



NYS DOL Use Only:
Sponsor No.
[checked] 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 4-6 before completing this form.

Section I

A. Sponsor name: ANEW

B. Trade(s): CHILDCARE ADMINISTRATOR

C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [] Individual Joint 3. [checked] 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: EDHUBNY, INC.

E. Entity completing this form (check one):
[] Individual Employer/Sponsor [] Union [] JAC/JATC [checked] Association
[] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body

F. Mailing address: 99 DARWIN RD
City/Town: CAMBRIDGE State: NY Zip Code: 12816

G. Email:

H. Phone: (518) 573 - 6368 Ext.: I. Fax:

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? [checked] Yes [] No

M. Type of Entity (check one and provide attachments as noted in the instructions):
[checked] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other

N. How many years has your organization been in business? 4

O. Within the past five (5) years, have you done business under a different name? [checked] 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 [checked] 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
- 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

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

After completing Sections I and II, you must sign Section III.

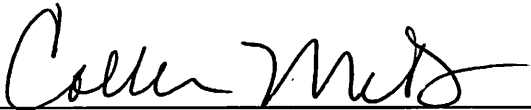
Section III

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 of CEO, Chair, or representative granted legal authority to bind the Entity

12 / 15 / 2025
Date

Print name and title: COLLEEN MCDONALD

NYS DOL Official Use Only

Field - Receipt Date Stamp

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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 89 642
Effective Date of AT Program

1. Name of Sponsor: ANEW

2. Mailing Address: 99 DARWIN RD. CAMBRIDGE NY 12816 WASHINGTON
(number & street) (city) (state) (zip code) (county)

3. Actual Address: 2212 3RD AVE NEW YORK NY 10035 NEW YORK
(number & street) (city) (state) (zip code) (county)

4. Telephone No.: (518) 573-6368 Ext. _____ Fax No.: (518) 660-7731

5. E-mail Address: _____

6. Trade/Occupation: CHILDCARE ADMINISTRATOR/DIRECTOR

7. No. Employees: 491 No. Apprentices: _____ No. Journeyworkers: 166 8. Ratio: 1:1:1

9. DOT Code: _____ 10. Length of Program: 24 months

11. Apprentice Probationary Period: 6 mos 12. Work process: Standard or Revised

13. Minimum Journeyworker Rate: \$20 per HOUR 14. Effective Date of Wages: 09/01/2025

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 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"/>	M <input type="checkbox"/>
Hours (check):	H <input checked="" 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:	1-12	13-24								
Wage rate: or, percentage of the journeyworker rate:	16.00 17.00	17.00	All of NY	state	outside	NVC	etc			

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

17. Colleen McDonald 1/8/2025
Signature of Official Sponsor/ Representative Date
 COLLEEN McDONALD, EXEC. DIRECTOR
Print Name and Title

18. NA _____
Signature of Union Representative Date

Heather Sweet Eleanor Fitzgerald
Heather Sweet, Exec. Assistant Eleanor Fitzgerald, Proj. Manager

Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

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Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-642

Related Instruction Availability

NYS Department of Labor
RECEIVED

FEB 9 2026

Apprentice Training
Albany Office

Trade: CHILDCARE ADMINISTRATOR/DIRECTOR

Sponsor Name: ANEW

Sponsor Representative: Colleen McDonald

Sponsor Address:

No. & Street: 2212 3rd Ave. City: New York

County: New York State: NY Zip Code: 10035

Sponsor Telephone No.: (518)573-6368

Proposed Number of Apprentices: _____

AT Office

Name: Dan Paris *NYS DOL*

No. & Street: Building 12 W.A. Harriman Campus

City: Albany State: NY Zip Code: 12226

Apprentice Training Representative: DAN Paris Date Prepared: _____

Related instruction is **not** available.

Related instruction is **available** at:

School

Name: CUNY PDI

No. & Street: 555 West 57th Street, Suite 1325

City: NY State: NY Zip Code: 10019

School Representative Contact Information:

Name: Claudine Campanelli

Telephone No.: (646)664-8283 Email:

School

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: Franca Armstrong

Telephone No.: (315)947-7670 Email: _____

DLEA

Name: Emerald Roberts

No. & Street: 90-01 Sutphin Blvd

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: ANEW

Located at: (Address) 2212 3RD AVE. NEW YORK, NY 10035

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

In the occupation of: (List Trade) CHILDCARE AMDINISTRATOR/DIRECTOR

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:

(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: After selection and prior to enrollment in apprenticeship program, accepted and enrolled in a program leading to New York State Children's Program Administrator Credential,

Other: Must be legally able to work in the United States. Proof will be required, if applicable, after enrollment in apprenticeship program.

Other:

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

Name: ANEW

Address: 2212 3rd Ave

Days: 365

Phone: _____ Email: _____

Special Instructions:

APPLICATIONS ARE AVAILABLE ONLINE 24/7, 365 DAYS PER YEAR AT:

Questions or inquiries can be directed to: _____

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

Selection Standards and Evaluations

Name of Candidate: _____ Trade: CHILDCARE ADMINISTRATOR/DIRECTOR

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<input type="checkbox"/>	Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	10		
<input type="checkbox"/>	Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities			
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed			
<input checked="" type="checkbox"/>	5 Other: <u>Multilingual Ability: 5 pts per LANGUAGE (other than Eng) FLUENTLY WRITTEN AND SPOKEN</u>	10		
Work Experience				
<input checked="" type="checkbox"/>	2 Points for Each Year of Trade Related Work Experience	30		
<input checked="" type="checkbox"/>	2 Points for Each Year of Active Military Experience	16		
<input checked="" type="checkbox"/>	1 Points for Each Year of General Work Experience	10		
<input type="checkbox"/>	Other: _____	4		
Seniority				
<input checked="" type="checkbox"/>	2 Points for Each Year of Employment with The Sponsoring Firm	20		
<input type="checkbox"/>	Other: _____	20		
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"/>	1-10 Ability to Communicate	40		
<input checked="" type="checkbox"/>	1-10 Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	1-10 Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/>	1-10 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: ANEW

Sponsor Address: 2212 3RD AVE NY NY 10035

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Department of Labor

Sponsor Code _____

Trade Code(s) _____

New York State Department of Labor
Apprentice Training Program Affirmative Action Plan

89-584C (12/2019)
89-618 (12/2022)
89-596C (05/2021)
89-642 (09.2025)
89-626C (06.2024)

89-625 (21-1019.00)

New Program Amended Renewal

To be Administered by (Sponsor's Name): ANEW

Address: 2212 3RD AVE NY State: NY Zip: 10035

Plan is effective: From: ~~11/1/25~~ To: ~~10/31/30~~
2/1/2026 1/31/2031

**On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor: *Colleen McDonald* Date: 11/1/25

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

Print Name: COLLEEN MCDONALD

Title: EXECUTIVE DIRECTOR

Do not write below this line.



Approved by: _____ Date: _____

NYS Department of Labor

Title: _____



**Part III Addendum
Current and Projected Staffing and Annual Goals**

Title of Trade **CHILDCARE ADMINISTRATOR**

A. Current Staffing in the Above Trade

	Total	African American	Hispanic	Other Minority	Women
Active Journeyworkers					
Registered Apprentices					

B. Projected Number of Apprentice Indentures*

Year	20	26	27	28	29	30	Totals
New Positions							
Vacancies from Turnover**							
Total Indentures							

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20	26	27	28	29	30	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

Part IV – Action Plans and Requirements

A. Outreach and Positive Recruitment Plan

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:

EDHUBNY will facilitate the equitable recruitment and registration of diverse, underrepresented, and underserved Apprentices into the newly created RAP group programs by leveraging community resources and host site networks.

EDHUBNY will employ recruitment materials to communicate with job seekers, career changers, underemployed. Targeted recruitment strategies and materials will be deployed for underrepresented populations and underserved communities to build a workforce representing the community they serve. EDHUBNY will encourage employer signatories and union co-sponsors to develop and utilize pre apprenticeship pathways with IHEs as well as provide registered Apprentices to meet district context or individual needs.

EDHUBNY will leverage networks including those of employer signatories, institutions of higher education, community organizations, hiring halls, job fairs, open houses, and information sessions. It will also utilize social media and online networks to post, recruit and advertise open positions.

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

Part IV – Action Plans and Requirements (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):



1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).

An area-wide public recruitment will publicize the following information:

- a. Estimated number of apprentice job openings to be filled.
- b. Eligibility requirements.
- c. Where and when applications may be obtained.
- d. When applications are to be submitted.
- e. Affirmative Action policy of the sponsor.



2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.



3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<https://newyork.usnlx.com/>).



4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached to be submitted to the Commissioner of Labor** for review and approval prior to being used.*

C. Methods for Selection of Apprentices

Selection of apprentices will be made under **one** of the following **four** methods. (Check One):



1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

* A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement.*

- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.

- 4. Alternative selection methods.**

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

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/or on Form AT 508, Selection Standards and Evaluations, attached.

* Sponsors are advised to keep all applications for a **minimum of one year**.

** A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.