

Fiscal Year 2021

Management Directive 715 Report

Centers for Disease Control and Prevention (CDC)
Agency for Toxic Substances and Disease Registry (ATSDR)
U.S. Department of Health and Human Services (HHS)

For period covering October 1, 2020 – September 30, 2021

PART E: Executive Summary - Mission

The Centers for Disease Control and Prevention (CDC) is one of 11 major operating divisions of the Department of Health and Human Services (DHHS) and is the nation's leading public health agency. For 75 years, CDC scientists and disease detectives have worked around the world to prevent diseases, respond to outbreaks, and strengthen America's public health preparedness, readiness, and resilience. CDC's work in these areas and across public health is dependent upon its core capabilities: world-class data and analytics, state-of-the-art laboratory capacity, a skilled and diverse public health workforce, the ability to respond quickly to outbreaks wherever they occur, and a strong foundation for global health capacity and domestic preparedness.

CDC is organized into four Communities of Practice, each of which includes multiple national centers and offices and is led by a Deputy Director. These Communities of Practice include:

- Infectious Diseases
- Non-Infectious Diseases
- Public Health Service and Implementation Science
- Public Health Science and Surveillance

There is also a National Institute for Occupational Safety and Health.

CDC has seven offices with direct report to the CDC Director, they include:

- Office of the Associate Director for Communication
- Office of the Associate Director for Policy and Strategy
- Office of the Associate Director for Laboratory Science and Safety
- Office of the Chief of Staff
- Office of the Chief Operating Officer
- Office of Equal Employment Opportunity
- CDC Washington Office

CDC's Centers, Institute, and Offices (CIOs) allow the agency to be responsive and effective when dealing with public health concerns. Each group implements CDC's response in their areas of expertise, while also providing intra-agency support and resource-sharing for cross-cutting issues and specific health threats.

The Director of CDC is also the Administrator for the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a separate operating division under DHHS but is managed within CDC.

In Fiscal Year (FY) 2021, CDC continued to lead the global response to the COVID-19 pandemic, moving swiftly to accommodate an ever-changing virus while adapting to rapidly emerging science. The pandemic and its impact, however, continued to expose inequities rooted in systemic racism that have existed for generations in America. In response, on April 8, 2021, CDC's Director declared racism as a serious public health threat and took action to promote fair access to health, including ongoing communication about [Racism and Health](#) and launching the

[CDC CORE Health Equity Science and Intervention Strategy](#) to integrate health equity into the fabric of the agency. Since April 2021, over 200 cities, towns, public health agencies, elected officials, and political leaders followed Dr. Walensky's lead by loudly and clearly articulating the truth about the disparities that permeate the country and the system of public health. On June 25, 2021, President Biden issued an [Executive Order on Diversity, Equity, Inclusion, and Accessibility \(DEIA\) in the Federal Workforce](#), which reaffirmed that the federal government, as the nation's largest employer, is strongest when the workforce reflects the communities it serves and when public servants are fully equipped to advance equitable outcomes for all communities. CDC leaders had issued a letter to staff almost a year earlier, in August 2020, restating its commitment to improving diversity and inclusion and developed a plan to improve DEIA in the months that followed. Due to these early actions, such as elevating the CDC Diversity and Inclusion Executive Steering Committee (DIESC), the agency was well prepared and positioned to immediately start implementation of the new DEIA Executive Order.

PART E: Executive Summary - Maintaining a Model EEO Program

The U.S. Equal Employment Opportunity Commission (EEOC) [Management Directive 715](#) specifies six essential elements that federal agencies must include to develop and maintain a model EEO program. All federal agencies must conduct an annual assessment of the health of their EEO programs against these elements. Highlights of CDC's accomplishments, deficiencies, and areas for improvement for FY 2021 are as follows:

Essential Element A: [Demonstrated Commitment from Agency Leadership](#)

- Rochelle P. Walensky, MD, MPH issued eight EEO policy statements to the CDC workforce, applicants, clients, and customers on April 19, 2021, and encouraged each manager and supervisor to share and discuss the statements with their staff. These statements highlighted the agency's commitment to creating a diverse and inclusive work environment that fosters appreciation and mutual respect for each employee. The policy statements included:
 - Alternative Dispute Resolution (ADR)
 - Reasonable Accommodations for Persons with Disabilities (RA)
 - Equal Employment Opportunity (EEO)
 - Religious Accommodation in the Workplace
 - Reprisal
 - Federal Equal Opportunity Recruitment Program (FEORP)
 - Disabled Veteran's Affirmative Action Program (DVAAP)
 - Diversity and Inclusion (D&I)

- CDC published its first Anti-Harassment Policy, which provides guidance on prevention, identification, and response to acts of harassment by agency employees, and soon after established the Harassment Prevention Program, which implements the Anti-Harassment Policy. The policy is intended to ensure that CDC is taking all necessary

steps to prevent harassing conduct in the workplace and correct harassing conduct that does occur before it becomes severe or pervasive.

- The OEEO Director maintained engagements with managers, supervisors, and employees through a quarterly *OEEO Insider* newsletter and monthly *News You Can Use* news feature to provide information on trainings, Special Emphasis Programs (SEP), and other OEEO efforts, initiatives, and outcomes.
- CDC developed and launched *Workforce Awareness: Diversity, and Inclusion, Unconscious Bias, and Microaggressions*, a three-part, mandatory training for all managers, supervisors, and team leads with a focus on diversity, inclusion, bias, and microaggressions. Within eight months, over 90% of all required participants completed the training, most of whom were hiring officials and all of whom supervised employees.

Essential Element B: Integration of EEO into Agency's Strategic Mission

- CDC continued to drive implementation of the CDC/ATSDR 2020-2024 EEO Strategic Plan, which was published on June 9, 2020. OEEO issued guidance and provided tools and resources to support achievement of objectives and strategies during year two of the five-year plan. This included a focus on recruitment, hiring, retention, and enhanced communication with all employees to build trust and enhance belonging.
- In support of more fully integrating equal employment opportunity across the employee lifecycle and into CDC's strategic mission, CDC senior leaders provided approval and resources to hire seven new positions within OEEO. The new positions bolstered CDC's EEO structure, bringing it into alignment with the structure of DHHS' Office of Equal Employment Opportunity, Diversity & Inclusion and sister Operating Divisions within DHHS, as well as into compliance with EEOC requirements.
 - Affirmative Employment Program Specialists/Special Emphasis Program Managers (3)
 - Training Coordinator
 - Policy Analyst
 - Data Analyst
 - Communication Specialist
- CDC established the Diversity and Inclusion Recruitment Activity (DIRA) Team, which is charged with conducting recruitment and outreach to external organizations including, but not limited to, Historically Black Colleges and Universities, Hispanic Serving Institutions, and organizations and institutions serving persons with disabilities, including disabled veterans. The DIRA Team has also partnered with CDC Components to create a recruitment task force.
- On October 5, 2021, the OEEO Director presented the annual *State of the Agency* address to CDC executive leaders. The briefing was structured as an opportunity for the

OEEO Director to provide information and to facilitate discussion about long-standing challenges and opportunities for change. The OEEO Director also convened quarterly meetings with agency employee resource groups (ERGs) and labor unions to share information, facilitate collaboration, and address questions and concerns directly.

- Throughout FY 2021, the OEEO Director continued to meet monthly with the EEO Advisory Group, which is comprised of leaders and staff representing each component within the agency, to advise and recommend management actions, new initiatives, and areas for improvement of equal employment practices, conditions, and policies within the agency.
- CDC leaders, including the Diversity and Inclusion Executive Steering Committee (DIESC), continue to utilize *Better Together* as a primary communication channel reinforcing CDC's commitment to maintaining a diverse, equitable, inclusive, and accessible work workplace. *Better Together* is on the CDC intranet and highlights agency DEIA initiatives, Special Emphasis Programs, promising practices, and employee highlights, and it has become one of the most visited pages within the agency.

Essential Element C: Management and Program Accountability

- In FY 2021, CDC maintained engagement with managers and supervisors to enhance awareness and fulfillment of their roles and responsibilities for equal employment opportunity, including the following:
 - Developed resources and tools with a focus on increasing hiring, promotion, and retention of persons with disabilities and targeted disabilities, such as a recruitment and hiring quick reference guide, disability inclusion spotlights to highlight promising practices, and enhancements to Disability A.W.A.R.E (Automated. Web. Access. Resource. Exchange.).
 - Launched one new mandatory training series, *Workforce Awareness: Diversity, and Inclusion, Unconscious Bias, and Microaggressions*, and maintained three mandatory trainings released in prior years: *No FEAR Act*, *The Federal EEO Administrative Compliant Process*, *Harassment Prevention: A Commonsense Approach for Managers*.
 - Provided intensive, three-day training, *Mediation in Workplace Disputes*, presented by the Justice Center of Atlanta and focused on the benefits of coming to mediation ready to engage, negotiate, and consider multiple options for resolution. This course was designed for managers who regularly participate in mediation and those who have authority to negotiate a resolution on behalf of the agency.
 - Presented training on performance management to discuss best practices to implement and various pitfalls to avoid during the development of employee performance plans and rating processes.
 - Conducted 22 additional trainings for managers and supervisors throughout the year on conflict management, mediation, team building, effective

communication, and statutory and legal authorities regarding reasonable accommodations. Over 961 managers and supervisors participated in these learning opportunities during the year.

- CDC OEEO and Human Resources Office (HRO) continued to participate in DHHS deliberations to establish EEO and DEIA performance measures for managers and supervisors, with final performance elements and standards anticipated in FY 2023.

Essential Element D: Proactive Prevention of Unlawful Discrimination

- CDC celebrated eight commemorative events as Special Emphasis Programs throughout FY 2021. These celebrations enhance awareness about the historical and organization contributions of various genders, ethnic, and cultural groups, and serve to improve the workplace environment by promoting and fostering diversity, sensitivity, and awareness. Dr. M. L. King's Commemorative Celebration - The Urgency of Creating the Beloved Community
 - African American History Month: Leadership During Difficult Times: Lessons Learned Past, Present and Future
 - Women's History Month: Overcoming Obstacles in the Time of Change: Personally and Professionally
 - Asian American and Pacific Islander Heritage Month: Advancing Leaders Through Purpose-Driven Service
 - Sexual and Gender Minority (often known as LGBTQ+) LGBTQ 101: Understanding Gender Identity and Sexual Orientation
 - Hispanic Heritage Month: Hispanics: Esperanza: A Celebration of Hispanic Heritage and Hope
 - National Disability Employment Awareness Month: America's Recovery: Powered by Inclusion
 - National American Indian and Alaska Native Heritage Month: Indigenous: Everyone's Voices
- CDC established four Affirmative Employment Program Specialists (AEPS) positions within OEEO, which will work directly with CDC Components and Diversity and Inclusion Councils to identify and address specific disparities within the workplace. The AEPS will also serve as Special Emphasis Program Managers (SEPM), working to enhance cultural awareness through events, training, and partnership with employee resource groups to support the following portfolios:
 - African American/Black Employment Program
 - American Indian/Alaska Native Employment Program
 - Asian American/Pacific Islander Employment Program
 - Disability Employment Program
 - Federal Women Employment Program
 - Hispanic Employment Program

- LGBTQ+ Employment Program
- Veterans Employment Program
- As reported in FY 2019 and FY 2020, DHHS identified deficiencies related to the integrity of the department's data and data systems, which CDC utilizes to meet MD-715 requirements. Before CDC can provide data and analyze trends with confidence, DHHS must implement changes to ensure the integrity of the data. In FY 2021, DHHS continued to improve data systems, data collection methods, reporting mechanisms, and use of the data with the goal of ensuring that DHHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. This work is continuing in FY 2022. Accordingly, DHHS, including CDC, will not assess whether barriers exist until after FY 2022, when DHHS has compiled enough accurate data to establish trends to make informed assessments.
- As DHHS continued to improve data and data systems, CDC continued to strengthen processes to identify and eliminate barriers to equal employment opportunity. In 2020, the agency convened a workgroup to establish a trigger identification process, and the group delivered a comprehensive set of recommendations that included over 75 sources of quantitative and qualitative data to be used to identify triggers for further investigation. In 2021, the agency convened a second workgroup to review and strengthen the remaining three steps of barrier analysis: investigate to pinpoint barriers, devise and implement action plans to correct identified barriers, and assess success of the plan and adjust as necessary. The second group completed its work in September 2020 and delivered new standard operating procedures, grounded in the CDC culture, to be implemented starting in FY 2022.

Essential Element E: Efficiency

CDC EEO programs maintained a focus on efficiency, effectiveness, and innovation throughout FY 2021, with most services provided using virtual platforms.

- The EEO Complaints Team managed 46 counseling sessions at the pre-complaints stage, and 36 new formal complaints, which was a 26% increase over 2020. The top three bases for complaints were race, reprisal, and sex, and the top three issues were harassment (non-sexual), assignment of duties, and performance evaluations. The EEO Complaints Team achieved 100% compliance with pre-compliant counseling requirements and completed 100% of formal investigations within the required 180 or 360 days.
 - CDC was recognized for its stellar customer service and consistency throughout the EEO complaints investigations process by the DHHS. Specifically:
 - CDC is among the timeliest of all DHHS operating divisions in ensuring completion of the investigations process.
 - CDC follows established procedures, including the streamlined process.

- CDC has been immediately responsive to all emails and document requests.
 - CDC completes Reports of Investigation reviews quickly and works to alleviate any delay.
- The Reasonable Accommodation (RA) Team managed 240 requests in FY 2021, with 97% closed within 60 days of receiving qualifying information. The top three accommodations provided were general equipment, modified work schedules, and other than coach class travel. The RA Team, in partnership with the Office of the Chief Information Officers, also completed development and launched an improved Accommodation Tracking System that facilitates greater efficiency and transparency when managing RA requests.
- The Alternative Dispute Resolution (ADR) Team mediated 54 ADR cases in FY 2021. The top three issues in mediation were issues with supervisor; hostile work environment; and communication, harassment, non-selection, and reprimand, all of which were documented equally. The ADR team also provided 153 consultations to managers, supervisors, and employee in FY 2021. The consults ranged from a one-time contact to explain the ADR process, to multiple contacts over weeks or months to support managers and employees on a wide variety of issues and conflict resolution techniques.
- The CDC Disability Program (DP) responded to 60 inquiries from managers, supervisors, and employees and collaborated with the Office of Safety, Security, and Asset Management (OSSAM) to conduct one structural accessibility assessments and two Architectural Barriers Act compliance assessments. The DP also partnered with the CDC Employee Assistance Program and the National Center on Birth Defects and Developmental Disabilities to provide training, career coaching, mentoring, and support for disabled veterans, persons with disabilities, and persons with targeted disabilities.

Essential Element F: Responsiveness and Legal Compliance

- In FY 2021, CDC experienced a 26% increase in new formal EEO Complaints and a 12% increase in ADR cases over 2020. The number of requests for RA decreased 28% compared to FY 2020. All programs exceeded benchmarks for timely and full compliance with EEOC regulations, settlement agreements, and other orders for processes and procedures managed at CDC.
- On September 9, 2021, President Biden issued an [Executive Order on Requiring Coronavirus Disease 2019 Vaccination for Federal Employees](#), which required COVID-19 vaccination for all federal employees, subject to such exceptions as required by law. In response to the Executive Order and in accordance with guidance from DHHS, CDC quickly established processes and procedures to verify vaccination status and to receive

requests for legally entitled accommodation, such as medical or religious exception. CDC received 24 requests for medical and religious exception by September 30, 2021.

- CDC established an informal EEO compliant process for CDC Locally Employed Staff (LES) who are non-U.S. citizens. This process is different from the standard EEO process available to U.S. citizens because formal EEO processes do not apply to non-U.S. citizens, including most LES. The new process, however, creates an opportunity for LES to have their complaints properly heard and addressed, which contributes to a fair and respectful work environment for all CDC employees. This new process was developed in collaboration and coordination with the Department of State and the U.S. Agency for International Development.
- CDC complied with all reporting requirements, including timely submission of the annual Disabled Veterans Affirmative Action Program (DVAAP) report, the annual Federal Equal Opportunity Recruitment Program (FEORP) report, and quarterly publication of Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) data.
- CDC corrected a long-standing deficiency by issuing its first Anti-Harassment Policy and implementing a Harassment Prevention Program.
- The DHHS EEODI Director is responsible for issuance of final agency decisions (FADs) for all Operating Divisions within DHHS. In the past, DHHS experienced significant delays in timely issuance of FADs and in FY 2019 established a corrective action plan to address the deficiency. DHHS implemented several steps in the corrective action plan in FY 2020, including transitioning duties associated with drafting FADs from contractors to federal employees, hiring a Director of Complaints and Adjudication to supervise processing, and streamlining the process to issue FADs. The Department made additional progress in FY 2021, including filling four (of eight) positions to write FADs and collaborating with the EEOC to provide necessary training to new staff, resulting in a substantial decrease in the longstanding backlog. DHHS anticipates continued progress on correcting the remaining backlog of FADs in FY 2022 and on completing all new FADs within sixty days of FAD election to ensure that the backlog does not grow.

Planned Activities

In FY 2022, CDC will continue initiatives started in previous years and expand efforts to:

- Collaborate with DHHS EEODI to correct deficiencies related to data integrity, FADs, and manager and supervisor accountability through annual performance management processes
- Support CDC manager, supervisor, and employee participation in a forthcoming DHHS Workforce Demographic Survey to ensure accurate documentation of the CDC workforce

- Ensure alignment between CDC implementation of EEO laws, regulations, and guidance and recent Executive Orders and other guidance regarding DEIA in the Federal Workforce
- Strengthen partnership with CDC Components, D&I Councils, and employee resource groups
- Expand learning opportunities for managers, supervisors, and employees with a focus on bystander intervention, allyship, preventing retaliation, and cultural competency and humility
- Implement enhanced procedures developed in FY 2020 and FY 2021 to pinpoint and correct barriers to equal employment opportunity at all levels and across the employment life cycle

PART E: Executive Summary - Workforce Data Highlights

In accordance with Section 717 of Title VII, federal agencies must take proactive steps to ensure equal employment opportunity for all their employees and applicants for employment. To satisfy this requirement, CDC analyzed data in the DHHS Enterprise Human Capital Management (EHCM) system and used the National Civilian Labor Force (CLF) standards¹ as the primary external benchmark.

As reported in FY 2019 and FY 2020, DHHS identified deficiencies related to the integrity of the department's data and data systems, which CDC utilizes to meet MD-715 requirements. Before CDC can provide data and analyze trends with confidence, DHHS must implement changes to ensure the integrity of the data. In FY 2021, DHHS continued to improve data systems, data collection methods, reporting mechanisms, and use of the data with the goal of ensuring that DHHS data is accurate and comprehensive to permit trend analysis for assessing compliance with MD-715 requirements. This work is continuing in FY 2022. Accordingly, DHHS, including CDC, will not assess whether triggers exist until after FY 2022, when DHHS has compiled enough accurate data to establish trends to make informed assessments.

1. Total Workforce

a. Gender, Race, and National Origin

As of September 30, 2021, CDC maintained a permanent workforce of 9,933 full-time and part-time employees, up approximately 3.0% from the 9,674 employees reported in FY 2020. Of the 9,933 employees, 3,343 (33.7%) were males and 6,590 (66.3%) were females. The percentage of males at 33.7% was significantly below the CLF of 51.8% (-18.1%), while the percentage of females at 66.3% was significantly above the CLF of 48.3% (+18.0%).

The distribution of the FY 2021 CDC workforce by race, national origin, gender, and reported disability was as follows:

¹ CLF figures taken from the [2014-2018 American Community Survey Equal Employment Opportunity Tabulation](#) (Citizens)

- i. Hispanic or Latino males represented 1.1% or 114 employees (-2.6% change)
- ii. Hispanic or Latina females represented 1.8% or 181 employees (-2.2% change)
- iii. White males represented 20.6% or 2,042 employees (+0.7% change)
- iv. White females represented 32.8% or 3,255 employees (+3.0% change)
- v. Black or African American males represented 8.5% or 846 employees (+4.4% change)
- vi. Black or African American females represented 25.0% or 2,487 employees (+3.9% change)
- vii. Asian males represented 3.2% or 320 employees (+4.6% change)
- viii. Asian females represented 6.0% or 594 employees (+4.0% change)
- ix. Native Hawaiian or Other Pacific Islander males represented 0.1% or 5 males (0.0% change)
- x. Native Hawaiian or Other Pacific Islander females represented 0.1% or 9 females (+50.0% change)
- xi. American Indian or Alaska Native males represented 0.1% or 12 employees (0.0% change)
- xii. American Indian or Alaska Native females represented 0.4% or 44 employees (+4.8% change)
- xiii. Two or More Races males represented <0.1% or 4 employees (0.0% change)
- xiv. Two or More Races females represented 0.2% or 20 employees (+150.0% change)
- xv. Persons with Disabilities represented 16.7% or 1,657 employees (+7.2% change)
- xvi. Persons with Targeted Disabilities represented 2.2% or 215 employees (+3.9% change)

A review of the race, national origin, and gender of CDC employees when compared against the relevant CLF shows that the participation rates of American Indian females, Asian females and males, Black or African American females and males, and White females exceed their respective CLF rates. Additionally, the participation rate of Native Hawaiian or Other Pacific Islander females and males were comparable to its CLF rate; however, the participation rates of American Indian or Alaska Native males, Hispanic or Latino males and females, Two or More Races males and females, and White males are below their respective CLF rates.

b. [Persons with Disabilities and Persons with Targeted Disabilities](#)

The Equal Employment Opportunity Commission (EEOC) provides federal agencies certain standards as the benchmark for assessing whether any triggers exist regarding persons with disabilities and persons with targeted disabilities. For the total workforce, the percentage of persons with disabilities increased from 16.0% to 16.7%, exceeding EEOC's benchmark of 12%. In addition, the percentage of persons with targeted disabilities increased slightly from 2.1% to 2.2% also exceeding EEOC's benchmark of 2%. The EEOC requires federal agencies to adopt employment goals for persons with disabilities and persons with targeted disabilities.

2. Grade Levels

a. Gender, Race, and National Origin

In FY 2021, CDC had 85 (0.9%) employees at the SES/Senior Pay grades, 875 (8.8%) employees at the GS-15 grade, 2,388 (24.0%) employees at the GS-14 grade, and 3,338 (33.6%) employees at the GS-13 grade.

For the SES and other senior pay grades, the participation rates of Black or African American females, White males and females as well as Asian males and females exceeded their respective CLF rates. However, the participation rate of Hispanic or Latino males and females, Two or More Races/Unknown Races males and females, Black or African American males, American Indian or Alaska Native males and females, Native Hawaiian or Other Pacific Islander males and females were below their respective CLF rates.

For the GS-15 grade, the participation rates of American Indian or Alaska Native females, Black or African or American males and females, Asian males and females, and White females exceeded their respective CLF rate. However, the participation rate of Hispanic or Latino males and females, White males, Two or More Races/Unknown Races males and females, American Indian or Alaska Native males, Native Hawaiian or Other Pacific Islander males and females were below their respective CLF rates

For the GS-14 grade, the participation rates of White females, Black or African or American males and females, Asian males and females, and American Indian or Alaska Native females exceeded their respective CLF rate, while the participation rates of Native Hawaiian or Other Pacific Islander males were comparable to their respective CLF rates. However, the participation rate of American Indian or Alaska Native males, Hispanic or Latino males and females, Native Hawaiian or Other Pacific Islander females, Two or More Races/Unknown Races males and females, and White males were below their respective CLF rates.

For the GS-13 grade, the participation rates of White females, Black or African or American males and females, Asian males and females, exceeded their respective CLF rate, while the participation rates of American Indian or Alaska Native females and Native Hawaiian or Other Pacific Islander males and females were comparable to their respective CLF rates. However, the participation rate of White males, Hispanic or Latino males and females, Two or More Races/Unknown Races males and females, and American Indian or Alaska Native males were below their respective CLF rates.

3. New Hires

a. Gender, Race and National Origin

In FY 2021, the agency hired 677 new employees. This includes 202 (29.8%) males and 475 (70.2%) females, with hiring of males significantly below the CLF and the hiring of females significantly above the CLF. Additionally, the hiring of Hispanic and Latino males and females, 2

or More Races/Unknown Races males, and White males and females was below the CLF, while the hiring of American Indian or Alaska Native males comparable with the CLF. Asian males and females, 2 or More Races/Unknown Races females, American Indian or Alaska Native females, Native Hawaiian or Other Pacific Islander females, and Black or African American males and females was above the CLF.

b. Persons with Disabilities and Persons with Targeted Disabilities

Of the 677 new hires in FY 2021, 21.9% identified as having a disability and 2.2% identified as having a targeted disability. See Part J, *Special Program Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities*, for additional data and information.

4. Mission Critical Occupations

CDC has 10 Mission Critical Occupations (MCOs) – General Health Science (series 0601), Miscellaneous Administration and Program (series 0301), Management and Program Analysis (series 0343), Information Technology Management (series 2210), Public Health Program Specialist (series 0685), Medical Officer (series 0602), Chemistry (series 1320), Statistician (series 1530), General Biological Science (series 0401), and Microbiology (series 0403)². These MCOs comprise 69.1% of the CDC workforce. This section analyzes MCO employment by gender, race, national origin, and disability in comparison to its respective Occupational CLFs (OCLF)³.

a. General Health Science (Series 0601)

These employees comprise 18.7% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. Gender, Race and National Origin

In FY 2021, the participation rates of males comprised 29.3% of the MCO with an OCLF of 7.6%, while females comprised 70.7% of the MCO with an OCLF of 92.4%.

The participation rates of American Indian or Alaska Native females, Black or African American males and females, Asian males and females, Hispanic males, Native Hawaiian or Other Pacific Islander males, and White males were above their respective OCLF rates

² [Handbook of Occupational Groups and Families](#), (December 2018)

³ The OCLF is the CLF data that is directly comparable (or relevant) to the occupational population under consideration in the workforce. Occupational CLF (OCLF) figures are derived from [EEO 2014-2018 Occupation Crosswalk to Other Occupation Groups](#)

while the participation rates of American Indian or Alaska Native males and Native Hawaiian or Other Pacific Islander females were comparable to their respective OCLF rates.

The participation rates of 2 or More Races/Unknown Races males and females, Hispanic or Latino females, and White females were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the General Health Science MCO for persons with disabilities was 8.5%, 3.5% below EEOC's 12% benchmark, and for persons with targeted disabilities was 0.8%, 1.2% below EEOC's 2% benchmark.

b. [Miscellaneous Administration and Program \(Series 0301\)](#)

These employees comprise 6.3% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. [Gender, Race and National Origin](#)

In FY 2021, the participation rates of males comprised 19.1% of the MCO with an OCLF of 45.5%, while females comprised 80.9% of the MCO with an OCLF of 54.5%.

The participation rates of Black or African American males and females and American Indian or Alaska Native females were above their respective OCLF rates.

The participation rates White males and females, Hispanic or Latino males and females, Asian males and females, Two or More Races/Unknown Races males and females, American Indian or Alaska Native males, Native Hawaiian or Other Pacific Islander males and females, were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the Miscellaneous Administration and Program MCO for persons with disabilities was 35.8%, exceeding EEOC's 12% benchmark, and for persons with targeted disabilities was 4.3% exceeding EEOC's 2% benchmark.

c. [Management and Program Analysis \(Series 0343\)](#)

These employees comprise 3.9% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. [Gender, Race and National Origin](#)

In FY 2021, the participation rates of males comprised 16.9% of the MCO with an OCLF of 57.7%, while females comprised 83.1% of the MCO with an OCLF of 42.3%.

The participation rates of Black or African American males and females, Native Hawaiian or Other Pacific Islander females, and American Indian or Alaska Native females, were above their respective OCLF rates while the participation rates of Native Hawaiian or Other Pacific Islander males were comparable.

The participation rates of White males and females, Hispanic or Latino males and females, Asian males and females, Two or More Races/Unknown Races males and females, American Indian or Alaska Native males, Native Hawaiian or Other Pacific Islander males, were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the Management and Program Analysis MCO for persons with disabilities was 32.1%, exceeding EEOC's 12% benchmark, and for persons with targeted disabilities 5.4%, exceeding EEOC's 2% benchmark.

d. [Information Technology Management \(Series 2210\)](#)

These employees comprise 5.5% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. [Gender, Race and National Origin](#)

In FY 2021, the participation rates of males comprised 67.3% of the MCO with an OCLF of 70.7%, while females comprised 32.7% of the MCO with an OCLF of 29.3%.

The participation rates of American Indian or Alaska Native males and females, Asian females, Black or African American males and females, and Native Hawaiian or Other Pacific Islander males were above their respective OCLF rates while Native Hawaiian or Other Pacific Islander females were comparable.

The participation rates of Two or More Races/Unknown Races males and females, Asian males, Hispanic or Latino males and females, and White males and females were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the Information Technology Management MCO for persons with disabilities was 20.7%, exceeding EEOC's 12% benchmark, and for persons with targeted disabilities 2.6%, exceeding EEOC's 2% benchmark.

e. [Public Health Program Specialist \(Series 0685\)](#)

These employees comprise 21.0% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. [Gender, Race and National Origin](#)

In FY 2021, the participation rates of males comprised 24.4% of the MCO with an OCLF of 23.3%, while females comprised 75.6% of the MCO with an OCLF of 76.7%.

The participation rates of, Asian males and females, Black or African American males and females were above their respective OCLF rates while, American Indian or Alaska Native males and Native Hawaiian or Other Pacific Islander males and females were comparable.

The participation rates of 2 or More Races/Unknown Races males and females, American Indian or Alaska Native females, Hispanic or Latino males and females, White males and females were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the Public Health Program Specialist MCO for persons with disabilities was 14.4%, exceeding EEOC's 12% benchmark, and for persons with targeted disabilities 2.3%, exceeding EEOC's 2% benchmark.

f. [Medical Officer \(Series 0602\)](#)

These employees comprise 3.0% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. [Gender, Race and National Origin](#)

In FY 2021, the participation rates of males comprised 45.8% of the MCO with an OCLF of 63.7%, while females comprised 54.2% of the MCO with an OCLF of 36.3%.

The participation rates of American Indian or Alaska Native males and females, Asian females, Black or African American males and females, and White female were above

their respective OCLF rates while Native Hawaiian or Other Pacific Islander males and females were comparable.

Furthermore, the participation rates of Two or More Races/Unknown Races males and females, Asian males, White males, and Hispanic or Latino males and females were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the Medical Officer MCO for persons with disabilities was 6.7%, 5.3% below EEOC's 12% benchmark, and for persons with targeted disabilities 0.0%, 2.0% below EEOC's 2% benchmark.

g. [Chemistry \(Series 1320\)](#)

These employees comprise 1.3% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. [Gender, Race and National Origin](#)

In FY 2021, the participation rates of males comprised 44.3% of the MCO with an OCLF of 62.2%, while females comprised 55.7% of the MCO with an OCLF of 37.8%.

The participation rates of White females, Asian females, and Hispanic or Latino females were above their respective OCLF rates while Native Hawaiian or Other Pacific Islander males were comparable.

The participation rates of Two or More Races/Unknown Races males and females, American Indian or Alaska Native males and females, Asian males, Black or African American males and females, Hispanic or Latino males, Native Hawaiian or Other Pacific Islander females, and White males were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the Chemistry MCO for persons with disabilities was 9.9%, 2.1% below EEOC's 12% benchmark, and for persons with targeted disabilities 0.8%, 1.2% below EEOC's 2% benchmark.

h. Statistician (Series 1530)

These employees comprise 2.1% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. Gender, Race and National Origin

In FY 2021, the participation rates of males comprised 35.3% of the MCO with an OCLF of 53.8%, while females comprised 64.7% of the MCO with an OCLF of 46.2%.

The participation rates of Asian females, Black or African American males and females, Native Hawaiian or Other Pacific Islander males and females, and White females were above their respective OCLF rates.

The participation rates of Two or More Races/Unknown Races males and females, American Indian or Alaska Native males and females, Asian males, Hispanic or Latino males and females, and White males were below their respective OCLF rates.

ii. Persons with Disabilities and Persons with Targeted Disabilities

In FY 2021, the participation rates in the Statistician MCO for persons with disabilities was 7.2%, 4.8% below EEOC's 12% benchmark, and for persons with targeted disabilities 1.0%, 1.0 below EEOC's 2% benchmark.

i. General Biological Science (Series 0401)

These employees comprise 4.0% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. Gender, Race and National Origin

In FY 2021, the participation rates of males comprised 35.9% of the MCO with an OCLF of 51.5%, while females comprised 64.1% of the MCO with an OCLF of 48.5%.

The participation rates of, Asian males and females, and Black or African American males and females were above their respective OCLF rates while Native Hawaiian or Other Pacific Islander females and American Indian or Alaska Native females were comparable.

Additionally, the participation rates of Two or More Races/Unknown Races males and females, American Indian or Alaska Native males, Hispanic or Latino males and females, Native Hawaiian or Other Pacific Islander males, and White males and females were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the General Biological Science MCO for persons with disabilities was 4.8%, 7.2% below EEOC's 12% benchmark, and for persons with targeted disabilities 1.0%, 1.0% below EEOC's 2% benchmark.

j. [Microbiology \(Series 0403\)](#)

These employees comprise 3.3% of the workforce. In FY 2021, the participation rates in comparison to its respective Occupational CLFs (OCLF) were as follows:

i. [Gender, Race and National Origin](#)

In FY 2021, the participation rates of males comprised 44.0% of the MCO with an OCLF of 51.5%, while females comprised 56.0% of the MCO with an OCLF of 48.5%.

The participation rates of American Indian or Alaska Native females, Asian males and females, Black or African American males and females, Native Hawaiian or Other Pacific Islander females, and Hispanic or Latino males were above their respective OCLF rates.

Additionally, the participation rates of Two or More Races/Unknown Races males and females, American Indian or Alaska Native males, Hispanic or Latino females, Native Hawaiian or Other Pacific Islander males, and White males and females were below their respective OCLF rates.

ii. [Persons with Disabilities and Persons with Targeted Disabilities](#)

In FY 2021, the participation rates in the Microbiology MCO for persons with disabilities was 5.4%, 6.6% below EEOC's 12% benchmark, and for persons with targeted disabilities 0.6%, 1.4% below EEOC's 2% benchmark.

Part G: Self-Assessment Checklist

The Part G Self-Assessment Checklist is a series of questions designed to provide federal agencies with an effective means for conducting the annual self-assessment required in Part F of MD-715. This self-assessment permits EEO Directors to recognize, and to highlight for their senior staff, deficiencies in their EEO program that the agency must address to comply with MD-715's requirements. Nothing in Part G prevents agencies from establishing additional practices that exceed the requirements set forth in this checklist.

All agencies will be required to submit Part G to EEOC. Although agencies need not submit documentation to support their Part G responses, they must maintain such documentation on file and make it available to EEOC upon request.

The Part G checklist is organized to track the MD-715 essential elements. As a result, a single substantive matter may appear in several different sections, but in different contexts. For example, questions about establishing an anti-harassment policy fall within Element C (Management and Program Accountability), while questions about providing training under the anti-harassment policy are found in Element A (Demonstrated Commitment from Agency Leadership).

For each MD-715 essential element, the Part G checklist provides a series of "compliance indicators." Each compliance indicator, in turn, contains a series of "yes/no" questions, called "measures." To the right of the measures, there are two columns, one for the agency to answer the measure with "Yes", "No", or "NA;" and the second column for the agency to provide "comments", if necessary. Agencies should briefly explain any "N/A" answer in the comments. For example, many of the sub-component agencies are not responsible for issuing final agency decisions (FADs) in the EEO complaint process, so it may answer questions about FAD timeliness with "NA" and explain in the comments column that the parent agency drafts all FADs.

A "No" response to any measure in Part G is a program deficiency. For each such "No" response, an agency will be required in Part H to identify a plan for correcting the identified deficiency. If one or more sub-components answer "No" to a particular question, the agency-wide/parent agency's report should also include that "No" response.

Essential Element A: Demonstrated Commitment From agency Leadership

This element requires the agency head to communicate a commitment to equal employment opportunity and a discrimination-free workplace.

Compliance Indicator Measures	A.1 – The agency issues an effective, up-to-date EEO policy statement.	Measure Met? (Yes/No/NA)	Comments FY 2021
A.1.a	Does the agency annually issue a signed and dated EEO policy statement on agency letterhead that clearly communicates the agency’s commitment to EEO for all employees and applicants? If “yes”, please provide the annual issuance date in the comments column. [see MD-715, II(A)]	Yes	April 19, 2021
A.1.b	Does the EEO policy statement address all protected bases (age, color, disability, sex (including pregnancy, sexual orientation and gender identity), genetic information, national origin, race, religion, and reprisal) contained in the laws EEOC enforces? [see 29 CFR § 1614.101(a)]	Yes	

Compliance Indicator Measures	A.2 – The agency has communicated EEO policies and procedures to all employees.	Measure Met? (Yes/No/NA)	Comments FY 2021
A.2.a	Does the agency disseminate the following policies and procedures to all employees:	Yes	
A.2.a.1	Anti-harassment policy? [see MD 715, II(A)]	Yes	
A.2.a.2	Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)]	Yes	
A.2.b	Does the agency prominently post the following information throughout the workplace and on its public website:		
A.2.b.1	The business contact information for its EEO Counselors, EEO Officers, Special Emphasis Program Managers, and EEO Director? [see 29 C.F.R § 1614.102(b)(7)]	Yes	
A.2.b.2	Written materials concerning the EEO program, laws, policy statements, and the operation of the	Yes	

	EEO complaint process? [see 29 C.F.R § 1614.102(b)(5)]		
A.2.b.3	Reasonable accommodation procedures? [see 29 C.F.R. § 1614.203(d)(3)(i)] If so, please provide the internet address in the comments column.	Yes	Reasonable Accommodation
A.2.c	Does the agency inform its employees about the following topics:		
A.2.c.1	EEO complaint process? [see 29 CFR §§ 1614.102(a)(12) and 1614.102(b)(5)] If “yes”, please provide how often.	Yes	Posted on Intranet (continually); New Employee Orientation (bi-weekly); Supervisory Basic Employee Relations training (quarterly); training for employees throughout the year
A.2.c.2	ADR process? [see MD-110, Ch. 3(II)©] If “yes”, please provide how often.	Yes	New Employee Orientation (bi-weekly); Supervisory Basic Employee Relations training (quarterly); training for employees throughout the year
A.2.c.3	Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)©] If “yes”, please provide how often.	Yes	Posted on Intranet (continually); New Employee

			Orientation (bi-weekly); Supervisory Basic Employee Relations training (quarterly); training for all employees throughout the year
A.2.c.4	Anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] If “yes”, please provide how often.	Yes	Posted on Intranet (continually) and required for all managers and supervisors every two years
A.2.c.5	Behaviors that are inappropriate in the workplace and could result in disciplinary action? [5 CFR § 2635.101(b)] If “yes”, please provide how often.	Yes	Posted on Intranet (continually); New Employee Orientation (bi-weekly); Supervisory Basic Employee Relations training (quarterly); training for all employees throughout the year

Compliance Indicator	A.3 – The agency assesses and ensures EEO principles are part of its culture.
Measures	
A.3.a	Does the agency provide recognition to employees, supervisors, managers, and units demonstrating superior accomplishment in equal employment opportunity? [see 29 CFR § 1614.102(a) (9)] If “yes”, provide one or two examples in the comments section.
A.3.b	Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250]

Essential Element B: Integration of EEO into the agency’s Strategic Mission

This element requires that the agency’s EEO programs are structured to maintain a workplace that is free from discrimination and support the agency’s strategic mission.

Compliance Indicator	B.1 - The reporting structure for the EEO program provides the principal EEO official with appropriate authority and resources to effectively carry out a successful EEO program.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
B.1.a	Is the agency head the immediate supervisor of the person (“EEO Director”) who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)]	Yes	
B.1.a.1	If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If “yes,” please provide the title of the agency head designee in the comments.	N/A	
B.1.a.2	Does the agency’s organizational chart clearly define the reporting structure for the EEO office? [see 29 CFR §1614.102(b)(4)]	Yes	
B.1.b	Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency’s EEO program? [see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I]	Yes	
B.1.c	During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the	Yes	October 5, 2021

	agency" briefing covering the six essential elements of the model EEO program and the status of the barrier analysis process? [see MD-715 Instructions, Sec. I)] If "yes", please provide the date of the briefing in the comments column.		
B.1.d	Does the EEO Director regularly participate in senior-level staff meetings concerning personnel, budget, technology, and other workforce issues? [see MD-715, II(B)]	Yes	

Compliance Indicator	B.2 – The EEO Director controls all aspects of the EEO program.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
B.2.a	Is the EEO Director responsible for the implementation of a continuing affirmative employment program to promote EEO and to identify and eliminate discriminatory policies, procedures, and practices? [see MD-110, Ch. 1(III)(A); 29 CFR §1614.102(c)]	Yes	
B.2.b	Is the EEO Director responsible for overseeing the completion of EEO counseling [see 29 CFR §1614.102(c)(4)]	Yes	
B.2.c	Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	Yes	
B.2.d	Is the EEO Director responsible for overseeing the timely issuing final agency decisions? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	N/A	HHS issues Final Agency Decisions for the Department
B.2.e	Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]	Yes	
B.2.f	Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)]	Yes	

Compliance Indicator	B.2 – The EEO Director controls all aspects of the EEO program.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
B.2.g	If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2) and (c)(3)]	N/A	No subordinate level components

Compliance Indicator	B.3 - The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
B.3.a	Do EEO program officials participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)]	Yes	
B.3.b	Does the agency’s current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If “yes”, please identify the EEO principles in the strategic plan in the comments column.	Yes	The plan reflects CDC commitment to equity and diversity, including recognition that a diverse, multi-disciplinary workforce will create more inclusive and accessible climates, policies, and practices for broader public health impact.

Compliance Indicator Measures	B.4 - The agency has sufficient budget and staffing to support the success of its EEO program.	Measure Met? (Yes/No/NA)	Comments FY 2021
B.4.a	Pursuant to 29 CFR §1614.102(a)(1), has the agency allocated sufficient funding and qualified staffing to successfully implement the EEO program, for the following areas:		
B.4.a.1	to conduct a self-assessment of the agency for possible program deficiencies? [see MD-715, II(D)]	Yes	
B.4.a.2	to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]	Yes	
B.4.a.3	to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR § 1614.102(c)(5) & 1614.105(b) – (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)]	Yes	HHS issues Final Agency Decisions for the Department
B.4.a.4	to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comments column.	Yes	
B.4.a.5	to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field offices, if applicable? [see 29 CFR §1614.102(c)(2)]	N/A	No subordinate level components
B.4.a.6	to publish and distribute EEO materials (e.g. harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)]	Yes	
B.4.a.7	to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)]. If not, please identify the systems with insufficient funding in the comments section.	Yes	HHS manages workforce demographic and applicant

			flow data for the department
B.4.a.8	to effectively administer its special emphasis programs (such as, Federal Women’s Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]	Yes	
B.4.a.9	to effectively manage its anti-harassment program? [see MD-715 Instructions, Sec. I); EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Yes	
B.4.a.10	to effectively manage its reasonable accommodation program? [see 29 CFR § 1614.203(d)(4)(ii)]	Yes	
B.4.a.11	to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)]	Yes	
B.4.b	Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)]	Yes	
B.4.c	Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)]	Yes	
B.4.d	Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II)(A) of MD-110?	Yes	
B.4.e	Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees, receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110?	Yes	

Compliance Indicator Measures	B.5 – The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills.	Measure Met? (Yes/No/NA)	Comments FY 2021
B.5.a	Pursuant to 29 CFR § 1614.102(a)(5), have all managers and supervisors received training on		

	their responsibilities under the following areas under the agency EEO program:		
B.5.a.1	EEO Complaint Process? [see MD-715(II)(B)]	Yes	
B.5.a.2	Reasonable Accommodation Procedures? [see 29 C.F.R. § 1614.102(d)(3)]	Yes	
B.5.a.3	Anti-Harassment Policy? [see MD-715(II)(B)]	Yes	
B.5.a.4	Supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)]	Yes	
B.5.a.5	ADR, with emphasis on the federal government's interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? [see MD-715(II)(E)]	Yes	

Compliance Indicator	B.6 – The agency involves managers in the implementation of its EEO program.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
B.6.a	Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I]	Yes	
B.6.b	Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I]	Yes	
B.6.c	When barriers are identified, do senior managers assist in developing agency EEO action plans (Part I, Part J, or the Executive Summary)? [see MD-715 Instructions, Sec. I]	Yes	
B.6.d	Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR § 1614.102(a)(5)]	N/A	The agency completed an investigation of triggers impacting Hispanics/Latino employees and identified institutional

			and attitudinal barriers. An action plan was drafted and is being revised in FY 2022.
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Essential Element C: Management and Program Accountability

This element requires the agency head to hold all managers, supervisors, and EEO officials responsible for the effective implementation of the agency’s EEO Program and Plan.

Compliance Indicator	C.1 – The agency conducts regular internal audits of its component and field offices.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
C.1.a	Does the agency regularly assess its component and field offices for possible EEO program deficiencies? [see 29 CFR §1614.102(c)(2)] If “yes”, please provide the schedule for conducting audits in the comments section.	N/A	No subordinate level components
C.1.b	Does the agency regularly assess its component and field offices on their efforts to remove barriers from the workplace? [see 29 CFR §1614.102(c)(2)] If “yes”, please provide the schedule for conducting audits in the comments section.	N/A	No subordinate level components
C.1.c	Do the component and field offices make reasonable efforts to comply with the recommendations of the field audit? [see MD-715, II(C)]	N/A	No subordinate level components

Compliance Indicator	C.2 – The agency has established procedures to prevent all forms of EEO discrimination.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
C.2.a	Has the agency established comprehensive anti-harassment policy and procedures that comply with EEOC’s enforcement guidance? [see MD-715, II(C); Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by	Yes	

	Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]		
C.2.a.1	Does the anti-harassment policy require corrective action to prevent or eliminate conduct before it rises to the level of unlawful harassment? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Yes	
C.2.a.2	Has the agency established a firewall between the Anti-Harassment Coordinator and the EEO Director? [see EEOC Report, Model EEO Program Must Have an Effective Anti-Harassment Program (2006)]	Yes	
C.2.a.3	Does the agency have a separate procedure (outside the EEO complaint process) to address harassment allegations? [see Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]	Yes	
C.2.a.4	Does the agency ensure that the EEO office informs the anti-harassment program of all EEO counseling activity alleging harassment? [see Enforcement Guidance, V.C.]	Yes	
C.2.a.5	Does the agency conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process? [see <u>Complainant v. Dep't of Veterans Affairs</u> , EEOC Appeal No. 0120123232 (May 21, 2015); <u>Complainant v. Dep't of Defense (Defense Commissary Agency)</u> , EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.	Yes	
C.2.a.6	Do the agency's training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR 1614.203(d)(2)]	Yes	
C.2.b	Has the agency established disability reasonable accommodation procedures that comply with EEOC's regulations and guidance?[see 29 CFR1614.203(d)(3)]	Yes	

C.2.b.1	Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency?[see 29 CFR 1614.203(d)(3)(D)]	Yes	
C.2.b.2	Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)]	Yes	
C.2.b.3	Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR 1614.203(d)(1)(ii)(B)]	Yes	
C.2.b.4	Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR 1614.203(d)(3)(i)(M)]	Yes	
C.2.b.5	Does the agency process all accommodation requests within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If “no”, please provide the percentage of timely-processed requests in the comments column.	Yes	
C.2.c	Has the agency established procedures for processing requests for personal assistance services that comply with EEOC’s regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR 1614.203(d)(6)]	Yes	
C.2.c.1	Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR § 1614.203(d)(5)(v)] If “yes”, please provide the internet address in the comments column.	Yes	RA Services Policy

Compliance Indicator Measures	C.3 - The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.	Measure Met? (Yes/No/NA)	Comments FY 2021
C.3.a	Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in	Yes	CDC currently

	<p>their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program?</p>		<p>includes an element related to commitment to EEO in all supervisor and manager performance plans; however, the agency recognizes a need for a stronger element and evaluation process. HHS EEO DI is leading a department initiative to strengthen elements for all managers and supervisors.</p>
C.3.b	<p>Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities:</p>		
C.3.b.1	<p>Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I]</p>	<p>No</p>	<p>CDC requires manager and supervisor participation in conflict resolution, including participation in ADR proceedings; however, there is currently no process to incorporate</p>

			this into the formal performance appraisals. HHS EEO DI is leading a department initiative to strengthen evaluation of managers and supervisors based on EEO activities.
C.3.b.2	Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)]	No	HHS EEO DI is leading a department initiative to strengthen evaluation of managers and supervisors based on EEO activities.
C.3.b.3	Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)]	No	HHS EEO DI is leading a department initiative to strengthen evaluation of managers and supervisors based on EEO activities.
C.3.b.4	Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace	No	HHS EEO DI is leading a department initiative to

	with diverse employees? [see MD-715 Instructions, Sec. I]		strengthen evaluation of managers and supervisors based on EEO activities.
C.3.b.5	Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]	No	HHS EEODI is leading a department initiative to strengthen evaluation of managers and supervisors based on EEO activities.
C.3.b.6	Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]	No	CDC ensures that accommodations are provided when they do not cause an undue hardship; however, there is currently no process to incorporate this into formal performance appraisals for managers and supervisors. HHS EEODI is leading a department

			initiative to strengthen evaluation of managers and supervisors based on EEO activities.
C.3.b.7	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]	No	HHS EEO DI is leading a department initiative to strengthen evaluation of managers and supervisors based on EEO activities.
C.3.b.8	Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2]	No	HHS EEO DI is leading a department initiative to strengthen evaluation of managers and supervisors based on EEO activities.
C.3.b.9	Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority? [see MD-715, II(C)]	No	CDC ensures compliance with settlement agreements and orders issued by the agency; however, there is currently no

			process to incorporate this into formal performance appraisals for managers and supervisors. HHS EEO DI is leading a department initiative to strengthen evaluation of managers and supervisors based on EEO activities.
C.3.c	Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)]	Yes	
C.3.d	When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? [see 29 CFR §1614.102(c)(2)]	Yes	

Compliance Indicator	C.4 – The agency ensures effective coordination between its EEO programs and Human Resources (HR) program.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
C.4.a	Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)]	Yes	
C.4.b	Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program,	Yes	

	employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I]		
C.4.c	Does the EEO office have timely access to accurate and complete data (e.g., demographic data for workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]	No	HHS manages workforce demographic and applicant flow data for the department. See statement in Executive Summary, Workforce Data Highlights for the HHS plan.
C.4.d	Does the HR office timely provide the EEO office have timely access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)]	Yes	
C.4.e	Pursuant to Section II(C) of MD-715, does the EEO office collaborate with the HR office to:		
C.4.e.1	Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]	Yes	
C.4.e.2	Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)]	Yes	
C.4.e.3	Develop and/or provide training for managers and employees? [see MD-715, II(C)]	Yes	
C.4.e.4	Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)]	Yes	
C.4.e.5	Assist in preparing the MD-715 report? [see MD-715, II(C)]	Yes	

Compliance Indicator Measures	C.5 – Following a finding of discrimination, the agency explores whether it should take a disciplinary action.	Measure Met? (Yes/No/NA)	Comments FY 2021
C.5.a	Does the agency have a disciplinary policy and/or table of penalties that covers discriminatory conduct? 29 CFR § 1614.102(a)(6); see also <u>Douglas v. Veterans Administration</u> , 5 MSPR 280 (1981)	Yes	
C.5.b	When appropriate, does the agency discipline or sanction managers and employees for discriminatory conduct? [see 29 CFR §1614.102(a)(6)] If “yes”, please state the number of disciplined/sanctioned individuals during this reporting period in the comments.	Yes	Zero
C.5.c	If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the discriminatory conduct? [see MD-715, II(C)]	Yes	

Compliance Indicator Measures	C.6 – The EEO office advises managers/supervisors on EEO matters.	Measure Met? (Yes/No/NA)	Comments FY 2021
C.6.a	Does the EEO office provide management/supervisory officials with regular EEO updates on at least an annual basis, including EEO complaints, workforce demographics and data summaries, legal updates, barrier analysis plans, and special emphasis updates? [see MD-715 Instructions, Sec. I] If “yes”, please identify the frequency of the EEO updates in the comments column.	Yes	The EEO Director provides the Annual State of the Agency address and meets with senior leaders of CDC components periodically throughout the year.

Compliance Indicator Measures	C.6 – The EEO office advises managers/supervisors on EEO matters.	Measure Met? (Yes/No/NA)	Comments FY 2021
C.6.b	Are EEO officials readily available to answer managers’ and supervisors’ questions or concerns? [see MD-715 Instructions, Sec. I]	Yes	

Essential Element D: Proactive Prevention

This element requires that the agency head make early efforts to prevent discrimination and to identify and eliminate barriers to equal employment opportunity.

Compliance Indicator Measures	D.1 – The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.	Measure Met? (Yes/No/NA)	Comments FY 2021
D.1.a	Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I]	Yes	

Compliance Indicator Measures	D.1 – The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.	Measure Met? (Yes/No/NA)	Comments FY 2021
D.1.b	Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I]	No	The OEEO Director convened a workgroup to formalize procedures for trigger identification, which were completed in late FY 2020. A second workgroup developed enhanced procedures for the remaining steps of barrier analysis in FY 2021. In accordance with guidance from DHHS, CDC will implement the new procedures in FY 2023.
D.1.c	Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR 1614.203(d)(1)(iii)(C)]	Yes	

Compliance Indicator Measures	D.2 – The agency identifies areas where barriers may exclude EEO groups (reasonable basis to act.)	Measure Met? (Yes/No/NA)	Comments FY 2021
D.2.a	Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)]	Yes	
D.2.b	Does the agency regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability? [see 29 CFR §1614.102(a)(3)]	Yes	
D.2.c	Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments? [see 29 CFR §1614.102(a)(3)]	Yes	

Compliance Indicator Measures	D.2 – The agency identifies areas where barriers may exclude EEO groups (reasonable basis to act.)	Measure Met? (Yes/No/NA)	Comments FY 2021
D.2.d	Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] If “yes”, please identify the data sources in the comments column.	No	The OEEO Director convened a workgroup to formalize procedures for trigger identification , which were completed in late FY 2020. A second workgroup developed enhanced procedures for the remaining steps of barrier analysis in FY 2021. In accordance with guidance from DHHS, CDC will implement the new procedures in FY 2023.

Compliance Indicator Measures	D.3 – The agency establishes appropriate action plans to remove identified barriers.	Measure Met? (Yes/No/NA)	Comments FY 2021

D.3.a.	Does the agency effectively tailor action plans to address the identified barriers, in particular policies, procedures, or practices? [see 29 CFR §1614.102(a)(3)]	Yes	
D.3.b	If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? [see MD-715, II(D)]	N/A	CDC did not identify one or more barriers during the reporting period.
D.3.c	Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]	N/A	In FY 2018, CDC completed an investigation of triggers impacting Hispanics/Latino employees and identified institutional and attitudinal barriers. An action plan was drafted in FY 2020 and is being revised in FY 2022.

Compliance Indicator Measures	D.4 – The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities	Measure Met? (Yes/No/NA)	Comments FY 2021
D.4.a	Does the agency post its affirmative action plan on its public website? [see 29 CFR 1614.203(d)(4)] Please provide the internet address in the comments.	Yes	Affirmative Employment Program

D.4.b	Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR 1614.203(d)(1)(i)]	Yes	
D.4.c	Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR 1614.203(d)(1)(ii)(A)]	Yes	
D.4.d	Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR 1614.203(d)(7)(ii)]	Yes	

Essential Element E: Efficiency

This element requires the agency head to ensure that there are effective systems for evaluating the impact and effectiveness of the agency’s EEO programs and an efficient and fair dispute resolution process.

Compliance Indicator	E.1 - The agency maintains an efficient, fair, and impartial complaint resolution process.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
E.1.a	Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105?	Yes	
E.1.b	Does the agency provide written notification of rights and responsibilities in the EEO process during the initial counseling session, pursuant to 29 CFR §1614.105(b)(1)?	Yes	
E.1.c	Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-110, Ch. 5(I)?	Yes	
E.1.d	Does the agency issue acceptance letters/dismissal decisions within a reasonable time (e.g., 60 days) after receipt of the written EEO Counselor report, pursuant to MD-110, Ch. 5(I)? If so, please provide the average processing time in the comments.	Yes	The agency averages 49 days to issue acceptance and dismissal decisions.
E.1.e	Does the agency ensure all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting	Yes	

	routine access to personnel records related to an investigation, pursuant to 29 CFR §1614.102(b)(6)?		
E.1.f	Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?	Yes	
E.1.g	If the agency does not timely complete investigations, does the agency notify complainants of the date by which the investigation will be completed and of their right to request a hearing or file a lawsuit, pursuant to 29 CFR §1614.108(g)?	Yes	
E.1.h	When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)?	N/A	Final Agency Decisions are issued by HHS
E.1.i	Does the agency timely issue final actions following receipt of the hearing file and the administrative judge’s decision, pursuant to 29 CFR §1614.110(a)?	N/A	Final Agency Decisions are issued by HHS
E.1.j	If the agency uses contractors to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays? [See MD-110, Ch. 5(V)(A)] If “yes”, please describe how in the comments column.	N/A	HHS manages a contract for the Department
E.1.k	If the agency uses employees to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays during performance review? [See MD-110, Ch. 5(V)(A)]	Yes	
E.1.l	Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)]	Yes	

Compliance Indicator	E.2 – The agency has a neutral EEO process.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
E.2.a	Has the agency established a clear separation between its EEO complaint program and its	Yes	There is a firewall between the

	defensive function? [see MD-110, Ch. 1(IV)(D)] If “yes,’ please explain.		EEO function and the agency's defensive function. The firewall ensures that actions taken by the agency to protect itself from legal liability will not negatively influence or affect the agency's process for determining whether discrimination has occurred and if such determination did occur, remedying it at the earliest stage possible.
E.2.b	When seeking legal sufficiency reviews, does the EEO office have access to sufficient legal resources separate from the agency representative? [see MD-110, Ch. 1(IV)(D)] If “yes,” please identify the location of the attorney who conducts the legal sufficiency review in the comments column.	Yes	The attorney who conducts legal sufficiency reviews is within OEEO.
E.2.c	If the EEO office relies on the agency’s defensive function to conduct the legal sufficiency review, is there a firewall between the reviewing attorney and the agency representative? [see MD-110, Ch. 1(IV)(D)]	N/A	The EEO office does not rely on the agency’s defensive function for

			sufficiency reviews.
E.2.d	Does the agency ensure that its agency representative does not intrude upon EEO counseling, investigations, and final agency decisions? [see MD-110, Ch. 1(IV)(D)]	Yes	
E.2.e	If applicable, are processing time frames incorporated for the legal counsel's sufficiency review for timely processing of complaints? EEOC Report, <i>Attaining a Model Agency Program: Efficiency</i> (Dec. 1, 2004)	Yes	

Compliance Indicator	E.3 - The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
E.3.a	Has the agency established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process? [see 29 CFR §1614.102(b)(2)]	Yes	
E.3.b	Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)]	Yes	
E.3.c	Does the agency encourage all employees to use ADR, where ADR is appropriate? [see MD-110, Ch. 3(IV)(C)]	Yes	
E.3.d	Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)]	Yes	
E.3.e	Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)]	Yes	
E.3.f	Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]	Yes	

Compliance Indicator Measures	E.4 – The agency has effective and accurate data collection systems in place to evaluate its EEO program.	Measure Met? (Yes/No/NA)	Comments FY 2021
E.4.a	Does the agency have systems in place to accurately collect, monitor, and analyze the following data:		
E.4.a.1	Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II(E)]	Yes	
E.4.a.2	The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]	N/A	HHS manages workforce demographic and applicant flow data for the department. See statement in Executive Summary, Workforce Data Highlights for the HHS plan.
E.4.a.3	Recruitment activities? [see MD-715, II(E)]	N/A	HHS manages workforce demographic and applicant flow data for the department. See statement in Executive Summary, Workforce Data Highlights for the HHS plan.
E.4.a.4	External and internal applicant flow data concerning the applicants’ race, national origin, sex, and disability status? [see MD-715, II(E)]	N/A	HHS manages workforce demographic and applicant

			flow data for the department. See statement in Executive Summary, Workforce Data Highlights for the HHS plan.
E.4.a.5	The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)]	Yes	
E.4.a.6	The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.2]	Yes	
E.4.b	Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]	N/A	See statement in Executive Summary, Planned Activities for information about the upcoming DHHS Workforce Demographic Survey

Compliance Indicator Measures	E.5 – The agency identifies and disseminates significant trends and best practices in its EEO program.	Measure Met? (Yes/No/NA)	Comments FY 2021
E.5.a	Does the agency monitor trends in its EEO program to determine whether the agency is meeting its obligations under the statutes EEOC enforces? [see MD-715, II(E)] If “yes”, provide an example in the comments.	Yes	The agency monitors trends in workforce data, requested and provided accommodations,

			participation in EEO training, and participation in Special Emphasis Programs.
E.5.b	Does the agency review other agencies' best practices and adopt them, where appropriate, to improve the effectiveness of its EEO program? [see MD-715, II(E)] If "yes", provide an example in the comments.	Yes	The EEO Director, Deputy, and managers meet regularly with representatives from other HHS Operating Divisions, share CDC best practices, and consider best practices from other agencies for adoption at CDC.
E.5.c	Does the agency compare its performance in the EEO process to other federal agencies of similar size? [see MD-715, II(E)]	Yes	

Essential Element F: RESPONSIVENESS AND LEGAL COMPLIANCE

This element requires federal agencies to comply with EEO statutes and EEOC regulations, policy guidance, and other written instructions.

Compliance Indicator	F.1 – The agency has processes in place to ensure timely and full compliance with EEOC Orders and settlement agreements.	Measure Met? (Yes/No/NA)	Comments FY 2021
Measures			
F.1.a	Does the agency have a system of management controls to ensure that its officials timely comply	Yes	

	with EEOC orders/directives and final agency actions? [see 29 CFR §1614.102(e); MD-715, II(F)]		
F.1.b	Does the agency have a system of management controls to ensure the timely, accurate, and complete compliance with resolutions/settlement agreements? [see MD-715, II(F)]	Yes	
F.1.c	Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)]	Yes	
F.1.d	Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)]	Yes	
F.1.e	When EEOC issues an order requiring compliance by the agency, does the agency hold its compliance officer(s) accountable for poor work product and/or delays during performance review? [see MD-110, Ch. 9(IX)(H)]	Yes	

Compliance Indicator Measures	F.2 – The agency complies with the law, including EEOC regulations, management directives, orders, and other written instructions.	Measure Met? (Yes/No/NA)	Comments FY 2021
F.2.a	Does the agency timely respond and fully comply with EEOC orders? [see 29 CFR §1614.502; MD-715, II(E)]	Yes	
F.2.a.1	When a complainant requests a hearing, does the agency timely forward the investigative file to the appropriate EEOC hearing office? [see 29 CFR §1614.108(g)]	Yes	
F.2.a.2	When there is a finding of discrimination that is not the subject of an appeal by the agency, does the agency ensure timely compliance with the orders of relief? [see 29 CFR §1614.501]	Yes	
F.2.a.3	When a complainant files an appeal, does the agency timely forward the investigative file to EEOC’s Office of Federal Operations? [see 29 CFR §1614.403(e)]	Yes	
F.2.a.4	Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance?	Yes	

Compliance Indicator Measures	F.3 - The agency reports to EEOC its program efforts and accomplishments.	Measure Met? (Yes/No/NA)	Comments FY 2020
F.3.a	Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)]	Yes	
F.3.b	Does the agency timely post on its public webpage its quarterly No FEAR Act data? [see 29 CFR §1614.703(d)]	Yes	

MD-715 – Part I-1

Agency EEO Plan to Eliminate Identified Barrier (FY 2021)

Please describe the status of each plan that the agency implemented to identify possible barriers in policies, procedures, or practices for employees and applicants by race, ethnicity, and gender.

If the agency did not conduct barrier analysis during the reporting period, please check the box.

Statement of Condition That Was a Trigger for a Potential Barrier:

Source of the Trigger	Specific Workforce Data Table	Narrative Description of Trigger
Workforce data	A1	The Agency continues to experience less than expected participation rates for both Hispanic males (1.29% vs. 5.17%) [1.28% in 2017] and Hispanic females (1.86% vs. 4.79%) [1.83% in 2017] when compared to their 2010 CLF benchmarks.

EEO Group(s) Affected by Trigger

EEO Group
All Men
All Women
Hispanic or Latino Males
Hispanic or Latino Females
White Males
White Females
Black or African American Males
Black or African American Females
Asian Males
Asian Females

EEO Group
Native Hawaiian or Other Pacific Islander Males
Native Hawaiian or Other Pacific Islander Females
American Indian or Alaska Native Males
American Indian or Alaska Native Females
Two or More Races Males
Two or More Races Females

Barrier Analysis Process

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Workforce Data Tables	Yes	<p>CDC conducted an analysis of workforce data for permanent employees in workforce data tables A8 and A14. The agency also analyzed Applicant Flow Data (AFD).</p> <p>Workforce Data Both Hispanic males (1.30% vs. 5.17% CLF) and Hispanic females (1.95% vs. 4.79% CLF) were hired at rates lower than their benchmark rates.</p> <p>Hispanic males and females were voluntarily separated at lower rates than their participation in the workforce at the beginning of FY 2018 (1.07% vs. 1.28% PWF) and (1.25% vs. 1.83% PWF). There was one involuntary separation for Hispanic females (1.72%) during FY 2018.</p> <p>CDC's permanent workforce shrunk at a greater rate (-1.77%) than Hispanic males (-0.82%) and</p>

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
		<p>Hispanic females (-0.57%), resulting in a slight increase in their participation rates (0.01%) and (0.03%) respectively.</p> <p>Applicant Flow Data When applying for MCOs, the percentage of Hispanics who self-identified exceeded their relevant Civilian Labor Force participation rate for all of the remaining mission critical series, with the exception of 2210 for Hispanic females (1.41% vs. 2.17% OCLF). In addition, there were no Hispanic women who self-identified for 0602 positions. The same held true for Hispanics who self-qualified.</p> <p>The pattern for referrals was slightly different. For Hispanic males, their percentages dropped below the OCLF benchmark for the 0401 series and no self-identified Hispanic males were referred for the 0602 series. For Hispanic females, their percentages dropped below the OCLF benchmark for the 0301, 0401, and 2210 series.</p> <p>No selections were made for 0602 positions. Hispanic males were only selected for 0601 positions (at a rate exceeding their OCLF benchmark) while Hispanic females were only selected for 0301, 0401 and 0601 positions (at rates exceeding their OCLF benchmarks).</p> <p>There was no AFD data for 0343 positions.</p>
Complaint Data (Trends)	No	
Grievance Data (Trends)	No	

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Findings from Decisions (e.g., EEO, Grievance, MSPB, Anti-Harassment Processes)	No	
Climate Assessment Survey (e.g., FEVS)	No	
Exit Interview Data	No	
Focus Groups	No	
Interviews	No	
Reports (e.g., Congress, EEOC, MSPB, GAO, OPM)	Yes	During FY 2018, CDC used data from the annual EEOC report to the President to support initiation of the Hispanic Working Group and initiate Hispanic Barrier Analysis process.
Other (Please Describe)	Yes	In FY 2019, the Latino/Hispanic Health Work Group (LHHWG), an official scientific work group within CDC comprised of CDC staff whose work involves science, policy, or programs related to Latino/Hispanic health, conducted a voluntary and anonymous survey of its members to inform the work of the Hispanic Working Group. The survey was administered to collect information about 1) perceived discrimination experienced by the survey respondent, 2) perceived discrimination experienced by staff known to the survey respondent, 3) recommendations to maximize opportunities for persons of Hispanic/Latino/Spanish origin at CDC. Of the 129 LHHWG members who were Full time equivalents (FTEs) or Commissioned Corps officers on January 31, 2019, 80 members responded (62% response rate).

Status of Barrier Analysis Process

Barrier Analysis Process Completed? (Yes or No)	Barrier(s) Identified? (Yes or No)
Yes	Yes

Statement of Identified Barriers

Description of Policy, Procedure, or Practice
<p style="text-align: center;">BARRIER ANALYSIS RESULTS</p> <ul style="list-style-type: none"> ▪ The results of the analysis indicate that there are institutional barriers to hiring Hispanics. <ul style="list-style-type: none"> – The Agency lacks a strategic and coordinated plan for hiring and promoting Hispanics. – There are limited funds for strategic recruitment and outreach, which further restricts targeted recruitment for Hispanics outside of the local commuting area. – There are limited entry level positions (GS-5 to GS-9) available and utilized. – The available hiring flexibilities are underutilized, and there is a lack of visibility and/or understanding of the potential use of career ladder positions to attract and retain candidates in mission critical occupational series. ▪ The analysis also indicates that there are attitudinal barriers to hiring Hispanics. <ul style="list-style-type: none"> – Some managers and supervisors have not received information about Executive Order 13171 instructing federal agencies to improve the representation of Hispanics in federal employment. – There is perceived cultural and language bias in the hiring and selection process, including selection for promotions, temporary details, and global assignment.

Objective(s) and Dates for EEO Plan

Objective	Date Initiated (mm/dd/yyyy)	Target Date (mm/dd/yyyy)	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
1. Convene Hispanic Working Group to conduct barrier analysis.	04/01/2017	07/30/2018	Yes		08/02/2018

Objective	Date Initiated (mm/dd/yyyy)	Target Date (mm/dd/yyyy)	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
2) Appoint a Collateral Hispanic Employment Program Manager until funding is approved for a permanent position.	04/01/2017	07/30/2018	No		08/20/2018
3. Finalize Hispanic/Latino Barrier Analysis Report	04/01/2017	09/30/2017	Yes	09/30/2018	08/31/2019
4. Inform CDC workforce of the outcome of the barrier analysis and recommendations.	8/28/2019	10/30/2019	Yes		10/04/2019
5. Finalize Action Plan based on barrier analysis results and HWG recommendations	8/28/2019	9/30/2020	Yes		10/06/2020
6. Assess results and revise action plan, as necessary (new objective)	03/01/2021	09/30/2023	Yes		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
EEO Director	Reginald Mebane	No

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
08/30/2021	Hire new Affirmative Employment Manager (AEM) after the departure of the prior AEM in FY 2020 (new activity)		09/15/2021
6/30/2020	Disseminate action plan, timelines, and key performance indicators to agency stakeholders.	08/31/2022	
9/30/2020	Initiate implementation of the Action Plan agency wide.	10/01/2022	

Report of Accomplishments

Fiscal Year	Accomplishments
2021	<ul style="list-style-type: none"> • CDC experienced delays in implementing the action plan after the departure of the CDC Affirmative Employment Manager in early FY 2020 and redirection of resources across CDC in support of the response to COVID-19. While the agency did not fully implement the action plan in FY 2021, CDC succeeded in developing training to address perceived bias in hiring and selection processes that was identified through the barrier analysis. In April 2021, CDC launched <i>Workforce Awareness: Diversity and Inclusion, Unconscious Bias, and Microaggressions</i> training, which is mandatory for all managers, supervisors and team leads and optional for all other employees. By September 30, 2021, over 90% of all

	<p>required participants completed the training, most of whom were hiring officials and all of whom supervised employees.</p> <ul style="list-style-type: none"> • CDC established four Affirmative Employment Program Specialists (AEPS) positions, which will work directly with CDC Components and DEIA Councils to identify and address disparities within the workplace. The AEPS will also serve as Special Emphasis Program Managers (SEPM), working to enhance cultural awareness through events, training, and partnership with employee resource groups to support eight portfolios, including a Hispanic Employment Program. Prior to 2021, the role was filled as a collateral duty appointment. • CDC coordinated and participated in a total of 75 recruitment and outreach events in FY 2021, many of which were conducted virtually due to COVID-19 restrictions. Several events specifically targeted Hispanic or Minority Serving Institutions (MSI), resulting in contacts with over 900 individuals. A sample of events included: <ul style="list-style-type: none"> ○ 2021 League of United Latin American Citizens (LULAC) National Convention ○ University of Puerto Rico Annual Graduate School of Public Health Career Fair ○ Hispanic Association of Colleges and Universities 34th Annual Conference ○ Prospanica Conference & Career Expo ○ Society for Advancement of Chicanos/Hispanics and Native Americans in Science (SACNAS) STEM Conference • CDC recruited fifteen participants for the Hispanic Internship Program, which has been established in partnership with The Washington Center and the Hispanic Association of Colleges and Universities. The 2021 interns completed their internships within thirteen CDC Components in STEM and other fields of study, such as policy and communications.
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MD-715 – Part J

Special Program Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities

To capture agencies' affirmative action plan for persons with disabilities (PWD) and persons with targeted disabilities (PWTD), EEOC regulations (29 C.F.R. § 1614.203(e)) and MD-715 require agencies to describe how their plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities. All agencies, regardless of size, must complete this Part of the MD-715 report.

Section I: Efforts to Reach Regulatory Goals

EEOC regulations (29 C.F.R. § 1614.203(d)(7)) require agencies to establish specific numerical goals for increasing the participation of persons with reportable and targeted disabilities in the federal government.

Using the goal of 12% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

- | | | |
|--------------------------------|-----|------|
| a. Cluster GS-1 to GS-10 (PWD) | Yes | No X |
| b. Cluster GS-11 to SES (PWD) | Yes | No X |

Using the goal of 2% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

- | | | |
|---------------------------------|-----|------|
| a. Cluster GS-1 to GS-10 (PWTD) | Yes | No X |
| b. Cluster GS-11 to SES (PWTD) | Yes | No X |

Describe how the agency has communicated the numerical goals to the hiring managers and/or recruiters.

The agency communicated numerical goals to CDC leaders, hiring managers, and recruiters through written communication with the CDC Management Official Team (MOT), Schedule A-related trainings and briefings, and other services and support for Persons with Disabilities. CDC also provides a Diversity and Inclusion Scorecard for hiring managers, which provides a quarterly snapshot of agency performance related to hiring initiatives.

Section II: Model Disability Program

Pursuant to 29 C.F.R. §1614.203(d)(1), agencies must ensure sufficient staff, training and resources to recruit and hire persons with disabilities and persons with targeted disabilities,

administer the reasonable accommodation program and special emphasis program, and oversee any other disability hiring and advancement program the agency has in place.

Plan to Provide Sufficient & Competent Staffing for the Disability Program

Has the agency designated sufficient qualified personnel to implement its disability program during the reporting period? If “no”, describe the agency’s plan to improve the staffing for the upcoming year.

Yes X No

Responsible Staff Identify

Disability Program Task	#of FTE Staff by Employment Status (Full Time)	#of FTE Staff by Employment Status (Part Time)	#of FTE Staff by Employment Status (Collateral Duty)	Responsible Official (Name, Title, Office, Email)
Processing applications from PWD and PWTD	1			Sandra Williams, Supervisory HR. Specialist, CDC/HRO Special Emphasis Program, Client Services Office, AVY6@cdc.gov
Answering questions from the public about hiring authorities that take disability into account	3			Sandra Williams, Supervisory HR Specialist, CDC/HRO Special Emphasis Program, Client Services Office, AVY6@cdc.gov Nina Smith, Supervisory Workforce Development Advisor, CDC/HRO, Strategic Program Office Davedra Pierce, Disability Program Manager, CDC/OEEO

Disability Program Task	#of FTE Staff by Employment Status (Full Time)	#of FTE Staff by Employment Status (Part Time)	#of FTE Staff by Employment Status (Collateral Duty)	Responsible Official (Name, Title, Office, Email)
Processing reasonable accommodation requests from applicants and employees	5			Anthony Stockton, EEO Manager, CDC/OEEO Laura Taylor, EEO Specialist, CDC/OEEO Michelle Williams, EEO Specialist CDC/OEEO Lucille Stevenson, EEO Specialist CDC/OEEO Rose Yelder, EEO Specialist CDC/OEEO
Section 508 Compliance	1			Mark Urban, CDC Section 508 Coordinator, CDC/OCOO
Architectural Barriers Act Compliance	1			Davedra Pierce, Disability Program Manager, CDC/OEEO
Special Emphasis Program for PWD and PWTB	2			Sandra Williams, Supervisory HR Specialist, CDC/HRO Special Emphasis Program, Client Services Office Davedra Pierce, Disability Program Manager, CDC/OEEO

Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If “yes”, describe the training that disability program staff have received. If “no”, describe the training planned for the upcoming year.

Yes X No

In FY 2021, the agency provided Disability Program staff with training to carry out their responsibilities, including training with the National Employment Law Institute (NELI). NELI conducted 9 Rehabilitation Act trainings to DP staff and over 380 CDC managers, supervisors, and employees to increase understanding of the statutory and legal authorities regarding reasonable accommodations, as well as recent legal developments.

Plan to Ensure Sufficient Funding for the Disability Program

Has the agency provided sufficient funding and other resources to successfully implement the disability program during the reporting period? If “no”, describe the agency’s plan to ensure all aspects of the disability program have sufficient funding and other resources.

Yes X No

Section III: Plan to Recruit and Hire Individuals with Disabilities

Pursuant to 29 C.F.R. § 1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities. The questions below are designed to identify outcomes of the agency’s recruitment program plan for PWD and PWTD.

Plan to Identify Job Applicants with Disabilities

Describe the programs and resources the agency uses to identify job applicants with disabilities, including individuals with targeted disabilities.

In FY 2021, CDC coordinated and participated in a total of 75 recruitment and outreach events, many of which were conducted virtually due to extensive COVID-19 restrictions. Eight events targeted Persons with Disabilities, including veterans with disabilities, resulting in over 1,200 contacts.

CDC promotes non-competitive hiring as a practice during Quarterly Enterprise Hiring Planning (EHP) meetings with hiring managers to discuss staffing plans and other HR-specific needs.

CDC uses the [USAJobs Agency Talent Portal](#) (ATP) to identify and review resumes of Schedule A and other candidates who could be hired non-competitively. Individuals applying to vacancies through Schedule A are placed on a non-competitive referral list that is shared with hiring managers.

Pursuant to 29 C.F.R. § 1614.203(a)(3), describe the agency’s use of hiring authorities that take disability into account (e.g., Schedule A) to recruit PWD and PWTD for positions in the permanent workforce.

CDC utilizes 5 CFR 213.3102(u) to hire persons under the Schedule A authority. In addition, the agency uses the special hiring authority to hire students under the Workforce Recruitment Plan (WRP), Persons with Disabilities Internship Program, and the federal Non-Paid Work Experience Program for disabled veterans. Hiring flexibilities are discussed during the pre-consultation phase of all hiring actions and during Quarterly Enterprise Hiring Planning meetings with CIOs.

When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A), explain how the agency (1) determines if the individual is eligible for

appointment under such authority and (2) forwards the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

CDC currently utilizes the ATP to identify and review resumes of Schedule A and other candidates who could be hired non-competitively. To determine eligibility for appointment, HR Specialists conduct thorough reviews of applicant resumes and supporting materials, which include but are not limited to a Schedule A letter, transcripts, and Department of Veterans Affairs documents. Hiring managers have direct access to the ATP, but HR specialists provide a list of eligible candidates during the pre-consultation phase of hiring actions with an explanation of how and when the individual may be appointed.

Upon determining an applicant's eligibility for the position and subsequent interview, the hiring official makes a selection. As part of the final review of hiring selections, HR Specialists conduct a Schedule A authenticity check to verify the submitted Schedule A letter by contacting the health care provider. Once verified, HRO extends a tentative offer letter to the selectee.

Has the agency provided training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A)? If "yes", describe the type(s) of training and frequency. If "no", describe the agency's plan to provide this training.

Yes X No N/A

Yes. Schedule A and other hiring flexibilities are discussed with agency hiring managers during quarterly Enterprise Hiring Planning (EHP) meetings and during pre-consultations and consultations for all hiring actions.

A. Plan to Establish Contacts with Disability Employment Organizations

Describe the agency's efforts to establish and maintain contacts with organizations that assist PWD, including PWTD, in securing and maintaining employment.

CDC maintained its partnership with multiple organizations that assist PWD in securing and maintaining employment. In FY 2021, CDC participated in recruitment and outreach activities with DisABILITY Link, Goodwill, Disabled American Veterans, Department of Labor, and other organizations such as the U.S. Department of Veteran Affairs and Employment (VR&E) and Non-Paid Work Experience (NPWE) programs to create a pipeline for veterans who may be eligible to transition into full time employment with the CDC. NPWE serves as a vital source for training and non-competitive hiring of veterans into the CDC workforce.

B. Progression Towards Goals (Recruitment and Hiring)

Using the goals of 12% for PWD and 2% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If "yes", please describe the triggers below.

a. New Hires for Permanent Workforce (PWD)

i. Cluster GS-1 to GS-10 (PWD) Yes No X

ii.	Cluster GS-11 to SES (PWD)	Yes	No X
b.	New Hires for Permanent Workforce (PWTD)		
i.	Cluster GS-1 to GS-10 (PTWD)	Yes X	No
ii.	Cluster GS-11 to SES (PTWD)	Yes	No x

The hiring rate for PWTD in the grade clusters GS-1 to GS-10 was 1.7%, which is below the target of 2%.

2. Using the **qualified applicant pool** as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.

a.	New Hires for MCO (PWD)	Yes X	No
b.	New Hires for MCO (PWTD)	Yes X	No

Based on a review of applicant flow data (AFD), triggers exist for the following mission-critical occupations:

PWD:

0403 – Microbiology (0.0%) 1.8% benchmark

0602 – Medical Officer (0.0%) 4.0% benchmark

PWTD:

0401– General Biological Science (0.0%) 0.8% benchmark

0403 – Microbiology (0.0%) 0.6% benchmark

0685 – Public Health Program Specialist (0.4%) 1.7% benchmark

2210 – Information Technology Specialist (2.6%) 2.7% benchmark

3. Using the **relevant applicant pool** as the benchmark, do triggers exist for PWD and/or PWTD among the **qualified internal applicants** for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.

a.	Qualified Applicants for MCO (PWD)	Yes X	No
b.	Qualified Applicants for MCO (PWTD)	Yes X	No

Based on a review of the AFD, triggers exist for the following mission-critical occupations:

PWD:

0403 – Microbiology (0.0%) 2.1% benchmark

PWTD:

0343 – Management and Program Analysis (5.0%) 5.4% benchmark

0401 – General Biological Science (1.7%) 3.6% benchmark

0403 – Microbiology (0.0%) 1.6% benchmark

0601 – General Health Science (1.7%) 2.6% benchmark

Other Occupations - (2.7%) 3.0% benchmark

4. Using the **qualified applicant pool** as the benchmark, do triggers exist for PWD and/or PWTD among employees **promoted** to any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below.

- | | | |
|------------------------------|-------|----|
| a. Promotions for MCO (PWD) | Yes X | No |
| b. Promotions for MCO (PWTD) | Yes X | No |

Based on a review of the AFD, triggers exist for the following mission-critical occupations:

PWD:

- 0401 – General Biological Science (3.4%) 8.6% benchmark
- 0602 – Medical Officer (10.0%) 20.0% benchmark
- 1530 – Statistician (0.0%) 6.0% benchmark

PWTD:

- 0343 – Management and Program Analysis (4.7%) 5.4% benchmark
- 0401 – General Biological Science (0.0%) 1.7% benchmark
- 0601 – General Health Science (0.5%) 1.7% benchmark
- 0602 – Medical Officer (0.0%) 20.0% benchmark
- 0685 – Public Health Program Specialist (1.9%) 3.6% benchmark
- 1530 – Statistician (0.0%) 2.4% benchmark
- 2210 – Information Technology Specialist (0.0%) 12.9% benchmark

Section IV: Plan to Ensure Advancement Opportunities for Employees with Disabilities

Pursuant to 29 C.F.R §1614.203(d)(1)(iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

A. Advancement Program Plan

Describe the agency’s plan to ensure PWD, including PWTD, have sufficient opportunities for advancement.

CDC is committed to supporting the career advancement of Persons with Disabilities, Persons with Targeted Disabilities, and disabled veterans within the organization. Examples of such commitment in the past year include, but are not limited to:

- a. Distribution of vacancy announcements, training opportunities, and detail positions broadly throughout CDC.

- b. Training Hiring Officials about hiring, retaining, and converting qualified PWDs using the Special Hiring Authorities.
- c. Conducting data analyses to understand the representation of PWDs within the CDC workforce, to identify potential barriers to advancement, and to develop effective strategies to improve the advancement of PWDs within the workforce.
- d. Encouraging employees to participate in various mentorship programs, such as the Mentoring Circle for Employees and Veterans with Disabilities.
- e. Educating the workforce on available resources for disabled veterans via multiple communication channels within CDC and externally (e.g., Feds Hire Vets).
- f. Promoting participation in and support for disability and veteran-specific Employee Resource Group (ERG) among employees, including the CDC/ATSDR Military Veterans Professional (MVP) Employee Association and Disability Interest Group (DIG).

B. Career Development Opportunities

Please describe the career development opportunities that the agency provides to its employees.

CDC offers several programs, tools, resources, and opportunities to support professional growth and advancement for all employees. The cornerstone of the agency's efforts to support professional development is the Individual Development Plan (IDP). Development of the IDP facilitates two-way communication between employees and supervisors about short and long-term goals for advancement. Additional services, tools, and resources include:

- a. Instructor-led and self-guided trainings
- b. Competency modeling and gap assessments
- c. Career map development and individual development plans
- d. Formal and Informal Coaching and Mentorships
- e. Temporary details and other career development opportunities, such as Long-Term Education Program, which allows federal employees to receive full-time training through non-government entities for up to two years.

In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/approval to participate.

Career Development Opportunities	Total Participants Applicants	Total Participants Selectees	PWD Applicants (%)	PWD Selectees (%)	PWTD Applicants (%)	PWTD Selectees (%)
Internship Programs	0	0	0	0	0	0
Fellowship Programs	0	0	0	0	0	0
Mentoring Programs	11	11	.088	.088	0	0
Coaching Programs	325	325	1.415	1.415	1.02	1.02
Training Programs	228	228	2.3	2.21	2.551	2.551
Detail Programs	0	0	0	0	0	0
Other Career Development Programs	Unknown	12	N/A	.088	N/A	0

Do triggers exist for PWD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

- a. Applicants (PWD) Yes No N/A x
- b. Selections (PWD) Yes No N/A x

Data are not available to complete a comprehensive assessment of participation by PWD. In addition, participation in all training and career development activities was lower than past years due to COVID-19 restrictions.

Do triggers exist for PWTD among the applicants and/or selectees for any of the career development programs identified? (The appropriate benchmarks are the relevant applicant pool for applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

C. AWARDS

- a. Applicants (PWTD) Yes No N/A X
- b. Selection (PWTD) Yes No N/A X

Data are not available to complete a comprehensive assessment of participation by PWTD.

A. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for any level of the time-off awards, bonuses, or other incentives? If “yes”, please describe the trigger(s) in the text box.

- | | | |
|---|-------|----|
| a. Awards, Bonuses, & Incentives (PWD) | Yes X | No |
| b. Awards, Bonuses, & Incentives (PWTD) | Yes X | No |

PWD:

Cash Awards
 \$3000-3999 (11.9%) 13.8% benchmark
 \$4000-4999 (7.1%) 8.7% benchmark
 \$5000+ (5.8%) 10.4% benchmark

Time Off Awards
 1-10 Hours (7.6%) 8.5% benchmark

PWTD:

Cash Awards
 \$3000-3999 (10.5%) 13.8% benchmark
 \$4000-4999 (4.8%) 8.7% benchmark
 \$5000+ (5.3%) 10.4% benchmark

Time Awards
 11-20 Hours (7.5%) 8.0% benchmark
 21-30 Hours (6.1%) 6.5% benchmark

Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for quality step increases (QSI) or performance-based pay increases? If “yes”, please describe the trigger(s) in the text box.

- | | | |
|-------------------------|-------|------|
| a. Pay Increases (PWD) | Yes | No X |
| b. Pay Increases (PWTD) | Yes X | No |

Yes, 18.0% of PWTDs received a QSI/Performance-Based Pay Increase (PBPI) which is below the 18.8% benchmark.

If the agency has other types of employee recognition programs, are PWD and/or PWTD recognized disproportionately less than employees without disabilities? (The appropriate benchmark is the inclusion rate.) If “yes”, describe the employee recognition program and relevant data in the text box.

- | | | |
|--------------------------------------|-----|----|
| a. Other Types of Recognition (PWD) | Yes | No |
| N/A X | | |
| b. Other Types of Recognition (PWTD) | Yes | No |
| N/A X | | |

No data available.

D. Promotions

Does your agency have a trigger involving PWD among the qualified *internal* applicants and/or selectees for **promotions** to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) below:

a. SES			
i. Qualified Internal Applicants (PWD)	Yes		No X
ii. Internal Selections (PWD)	Yes		No X
b. Grade GS-15			
i. Qualified Internal Applicants (PWD)	Yes X		No
ii. Internal Selections (PWD)	Yes		No X
c. Grade GS-14			
i. Qualified Internal Applicants (PWD)	Yes X		No
ii. Internal Selections (PWD)	Yes		No X
d. Grade GS-13			
i. Qualified Internal Applicants (PWD)	Yes		No X
ii. Internal Selections (PWD)	Yes		No X

PWD Internal Applicants:

- a. Promotions to GS-15 positions were as follows:
 - i. Among Qualified Internal Applicants for Promotions (4.5%) 5.2% benchmark

- b. Promotions to the GS-14 positions were as follows:
 - i. Among Qualified Internal Applicants for Promotions (6.0%) 6.2% benchmark

Does your agency have a trigger involving PWTD among the qualified *internal* applicants and/or selectees for **promotions** to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

a. SES			
i. Qualified Internal Applicants (PWTD)	Yes		No X
ii. Internal Selections (PWTD)	Yes		No X
b. Grade GS-15			
i. Qualified Internal Applicants (PWTD)	Yes		No X
ii. Internal Selections (PWTD)	Yes X		No
c. Grade GS-14			
i. Qualified Internal Applicants (PWTD)	Yes X		No
ii. Internal Selections (PWTD)	Yes X		No
d. Grade GS-13			
i. Qualified Internal Applicants (PWTD)	Yes		No X
ii. Internal Selections (PWTD)	Yes		No X

PWTD Internal Applicants:

- a. Promotions to GS-14 positions were as follows:
 - i. Among Qualified Internal Applicants for Promotions (2.0%) 2.1% benchmark
 - ii. Among Internal Selections for Promotions (1.0%) 2.0% benchmark

3. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the **new hires** to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

a. New Hires to SES (PWD)	Yes		No X
b. New Hires to GS-15 (PWD)	Yes		No X
c. New Hires to GS-14 (PWD)	Yes		No X
d. New Hires to GS-13 (PWD)	Yes		No X

4. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the **new hires** to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box.

a. New Hires to SES (PWTD)	Yes X		No
b. New Hires to GS-15 (PWTD)	Yes X		No
c. New Hires to GS-14 (PWTD)	Yes X		No
d. New Hires to GS-13 (PWTD)	Yes		No X

New Hires to SES: 0.0% with a 5.4% benchmark

New Hires to GS-15: 0.0% with a 1.0% benchmark

New Hires to GS-14: 0.0% with a 1.7% benchmark

5. Does your agency have a trigger involving PWD among the **qualified internal applicants** and/or selectees for **promotions** to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

a. Executives			
i. Qualified Internal Applicants (PWD)	Yes X		No
ii. Internal Selections (PWD)	Yes		No X
b. Managers			
iii. Qualified Internal Applicants (PWD)	Yes		No X
iv. Internal Selections (PWD)	Yes		No X
c. Supervisors			
i. Qualified Internal Applicants (PWD)	Yes X		No
ii. Internal Selections (PWD)	Yes		No X

Triggers Among Qualified Internal Applicants for Promotions to Supervisory Positions (PWD) with Total Applicants as Benchmarks

Executive: 4.4% with a 5.2% benchmark

Supervisor: 0.0% with a 18.2% benchmark

6. Does your agency have a trigger involving PWTD among the **qualified internal applicants** and/or selectees for **promotions** to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box.

a. Executives			
i. Qualified Internal Applicants (PWTD)	Yes		No X
ii. Internal Selections (PWTD)	Yes X		No
b. Managers			
i. Qualified Internal Applicants (PWTD)	Yes		No X
ii. Internal Selections (PWTD)	Yes X		No
c. Supervisors			
i. Qualified Internal Applicants (PWTD)	Yes X		No
ii. Internal Selections (PWTD)	Yes		No X

Triggers Among Qualified Internal Applicants for Promotions to Supervisory Positions (PWTD) with Total Applicants as Benchmark

Supervisor: 0.0% with a 9.1% benchmark

Triggers Among Internal Selections for Promotions to Supervisory Positions (PWTD) with Qualified Applicants as Benchmark.

Executive: 1.7% with a 2.5% benchmark

Manager: 0.0% with a 2.6% benchmark

Using the total applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for **new hires** to supervisory positions? If "yes", describe the trigger(s) in the text box.

- | | | |
|------------------------------------|-------|------|
| a. New Hires for Executives (PWD) | Yes | No X |
| b. New Hires for Managers (PWD) | Yes X | No |
| c. New Hires for Supervisors (PWD) | Yes | No X |

Triggers Among New Hires to Supervisory Positions with Total Applicants as the Benchmark
Manager: 3.6% with a 3.8% benchmark

Using the total applicant pool as the benchmark, does your agency have a trigger involving PWTD among the selectees for **new hires** to supervisory positions? If "yes", describe the trigger(s) below:

- | | | |
|-------------------------------------|-----|------|
| a. New Hires for Executives (PWTD) | Yes | No X |
| b. New Hires for Managers (PWTD) | Yes | No X |
| c. New Hires for Supervisors (PWTD) | Yes | No X |

7. Using the **qualified applicant pool** as the benchmark, does your agency have a trigger involving PWD among the selectees for **new hires** to supervisory positions? If “yes”, describe the trigger(s) in the text box.

- | | | |
|------------------------------------|-------|------|
| a. New Hires for Executives (PWD) | Yes | No X |
| b. New Hires for Managers (PWD) | Yes X | No |
| c. New Hires for Supervisors (PWD) | Yes | No X |

Triggers Among New Hires to Supervisory Positions with Qualified Applicants as the Benchmark
Managers: 0.0% with a 3.6% benchmark

8. Using the **qualified applicant pool** as the benchmark, does your agency have a trigger involving PWTD among the selectees for **new hires** to supervisory positions? If “yes”, describe the trigger(s) in the text box.

- | | | |
|-------------------------------------|-------|------|
| a. New Hires for Executives (PWTD) | Yes X | No |
| b. New Hires for Managers (PWTD) | Yes X | No |
| c. New Hires for Supervisors (PWTD) | Yes | No X |

Triggers Among New Hires to Supervisory Positions with Total Applicants as the Benchmark
Executives: 0.0% with a 0.8% benchmark
Managers: 0.0% with a 0.9% benchmark

Section V: Plan to Improve Retention of Persons with Disabilities

To be a model employer for persons with disabilities, agencies must have policies and programs in place to retain employees with disabilities. In this section, agencies should: (1) analyze workforce separation data to identify barriers retaining employees with disabilities; (2) describe efforts to ensure accessibility of technology and facilities; and (3) provide information on the reasonable accommodation program and workplace personal assistance services.

A. Voluntary and Involuntary Separations

In this reporting period, did the agency convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service (5 C.F.R. § 213.3102(u)(6)(i))? If “no”, please explain why the agency did not convert all eligible Schedule A employees.

Yes No X N/A

Over 70% of eligible Schedule A employees that successfully completed the two-year trial were converted to a career-conditional appointment. Other eligible Schedule A employees were converted to another Schedule A appointment.

Using the inclusion rate as the benchmark, did the percentage of PWD among voluntary and involuntary separations exceed that of persons without disabilities? If “yes”, describe the trigger below.

- | | | |
|----------------------------------|-----|------|
| a. Voluntary Separations (PWD) | Yes | No X |
| b. Involuntary Separations (PWD) | Yes | No X |

Using the inclusion rate as the benchmark, did the percentage of PWTD among voluntary and involuntary separations exceed that of persons without targeted disabilities? If “yes”, describe the trigger below.

- | | | |
|-----------------------------------|-----|------|
| a. Voluntary Separations (PWTD) | Yes | No X |
| b. Involuntary Separations (PWTD) | Yes | No X |

If a trigger exists involving the separation rate of PWD and/or PWTD, please explain why they left the agency using exit interview results and other data sources. N/A

B. [Accessibility of Technology and Facilities](#)

Pursuant to 29 C.F.R. § 1614.203(d)(4), federal agencies are required to inform applicants and employees of their rights under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794(b), concerning the accessibility of agency technology, and the Architectural Barriers Act of 1968 (42 U.S.C. § 4151-4157), concerning the accessibility of agency facilities. In addition, agencies are required to inform individuals where to file complaints if other agencies are responsible for a violation.

Please provide the internet address on the agency’s public website for its notice explaining employees’ and applicants’ rights under Section 508 of the Rehabilitation Act, including a description of how to file a complaint.

An individual that desires to file a complaint can [Report an Accessibility Problem](#).

Please provide the internet address on the agency’s public website for its notice explaining employees’ and applicants’ rights under the Architectural Barriers Act, including a description of how to file a complaint.

View information on the [Architectural Barriers Act](#) for access to facilities.

Describe any programs, policies, or practices that the agency has undertaken, or plans on undertaking over the next fiscal year, designed to improve accessibility of agency facilities and/or technology.

CDC is committed to complying with federal regulations to improve and advance accessibility of its facilities and technology. Agency leaders from OEEO, the Office of Safety, Security, and Asset Management, the Office of the Chief Information Officer, as well as the Disability Interest Group (employee resource group) collaborate frequently to proactively identify and improve accessibility of agency facilities and/or technology.

C. Reasonable Accommodation Program

Pursuant to 29 C.F.R. § 1614.203(d)(3), agencies must adopt, post on their public website, and make available to all job applicants and employees, reasonable accommodation procedures.

Please provide the average time frame for processing initial requests for reasonable accommodations during the reporting period. (Please do not include previously approved requests with repetitive accommodations, such as interpreting services.)

The RA program managed 240 requests for reasonable accommodations in FY 2021, with 97% closed within 60 days of receiving qualifying information.

Describe the effectiveness of the policies, procedures, or practices to implement the agency's reasonable accommodation program. Some examples of an effective program include timely processing requests, timely providing approved accommodations, conducting training for managers and supervisors, and monitoring accommodation requests for trends.

[FY 2021 Reasonable Accommodations Accomplishments/New Initiatives Report](#)

The top three accommodations provided were related to:

- a. General Equipment
- b. Modified Work Schedules
- c. Other than coach class travel

Accomplishments:

- a. Conducted 30 reasonable accommodation trainings in a virtual setting with over 1,429 staff in attendance.
- b. Partnered with the Office of Safety, Security, and Asset Management on "Improving Work from Home (Ergo)" to support remote and telework employees.
- c. Participated in the CDC Return to the Workplace webinar series to educate employees on planning for accessibility (e.g., reasonable accommodation, 508 compliance) when returning to the workplace.
- d. Launched a new and improved Accommodation Tracking System (ATS). This online system allows employees to initiate and track requests for RA. Real-time tracking indicators allow staff to review the progress of requests, and modifications can be made at any point in the process by requestors, managers, or RA staff.

Personal Assistance Services Allowing Employees to Participate in the Workplace

Pursuant to 29 C.F.R. § 1614.203(d)(5), federal agencies, as an aspect of affirmative action, are required to provide personal assistance services (PAS) to employees who need them because of a targeted disability, unless doing so would impose an undue hardship on the agency.

Describe the effectiveness of the policies, procedures, or practices to implement the PAS requirement. Some examples of an effective program include timely processing requests for PAS, timely providing approved services, conducting training for managers and supervisors, and monitoring PAS requests for trends.

The PAS Policy was approved in August 2019. There were no requests for PAS in FY 2021.

Section VI: EEO Complaint and Findings Data

A. EEO Complaint data involving Harassment

During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the government-wide average?

Yes No X N/A

During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?

Yes No X N/A

If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year, please describe the corrective measures taken by the agency. Not applicable as there were no findings of discrimination.

B. EEO Complaint Data involving Reasonable Accommodation

During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable accommodation, as compared to the government-wide average?

Yes No X N/A

During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement?

Yes No N/A

If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.

Not applicable as there were no findings of discrimination.

Section VII: Identification and Removal of Barriers

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?

Yes No N/A

Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?

Yes No N/A

Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), Responsible official(s), planned activities, and, where applicable, accomplishment(s).

Current Identified Trigger(s)

Please explain the factor(s) that prevented the agency from timely completing any of the planned activities. **N/A**

For the planned activities that were completed, please describe the actual impact of those activities toward eliminating the barrier(s). **N/A**

If the planned activities did not correct the trigger(s) and/or barrier(s), please describe how the agency intends to improve the plan for the next fiscal year. **N/A**

PARTS A - D

PART A: Department of Agency Identifying Information

1. **Agency:** Department of Health and Human Services (DHHS)
 - a. **2nd level reporting component:** Centers for Disease Control and Prevention (CDC)
 - b. **3rd level reporting component:** N/A
 - c. **4th level reporting component:** N/A
2. **Address:** 1600 Clifton Road
3. **City, State, Zip Code:** Atlanta, GA 30329
4. **Agency Code(s):** CDC HE39 / ATSDR HE35
5. **FIPS code(s):** GA 13089 / MD 24033 / OH 39061 / WV 54061 / PA 42003

PART B: Total Employment

1. **Enter total number of permanent full-time and part-time employees:** 9,933
2. **Enter total number of temporary employees:** 1,554
3. **Enter total number of employees paid from non-appropriated funds:**
4. **TOTAL EMPLOYMENT [add lines 1 through 3]:** 11,487

PART C: Agency Official(s) Responsible for Oversight of EEO Programs(s)

1. **Head of Agency / Official Title:** Rochelle P. Walensky, MD, MPH
Director, CDC/Administrator, ATSDR
2. **Agency Head Designee:** Robin D. Bailey, Jr., MA, Chief Operating Officer, CDC/ATSDR
3. **Principal EEO Director:** Reginald R. Mebane, Director, Office of Equal Employment Opportunity (OEEO); 770-488-3227; RMebane@cdc.gov
4. **Affirmative Employment Program Official:** Y. Teresa Brown, Affirmative Employment Program Manager (Acting), OEEO, 404-498-6606; YBrown1@cdc.gov
5. **Complaint Processing Program Manager:** DeAnna Arcement, Complaints Manager, OEEO; 770-488-3215; DArcement@cdc.gov
6. **Diversity and Inclusion Officer:** James Nelson, Chief Diversity Officer, OEEO; 770-488-3171; JNelson2@cdc.gov
7. **Hispanic Program Manager (SEPM):** Marguaree Durden Pyoas, EEO Specialist, OEEO; 770-488-3256; MPyoas@cdc.gov
8. **Women's Program Manager (SEPM):** Sara A Thompson, EEO Specialist, OEEO; 404-718-2520; SThompson5@cdc.gov
9. **Disability Program Manager:** Davedra Pierce, EEO Specialist, OEEO; 770-488-1003; DPierce@cdc.gov
10. **Reasonable Accommodation Program Manager:** Anthony Stockton, RA Manager, OEEO; 770-488-3204; AStockton@cdc.gov
11. **Anti-Harassment Program Manager:** Casey Redding, Harassment Prevention Advisor, OCOO; 404-639-0752

- 12. ADR Program Manager:** Dana P. Williams, ADR Manager, OEEO; 770-488-3233;
DPWilliams@cdc.gov
- 13. Principal MD-715 Preparer:** Lechelle Simmons, Program Analyst, OEEO; 404-718-8088;
LSimmons@cdc.gov
- 14. Other:** Y. Teresa Brown, Associate Director for Policy, OEEO; 404-498-6606;
YBrown1@cdc.gov

PART D: List of Subordinate Components Covered in this Report

N/A

EEOC Forms and Documents Included with this Report Required:

- **Attachment 1:** [CDC Organizational Chart - Eff. April 19, 2022](#)
- **Attachment 2:** [CDC and ATSDR Policy Statement on Equal Employment Opportunity](#)
- **Attachment 3:** [CDC and ATSDR Policy Statement on Alternative Dispute Resolution](#)
- **Attachment 4:** [CDC 2022 - 2027 Strategic Plan](#)
- **Attachment 5:** [CDC and ATSDR Anti-Harassment Policy and Procedure](#)
- **Attachment 6:** [CDC and ATSDR Policy Statement on Reasonable Accommodations](#)
- **Attachment 7:** [Personal Assistance Services Policy](#)

Additional Supporting Documents Included with this Report

- **Attachment 8:** [CDC and ATSDR Policy on Diversity and Inclusion](#) [CDC and ATSDR Policy Statement on Diversity, Equity, Inclusion, and Accessibility](#)
- **Attachment 9:** [CDC and ATSDR EEO Strategic Plan 2020 - 2024](#)