

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

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

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.

Section I

- A. Sponsor name: Kennedy Children's Center
B. Trade(s): Teacher
C. Type of Apprenticeship Training Program (check one): 1. [x] 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: Kennedy Children's Center
E. Entity completing this form (check one): [x] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
F. Mailing address: Street: 2212 Third Ave. City/Town: New York State: NY Zip Code: 10035
G. Email: [redacted] H. Phone: (212) 988-9500 I. Fax: (888) 493-6324
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? [x] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions): [x] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 66
O. Within the past five (5) years, have you done business under a different name? [] Yes [x] No
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 [x] No

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 [x] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... [] Yes [x] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [x] 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.

Jeanne Alter 7/18/24
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Jeanne Alter

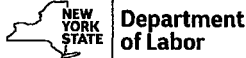
Sworn to me this: 18 day of July, 2024 [Signature]
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

CAROLYN ANNE CLEVELAND
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CL6291758
Qualified in Kings County
My Commission Expires 12-10-2025

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: NEW PROGRAM

State Use Only
AT Sponsor No.
ATP Code <u>89-596 C</u>
Effective Date of AT Program

1. Name of Sponsor: KENNEDY CHILDREN'S CENTER
2. Mailing Address: 2212 THIRD AVE. NEW YORK NY 10035 NEW YORK
(number & street) (city) (state) (zip code) (county)
3. Actual Address: SAME
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: (212) 988-9500 Ext. _____ Fax No.: _____
5. E-mail Address: [REDACTED]
6. Trade/Occupation: TEACHER
7. No. Employees: 240 No. Apprentices: _____ No. Journeyworkers: 38 8. Ratio: 1:1, 1:1
9. DOT Code: _____ 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 MONTHS 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$77,000 per YEAR 14. Effective Date of Wages: 03/01/2024

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

	1	2	3	4	5	6	7	8	9	10
Months (check):	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Hours (check):	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
No. of Months/Hours:	<u>0-12</u>	<u>13-24</u>								
Wage rate: or, percentage of the journeyworker rate:	<u>\$3,042</u>	<u>\$3,133</u>								

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

17. 7/18/24 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
JEANNE ALTER, EXECUTIVE DIRECTOR N/A
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

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Sponsor Code _____

Trade Code 89-596C

Apprenticeship Training Program

Related Instruction Availability

Trade: Teacher

Sponsor Name: Kennedy Children's Center

Sponsor Representative: Carolyn Cleveland

Sponsor Address:

No. & Street: 2212 Third Ave City: New York

County: New York State: NY Zip Code: 10035

Sponsor Telephone No.: 212-988-9500

Proposed Number of Apprentices: _____

AT Office

Name: NYS DOL ALBANY

No. & Street: W. Averill Harriman State Office Campus Building 12, Room 455/459

City: ALBANY State: NY Zip Code: 12240

Apprentice Training Representative: DANIEL PARIS Date Prepared: _____

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

School

Name: Kennedy Children's Center

No. & Street: 2212 Third Ave

City: New York State: NY Zip Code: 10035

School Representative Contact Information:

Name: Carolyn Cleveland

Telephone No.: 212-988-9500 Email:

School

Name: City University of New York - Brooklyn College

No. & Street: 2900 Bedford Ave.

City: Brooklyn State: NY Zip Code: 11210

School Representative Contact Information:

Name: Ashleigh Thompson, Ph.D. University Dean for Education

Telephone No.: (646) 664-8151 Email:

DLEA

Name: Emerald Roberts

No. & Street: 90-01 Southern Blvd

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA Date Prepared: 6/25/24

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Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-596C

Related Instruction Availability

Trade: Teacher

Sponsor Name: Kennedy Children's Center

Sponsor Representative: Carolyn Cleveland

Sponsor Address:

No. & Street: 2212 Third Ave

City: New York

County: New York

State: NY

Zip Code: 10035

Sponsor Telephone No.: 212-988-9500

Proposed Number of Apprentices: _____

AT Office

Name: NYS DOL ALBANY

No. & Street: W. Averill Harriman State Office Campus Building 12, Room 455/459

City: ALBANY

State: NY

Zip Code: 12240

Apprentice Training Representative: DANIEL PARIS

Date Prepared: _____

Related instruction is not available.

Related instruction is available at:

School

Name: City University of New York - City College

No. & Street: 160 Convent Ave.

City: New York

State: NY

Zip Code: 10031

School Representative Contact Information:

Name: Ashleigh Thompson, Ph.D. University Dean for Education

Telephone No.: (646) 664-8151

Email:

School

Name: City University of New York - Lehman

No. & Street: 3000 E Tremont Ave

City: Bronx

State: NY

Zip Code: 10461

School Representative Contact Information:

Name: Ashleigh Thompson, Ph.D. University Dean for Education

Telephone No.: (646) 664-8151

Email:

DLEA

Name: Emerald Roberts

No. & Street: 90-01 Sulphur Blvd 2nd Fl

City: Jamaica

State: NY

Zip Code: 11435

Signature of DLEA

Date Prepared: 6/25/21

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-596C

Related Instruction Availability

Trade: Teacher

Sponsor Name: Kennedy Children's Center

Sponsor Representative: Carolyn Cleveland

Sponsor Address: _____

No. & Street: 2212 Third Ave City: New York

County: New York State: NY Zip Code: 10035

Sponsor Telephone No.: 212-988-9500

Proposed Number of Apprentices: _____

AT Office

Name: NYS DOL ALBANY

No. & Street: W. Averill Harriman State Office Campus Building 12, Room 455/459

City: ALBANY State: NY Zip Code: 12240

Apprentice Training Representative: DANIEL PARIS Date Prepared: _____

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

School

Name: City University of New York - Staten Island

No. & Street: 2800 Victory Blvd

City: Staten Island State: NY Zip Code: 10314

School Representative Contact Information:

Name: Ashleigh Thompson, Ph.D. University Dean for Education

Telephone No.: (646) 664-8151 Email:

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Emmanuel Robert S

No. & Street: 90 - 01 Southampton Blvd

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA Date Prepared: 10/25/24



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: KENNEDY CHILDREN'S CENTER

Located at: (Address) 2212 THIRD AVE. NY, NY 10035

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: _____

In the occupation of: (List Trade) TEACHER

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

Minimum Qualifications

LEVEL II NYSED TEACHER ASSISTANT CERTIFICATION

Minimum Age: 18 Minimum Education: _____

Physical Condition: Be physically able to perform the work required as determined by:

- Must pass a medical examination prior to the start date of the apprenticeship program, at the expense of the apprentice.
- Must attest that they are physically able to perform the work of the 'trade', including the ability to lift 40 pounds and remain ambulatory throughout the work day.

(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: • Must pass a background, including fingerprinting, prior to acceptance to apprenticeship program, at the expense of sponsor.

Other: • Must have reliable means of transportation to and from the job site and required classes at the approved school.
• Must be able to write, read, hear and understand verbal and written instructions/ warnings given in English.

Other:
• Must be legally able to work in the United States.
• Must be accepted into a higher education partner program leading to initial NYS teacher/SBL certification

Application forms may be obtained: From: _____ To: _____

Name: KENNEDY CHILDREN'S CENTER

Address: 2212 THIRD AVE. NY, NY 10035

Days: _____ Times: _____

Phone: _____ Email: _____

Special Instructions:

ONLINE APPLICATIONS: WWW.KENCHILD.ORG

ROLLING APPLICATIONS

All Applications Must be (please check) Received Postmarked **No Later Than:** _____

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Sponsor Code _____
Trade Code(s) 89-596 C

Selection Standards and Evaluations

Name of Candidate: _____ Trade: TEACHER

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement		Total	15	Total
<input type="checkbox"/>	____ Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Related Technical Education Past Grade <u>14</u> or Equivalent as Recognized by Local Educational Authorities	5		
<input type="checkbox"/>	____ Points for Each Trade Related Adult or Continuing Education Course Completed			
<input checked="" type="checkbox"/>	<u>5</u> Other: <u>Bilingual Spanish (spoken 5; written 5 points)</u>	10		
Work Experience		Total	25	Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	10		
<input type="checkbox"/>	____ Points for Each Year of Active Military Experience			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	5		
<input checked="" type="checkbox"/>	<u>2</u> Other: <u>Experience with individuals w/special needs</u>	10		
Seniority		Total	20	Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Employment with The Sponsoring Firm	20		
<input type="checkbox"/>	____ Other: _____			
Job Aptitude		Total		Total
<input type="checkbox"/>	____ Name of Aptitude Test: _____			
	Administered by _____			
<input type="checkbox"/>	____ Other: _____			
Oral Interview: Not to Exceed 40% of Total Score		Total	40	Total
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Communicate	10		
<input checked="" type="checkbox"/>	<u>0-10</u> Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/>	<u>0-10</u> Interest and Motivation	10		
<input type="checkbox"/>	____ Other: _____			
<input type="checkbox"/>	____ Other: _____			

Total Allowable Points →

100	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: KENNEDY CHILDREN'S CENTER

Sponsor Address: 2212 THIRD AVE. NY, NY 10035

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Department
of Labor

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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. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

- 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 the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

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):

- 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: _____

Jeanne Alter

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

7/18/24
Date

JEANNE ALTER

EXECUTIVE DIRECTOR

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name KENNEDY CHILDREN'S CENTER Sponsor Code _____ No. of Apprentices _____

Trade(s) TEACHER Trade Code(s) _____