

NYS DOL Use Only: Sponsor No. _____ <input checked="" type="checkbox"/> New Program <input type="checkbox"/> Reactivation <input type="checkbox"/> Revision <input type="checkbox"/> Recertification

New York State
 Registered Apprenticeship Training Program

NYS Department of Labor
 Apprentice Training

Sponsor Information Sheet and Instructions

OCT 21 2025

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: The Treehouse Hourly Child Care, LLC
- B. Trade(s): Childcare 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: The Treehouse Hourly Child Care, LLC
- 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: 1635 Ohio Street
 City/Town: Watertown State: NY Zip Code: 13601
- G. Email: [REDACTED] H. Phone: (315) 786-7285 I. Fax: (315) 786-7270
- 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? 10
- 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.

Gabrielle Baker Signature of CEO, Chair, or representative granted legal authority to bind the Entity 3/14/25 Date

Print name and title: Gabrielle Baker / Executive Director

Sworn to me this: 14th day of March 2025 Lisa Goutremout Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only
 Received
 APR 02 2025
 D.E.W.S Syracuse NY
 Field - Receipt Date Stamp

NYS Department of Labor
 Apprenticeship Training
 OCT 21 2025
 Central Office

LISA M GOUTREMOUT
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01606381500
 Qualified in Jefferson County
 My Commission Expires 2/8/28

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NYS Department of Labor
Apprentice Training
OCT 21 2025
E. W. ...
Central Office
Received
APR 02 2025
Syracuse NY

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

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

- Name of Sponsor: The Treehouse Hourly Child Care, LLC
- Mailing Address: 1635 Ohio Street Watertown NY 13601 Jefferson
(number & street) (city) (state) (zip code) (county)
- Actual Address: SAME
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (315) 786-7285 Ext. 3 Fax No.: (315) 786-7270
- E-mail Address: [REDACTED]
- Trade/Occupation: Childcare Assistant
- No. Employees: 46 No. Apprentices: 0 No. Journeyworkers: 1 8. Ratio: 1:1,1;1
- DOT Code: _____ 10. Length of Program: 21 Months months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 16.00 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
Months (check):	M <input checked="" type="checkbox"/>	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"/>
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:	0-12	12-18	18-21							
Wage rate: or, percentage of the journeyworker rate:	\$15.50	\$15.75	\$16.00							

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

17. Gabrielle Baker 3/14/25 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Gabrielle Baker, Executive Director _____
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-584

NYS Department of Labor
Apprentice Training

OCT 21 2025

Related Instruction Availability

Trade: Childcare Assistant

Sponsor Name: The Treehouse Hourly Child Care, LLC

Sponsor Representative: Gabbie Baker

Central Office

Sponsor Address:

No. & Street: 1635 Ohio Street City: Watertown

County: Jefferson State: NY Zip Code: 13601

Sponsor Telephone No.: 315-786-7285

Proposed Number of Apprentices: 1

AT Office

Name: Central Region - Apprenticeship Training

No. & Street: 450 S. Salina Street, Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: Brian Pace Date Prepared: 8/1/25

Related instruction is not available.

Related instruction is available at:

School

Name: Jefferson Community College

No. & Street: 1220 Coffeen Street

City: Watertown State: NY Zip Code: 13601

School Representative Contact Information:

Name: Joanna Brislan

Telephone No.: 315-786-2438

Email:

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____

Email: _____

DLEA

Name: Randy Fulkerson

No. & Street: 20104 NYS Rt. 3

City: Watertown State: NY Zip Code: 13601

Signature of DLEA

Prepared: _____

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www.labor.ny.gov

Sponsor Code: _____

Trade Code: 89-584

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: The Treehouse Hourly Child Care, LLC

Located at: (Address) 1635 Ohio Street Watertown, NY 13601

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 2

In the occupation of: (List Trade) Childcare Assistant

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 1 Year of Childcare Experience
Minimum Age: 18 Minimum Education: _____

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

- An OCFS physical completed by a licensed Physician and pass a TB test
- Be able to bend, kneel, pick up at least 25lbs

(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: **Pass a Federal and NYS background Check per OCFS Regulations**

Other:

Other:

NYS Department of Labor
Apprentice Training

OCT 21 2025

Central Office

Application forms may be obtained: From: 07/14/2025 To: 12/01/2025

Name: Gabrielle Baker

Address: 1635 Ohio Street Watertown, NY 13601

Days: Monday - Friday Times: 6:30am-5:30pm

Phone: (315) 786-7285 Email: [REDACTED]

Special Instructions:

Forms can be dropped off in person or emailed to the above contact. Applications not available on any Nationally Recognized Holiday.

All Applications Must be (please check) Received Postmarked No Later Than: 12/01/2025

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Childcare Assistant

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	17		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	10		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed	2		
<input type="checkbox"/>	Other: _____	5		
Work Experience				
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	15		
<input checked="" type="checkbox"/>	<u>3</u> Points for Each Year of Active Military Experience	9		
<input checked="" type="checkbox"/>	<u>3</u> Points for Each Year of General Work Experience	3		
<input type="checkbox"/>	Other: _____	3		
Seniority				
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Employment with The Sponsoring Firm	15		
<input type="checkbox"/>	Other: _____	15		
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>1</u> Ability to Communicate	13		
<input checked="" type="checkbox"/>	<u>1</u> Willingness to Accept Obligation of Apprenticeship	3		
<input checked="" type="checkbox"/>	<u>1</u> Ability to Reason and Comprehend	4		
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	3		
<input type="checkbox"/>	Other: _____	3		
<input type="checkbox"/>	Other: _____			

Total Allowable Points →

60	Total Score →
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Rank _____ NYS Department of Labor
Apprentice Training

Evaluated by: _____ (Name) Date: OCT 21 2025

Sponsor Name: The Treehouse Hourly Child Care, LLC

Central Office

Sponsor Address: 1635 Ohio Street Watertown, NY 13601

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.

NYS Department of Labor
Apprentice Training

OCT 21 2025

Central Office

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.


E. **Outreach and Positive Recruitment Plan (if applicable):** Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

Outreach and Recruitment Activities:

Received
APR 02 2025
D.E.W.S Syracuse NY

Direct Entry Provider(s): (See <https://dol.ny.gov/direct-entry>)

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

Signature of Sponsor:  3/14/25
The above signature must be the employer's Chief Executive Officer, the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Name: Gabrielle Baker Title: Executive Director

Approved by: _____
New York State Department of Labor Date

Sponsor Name: The Treehouse Hourly Child Care, LLC

Sponsor Code: _____ Number of Apprentices: _____

Trade(s): Childcare Assistant
NYS Department of Labor
Apprentice Training

Trade Code(s): 89-584 OCT 21 2025

Central Office