



NYS Department of Labor
Apprentice Training

New York State
Registered Apprenticeship Training Program

APR 14 2021

Sponsor Information Sheet and Instructions

Central Office

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: SUNY Cortland Child Care Center
- B. Trade(s): Child Care 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: _____
- 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: PO Box 2000
 City/Town: Cortland State: NY Zip Code: 13045
- G. Email: _____ H. Phone: (607) 753-5955 I. Fax: (607) 753-5957
- J. Federal Employer Identification Number (FEIN): _____
- K. NYS Unemployment Insurance Employer Registration (ER) Number: _____
- 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? 27
- 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.

[Signature] 10/23/2020
Date
Signature of CEO, Chair, or representative granted legal authority to bind the Entity

Print name and title: Stephanie A. Fritz, Director

Sworn to me this: 23 day of Oct, 2020 [Signature]
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

COMM. EXP. _____
REG. # 4978779
IN CORTLAND COUNTY
PUBLIC STATE OF NEW YORK
MICHELLE M. CONGDON
Field - Receipt Date Stamp

MICHELLE M. CONGDON
PUBLIC STATE OF NEW YORK
Department of Labor
Apprentice Training # 4978779
APR 14 2021
3/11/23

RECEIVED
APR 2 2021
D.E.W.S., SYRACUSE NY



Apprentice Training Program Registration Agreement

Revision

New Program Application

NYS Department of Labor
Apprentice Training

APR 14 2021

Central Office

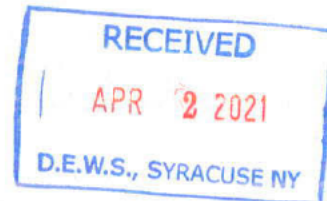
State Use Only	
AT Sponsor No.	
ATP Code	89-584
Effective Date of AT Program	

SUNY Cortland Childcare Center

- Name of Sponsor: _____
- Mailing Address: PO Box 2000 Cortland NY 13045 Cortland
(number & street) (city) (state) (zip code) (county)
- Actual Address: Pros ter ed bldg 1000 Cortland NY 13045 Cortland
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 607-753-5955 Ext. _____ Fax No.: _____
- E-mail Address: _____
- Trade/Occupation: Childcare assistant
- No. Employees: 22 No. Apprentices: 3 No. Journeyworkers: 7 8. Ratio: 1:1,
- DOT Code: 359.342-540 10. Length of Program: 21 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 12.75 per hour 14. Effective Date of Wages: _____

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

1	2	3	4	5	6	7	8	9	10
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"/>
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"/>
12.5	12.6								



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

17. [Signature] 10/23/2020 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Stephanie A. Fritz, Director _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date

APR 14 2021

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 89-584

Name of Apprentice (Last, First, M.I.) <i>Central Office</i>		Social Security Number	1. Name of Program Sponsor SUNY Cortland Childcare Center						
Address of Apprentice (no. and street)		Physical address of Program Sponsor (no. and street) Prospect Terrace Education Bldg 1000							
City	County	State	Zip code	City	County	State	Zip code		
				Cortland	Cortland	NY	13045		
Answer both A and B A. Ethnic Group <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino B. Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Mailing address of Program Sponsor (no. and street) PO Box 2000		City	County	State	Zip code		
				Cortland	Cortland	NY	13045		
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Home & Cell phone numbers H C	Birth date	2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Childcare Assistant					
E-mail address									
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Trade _____ State _____		3. Start Date	4. Length of program (Months) 21	5. DOL Apprentice Probation Period for Completion Rates (Months) 12 months					
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Tompkins Cortland Community College		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$12.75					
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____		Months	Points	Sections					
9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: <input checked="" type="checkbox"/> Months <input type="checkbox"/> Hours <input type="checkbox"/> Points <input type="checkbox"/> Sections									
1	2	3	4	5	6	7	8	9	10
6	6								
12.50	12.60								

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D.E.W.S., SYRACUSE NY

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

_____/_____/_____
 Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

 Signature New York State Department of Labor

_____/_____/_____
 Date

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Rank Verify	_____	_____
Data Entry	_____	_____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

_____/_____/_____
 Signature of Official Sponsor Representative Date

 Print Name

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

_____/_____/_____
 Signature of DLEA Representative Date

 Print Name

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code

Trade Code 89-584

SUNY Cortland Childcare Center

, located at

(Sponsor)

Prospect Terrace Education Building Room 1000, Cortland, NY 13045

(Address)

is presently accepting applications for an estimated 3 apprentice training positions in

(No. of Openings)

the occupation of Childcare Assistant

(Trade)

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: Highschool diploma or GED Equivalent

Physical Condition: Be physically able to perform the work required as determined by Must be able to lift at least 50 pounds.

(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:

Background check which is paid for by the center, physical test and PPD test are paid for by the center up to \$50.

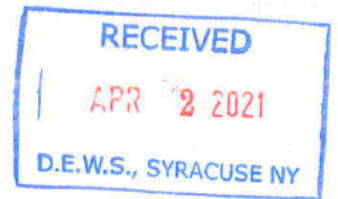
Other:

NYS Department of Labor Apprentice Training

APR 14 2021

Other:

Central Office



Application Forms May be Obtained From:

Name: Stephanie Fritz

Address:

Prospt Terrace education bldg room 1000 Cortland, NY 13045

Phone Number: (607) 753 - 5955

Dates:

From:

To:

Days: Monday- Friday

Times:

7am-5:15 pm

Email Address:

Special Instructions:

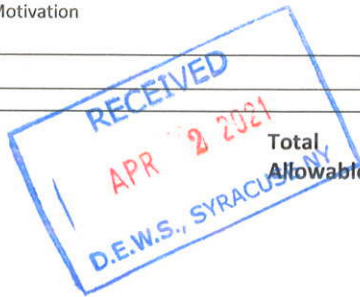
All Applications Must be (please check) Received Postmarked no Later Than:



Selection Standards and Evaluations

Name of Candidate	Trade		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement		Total 20			Total
<input checked="" type="checkbox"/> 5	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input checked="" type="checkbox"/> 5	Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed				
<input type="checkbox"/>	Other _____				
Work Experience		Total 25			Total
<input checked="" type="checkbox"/> 5	Points for Each Year of Trade Related Work Experience	25			
<input type="checkbox"/>	Points for Each Year of Active Military Experience				
<input type="checkbox"/>	Points for Each Year of General Work Experience				
<input type="checkbox"/>	Other _____				
Seniority		Total 15			Total
<input checked="" type="checkbox"/> 5	Points for Each Year of Employment With The Sponsoring Firm	15			
<input type="checkbox"/>	Other _____				
Job Aptitude		Total			Total
<input type="checkbox"/>	SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____				
<input type="checkbox"/>	Name of Alternative Aptitude Test _____ Administered by _____				
<input type="checkbox"/>	Other _____				
Oral Interview: Not to Exceed 40% of Total Score		Total 40			Total
<input type="checkbox"/> 10	Ability to Communicate	10			
<input type="checkbox"/> 10	Willingness to Accept Obligation of Apprenticeship	10			
<input type="checkbox"/> 10	Ability to Reason and Comprehend	10			
<input type="checkbox"/> 10	Interest and Motivation	10			
<input type="checkbox"/>	Other _____				
<input type="checkbox"/>	Other _____				



Total Allowable Points



100	Total Score →	
-----	---------------	--

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name SUNY Cortland Childcare Center

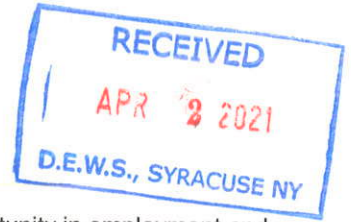
Sponsor Address Prospect Terrace Education Bldg 1000, Cortland, NY 13045

AT 508 (5-16)

NYS Department of Labor
Apprentice Training

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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):

- [] Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before selections are made.
[X] 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 (www.newyork.us.jobs/).
[] 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: [Signature] Date 10/23/2020
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Stephanie A. Fritz, Director
Print Name and Title

Approved by: _____ NYS Department of Labor Date _____

Sponsor Name SUNY Cortland Childcare Center Sponsor Code _____ No. of Apprentices 3
Trade(s) Childcare Assistant NYS Department of Labor Trade Code(s) 89-584
Apprentice Training

APR 14 2021

Central Office