REDACTED] Date Prepared: 8/1/23

Central Office



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: DAY ONE Early Learning Community
Located at: (Address) 70 Hooker Avenue, Poughkeepsie NY 12601
Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 5
In the occupation of: (List Trade) Childcare Assistant (Time-Based)

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications High School Diploma or GED
Minimum Age: 18 Minimum Education:

Physical Condition: Be physically able to perform the work required as determined by:
Lift 50 pounds; agile - move quickly and flexibly; ability to stand for long periods of time; ability to sit on floor or low chair; hand dexterity

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

- Other: Completed medical statement from NYS Office of Children and Family Services; includes TB test within the last 12 months
Other: COVID vaccinations: minimum first two shots; boosters strongly encouraged As required, by New York State OCFS
Other: Successful completion of all OCFS required paperwork for working in an early childhood location (Center, Group Family, Family).

Application forms may be obtained: From: To:

Name: DAY ONE Early Learning Community Inc.

Address: 70 Hooker Ave. Poughkeepsie NY 12601

Days: MON-FRI Times: 9AM-4PM

Phone: 845-471-4790 Email:

Special Instructions:

NYS Department of Labor
Apprentice Training

OCT 03 2023

Central Office

All Applications Must be (please check) [x] Received [] Postmarked No Later Than: 08/01/2024



Selection Standards and Evaluations

Name of Candidate: _____ Trade: Childcare Assistant (Time-Based)

Address: _____ City: _____ State: _____ Zip: _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<input checked="" type="checkbox"/>	<u>4</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	40		
<input type="checkbox"/>	Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	8		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	6		
<input checked="" type="checkbox"/>	<u>26</u> Other: <u>DAY ONE Teaching Apprenticeship Program</u>	26		
Work Experience				
<input checked="" type="checkbox"/>	<u>4</u> Points for Each Year of Trade Related Work Experience	20		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Active Military Experience	12		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of General Work Experience	4		
<input type="checkbox"/>	Other : _____	4		
Seniority				
<input type="checkbox"/>	Points for Each Year of Employment with The Sponsoring Firm			
<input type="checkbox"/>	Other: _____			
Job Aptitude				
<input type="checkbox"/>	Name of Aptitude Test: _____			
<input type="checkbox"/>	Administered by _____			
<input type="checkbox"/>	Other: _____			
Oral Interview: Not to Exceed 40% of Total Score				
<input checked="" type="checkbox"/>	<u>0-3</u> Ability to Communicate	22		
<input checked="" type="checkbox"/>	<u>0-4</u> Willingness to Accept Obligation of Apprenticeship	3		
<input checked="" type="checkbox"/>	<u>0-3</u> Ability to Reason and Comprehend	4		
<input checked="" type="checkbox"/>	<u>0-4</u> Interest and Motivation	3		
<input checked="" type="checkbox"/>	<u>0-4</u> Other: <u>Interest and commitment to early childhood</u>	4		
<input checked="" type="checkbox"/>	<u>0-5</u> Other: <u>Speaks Spanish</u>	5		
<input checked="" type="checkbox"/>	<u>0-3</u> Other: _____	3		

Total Allowable Points →

82	Total Score →	
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Rank NYS Department of Labor
Apprentice Training

Evaluated by: _____ Date: _____
(Name)

Sponsor Name: DAY ONE Early Learning Community Inc. OCT 03 2023

Sponsor Address: 70 Hooker Avenue, Poughkeepsie, NY 12601 Central Office



Non-Discrimination Plan (Short Form)

A. Equal Opportunity Pledge: Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record.

B. Sexual Harassment Prevention Policy: Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
• Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
• Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director must be notified of the complaint.

C. Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

D. Recruitment: It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- [X] Listing all apprentice openings with the NYS Job Bank (https://newyork.usnlx.com) for a minimum of five full working days before selections are made.
[] Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (https://newyork.usnlx.com).
[] Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: [Handwritten Signature] Date: 7/24/23

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Dr. Julie Riess Executive Director
Print Name and Title

Approved by: _____ Date _____
New York State Department of Labor

Sponsor Name DAY ONE Early Learning Community Sponsor Code _____ No. of Apprentices _____

Trade(s) Childcare Assistant (Time-Based) Trade Code(s) _____ NYS Department of Labor Apprentice Training