



New York State

Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training**Sponsor Information Sheet and Instructions**

FEB 08 2024

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 IA. Sponsor name: Anderson Center for AutismB. 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: Anderson Center for Autism

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 bodyF. Mailing address: Street: 4885 Rt 9 PO Box 367City/Town: StaatsburgState: NYZip Code: 12580G. Email: [REDACTED] H. Phone: (845) 889-4034I. Fax: [REDACTED]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 ☐ OtherN. How many years has your organization been in business? 99

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.

Patrick D. Paul 02/02/2024
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Patrick D. Paul, CEO/Executive Director

Sworn to me this: 2nd day of February, 2024 *Kathleen A. Murphy*
Signature of Notary Public or Commissioner of Deeds



KATHLEEN A. MURPHY
Notary Public, State of New York
No. 01MU6281079
Qualified in Ulster County
Term Expires May 13, 2025

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of Labor

www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision ☐

Nature of Change: New Program

State Use Only

AT Sponsor No.
22279

ATP Code
89-618

Effective Date
of AT Program

1. Name of Sponsor: Anderson Center for Autism
2. Mailing Address: 4885 Rt 9 PO Box 367 Staatsburg NY 12580 Dutchess
(number & street) (city) (state) (zip code) (county)
3. Actual Address: Same as above
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 845-889-4034 Ext. _____ Fax No.: _____
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Teaching Assistant
7. No. Employees: 850 No. Apprentices: _____ No. Journeyworkers: 13 8. Ratio: 1:1; 1:1
9. DOT Code: — 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard ☒ or Revised ☐
13. Minimum Journeyworker Rate: \$18.00 per hour 14. Effective Date of Wages: 01/01/2024

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

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <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"/>	H <input type="checkbox"/>
0-12	13-24								
17.50	17.75								

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

17. Patrick D. Paul 02/02/2024 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Patrick D. Paul, CEO/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 22279
Trade Code 09-618

Related Instruction Availability

Trade: Teaching Assistant

Sponsor Name: Anderson Center for Autism

Sponsor Representative: Christine Wolcott

Sponsor Address:

No. & Street: 4885 Rt 9 PO Box 367

City: Staatsburg

County: Dutchess

State: NY

Zip Code: 12580

Sponsor Telephone No.: 845-889-4034

Proposed Number of Apprentices:

AT Office

Name: Anderson Center for Autism

NYS DOL

No. & Street: 4885 Rt 9 PO Box 367

City: Staatsburg Albany NY

State: NY

Zip Code: 12580

Apprentice Training Representative: Kendall Wolcott

Date Prepared: 11/20/20 11/20/23

Daniel Paris

☐ Related instruction is **not** available.

☒ Related instruction is available at:

School

Name: SUNY Dutchess

No. & Street: 53 Pendell Rd

City: Poughkeepsie

State: NY

Zip Code: 12601

School Representative Contact Information:

Name: Marguerite Woodcock

Telephone No.: 845-431-8348

Email: [REDACTED]

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School

Name: SUNY Empire State College

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No. & Street: 2 Union Ave

City: Saratoga Springs

State: NY

Zip Code: 12866

Central Office

School Representative Contact Information:

Name: Tracy Galuski, PhD

Telephone No.: 518-587-2100x 3892

Email: [REDACTED]

DLEA

Name: Carolyn Detweiler

No. & Street:

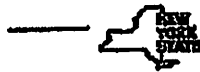
City: [REDACTED]

State: NY

Zip Code:

Signature of DLEA [REDACTED]

Date Prepared: 11/20/23

**Apprentice Training Recruitment Notification and Minimum Qualifications**Sponsor: Anderson Center for AutismLocated at: (Address) 4885 Rt 9 PO Box 367, Staatsburg, NY 12580

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
Minimum Age: 21 Minimum Education: High School diploma or a high School equivalency (such as TASC or GED)

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:

Other:

Other:

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Application forms may be obtained: From: 01/01/2023 To: 12/31/2023

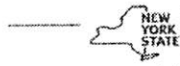
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Name: Kendall WolvenAddress: Anderson Center for Autism 4885 Rt 9 PO Box 367, Staatsburg, NY 12580Days: M-F Times: 9am - 3pmPhone: (845) 889-9524

Email: _____

Special Instructions:

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



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
- ☐ _____ Points for Each Year of Related Technical Education Past Grade _____
or Equivalent as Recognized by Local Educational Authorities
- ☐ _____ Points for Each Trade Related Adult or Continuing Education Course
Completed
- ☒ 2 Other: Successfully completed college level coursework (passing grade)
for each course

	Maximum Points Allowable	Number of Years Credited	Score	
Total	20			Total
	20			

Work Experience

- ☒ 3 Points for Each Year of Trade Related Work Experience
- ☒ 3 Points for Each Year of Active Military Experience
- ☐ _____ Points for Each Year of General Work Experience
- ☐ _____ Other: _____

Total	30			Total
	15			
	15			

Seniority

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

Total	10			Total
	10			

Job Aptitude

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

Total				Total

Oral Interview: Not to Exceed 40% of Total Score

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

Total	40			Total
	10			
	10			
	10			
	10			

Total Allowable Points →

100

Total
Score →

Evaluated by: _____ (Name)

Rank _____
Date: NYS Department of Labor
Apprentice TrainingSponsor Name: Anderson Center for Autism

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Sponsor Address: 4885 Rt 9 PO Box 367, Staatsburg, NY 12580

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Sponsor Code 22279
Trade Code(s) 89-547C
89-618
89-596C

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

☒ New Program ☐ Amended ☐ Renewal

To be Administered by (Sponsor's Name): Anderson Center for Autism

Address: 4885 Rt 9 PO Box 367, Staatsburg State: NY Zip: 12580

Plan is effective: From: 1/1/24 To: 12/31/24

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

Signature of Sponsor:  Date: 12/13/23

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: Patrick D. Paul

Title: CEO/Executive Director

Do not write below this line.

Approved by: _____ Date: _____
NYS Department of Labor

Title: _____

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Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 504,590 in the following county(counties):

<u>Dutchess</u>	<u>Putnam</u>	<u> </u>
<u>Ulster</u>	<u>Greene</u>	<u> </u>
<u>Orange</u>	<u> </u>	<u> </u>

The labor force includes:*

Minorities

African American	<u>38,299</u>	<u>7.59</u> %
Hispanic	<u>69,010</u>	<u>13.68</u> %
Other Minorities**	<u>24,055</u>	<u>4.77</u> %
Total Minorities	<u>131,364</u>	<u>26.04</u> %
Women	<u>241,360</u>	<u>47.83</u> %

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities: 26.04 %

Goal for Women: 6.9 %

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* Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-8857.

** Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

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Part III -- Current and Projected Staffing and Annual Goals

Title of Trade Teaching Assistant

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentices Indentures*

Year	20	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	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	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	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 (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.usnfx.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.

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

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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.

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* 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.