

AGENCY QUARTERLY DIVERSITY AND EEO REPORT FY 2019

AGENCY NAME: DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT

- 1st Quarter (July -September) and 2nd Quarter (October - December), due January 30th
 3rd Quarter (January -March), due April 30th
 4th Quarter (April -June), due July 30th

Prepared by: Lisa Thornton, EEO Officer (646) 343-6782

| Name | Title | Telephone No. |
|------|-------|---------------|
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Date Submitted: May 2, 2019

FOR DCAS USE ONLY

Date Received: _____

Name of Reviewer: _____

INSTRUCTIONS FOR FILLING OUT QUARTERLY REPORTS FY 2019

1. Please save this file as '**XXXX Quarter X FY 2019 DEEO Quarterly Report**' 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. Complete the "Diversity and EEO Training Summary" details in the attached Excel file. Under Section 10 ("Other"), 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.
3. Please save this Excel file as '**XXXX Quarter X FY 2019 DEEO Training Summary**', 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.

PART I: NARRATIVE SUMMARY

I. COMMITMENT AND ACCOUNTABILITY STATEMENT BY THE AGENCY HEAD

Distributed to all agency employees? Yes, On (Date): No

II. RECOGNITION AND ACCOMPLISHMENTS

The agency recognized employees, supervisors, managers, and units demonstrating superior accomplishment in diversity and equal employment opportunity through the following:

- Diversity & EEO Awards
- Public Notices
- Diversity and EEO Appreciation Events
- Positive Comments in Performance Appraisals
- Other (please specify): _____

III. WORKFORCE REVIEW AND ANALYSIS

1. Agency reminded employees to update self-ID information regarding race/ethnicity, gender, and veteran status.

Yes, On (Date): _____ No

The agency informed employees that the revised self-ID form now includes new race categories.

Yes, On (Date): _____ No

2. The agency conducted a review of the dashboard sent to the EEO Officer with demographic data and trends, including workforce composition by job title, job group, race/ethnicity and gender; new hires, promotions and separation data; and utilization analysis. Yes , On (Date): _____ No

The review was conducted together with: Human Resources General Counsel
 Agency Head Other _____

IV. EEO, DIVERSITY, INCLUSION, AND EQUITY INITIATIVES FOR FY 2019

Please describe your progress this quarter in implementing the primary goals in Section IV of your Agency Diversity and EEO Plan for FY 2019 - 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 2019 Diversity and EEO Plan (e.g., underutilization, workforce planning, succession planning and diverse applicant pool, among others): | 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 |
|--|--|---|
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |

| | | |
|---|--|---|
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input 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. | | |
| (Empty space for response) | | |

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 2019 Diversity and EEO Plan (e.g., job satisfaction/engagement surveys, exit interviews/surveys, and onboarding surveys): | 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 |
|--|--|---|
| (Empty space for response) | (Empty space for response) | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |

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| | | |
|---|--|---|
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input 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 activities occurred. | | |
| (Empty space for activity details) | | |

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 2019 Diversity and EEO Plan (e.g., community outreach and engagement, MWBE participation and customer satisfaction surveys): | Please describe the steps that your agency has taken to meet the Community Goal(s) set/declared in your plan. <ul style="list-style-type: none"> ○ 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 |
|---|--|----------------------|

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V.

| | | |
|---|--|---|
| R E C R U I T M E N T | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |

| | | |
|--|--|---|
| Please list Recruitment Strategies and Initiatives which you set/declared in your FY 2019 Diversity and EEO Plan (e.g., targeted outreach and outreach, diversity recruitment, social media presence, where jobs are posted, EEO and APO collaboration, evaluation of best recruitment sources, structured interview training and unconscious bias training): | Please describe the steps that your agency has taken to meet the Recruitment Goal(s) set/declared in your plan. | Status Update |
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |

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|--|--|---|
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |
| | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |

B. INTERNSHIPS/FELLOWSHIPS

The agency is providing the following internship opportunities in FY 2019:

| Type of Internship\Fellowship | Total | Race/Ethnicity [#s] | Gender [#s] |
|-------------------------------|-------|---------------------|-----------------------|
| 1. Urban Fellows | | | Male: ___ Female: ___ |
| 2. Public Service Corps | | | Male: ___ Female: ___ |
| 3. Summer College Interns | | | Male: ___ Female: ___ |
| 4. Summer Graduate Interns | | | Male: ___ Female: ___ |
| 5. Other (specify): | | | Male: ___ Female: ___ |

Additional Comments:

C. 55-A PROGRAM

The agency uses the 55-a Program to hire and retain qualified individuals with disabilities.

Yes

No

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Currently, there are ____ [number] 55-a participants. During this Quarter, a total of ____ [number] new applications for the program were received and ____ participants left the program due to [state reasons] _____.

The 55-a Coordinator has achieved the following goals:

1. Disseminated 55-a information through e-mail, training sessions, agency website and agency newsletter. Yes No
2. _____
3. _____

VI. SELECTION (HIRING AND PROMOTION)

Please review Section VI of your Annual Plan and describe your activities for this quarter below:

| Please list additional Selection Strategies and Initiatives which you set/declared in your FY 2019 Diversity and EEO Plan (<i>include use of structured interview, EEO or APO representatives observing interviews, review of placements, review of e-hire applicant data</i>) | Please describe the steps that your agency has taken to meet the Selection (Hiring and Promotion) Goal(s) set/declared in your plan. | Status Update |
|---|---|---|
| Advising employees of opportunities for promotion and career development | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |
| Reviewing the methods by which candidates are selected for new hiring and promotion | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |

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|--|--|---|
| Increasing the positions filled through civil service lists | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |
| Analyzing the impact of layoffs or terminations on racial, gender and age groups | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |
| Other: | | <input type="checkbox"/> Planned <input type="checkbox"/> Deferred <input type="checkbox"/> Not started <input type="checkbox"/> Delayed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Other - please describe |

VII. TRAINING

Please provide your training information in the “DIVERSITY AND EEO TRAINING SUMMARY” attached.

VIII. REASONABLE ACCOMMODATION

Please report your reasonable accommodation requests for this quarter and their disposition in the DCAS Citywide Complaint/Reasonable Accommodation Tracking System by logging into your CICS Account at:
<https://mstpwa-dcslnx01.csc.nycnet/Login.aspx>

IX. COMPLIANCE AND IMPLEMENTATION OF REQUIREMENTS UNDER EXECUTIVE ORDERS AND LOCAL LAWS

A. EXECUTIVE ORDER 16: TRAINING ON TRANSGENDER DIVERSITY AND INCLUSION

Please provide E.O. 16 Training Information in the “DIVERSITY AND EEO TRAINING SUMMARY” attached.

B. EXECUTIVE ORDER 21: PROHIBITION ON INQUIRY REGARDING JOB APPLICANT’S PAY HISTORY

The agency has reviewed its practices (including application and interview forms) with regards to prohibition on inquiry regarding pay history. All personnel involved in job interviews is required to go through structured interview training.

C. LOCAL LAW 92: ANNUAL SEXUAL HARASSMENT PREVENTION TRAINING

Please provide Sexual Harassment Prevention Training Information in the “DIVERSITY AND EEO TRAINING SUMMARY” attached.

D. LOCAL LAW 93: RISK ASSESSMENT SURVEY

Please provide a short description of planning and implementation of strategies aimed to reduce/minimize the risk of sexual harassment in your agency.

| |
|--|
| <p><i>Within the timeframe provided in your Annual Plan, provide any progress on the following, and if none write N/A:</i></p> <p><i>Risk 1: Homogenous Workplace:</i></p> <hr/> <hr/> <p><i>Risk 2: Cultural and Language Differences in the Workplace:</i></p> |
|--|

Risk 3: Workplaces with Significant Power Disparities:

Risk 4: Isolated Workplaces:

Risk 5: Decentralized Workplaces:

E. LOCAL LAW 97: ANNUAL SEXUAL HARASSMENT REPORTING

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- The agency has entered the sexual harassment Complaint Data in the DCAS Citywide Complaint Tracking System and update the information as they occur.
- The agency has entered **all types of complaints** in the Complaint Data in the DCAS Citywide Complaint Tracking System and update the information as they occur.
- The agency ensures that complaints are closed within 90 days.

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

F. LOCAL LAW 101: CLIMATE SURVEY

Please provide a short description of your efforts to analyze the results of climate survey in your agency.

Describe any follow-up measures taken to address the results of the climate survey:

X. AUDITS AND CORRECTIVE MEASURES

Please choose the statement that applies to your agency.

- The agency is NOT involved in an audit conducted by NYC EEPC or another governmental agency specific to our EEO practices.
- The agency is involved in an audit; please specify who is conducting the audit: _____.

 - Attach or list below audit recommendations.
 - The agency has submitted or will submit to OCEI an amendment letter, which shall amend the agency plan for FY 2019.

APPENDIX: [AGENCY NAME] EEO PERSONNEL DETAILS

EEO PERSONNEL FOR ____ QUARTER, FISCAL YEAR 2019

A. PERSONNEL CHANGES

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| | | | |
|--|--|--|--|
| Personnel Changes this Quarter: <input type="checkbox"/> No Changes | | Number of Additions: | Number of Deletions: |
| 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: OR Termination Date: | Start Date: OR Termination Date: | Start Date: OR Termination Date: |
| NOTE: Please attach CV/Resume of new staff to this report | | | |
| For Current EEO Professionals: | | | |
| Title | | | |
| EEO Function | <input 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 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 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) |
| Proportion of Time Spent on EEO Duties | <input type="checkbox"/> 100% <input type="checkbox"/> Other: (specify %): | <input type="checkbox"/> 100% <input type="checkbox"/> Other: (specify %): | <input type="checkbox"/> 100% <input type="checkbox"/> Other: (specify %): |
| Attended EEO Professional On-Boarding at DCAS | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Completed Trainings: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EEO | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diversity & Inclusion | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| lgbTq: The Power of Inclusion | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Structured Interviewing and Unconscious Bias | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Harassment Prevention | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Training Source(s): | <input type="checkbox"/> DCAS <input type="checkbox"/> Agency <input type="checkbox"/> Other | <input type="checkbox"/> DCAS <input type="checkbox"/> Agency <input type="checkbox"/> Other | <input type="checkbox"/> DCAS <input type="checkbox"/> Agency <input type="checkbox"/> Other |

B. CONTACT INFORMATION (Please list ALL current EEO professionals)

DIVERSITY AND EEO STAFFING IN [AGENCY NAME] AS OF QUARTER (X) FY 2019 *

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| <u>Name</u> | <u>Civil Service Title</u> | <u>EEO\ Diversity Role</u> | <u>% of Time Devoted to EEO & Diversity Functions</u> | <u>Office E-mail Address</u> | <u>Telephone #</u> |
|-------------|----------------------------|--|---|------------------------------|--------------------|
| | | <u>EEO Officer/Director</u> | <u>100%</u> | | |
| | | <u>Deputy EEO Officer</u> | <u>100%</u> | | |
| | | <u>ADA Coordinator</u> | | | |
| | | <u>Disability Rights Coordinator</u> | | | |
| | | <u>Disability Services Facilitator</u> | | | |
| | | <u>55-a Coordinator</u> | | | |
| | | <u>Career Counselor</u> | | | |
| | | <u>EEO Counselor</u> | | | |
| | | <u>EEO Investigator</u> | | | |
| | | <u>EEO Counselor\ Investigator</u> | | | |
| | | <u>Investigator/Trainer</u> | | | |
| | | <u>EEO Training Liaison</u> | | | |
| | | | | | |
| | | | | | |

* Please insert additional entries as needed. Title refers to the civil service title. If there is an EEO\ Diversity role that your staff performs that is not on the list above Just indicate it on the chart.