## WE ARE YOUR DOL

NEW YORK STATE OF OPPORTUNITY.	Department of Labor	1
NYS Department of Labor Apprentice Training		

NYSDOL Use Only			
New Program	Reactivation	☐ Revision	☐ Recertification

JUL 2 5 2024

New York State Registered Apprenticeship Training Program

Central Office

# **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.

Sect	ion I	
Α.	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	;)*
*F	or 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.		
	☑ Individual Employer/Sponsor ☐ Union ☐ JAC/JATC ☐ Association	
F	Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body Mailing address: Street: 2212 Third Ave.	
	City/Town: New York State: NY Zip Code: 10035	
G.	(212) 089 0500 (888) 403 6324	
J.	Federal Employer Identification Number (FEIN):	
K.	NYS Unemployment Insurance Employer Regist	
	Is this entity required to report any employee wages under this FEIN to the NYS Department	
	of Tax and Finance? ✓ Yes	
	Type of Entity (check one and provide attachments as noted in the instructions):  ☑ Corporation ☐ Partnership ☐ Sole-Proprietor ☐ LLC ☐ LLP ☐ Other	
	How many years has your organization been in business? 66	
Ο.	Within the past five (5) years, have you done business under a different name? $\square$ Yes If 'Yes', provide attachments as noted in the instructions.	☑ No
Р.	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	ØΝ
	Apprenticeship Program?	<b>k</b> ∠ N
	tion II	
0.0000000000000000000000000000000000000	plete <b>all</b> questions, $(1 - 10)$ , in this section and provide attachments as noted in the instructions.	
prede	n the past five (5) years, has your organization, any substantially owned-affiliated entity,** any excessor company or entity, any owner of 10% or more of the entity's shares, any director, any	
	r, any partner, or any proprietor been the subject of:  Any conviction for a crime under state or federal law?	<b></b> ✓ N
1. 2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law? \square Yes	✓ N
	Any grant of immunity for conduct constituting a crime under state or federal law?	✓ N
3.	Any grant of infindinty for conduct constituting a crime under state of federal law	

<sup>\*\*</sup> 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?	☑ 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?	✓ 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 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?	☐ 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?	✓ No
10.		
	federal enforcement action (judicial or regulatory) other than those covered above?	✓ No
	After completing Sections I and II, you must sign Section III, and have it notarized.	
Secti	ion III	
Certif	ication – I, the undersigned, recognize that I submit this questionnaire to permit the New York State	
Depar servin	tment of Labor to review the background of the applicant, sponsor, union, or signatory employers and associag as a member of the JAC/JATC or other governing body at the time of new program application, during progration, at recertification, or as otherwise deemed appropriate by the Department.	
I cert		
1 0011		2011
	<ul> <li>That the Department may use its sole discretion to choose the means to determine the truth and accura of all statements made herein.</li> </ul>	icy
	<ul> <li>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/o imprisonment of up to one year (PL § 70.15(1)).</li> </ul>	r
	That the information submitted in this questionnaire and any attachments is true, accurate, and complete	e.
artici applic	ndersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, of pating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor ation request or program. Signing this document constitutes permission to release this information (including nation) concerning the entity completing this form to the program sponsor.	r's
	Same Cli	
Signa	ture of CEO, Chair, or representative granted legal authority to bind the Entity Date	
Print r	name and title: Jeanne Alter	-
Sworr	n to me this: 18 day of July 2024	
	Signature of Notary Public or Commissioner of Deed	3
	NYSDOL Official Use Only	
	CAROLYN ANNE CLEVELAND	
nd a	NOTARY PUBLIC-STATE OF NEW YORK	
	No. 01CL6291758	
	Qualified in Kings County	
	My Commission Expires 12-10-2025	
	Field - Receipt Date Stamp	
i		

NYS Described to Labor Apply the Training

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# **Apprentice Training Program Registration Agreement**

Revision [								State	Use Only	
Nature of Change:	NEW P	ROGRAM				<u> </u>	AT Spo	onsor No.		
						<u> </u>	ATP C	ode 89	-618	
						<del></del>	1	ve Date Program		
1. Name of Spon	sor: KENNI	EDY CHILDI	REN'S CEN	ITER						
2. Mailing Addres		THIRD A\ r & street)	/E. NE	W YORK (city)		NY (state)	<u>10035</u> (zij	o code)	EW YORK (county)	
3. Actual Address	s: SAME (number	r & street)	· · · · · · · · · · · · · · · · · · ·	(city)		(state)	(zi <sub>l</sub>	o code)	(county)	-
4. Telephone No	.: <u>(212)</u> 988	3-9500		Ext		Fax No.:		····		
5. E-mail Addres	s: _									
6. Trade/Occupa	tion: TEACI	HING ASSIS	TANT							
7. No. Employee	s: <u>240</u>	No. Appre	ntices:	No	Journeywo	rkers: <u>82</u>	8. F	Ratio: <u>1:1;2</u> :	1	
9. DOT Code:	· 			.· 	10. Le	ength of Pro	gram: <u>24</u>		months	
11. Apprentice Pro	obationary F	Period: 6 MC	ONTHS		_ 12. Wo	ork process:	Standar	d. ☑ or Re	evised 🗌	
13. Minimum Jour	neyworker F	Rate: \$ <u>36,50</u>	00 per	YEAR .	14. Ef	fective Date	of Wages:	0	3/01/2024	
15. Apprentice wa	ae proaress	ion for each	period in	months (M)	or houre (	٦/				
To. Appletities wa	gc progress 1	2	3	4	5	6	7	. 8	9	10
Months (check):	M 🗹	м 🗹	М	М 🗆	М	м 🗆	М	M 🗆	М 🗆	М
Hours (check):	н□	н 🗆	н 🗆	н □	н 🔲	н 🗆	н 🗆	н□	Н□	н 🗆
No. of Months/Hours: Wage rate: <i>or</i> , percentage	0-12	13-24								
of the journeyworker rate:	\$2,708	\$2,841								
16. The sponsor a	grees to co	mply with the	e provisions	s on this side	e and on the	e reverse of	this agreer	ment.		<u>.</u>
		100	_	_1,5,0,			; .			
17. Signature of C	official Spon	sor Represe	entative	フ <u>/ 18 / み</u> Y Date	_ 18. <u></u> Si	ignature of l	Jnion Repre	esentative		ate
JEANNE ALT	ER, CEO				NA		·			
	Print Name	e and Title			<del> </del>	Print Na	me, Title, a	and Union N	ame	
19										
18S	ignature Ne	ew York Stat	e Departme	ent of Labor					Date	-

# NYS Department of Labor Apprentice Training

JUL 2 5 2024

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Apprenticeship Training Program

Central Office

### 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
No. & Street: 2212 Third Ave  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 Camp	ous Building 12, Room	455/459
City: ALBANY Apprentice Training Representative: DANIEL PA	State: <u>NY</u>	Zip Code: 12240
Apprentice Training Representative: DANIEL PA	RIS .	Date Prepared:
Related instruction is not available.	Related instructio	n is available at:
School		3
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 f	or Education	
Telephone No.: (646) 664-8151		•
School		
Name:		1000
No. & Street:		-
City:	State:	Zip Code:
School Representative Contact Information:		
Name:		
Telephone No.:		
DLEA	•	
Name: Emerch Ruberts		
No. & Street: 90-d Sulpha Blv		
City: Jan	State: NY	Zip Code: <u> / ' 4'3                                </u>
Signature of DLEA		Date Prepared:
	The shift is the Paddon	,
AT 8 (4/19)		\$

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Apprenticeship Training Program

Apprentices in training Program

Sponsor Code

Trade Code 89-68

NYS Department of Labor
Apprentice Training

# Related Instruction Availability

JUL 2 5 2024

Trade: Teaching Assistant		Central Office
Sponsor Name: Kennedy Children's Center		
Sponsor Representative: Carolyn Cleveland		
Sponsor Address:		
No. & Street: 2212 Third Ave	City: <u>Ne</u>	w York Zip Code: 10035
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 I	Building 12, Room 455.	/459
City: ALBANY Apprentice Training Representative: DANIEL PARIS	_ State: NY	Zip Code: 12240
Apprentice Training Representative: DANIEL PARIS		Date Prepared:
	The second secon	
Related instruction is not available.	Related instruction is	s available at:
School		
Name: City University of New York - Borough of Manhat	tan Community College	e
No. & Street: 199 Chambers St.	**************************************	
City: New York	State: NY	7in Code: 10007
	State.	zip oode.
School Representative Contact Information:  Name: Ashleigh Thompson, Ph.D. University Dean for E	ducation	
	Emai	}
Telephone No.: (646) 664-8151		
School	v Callago	
Name: City University of New York – Hostos Community	y College	
No. & Street: 500 Grand Concourse	NV	10451
City: Bronx	_ State: NY	Zip Code: <u>10451</u>
School Representative Contact Information:	, , ,	
Name: Ashleigh Thompson, Ph.D. University Dean for E	ducation	
Telephone No.: (646) 664-8151	Ema	
DLEA		
Name: Emerald to beat 5		
No. & Street: 90-01 Subain Blud		
City: Jamica	State: Ny	Zip Code:
Signature of DLEA	Da	te Prepared: <u>6/25/2</u>
ΔΤ 8 (Δ/19)		

# ADJUSTING TRAINING

#### WE ARE YOUR DOL

HEW YORK Stattor Williams	Department ————of Labor
Apprenticeship Tr	aining Program

Sponsor Code_		***************************************
Trade Code	89-	618

Central Office

# Related Instruction Availability

( Action		
Trade: Teaching Assistant		
Sponsor Name: Kennedy Children's Center		
Sponsor Representative: Carolyn Cleveland		
Sponsor Address:		·
No. & Street: 2212 Third Ave	City:	New York
No. & Street: 2212 Third Ave  County: New York  212-988-9500	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 Camp	ous Building 12, Room 4	455/459
City: ALBANY	State: NY	Zip Code: <u>12240</u>
City: ALBANY Apprentice Training Representative: DANIEL PA	RIS	Date Prepared:
Related instruction is <b>not</b> available.	Related instruction	n is available at:
School		***************************************
Name: Kennedy Children's Center		
No. & Street: 2212 Third Ave		
	State: NY	Zip Code: 10035
School Representative Contact Information:		
Name: Carolyn Cleveland		·
Telephone No.: 212-988-9500	Email:	
School		THE PARTY OF THE P
Name: City University of New York - Bronx Commun	nity College	Transmission of the Control of the C
No. & Street: 2155 University Ave.		
City: Bronx	State: NY	Zip Code: 10453
School Representative Contact Information:	•	
Name: Ashleigh Thompson, Ph.D. University Dean for	or Education	
Telephone No.: (646) 664-815	Email:	
DLEA		
Name: Emerald Roperts		111111111111111111111111111111111111111
No. & Street: 90-01 Suffhen Blu		
City: Jamaicy	State: りょ	Zip Code: <u>1243</u>
Signature of DLEA		Date Prepared: 6/25/2 \
		1
AT 8 (4/19)		
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# NYS Department of Labor Apprentice Training

JUL 2 5 2024

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NEW YORK Department of Labor

Central Office

www.labor.ny.gov

# **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:  TEACHING ASSISTANT  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  Minimum Age: 18  Minimum Education:  Must have a High School diploma or High School equivalency diploma (such as TASC or GED) issued by local school authorities.
Physical Condition: Be physically able to perform the work required as determined by:
<ul> <li>Must pass a medical examination prior to the start date of the apprenticeship program, at the expense of the apprentice.</li> <li>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.</li> </ul>
(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitte 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:

# NYS Department of Labor Apprentice Training JUL 2 5 2024

#### WE ARE YOUR DOL



Sponsor Code _		
Trade Code(s) _	89	-618
	•	

Central Office

#### **Selection Standards and Evaluations**

Name of Candidate:	of Candidate: Trade: <u>TEACHING ASSISTANT</u>				
Address: City:		St	ate: Zip	o:	· ·
Only those checked apply.  Educational Achievement		Maximum Points Allowable	Number of Years Credited	Score	
Points for Each Year of Education Past Grade or	Total	15			Total
Equivalent as Recognized by Local Educational Authorities		:	1		1
Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities		5			]
Points for Each Trade Related Adult or Continuing Education Course Completed					
Other: Bilingual Spanish (spoken 5; written 5 points)		10			
Work Experience	Total	25			Total
Points for Each Year of Trade Related Work Experience	1 0 1 1 1	10			
Points for Each Year of Active Military Experience					1
✓ 1 Points for Each Year of General Work Experience		5			
Other: Experience with individuals w/special needs		10			_
Seniority	Total	20			Total
Points for Each Year of Employment with The Sponsoring Firm		20			
Other:					
Job Aptitude	Total				Total
Name of Aptitude Test:					
Administered by					
Other:					 <b></b>
Oral Interview: Not to Exceed 40% of Total Score	Total	40			Total
0-10 Ability to Communicate		10 10			$\dashv$
0-10 Willingness to Accept Obligation of Apprenticeship		10			-
0-10 Ability to Reason and Comprehend		10			
Other:					
Other:					
		100	Total		
Total Allowable Point	s <b>→</b>	100	Score →		
		Rank			
Evaluated by:		Date:			
(Name) Sponsor Name: KENNEDY CHILDREN'S CENTER					
Sponsor Address: 2212 THIRD AVE. NY, NY 10035					

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NYS Department of Labor Apprentice Training

JUL 2 5 2024

Central Office

99-419

# 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.

Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards

	AT 505, Apprentice Training Recruitment Notification avaluations, on file with the Department.	and Minimum Qualifications, and form		
D. Recruitment: It is agreed that the sp	ponsor will recruit applicants for apprenticeship by (C	Check One):		
	Listing all apprentice openings with the NYS Job Bank ( <a href="https://newyork.usnlx.com">https://newyork.usnlx.com</a> ) for a minimum of five full working days before selections are made.			
	sent employees of the sponsor and/or union members n. Resulting vacancies will be listed with the NYS Job			
	methods other than those above. A detailed statemen and approved by the Commissioner of Labor prior to b			
On behalf of the sponsor, I certify that it is out	ir intent to fulfill these Equal Opportunity Standards.			
Signature of Sponsor:	aur	7/18/24		
( The above si	ignature must be the employer's Chief Executive Officer or the Chair oint Apprenticeship Committee or their authorized representative.	Date		
JEANNE ALTER	EXECUTIVE DIRECTOR	R		
	Print Name and Title			
Approved by:				
	New York State Department of Labor	Date		
Sponsor Name KENNEDY CHILDREN'S	CENTER Sponsor CodeNo	o. of Apprentices		

Trade Code(s)

AT 602 (12/21)

Trade(s) TEACHING ASSISTANT