

AGENCY QUARTERLY DIVERSITY AND EEO REPORT FY 2018

Agency Name: DEPARTMENT OF SMALL BUSINESS SERVICES

☐ 1st Quarter (July -September), due October 30

☒ 2nd Quarter (October - December), due January 30

☐ 3rd Quarter (January -March), due April 30

☐ 4th Quarter (April -June), due July 30

Prepared by:

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Name Title Telephone No.

Date Submitted: January 30, 2018

FOR DCAS USE ONLY

Date Received: _____

Name of Reviewer: _____

PART I: NARRATIVE SUMMARY**I. STRATEGIC PLAN INITIATIVES**

Please describe your progress this quarter in implementing the primary goals in Section IV of your Agency Diversity and EEO Plan for FY 2018, **Proactive Strategies to Enhance Diversity, EEO and Inclusion:**

A. WORKFORCE:

Please list the Workforce Goal(s) included in <i>Section IV: Proactive Strategies to Enhance Diversity, EEO and Inclusion</i> , which you set/declared in your FY 2018 Diversity and EEO Plan:	Please describe the steps that your agency has taken to meet the Workforce Goal(s) set/declared in your plan. ○ Include steps that were taken or considered to build an inclusive and sustainable pipeline for your agency across all levels.	Status Update
DSBS will continue to partner with local universities and colleges to attract and recruit a diverse pool of qualified minority and women applicants	Meet with officials from various universities and colleges.	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe
DSBS Certified Recovery Peer Advocate Training Course.	13 NYC residents graduated from this training which trains unemployed or underemployed New Yorkers who have a personal history of substance abuse.	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Completed Other - please describe
WE Fund: Crowd Program	Through a partnership with the non-profit group Kiva, women entrepreneurs can apply for zero interest crowdfunded loans of up to ten thousand dollars.	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe

Describe steps that were taken or considered to address underutilization identified through quarterly workforce reports. Please list Job Groups where underutilization exists in the current quarter.		

B. WORKPLACE:

Please list the Workplace Goal(s) included in <i>Section IV: Proactive Strategies to Enhance Diversity, EEO and Inclusion</i> , which you set/declared in your FY 2018 Diversity and EEO Plan:	Please describe the steps that your agency has taken to meet the Workplace Goal(s) set/declared in your plan. ○ Include steps that were taken or considered to create an inclusive work environment that values differences that each of your unique employees brings to work, and to maintain focus on retaining talent across all levels.	Status Update
Hispanic Heritage month.	DSBS conducted a panel discussion on the topic of women entrepreneurs.	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Completed Other - please describe
DSBS Commissioner an all staff meeting at the Museum of Jewish History.	A presentation was held to discuss the concept of equity and what it means for the work that is done at SBS.	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Completed Other - please describe
Commissioner held monthly birthday celebrations for SBS who had birthdays in October, November and December.	These celebrations bring SBS people together to discuss their backgrounds, what their job is at SBS and interact with each other to discuss their diverse backgrounds.	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Completed Other - please describe
Please specify any other EEO-related activities during the quarter (e.g., postings, meetings, cultural programs promoting diversity, newsletters/articles, etc.) and describe briefly the activities, including the dates when the activity/ies occurred.		

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C. COMMUNITY:

Please list the Community Goal(s) included in <i>Section IV: Proactive Strategies to Enhance Diversity, EEO and Inclusion</i> , which you set/declared in your FY 2018 Diversity and EEO Plan:	Please describe the steps that your agency has taken to meet the Community Goal(s) set/declared in your plan. ○ Include steps that were taken or considered to establish your agency as a leading service provider to the citizens of New York City focused on inclusion and cultural competency, while reflecting the vast communities that are served.	Status Update
M/WBE Selling to Government Workshop.	M/WBE Director and SBS Commissioner Hardy hosted a workshop on selling to government	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Completed Other - please describe
Business Education Day	Educate local businesses about workplace, consumer protection and licensing laws	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Completed Other - please describe
Disparity Study	SBS is asking small business owners to complete an online form as part of a study DSBS commissioner to examine how the City can better utilize M/WBEs as contractor and subcontractors.	<input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe

STATISTICAL SUMMARY OF EEO ACTIVITIES

Please fill out requested information in the accompanying Statistical Summary and Classroom Training details (MS Excel spreadsheet) to report your agency's performance indicators concerning programmatic, compliance and training functions of EEO office.

II. EEO PERSONNEL PROFILE

Please indicate changes (additions, deletions, reassignments) in your EEO personnel roster during the quarter in **Section A of the Statistical Summary AND in the APPENDIX below.**

III. COMPLAINTS AND REASONABLE ACCOMMODATION REQUESTS

Report all complaints and reasonable accommodation requests through DCAS/CDEEO Complaint Tracking System by logging into your CICS account at: **<https://mspwva-dcslnx01.csc.nycnet/Login.aspx>**

IV. AGENCY AUDITS

If the agency was audited by the EEPC or other entities, list the recommendations made by the auditing entity which the agency implemented during the quarter. Indicate also the agency's progress toward implementing each recommendation.

- ☐ Agency is being audited
- ☐ Name of entity conducting the audit: _____
- ☐ Agency has implemented all the recommendations
- ☐ Attach or list below audit recommendations and progress of implementation:

COMMENTS: The agency is not being audited at this time.

APPENDIX: EEO PERSONNEL DETAILS

EEO PERSONNEL FOR __1st__ QUARTER, FISCAL YEAR 2018

Agency Name: _DEPARTMENT OF SMALL BUSINESS SERVICES _

Personnel Changes this Quarter:		X No Changes	
Employee's Name			
Nature of change	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion
Start/Termination date of EEO Function	Start Date: Termination Date (if applicable):	Start Date: Termination Date (if applicable):	Start Date: Termination Date (if applicable):
NOTE: Please attach CV/Resume of new staff to this report			
For Current EEO Professionals Only			
Title	Michael Rodriguez	Angelita McDonald - Major	Michelle Barnes-Anderson
EEO Function	<input checked="" type="checkbox"/> EEO Officer <input type="checkbox"/> EEO Counselor <input type="checkbox"/> EEO Trainer <input type="checkbox"/> EEO Investigator <input type="checkbox"/> 55-a Coordinator <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> EEO Officer <input checked="" type="checkbox"/> EEO Counselor <input type="checkbox"/> EEO Trainer <input checked="" type="checkbox"/> EEO Investigator <input type="checkbox"/> 55-a Coordinator <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> EEO Officer <input type="checkbox"/> EEO Counselor <input type="checkbox"/> EEO Trainer <input type="checkbox"/> EEO Investigator <input checked="" type="checkbox"/> 55-a Coordinator <input type="checkbox"/> Other: (specify)
Proportion of Time Spent on EEO Duties	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Other: (specify) _____ %	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Other: (specify) _____ %	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Other: (specify) _____ %
Attended EEO Training	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EEO Training Source	<input type="checkbox"/> DCAS <input type="checkbox"/> Agency <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> DCAS <input type="checkbox"/> Agency <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> DCAS <input type="checkbox"/> Agency <input type="checkbox"/> Other: (specify)

Number of Addition to EEO Staff this quarter: _____

Number of Deletion to EEO Staff this quarter: _____

INSTRUCTIONS FOR FILLING OUT QUARTERLY REPORTS FY 2018

1. Parts of the narrative report which are mandatory are **outlined in blue**. These include Section I, Section II, Section III, Section IV, and the Appendix.

Please save this file as '**XXXX.Q1 FY 2018.DEEO Quarterly Report.docx**' where 'XXXX' is the commonly used acronym of your agency. You must submit this file in MS Word format. Please do not convert it to PDF.

2. We suggest that you draft Section I on Strategic Plan Initiatives first; this will guide you in filling out other sections.
3. Then complete the Statistical Summary of EEO Activities and Classroom Training details in the attached Excel file. Please note that the last column YTD/ANNUAL, except for the EEO Staffing and 55-a participants, will populate automatically, giving you an instant Year-To-Date summary of indicators ("Yes" or "Partial" entries will count as "1" for each quarter]. Please note that the Excel file includes two tabs; the second tab asks for more specific details on live/classroom training.
4. In the Appendix to Statistical Summary (Training Details), under 'Other Special Topics,' include training classes co-organized or co-sponsored by EEO and/or HR that are related to the development of the agency staff in the areas of equal employment, diversity, inclusion, civil rights, workplace culture and behavior, interpersonal relations, and community relations.

Please save this file as '**XXXX.Q1 FY 2018.DEEO Statistical Summary.xlsx**', where 'XXXX' is the commonly used acronym of your agency. You must submit this file in MS Excel format. Please do not convert it to PDF.