



JUL 25 2024

Central Office

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): Teaching Assistant
- 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: Kennedy Children's 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: 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 Register: [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? 66
- 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.

Jeanne Alter 7/18/2024
 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 Carolyn Anne Cleveland
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

JUL 25 2024

Central Office

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Department of Labor

www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision

Nature of Change: NEW PROGRAM

State Use Only
AT Sponsor No.
ATP Code <u>89-618</u>
Effective Date of AT Program

- Name of Sponsor: KENNEDY CHILDREN'S CENTER
- Mailing Address: 2212 THIRD AVE. NEW YORK NY 10035 NEW YORK
(number & street) (city) (state) (zip code) (county)
- Actual Address: SAME
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (212) 988-9500 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: TEACHING ASSISTANT
- No. Employees: 240 No. Apprentices: _____ No. Journeyworkers: 82 8. Ratio: 1:1;2:1
- DOT Code: _____ 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 MONTHS 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$36,500 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>\$2,708</u>	<u>\$2,841</u>								

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

17. Jeanne Alter 7/18/24 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

JEANNE ALTER, CEO NA
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

JUL 25 2024

Central Office



Sponsor Code _____

Trade Code 89-618

Related Instruction Availability

Trade: Teaching Assistant

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 – Kingsborough Community College

No. & Street: 2001 Oriental Blvd

City: Brooklyn State: NY Zip Code: 11235

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: Emerald Roberts

No. & Street: 90-45th St Bldg

City: Jamaica State: NY Zip Code: 11431

Signature of DLEA  Date Prepared: 6/20/24

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Sponsor Code _____

Trade Code 89-618

NYS Department of Labor
Apprentice Training

Related Instruction Availability

JUL 25 2024

Trade: Teaching Assistant Central Office

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 - Borough of Manhattan Community College

No. & Street: 199 Chambers St.

City: New York State: NY Zip Code: 10007

School Representative Contact Information:

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

Telephone No.: (646) 664-8151 Email: [REDACTED]

School

Name: City University of New York - Hostos Community College

No. & Street: 500 Grand Concourse

City: Bronx State: NY Zip Code: 10451

School Representative Contact Information:

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

Telephone No.: (646) 664-8151 Email: [REDACTED]

DLEA

Name: Emerald Roberts

No. & Street: 90-01 Sutphin Blvd

City: Jamaica State: NY Zip Code: 11431

Signature of DLEA: [REDACTED] Date Prepared: 6/25/24

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Central Office

WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-618

Related Instruction Availability

Trade: Teaching Assistant

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 - Bronx Community College

No. & Street: 2155 University Ave.

City: Bronx

State: NY

Zip Code: 10453

School Representative Contact Information:

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

Telephone No.: (646) 664-815

Email:

DLEA

Name: Emerald Roberts

No. & Street: 90-01 Sutphen Blvd

City: Jamaica

State: NY

Zip Code: 11435

Signature of DLEA

Date Prepared: 6/25/24

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Central Office



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) TEACHING ASSISTANT

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

Minimum Qualifications

Must have a High School diploma or High School equivalency diploma (such as TASC or GED) issued by local school authorities.

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.

Other:

- Must be able to write, read, hear and understand verbal and written instructions/ warnings given in English.
- Must be legally able to work in the United States.

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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Selection Standards and Evaluations

Name of Candidate: _____ Trade: TEACHING ASSISTANT

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

Only those checked apply.

Educational Achievement

- _____ Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities
- 1 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- _____ Points for Each Trade Related Adult or Continuing Education Course Completed
- 5 Other: Bilingual Spanish (spoken 5; written 5 points)

	Maximum Points Allowable	Number of Years Credited	Score	
Total	15			Total
	5			
	10			

Work Experience

- 2 Points for Each Year of Trade Related Work Experience
- _____ Points for Each Year of Active Military Experience
- 1 Points for Each Year of General Work Experience
- 2 Other: Experience with individuals w/special needs

Total	25			Total
	10			
	5			
	10			

Seniority

- 2 Points for Each Year of Employment with The Sponsoring Firm
- _____ Other: _____

Total	20			Total
	20			

Job Aptitude

- _____ Name of Aptitude Test: _____
- Administered by _____
- _____ Other: _____

Total				Total

Oral Interview: Not to Exceed 40% of Total Score

- 0-10 Ability to Communicate
- 0-10 Willingness to Accept Obligation of Apprenticeship
- 0-10 Ability to Reason and Comprehend
- 0-10 Interest and Motivation
- _____ Other: _____
- _____ Other: _____

Total	40			Total
	10			
	10			
	10			
	10			

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

