Introduction

Background

Sparked by the question,"how hard are we really working to make our workplaces more diverse, equitable, and inclusive?" NYATEP sought out a firm to help develop a comprehensive tool that could benchmark answers to that very question. As one of New York's most reputable diversity, equity, and inclusion consulting firms, Tangible Development was contracted to support this work.

Click here for...

- 1. a PDF of the SWEAT Scan to review and share with collaborators within your organization
- 2. a glossary of terms
- 3. additional information about this initiative

Purpose

The SWEAT Scan is designed to collect data on New York workforce development partners' organization-wide Diversity, Equity, and Inclusion (DEI) efforts. Data collected will support and drive sector-wide advancement in gender and racial equity initiatives.

Expectations

Although responses are likely to be submitted by a single person, the data should reflect your entire organization over the past calendar or academic year (2021 or 2020-2021, respectively). We welcome and expect that, depending on the size of the organization, preparing for responses to this SWEAT Scan will require a team effort among a few or more colleagues across the organization. Collaboration is encouraged. Also, it is OK to leave questions blank if your organization does sufficient information to support a response or is not reflective of the size and scope of your organization at this time. We advise that you set aside 20-30 minutes to submit your organization's responses, but plan for additional time to prepare responses with colleagues well in advance of your intended submission date (using resources hyperlinked here and above as needed).

Confidentiality

Your responses will be confidentially collected by Tangible Development. To encourage and support participation, NYATEP will receive a list of the organizations that complete the SWEAT Scan, however the actual responses collected from Tangible Development will be de-identified (e.g., removal of organization name or submitter's name) in the reporting process.

Preparation

Although only a few of the questions contained within this survey are required, we ask for your fullest participation to the extent that you and your colleagues are able to provide responses. Below is a quick list of reference materials that will be required, if available to you, to respond to a majority of the questions.

- Employee demographic data (most recent report available to you)
- · Organizational mission
- Leadership training program communications (e.g., websites, digital announcements)
- DEI training program communications (e.g., websites, digital announcements)
- Colleagues that manage:
 - · Organizational DEI efforts
 - · Training programs
 - Internship program managers
 - Key stakeholder data (e.g., clients, customers, students)
 - Vendor relationships.

The SWEAT Scan consists of the following parts:

- Organizational Demographics
- · Organizational Goals
- Mentorship and Continuing Education
- Diversity, Equity, and Inclusion (DEI) Training

Deadline

We request your submitted responses by the close of business on Tuesday, February 15.

* 1. I accept the terms and conditions outlined above and commit to responding to the enclosed questions t
the best of my ability.
By checking this box, I give consent to participate, acknowledge and understand that all responses are treated as confidential, and agree that I am 18 years or older.
By checking this box, I acknowledge and understand that the survey questions are proprietary and confidential and cannot not be shared or copied in any format.

NYATEP's Statewide Workforce Equity Analysis Tool (SWEAT) Scan Part 1. Demographics 2. Organization Name Full organization name: Organization acronym (e.g., NYATEP), if applicable: 3. Please select the type of organization that best reflects the nature of work that your organization performs. Higher Education Institution Community Based Organization Employee Labor Union **Government Agency** Other (please specify) 4. If you would like to add further clarifying information about your organization's industry or sector, please use the space below to provide that information. 5. Is your organization directly providing job training, education, and employment services in the state of New York? Yes No

6. Location in New York State
City (primary location or headquarters):
Zip code (primary location or headquarters):
City/ies other than the primary location where organization is situated, if applicable (separate with "," or ";"):
Zip code for out-of-state headquarters (if applicable):
7. Size & Scope
Total full-time employees:
Total part-time employees:
Total volunteers (if applicable):
Total clients/customers (if applicable):
8. Please briefly describe your organization's service offerings in the box below.
9. Which of the following organizational levels are included at your organization? (Please select all that apply)
Board of Directors - a group of elected or appointed members that serves as an organization's governing body
Senior Leadership Team - employees with executive decision-making authority and responsibility for organizational oversight
Management - employees who have supervisory responsibilities
Frontline Staff - employees without supervisory responsibilities who perform direct service to clients/customers
Administrative Personnel - employees without supervisory responsibilities who primarily work with other employees within the organization (e.g., accounting, Human Resources)
10. Does your organization hire using civil service?
Yes
○ No

 How does you you 				
	ır organization collect	the following employee	demographic identi	ity data?
Please select all that	apply			
nd biological attribute <u>Ethnic identity</u> refers to ke. <u>Gender identity</u> is how ersonal appearance.	es. o a social group that s o one feels inside and It's a feeling that begi	ne or self-identifying by s hares a common and di how one expresses thei ins very early in life. If to and feels drawn to re	stinctive culture, re r gender through cl	ligion, language, or the
	Equal Employment Opportunity (EEO) data	Employee profile in Human Resources Information System or Database with EEO data	Internal survey	We do not currently collect for this identity category
Racial/ethnic identity				
Gender identity				
Parental/caregiver identity				
Disability identity				
Veteran identity				
Sexual identity				
Religious identity				
Immigration/citizenship identity				
Primary/preferred language				
Preferred name				
Pronouns				

13. As a non-service providing organization, please select the option below that best represents your organization's orientation to workforce development. Intermediary Funder Employer Consultants or external service providers Other (please specify)	t 1. Demographics - Non-Service Providers
Funder Employer Consultants or external service providers	
Employer Consultants or external service providers	Intermediary
Consultants or external service providers	Funder
	Employer
Other (please specify)	Consultants or external service providers
	Other (please specify)

	Workforce Equity Analysis Tool (SWEAT) Stall
art 1. Demographics -	Board of Directors	
4. Regarding your organiz	ation's hiring/selection processes for r	members of its Board of Directors
	No	Yes
are board member positions appointed?	\bigcirc	
does your organization have control over who is selected to your Board?		
5. How many members do	es your organization's Board of Direct	tors have?
urrent/active:		
acancies (if applicable):		

	ethnic identity breakdown of your Board of Directors?	andria andranami
	tal count for each category. If data are not collected for this demogra al count in the space provided at the end.)	apnic category,
piedee moidde the tota	a dodne in the space provided at the end.)	
	o categorizing someone or self-identifying by skin color as well as oth	her physical, social,
and biological attribute		en languaga or the
like.	o a social group that shares a common and distinctive culture, religio	iri, iariguage, or trie
Alaska Native		
First/Nation American Indian/Indigenous		
Asian or Asian American or South Asian		
Black or African American		
Hispanic/Latinx/Latine		
South West Asian and North African		
Native Hawaiian		
Pacific Islander		
White/European American		
A racial/ethnic identity not listed here		
Please provide the total count of Board members for whom you do not have racial/ethnic data		
collected		

•	al count for each catego I count in the space prov	-	conected for this de	emograpnic category,
	recall in the space pro-	naca at the char,		
•		• •	_	ders:, female or male, or er, since they identify with
		_		es with a gender that is no
nale or female. (Sourc	=		, ,	-
/oman				
an				
ransgender				
on-binary/Genderqueer				
n identity not listed				
lease provide the total ount of Board members				
or whom you do not				
ave gender				
lentity data collected				

Part 1. Demographi	ics - Senior Leadership	
18. What is your organ	nization's total employee count for Senior Leadership Team roles?	
Current/active:		
Vacancies (if applicable):		
(Please provide the to	ethnic identity breakdown of your Senior Leadership? Ital count for each category. If data are not collected for this demograp al count in the space provided at the end.)	phic category,
and biological attribute	o categorizing someone or self-identifying by skin color as well as others. o a social group that shares a common and distinctive culture, religion	
Alaska Native		
First/Nation American Indian/Indigenous		
Asian or Asian American or South Asian		
Black or African American		
Hispanic/Latinx/Latine		
South West Asian and North African		
Native Hawaiian		
Pacific Islander		
White/European American		
A racial/ethnic identity not listed here		
Please provide the total count of Senior Leadership for whom you do not have racial/ethnic data collected		
'		

·	tal count for each category. If data are not collected for this demographic category,
lease include the tota	al count in the space provided at the end.)
<u>Non-Binary</u> - The gend	der binary is the assumption that all people are one of two genders:, female or male, o
voman or man. People	e who identify as a man or a woman identify as a binary gender, since they identify wit
a gender within the sys	stem of the gender binary. A non-binary person simply identifies with a gender that is n
male or female. (Sourc	ce: LGBT Hero)
Voman	
Man	
ransgender	
Non-binary/Genderqueer	
an identity not listed	
Please provide the total	
ount of Senior Leadership or whom you do not have	
pender identity data	
ollected	
L	

Part 1. Demographi	cs - Management
21. What is your organ	nization's total employee count for Management roles?
Current/active:	
Vacancies (if applicable):	
(Please provide the to	ethnic identity breakdown of your Management? tal count for each category. If data are not collected for this demographic category, al count in the space provided at the end.)
and biological attribute	o categorizing someone or self-identifying by skin color as well as other physical, social, es. o a social group that shares a common and distinctive culture, religion, language, or the
Alaska Native	
First/Nation American Indian/Indigenous	
Asian or Asian American or South Asian	
Black or African American	
Hispanic/Latinx/Latine	
South West Asian and North African	
Native Hawaiian	
Pacific Islander	
White/European American	
A racial/ethnic identity not listed here	
Please provide the total count of Management for whom you do not have racial/ethnic data collected	

Please provide the to	er identity breakdown of your Management? otal count for each category. If data are not collected for this demographic category,
please include the total	al count in the space provided at the end.)
Non-Rinary - The gen	der binary is the assumption that all people are one of two genders:, female or male, o
-	le who identify as a man or a woman identify as a binary gender, since they identify wit
	rstem of the gender binary. A non-binary person simply identifies with a gender that is r
male or female. (Sour	ce: LGBT Hero)
Voman	
<i>M</i> an	
ransgender	
lon-binary/Genderqueer	
An identity not listed	
Please provide the total	
ount of Management for	
vhom you do not have J ender identity data	
collected	

Part 1. Demographics - Frontline Staff

Part 1. Demographics - Frontine Stair				
24. What is your organ	nization's total employee count for Frontline Staff roles?			
Current/active:				
Vacancies (if applicable):				
(Please provide the to	ethnic identity breakdown of your <u>Frontline</u> Staff? tal count for each category. If data are not collected for this demogra al count in the space provided at the end.)	aphic category,		
and biological attribute	o categorizing someone or self-identifying by skin color as well as otles. o a social group that shares a common and distinctive culture, religio	, -		
Alaska Native				
First/Nation American Indian/Indigenous				
Asian or Asian American or South Asian				
Black or African American				
Hispanic/Latinx/Latine				
South West Asian and North African				
Native Hawaiian				
Pacific Islander				
White/European American				
A racial/ethnic identity not listed here				
Please provide the total count of Frontline Staff for whom you do not have racial/ethnic data				
collected				

	r identity breakdown of your Frontline Staff?
	tal count for each category. If data are not collected for this demographic category, all count in the space provided at the end.)
	· · · · · · · · · · · · · · · · · · ·
-	der binary is the assumption that all people are one of two genders:, female or male, or
	e who identify as a man or a woman identify as a binary gender, since they identify with
male or female. (Source	stem of the gender binary. A non-binary person simply identifies with a gender that is not se: I GBT Hero)
	ie. LOBT Field)
Woman	
Man	
Transgender	
Non-binary/Genderqueer	
An identity not listed	
Please provide the total	
count of Frontline Staff for	
whom you do not have gender identity data	
collected	
L	

Part 1. Demographics - Administrative Personnel

27. What is your organiz	zation's total employee count for Administrative Personnel roles?	
Current/active:		
Vacancies (if applicable):		
	hnic identity breakdown of your Administrative Personnel? Il count for each category. If data are not collected for this demogra	anhic category
•	count in the space provided at the end.)	aprilo dategory,
and biological attributes	categorizing someone or self-identifying by skin color as well as oti a social group that shares a common and distinctive culture, religio	
Alaska Native		
First/Nation American Indian/Indigenous		
Asian or Asian American or South Asian		
Black or African American		
Hispanic/Latinx/Latine		
South West Asian and North African		
Native Hawaiian		
Pacific Islander		
White/European American		
A racial/ethnic identity not listed here		
Please provide the total count of Administrative Personnel for whom you		
do not have racial/ethnic data collected		

ify as a man or a woma	ll people are one of two g an identify as a binary ge	genders:, female or male, or vender, since they identify with entifies with a gender that is no
ify as a man or a woma gender binary. A non-bi	nn identify as a binary ge	ender, since they identify with
ify as a man or a woma gender binary. A non-bi	nn identify as a binary ge	ender, since they identify with
gender binary. A non-bi		

art 1. Demographics - Pop		ents, people with disabilities, refugees)
O No	people are served by your organizat	
. Please indicate if you collec	ct any of the following demographic o	data on the population served by your
opial/othaia idoptitu	No	Yes
	No O	Yes
ender identity	No O	Yes
ender identity arental/caregiver	No O	Yes O
ender identity arental/caregiver entity	No O	Yes O O O O
ender identity arental/caregiver entity isability identity	No O	Yes O O O O O O O O O O O O O O O O O O
ender identity arental/caregiver entity isability identity eteran identity	No	Yes O O O O O O O O O O O O O O O O O O
ender identity arental/caregiver lentity isability identity eteran identity exual identity	No	Yes
cacial/ethnic identity Gender identity Carental/caregiver Identity Disability identity Ceteran identity Eligious identity Identity Identity Identity Identity Identity Identity Identity Identity		Yes
arental/caregiver lentity isability identity eteran identity exual identity eligious identity	No	Yes
arental/caregiver lentity isability identity eteran identity exual identity eligious identity nmigration/citizenship lentity rimary/preferred		Yes

Part 1. Demographics - Population Served: Geographic Location

34. III WIIICIT New York State region(s) is of are your organization's services provided?
(Please select all that apply)
None
All regions
Regions outside of New York State
Capital Region (Albany, Columbia, Greene, Renselaer, Saratoga, Schenectady, Warren, Washington)
Central New York (Cayuga, Cortland, Madison, Onondaga, Oswego)
Finger Lakes (Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates)
Long Island (Nassau, Suffolk)
Mid-Hudson (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)
Mohawk Valley (Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie)
New York City (Brooklyn, Bronx, New York, Queens, Richmond)
North Country (Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence)
Southern Tier (Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins)
Western New York (Allegany, Chautauqua, Cattaraugus, Erie, Niagara)
Not located/headquartered in NY State (please specify)

Part 2. Organizational Goals

	owing position types heir job descriptions and			I) efforts included as
(Please select all tha	at apply)			
Board members				
CEO/President				
Senior leadership	team			
Chief Diversity Off	icer (or relevant position)			
Human Resources	3			
Managers				
All employees				
Other (please spec	cify)			
	·			
OC Our worldores is you	presentative of our cor	mmunity with respect	t to the following iden	tities:
36. Our worklorde is rep			_	
	Strongly agree	Agree	Disagree	Strongly disagree
Racial identity			_	
Racial identity Ethnic identity			_	
Racial identity			_	
Racial identity Ethnic identity Binary gender identity			_	
Racial identity Ethnic identity Binary gender identity (man, woman) Beyond binary gender identity (e.g., Trans, Genderqueer, Non-			_	
Racial identity Ethnic identity Binary gender identity (man, woman) Beyond binary gender identity (e.g., Trans, Genderqueer, Non-Binary) Sexual identity (e.g., asexual, bisexual, gay, heterosexual, lesbian,			_	
Racial identity Ethnic identity Binary gender identity (man, woman) Beyond binary gender identity (e.g., Trans, Genderqueer, Non-Binary) Sexual identity (e.g., asexual, bisexual, gay, heterosexual, lesbian, pansexual) Parental/caregiver			_	
Racial identity Ethnic identity Binary gender identity (man, woman) Beyond binary gender identity (e.g., Trans, Genderqueer, Non-Binary) Sexual identity (e.g., asexual, bisexual, gay, heterosexual, lesbian, pansexual) Parental/caregiver identity			_	

37. We regularly evaluate		
	No	Yes
our hiring practices and processes to identify potential bias	0	
compensation/pay by gender identity	\bigcirc	
compensation/pay by racial identity	\circ	
job classifications (e.g., Assistant vs. Coordinator or Manager vs. Supervisor)		
benefits (e.g., healthcare, retirement)		
succession planning	\bigcirc	0
career progression pathways	0	0
focus on increasing Black, Indigenous, and People of Color (BIPOC)		
	No	Yes
People of Color (BIPOC) populations in hiring pools	O	
are regularly evaluated to be aligned with DEI and organizational mission and goals		
includes tracking		
demographic information from application through selection		

	рын энг н	eave the organization within the next 5 years?
Less than 5%		
5% to 10%		
11% to 20%		
21% to 30%		
31% to 40%		
41% to 50%		
51% or higher		
I don't know		
We don't collect these data		
Yes (please provide example/s) 1. Our organization tracks vene		Vec
that identify as a Minority	No	Yes
that identify as a Minority Business Enterprise	\bigcirc	\circ
(MBE) that identify as a Women Business Enterprise		
that identify as a Women Business Enterprise (WBE) additional demographic information (e.g., veteran-owned)		

	oes your organization prioritize vendor diversity by gender identity (e.g., percentage of Women Owned ness vendors)?
	No No
	Yes (please specify)
Ĺ	

NYATEP's Statev	wide Workforce Equity An	alysis Tool (SWEAT) Sca	n
Part 3. Mentorship F	Programs, Continuing Edu	ucation, & Internships	
44. Does your orga (BIPOC) Communit	nization offer mentorship opp ies?	portunities for Black, Indigeno	us, and People of Color
○ No			
Yes			
, ,	on offer any of the following t	types of internships in 2021 (or 2020-2021 academic
year)?			
	No	Yes	Not Applicable
Unpaid internship	0	O	0
Paid internship			
Other (please specify)			
	employee levels that are eligit e of Color (BIPOC) employee	•	ip programs for Black,
	Not currently offered/scheduled	Voluntary - offered/scheduled at least once per year	Mandatory - offered/scheduled at least once per year
Board of Directors			\circ
Senior Leadership Team	\cap	\bigcirc	

, ,	, , , ,		
	Not currently offered/scheduled	Voluntary - offered/scheduled at least once per year	Mandatory - offered/scheduled at least once per year
Board of Directors		\bigcirc	
Senior Leadership Team			
Management		\bigcirc	0
Frontline Staff			
Administrative Personnel		\circ	\circ
Other (please specify)			

	Not currently offered/scheduled	Voluntary - offered/scheduled at least once per year	Mandatory - offered/scheduled at least once per year
Board of Directors			
Senior Leadership Team	\bigcirc		\bigcirc
Management			
Frontline Staff			\bigcirc
Administrative Personel			
Other (please specify)			
8. Please use the opt	tions below that best indicate	the most widely available cor	ntinuing education or
•	ent benefit available to eligib	le employees at your organiz	ation.
annual reimbursement up the following limit (\$):			
annual course credit hours			
p to the following limit: Annual course count up to			
ne following limit:			
Other (please specify):			
•	•	ke paid leave to participate in	continuing education
opportunities (e.g.,	nization offer the ability to tak completing a college course	·	continuing education
opportunities (e.g.,	•	·	continuing education
opportunities (e.g.,	•	·	continuing education
opportunities (e.g.,	•	·	continuing education
opportunities (e.g.,	•	·	continuing education
opportunities (e.g.,	•	·	continuing education
opportunities (e.g.,	•	·	continuing education
opportunities (e.g.,	•	·	continuing education
opportunities (e.g.,	•	·	continuing education
opportunities (e.g.,	•	·	continuing education

NYATEP's Statewide Wo	orkforce Equity Analysis Tool (S	SWEAT) Scan
Part 4. DEI Language, Goa	ls & Communication	
50. Does your organization DEI mission? Yes No	have a <u>DEI</u> mission statement, eith	er as part of your overall mission or a separate
51. Our organizational commun	nications (e.g., PR, Social media, in	iternal HR memos)
	Yes	No
have a DEI strategy integrated into the organization's work		
includes digital and print images that reflects the diversity of our workforce		
52. What is your organization of employees within your organization	•	ndigenous, and People of Color (BIPOC)
53. What is your organization das Black, Indigenous, and Peo		within your population served who identify

5. Our organization's DEI mis	ganization's mission statement int	o the text box below.	
	Yes	No	
have been communicated to all employees	0		
have been communicated to all clients served			
is publicly displayed on the organization's website			

Part 4. DEI Language, Goals & Communication - No DEI Mission/Goals

	5	statements in th	, ,	
Yes				
No				
I don't know				

NYATEP's Statewide Wor	xforce Equity Analysis Tool (SWEAT) Scan
Part 5. Organizational Leade	rship	
57. Senior Leadership Team mei		
or. Comor Loudership realitimes	Yes	No
have participated in DEI training over the past year	0	0
have DEI goals built into performance evaluations	0	
have DEI performance metrics that impact compensation and promotion eligibility.	0	
58. Managers	Yes	No
have participated in DEI training over the past year		
have DEI goals built into performance evaluations	0	
have DEI performance metrics that impact compensation and promotion eligibility.	0	0
59. Which DEI roles and resp	onsibilities are present at your o	rganization?
(Please select all that apply)		
Note: Click here for a definitio	n of affinity group or employee r	esource group
	ted to DEI (e.g., Chief Diversity Officer)	
	(ERG) or affinity group for one or more	employee identities
A DEI Committee that meets a		
	ms listed above implemented at this tim	e
We have some departmental	efforts (please specify)	

Part 5. Organizational Leadership - Full-time DEI Employee

(e.g., VP HR):

60. Please provide the	e following information about your full-time staff person dedicated to	DEI (e.g.,	Chief
Diversity Officer).			
Position title:			
Total number of employees (part- or full-time) that report to this person:			
This person reports to		I	

Part 5. Organizational Leadership - Employee Resource/Affinity Groups

61. Please list your organization's Employee Resource Groups (ERG) or Affinity Groups (separated by "," or ";").

An affinity group or employee resource group (ERG) is a collection of individuals who share a common identity characteristic, which can be a wide range of things. The unifying characteristic is usually something that's traditionally underrepresented and can make the people in that group feel isolated. Some examples include: Gender, Sexual orientation, Race, Nationality, Religion, Family structure, Physical or mental ability.

Affinity groups are led by the employee members.. Affinity groups are employer-recognized and promote inclusion, diversity and other efforts that benefit employees. They create safe spaces for networking, resources for mentorship and training for professional development. (Source: Indeed.com)

Please share any goals	s the DEI Committ	tee has to suppo	rt the organization	's DEI work.	

33. <u>DEI</u> training			
	No		Yes
related to bias is regularly provided to all hiring managers			
is incorporated into our new employee orientation			
is incorporated into our customer service training			
is incorporated into our management training	\bigcirc		\bigcirc
	0		0
Is part of our leadership continuing education is integrated in all training programs			
continuing education is integrated in all training programs 4. Please share the ext	ent to which your organization		
continuing education is integrated in all training programs 4. Please share the ext			emic year.
continuing education is integrated in all training programs 4. Please share the ext aining for employees w	rithin your organization over	the past calendar or acade	emic year. Mandatory - scheduled at least
continuing education is integrated in all training programs 4. Please share the ext aining for employees w Board of Directors	rithin your organization over	the past calendar or acade	emic year. Mandatory - scheduled at least
continuing education is integrated in all training programs 4. Please share the ext raining for employees w Board of Directors Senior Leadership Team	rithin your organization over	the past calendar or acade	emic year. Mandatory - scheduled at least
continuing education is integrated in all training programs 4. Please share the ext aining for employees w	rithin your organization over	the past calendar or acade	emic year. Mandatory - scheduled at least

	Are learning outcomes for <u>DEI</u> trainings measured to determine if knowledge and/or skills Developmer arred as a result of the DEI training?
	No
	Yes (please specify)
L	

What data would your organization like to collect or have access to that would strengthen your anization's future impact related to Diversity, Equity, and Inclusion (DEI)? Additional comments/feedback:	(
69. Would your organization like a copy of the resulting report and follow-up communications? Yes	nal Comments	
69. Would your organization like a copy of the resulting report and follow-up communications? Yes		
Yes	8. Additional comments/feedback:	
	Yes	nd follow-up communications?

NYATEP's Statewide Workforce Equity Analysis Tool (SWEAT) Scan Complete & Submit 70. What does your organization plan to do with the report from this SWEAT Scan project? 71. Please confirm the email address that you would like us to send the SWEAT Scan report and follow-up communications to.

NIVATERIA CARACCIALA MACHINA DE ROCIALA AND LOCIA TO AL COMENTA ATO COME	
NYATEP's Statewide Workforce Equity Analysis Tool (SWEAT) Scan	
Complete & Submit - No Report	
72. Why doesn't your organization want a copy of the SWEAT Scan report?	