EEOC FORM 715-02 PART A - D	*U.S. Equal Employment Opportunity Commission* FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT

HHS Food and Drug Administration	For period covering October 1, 2018 to September 30, 2019

PART A Department or Agency Identifying Information

1.	**Agency**			**1.**	HHS Food and Drug Administration		
1.a	2nd level reporting component				Office of Equal Employment		
2.	Address			**2.**	10903 New Hampshire Avenue		
3.	City, State, Zip Code			**3.**	Silver Spring, MD 20993		
4.	Agency Code	**5.**	FIPS code(s)	**4.**	HE36	**5.**	112

PART B Total Employment

1.	Enter total number of permanent full-time and part-time employees	**1.**	14669
2.	Enter total number of temporary employees	**2.**	825
3.	**TOTAL EMPLOYMENT [add lines B 1 through 2]**	**4.**	15494

PART C

Agency Official(s) Responsible For Oversight of EEO Program(s)

Title Type	Name	Title
Head of Agency	Dr. Stephen M. Hahn	FDA Commissioner
Head of Agency Designee	Dr. Amy Abernethy	Principal Deputy Commissioner
Principal EEO Director/Official	LaKeisha McClendon	Acting EEO Director
Complaint Processing Program Manager	Garren Diggs	Complaints Processing Team Lead
Diversity & Inclusion Officer	Bishop Buckley	Director of Diversity and Inclusion
Hispanic Program Manager (SEPM)	Corwyn Alvarez	Hispanic Program Manager
Women's Program Manager (SEPM)	Joyce Washington	Womens Program Manager
Disability Program Manager (SEPM)	Corwyn Alvarez	Disability Program Manager
Special Placement Program Coordinator (Individuals with Disabilities)	Anaury Angeles	Program Coordinator for Individuals with Disabilities
Reasonable Accommodation Program Manager	Robert Thomas	Reasonable Accommodation Program Team Lead
Anti-Harassment Program Manager	Shalisha Bazemore	Anti-Harassment Program Manager
ADR Program Manager	Lula Mae Gray	Deputy Ombudsman
Principal MD-715 Preparer	Zanethia Eubanks	Management Analyst
Other EEO Staff	Sandra Hewitt	EEO Specialist (Formal)
Other EEO Staff	LaToya Kess	EEO Specialist (Informal)
Other EEO Staff	Daniel Houston	EEO Specialist (Informal)
Other EEO Staff	Curtis Edwards	Lead EEO Specialist (Formal)

PART D List of Subordinate Components Covered in This Report	**Subordinate Component and Location (City/State)**	**Country**	**Agency Code**

EEOC FORMS and Documents	**Required**	**Uploaded**	
EEO Policy Statement	Y	Y	
Anti-Harassment Policy and Procedures	Y	Y	
Agency Strategic Plan	Y	Y	
Personal Assistance Services Procedures	Y	Y	
Alternative Dispute Resolution Procedures	Y	Y	
Reasonable Accommodation Procedure	Y	Y	
Organization Chart	Y	Y	
Results from most recent Federal Employee Viewpoint Survey or Annual Employee Survey	N	Y	
Disabled Veterans Affirmative Action Program (DVAAP) Report	N	Y	
Diversity Policy Statement	N	Y	
EEO Strategic Plan	N	N	
Federal Equal Opportunity Recruitment Program (FEORP) Report	N	N	
Human Capital Strategic Plan	N	N	

EXECUTIVE SUMMARY: MISSION

The mission of the Food and Drug Administration (FDA), is to: 1) protect the public health; 2) advance the public health by speeding innovation; 3) help the public get accurate, science-based information about the products FDA regulates; 4) regulate tobacco products; and 5) help prevent and respond to emerging public health threats. As we go about the complex tasks of regulating products and technologies that affect virtually every American and that comprise 20-25% of our national economy, we aim to be representatives and advocates of the diverse country we serve.

For more information on FDA's mission, vist: https://www.fda.gov/about-fda/what-we-do.

The vision of the FDA is to attract and retain a diverse workforce. The agency is committed to ensuring that the agency's workforce environment is free from discrimination and dedicated to the principles of equity and diversity for all of its employees. The FDA strives to attract, hire and retain a diverse, high-quality workforce where employees use their skills and abilities to accomplish the Agency's mission.

For more informaton on the Office of Equal Employment Opportunity, visit: https://www.fda.gov/about-fda/office-operations/office-equal-employment-opportunity

FDA is headquartered in Silver Spring, Maryland and is comprised of nine (9) centers (effective as of March 31, 2019). For more information on FDA's Organization, visit: https://www.fda.gov/about-fda/fda-organization

Office of the Commissioner (OC)

There are eleven (11) offices under the Office of the Commissioner

- The Immediate Office of the Commissioner provides:
  - policy making
  - progam direction
  - coordination
  - liaison
  - expert advice to agency leadership and programs in support of FDA's science-based regulatory work
- The Office of the Chief Counsel (OCC)
  - Oversees civil and criminal enforecement cases;
  - Defends challenges to provision of the Federal Food, Drug, and Cosmetic Act (FDCA);
  - Implements regulations, and FDA policies, initiatives, and decisions
- The Office of the Chief Scientist (OCS)
  - Provides strategic leadership, coordination, and expertise, supporting scientifc excellence, innovation and capacity to achieve FDA's public health mission
    - Comprised of the following offices:
      - Office of Counterterrorism and Emerging Threats (OCET)
      - Office of Health Informatics (OHI)
      - Office of Regulatory Science and Innovation (ORSI)
      - Office of Scientific Integrity (OSI)
      - Office of Minority Health (OMH)
      - National Center for Toxicological Research (NCTR)
- The Office of Clinical Policy and Programs (OCPP)
  - Supports the development of clinical programs that address key policy issues across the FDA's medical product centers
  - Develops, fosters and coordinates cross-center initiatives involving the design and implementation of FDA policy related to medical product development and evaluation
- The Office of the Executive Secretariat (OES)
  - Integrates critical Agency administrative and communication functions to ensure high-quality information is shared within the agency and with the Department of Health and Human Services (DHHS), the White House, other government organizations, and the public

EXECUTIVE SUMMARY: MISSION

- The Office of External Affairs
  - Serves as the central point of communication and education about the FDA's public health and regulatory activity
  - Advises the Commissioner, Deputy Commissioners and other key agency officials on FDA's communications to the media, Congress, and the general public on issues that affect agency-wide-programs, projects, strategies, partnerships and initiatives
- The Office of Food Policy and Response
  - Illustrates the breadth and complexity of the FDA's Food and Veterinary Medicine program's work and identifies priority initiatives
- The Office of Minority Health and Health Equity (OMHHE)
  - Increases the amount of clinicaltrial data available on racial and ethnic minorities
  - Strengthens FDA's ability to respond to minority health concerns
  - Promotes health and safety communication to minority populations who often experience low health literacy and/or speak English as a second language
- The Office of Operations (OO)
  - Ensures the timely and effective delivery of high quality and cost effective mission support services across the FDA and its centers
  - Coordinates emergency preparedness and response activities for incidents involving FDA-regulated products across FDA and its stakeholders.
    - Includes eleven (11) offices:
      - The Paper Reduction Act Office (PRA)
      - The Office of Equal Employment Opportunity
      - Office of Ethics and Integrity
      - Office of Enterprise Management
      - Office of Facilities, Engineering and Mission Support
      - Office of Finance, Budget and Acquisitions
      - Office of Human Capital Management
      - Office of Talent Solutions
      - Office of Information Management and Technology
      - Office of Planning and Evaluation
      - Office of Security and Emergency Management
- The Office of Policy, Legislation, and International Affairs (OPLIA)
  - Includes five (5) offices:
    - Economic Staff
    - Intergovernmental Affairs Staff (IGA)
    - Office of Legislation
    - Office of Global Policy and Strategy
    - Office of Policy
- The Office of Women's Health
  - Serves as the principal advisor to the Commissioner and other key agency officials on scientific, ethical, and policy issues relating to women's health
  - Provides leadership and policy direction for the agency regarding issues of women's health and coordinates efforts to establish and advance a woman's health agenda for the agency
  - Promotes the inclusion of women in clinical trials and the implementation of guidelines concerning the representation of women in clinical trials and the completion of sex/gender analysis

Center for Biologics Evaluation and Research (CBER)

- Regulates biological products for humanuse under applicable federal laws, including the Public Health Service Act and the Federal Food, Drug and Cosmetic Act;
- Protects and advances the public health by ensuring that biological products are safe and effective and available to those who need them; and
- Provides the public with information to promote the safe and appropriate use of biological products

Center for Devices and Radiological Health (CDRH)

- Protects and promotes the public health by assuring that patients and providers have timely and continued access to safe, effective, and high-quality medical devices and safe radiation-emitting products;

EXECUTIVE SUMMARY: MISSION

- Provides consumers, patients, their caregivers, and providers with understandable and accessible science-based information about the prodcuts they oversee;
- Facilitates medical device innovation by advancing regulatory science, providing industry with predictable, consistent, transparent, efficient regulatory pathways, and assuring consumer confidence in devices marketed in the United States

Center for Drug Evaluation and Research (CDER)

- Performes an essential public health task by making sure that safe and effective drugs are available to improve the health of people in the United States;
- Regulates over-the-counter and prescription drugs (including biological therapeutics and generic drugs)

Center for Food Safetey and Applied Nutrition (CFSAN)

- Provides services to consumers, domestic, and foreign industry and other outside groups regarding:
  - field programs
  - agency administrative tasks
  - scientific analysis and support
  - policy, planning and handling of critical issues related to food and cosmetics

Center for Tobacco Products (CTP)

- Oversees the implementation of the Family Smoking Prevention and Tobacco Control Act, which includes:
  - setting performance standards
  - reviewing premarket applications for new and modified risk tobacco products
  - requiring new warning labels
  - establishing and enforcing advertising and promotion restrictions

Center for Veterinary Medicine (CVM)

- Ensures and monitors the safety and effectiveness of animal drugs, animal food/feed, and animal food additives;
- Conducts research to help ensure the safety of animal drugs, food for animals, and food products made from animals; and
- Provides support to make animal drugs legally available for minor and major species

Office of Regulatory Affairs (ORA)

- Inspects regulated products and manufacturers;
- Conducts sample analyses of regulated products;
- Reviews imported products offered for entry into the United States

The Office of Regulatory Affairs (ORA) includes nine offices and 13 field laboratories located strategically across the United States and Puerto Rico, to support FDA's mission. FDA has established a permanent in-country presence in China, India, Europe, Latin America, the Middle-East, North Africa and Sub-Saharan Africa to better safeguard our food and medicine supply.

Oncology Center of Excellence (OCE)

- Helps to expedite the development of medical products oncologic and hematologic malignancies;
- Supports an integrated approach to their clinical evaluation

EXECUTIVE SUMMARY: ESSENTIAL ELEMENT A-F

NOTE: In line with HHS's efforts to develop a model EEO program, the headquarters along with the operating divisions (OpDiv) have been working together to assess the strengths and weaknesses of our EEO and diversity programs. This enhanced partnership began when a new HHS Deputy EEO Officer and Director, Office of Equal Employment Opportunity, Diversity and Inclusion was appointed in 2019. Through this collaborative headquarters/OpDiv effort, we have identified deficiencies specifically related to the integrity of our data and data systems. These data deficiencies were further accentuated by HHS's recent transition to a new human resources system, the Enterprise Human Capital Management System (EHCM), and by the EEOC's changes to the required 2.0 data tables.

We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department's data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment.

As of January 2020, FDA appointed an Acting EEO Director who is working to provide an in-depth gap analysis of the EEO activies in order to provide a roadmap for the agency to become a model EEO program and to further develop diversity and inclusion programs and opportunities for applicants and employees.

The FDA, Office of Operations (OO), has undertaken a wide-ranging strategic planning effort focused on enhancing its strategic partnership with customers, anticipating their needs and balancing competing priorities to support effective mission accomplishment. The OO's vision is to provide excellence and innovation in delivering mission support services and emergency prepardness and response.

The OO supports the delivery of FDA's mission by:
- Serving as a strong strategic partner to our customers, helping them solve problems and proactively anticipate challenges;
- Collaborating,with team members that shares knowledge, holds ourselves accountable and celebrates our successes;
- Demonstrating commitment from agency leadership;
- Integrating the OEEO into the agency's strategic mission;
- Managing program accountability;
- Proactively preventing unlawful discrimination; and
- Providing efficacy, responsiveness and legal compliance

For Management Permanent Employees, several ethnicities are above their individual Civilian Labor Force (CLF) percentages, they are:
- White Females;
- Black Males;
- Black Females;
- Asian Males; and
- Asian Females

For Non-Management Permanent Employees, the ethnicities that are above their individual CLF percentages are:
- Black Females;
- Asian Males; and
- Asian Females

FDA has little to no representation for Native Hawaiian/Pacific Islanders and individuals with Two or More races. One of the reasons why the data reflects low or no representation in certain ethnicities is because employees are responsible for self-identifying their ethinic preferences during the onboarding process within the agency. This self-identification can cause higher representation for some ethnicities and lower representation in others, as well as, employees who are people with disabilities (PWD) and people with targeted disabilities (PWTD). FDA only captures disability status at the time of entry in the agency. Disability statuses may change over time while an employee is employed by the agency that may not be reflected in the data. Employees may feel that they have a better opportunity for being hired, promoted, or retained within the agency if they do not disclose whether or not they are disabled. The FDA will be investigating how employees and applicants self-identify and disclose whether or not they have disabilities to further promote unbiased hiring practices.

EXECUTIVE SUMMARY: ESSENTIAL ELEMENT A-F

EXECUTIVE SUMMARY: WORKFORCE ANALYSES

In FY19, the FDA total workforce data generated from HHS included the following:

- **15,494 total employees**;
- **14,669** (**94.68%** of all FDA employees represented the permanent workforce);
- **825** (**5.32%** of all FDA employees represented the temporary workforce);
- **1,260 Veterans** (**8.13%** of the workforce);
- **1,117 Commissioned Corps** (**6.98%** of the workforce);
- **82%** of the workforce have a Bachelors degree or higher;
- **12.85%** of the workforce are managers or supervisors;
- **47** was the **average age** of employees**;**
- **14** years of service was the average length of service;
- **69.02%** of employees occupied grades (13-15)

GS (00-05)	**0.42%**
GS (06-08)	**2.02%**
GS (09-12)	**20.33%**
GS (13-15)	**69.02%**
SES (AA,AL,ES,EX,IG,RF,RS,S	**0.78%**
Wage	**0.08/%**
Other (Permanent Administratively Determined)	**0.37%**

The Top 5 Occupations at FDA for FY19:

Series	Position Title	# of Employees
0696	Consumer Safety	3,399
0301	Misc Admin/Program	2,003
0601	Gen Health Science	1,426
1320	Chemistry	1,259
0343	Management Analyst	1,239
Others		6,688

As of September 30, 2019, FDA's total workforce (permanent and temporary employees) decreased by 273 people from 15,767 in FY18 to 15,494 in FY19. The Permanent Workforce (full-time and part-time employees) decreased by 78 people going from 14,747 in FY18 to 14,669 in FY19. The Temporary Workforce decreased by 195 people in FY19, going from 1,020 empoyees in FY18, to 825 people in FY19. **For more detailed information, please reference the Permanent Workforce At A Glance Report for FY19 in Supporting Documents.**

In FY18, FDA identified triggers within the following categories:

- Hispanic Males and Females;
- Black Males and Females; and
- White Males and Females

FDA also noted in FY19 less than expected participation rates for:

- Hispanics/Latinos (Males and Females);
- White (Males and Females);
- Native Hawaiians and Pacific Islanders (Males and Females);
- American Indian and Alaskan Natives (Males and Females);
- Two or more Races (Males and Females); and
- People with Disabilities (PWD) and People with Targeted Disabiltieis (PWTD)

Note: Some of the data reported above derived from the HHS total workforce report may be slighlty different from the

EXECUTIVE SUMMARY: WORKFORCE ANALYSES

A and B data from BIIS listed in the tables below.

FDA Statistics from the A and B tables within the Business Intelligence Information System (BIIS)

Permanent Workforce	Total Employees	Total Males	Total Females	CLF Males (51.86)	CLF Females (48.14)
FY18	14,747	5,750	8,997	38.99%	61.01%
FY19	14,669	5,697	8,972	38.84%	61.16%

	Permanent Workforce	Total Employees	Hispanic or Latino Males	Hispanic or Latino Females	White Males	White Females	Black Males	Black Females	Asian Males	Asian Females	Native Hawaiian/ Pacific Islander Males	Native Hawaiian/ Pacific Islander Females	American Indian or Alaskan Native Males
	FY18	14,747	261	346	3,428	4,518	842	2,503	1,179	1,573	0	0	38
	CLF FY18		1.77% (below CLF of 5.17%)	2.35% (below CLF 4.79%)	23.25% (below CLF 38.33%)	30.64% (below CLF 34.03%)	5.71% (above CLF 5.49%)	16.97% (above CLF 6.53%)	7.99% (above CLF of 1.97%)	10.67% (above CLF 1.93%)	O% (below CLF 0.07%)	O% below CLF 0.07%)	0.26% (below CLF 0.55%)
	FY19	14,669	258	346	3,348	4,424	854	2,497	1,195	1,644	0	0	40
	CLF FY19		1.76% (below CLF of 5.17%)	2.36% (below CLF 4.79%)	22.82% (below CLF 38.33%)	30.16% (below CLF 34.03%)	5.82% (above CLF 5.49%)	17.02% (above CLF 6.53%)	8.65% (above CLF of 1.97%)	11.21% (above CLF 1.93%)	O% (below CLF 0.07%)	O% (below CLF 0.07%)	0.27% (below CLF 0.55%)

Permanent Workforce	Total Employees	Total Management	Total Non-Management	Total Management for Males	Total Management for Females	Total Non-Management for Males	Total Non-Management for Females
FY19	14,669 (100%)	5,264 (35.89%)	9,405 (64.11%)	1,746	3,518	3,951	5,454
CLF				33.17% (below CLF 51.86%)	66.83% (above CLF 48.14%)	42.01% (below CLF 51.86%)	57.99% (above CLF 48.14%)

For Management Permanent Employees, the only ethnicities that are above their individual CLF are: White Females, Black Males and Black Females, Asian Males and Asian Females.

For Non-Management Permanent Employees, the only ethnicities that are above their individual CLF are: Black Females, Asian Males and Asian Females.

EXECUTIVE SUMMARY: WORKFORCE ANALYSES

Separation Data for FDA

Note: The percentage in this table demonstrates the number of employees who have departed from FDA and HHS in FY19. It **does not include** the number of employees who have departed from FDA and/or transferred to another HHS agency.

	Perm Work	Total Employ (TE)	Hispanic or Latino Males	Hispanic or Latino Females	White Males	White Females	Black Males	Black Females	Asian Males	Asian Females	Native Hawaiian/ Pacific Islander Males	Native Hawaiian/ Pacific Islander Females	
		14,669	258	346	3,348	4,424	854	2,497	1,195	1,644	0	0	
	Total Separations (TS)	554	11	8	147	190	28	92	42	35	0	0	
	Percentage (TS/TE)	3.78%	4.26%	2.31%	4.39%	4.29%	3.27%	3.68%	3.51%	2.13%	0%	0%	
	Total Separations from Each Ethnic Group/TS from FDA		11/554= 1.98%	8/554= 1.44%	147/554= 26.53%	190/554= 34.30%	28/554= 5.05%	92/554= 16.61%	42/554= 7.58%	35/554= 6.31%	0%	0%	

In FY19: 4.26% of the FDA Hispanic male workforce separated from the agency. This accounted for 1.98% of the total FDA separations.

- 2.31% of the FDA Hispanic female workforce separated from the agency. This accounted for 1.44% of the total FDA separations.
- 4.39% of the FDA White male workforce separated from the agency. This accounted for 26.53% of the total FDA separations.
- 4.29% of the FDA White female workforce separated from the agency. This accounted for 34.30% of the total FDA separations.
- 3.27% of the FDA Black male workforce separated from the agency. This accounted for 5.05% of the total FDA separations.
- 3.68% of the FDA Black female workforce separated from the agency. This accounted for 16.61% of the total FDA separations.
- 3.51% of the FDA Asian male workforce separated from the agency. This accounted for 7.58% of the total FDA separations.
- 2.13% of the FDA Asian female workforce separated from the agency. This accounted for 6.31% of the total FDA separations.
- 2.50% of the FDA American Indian or Alaskan Native male workforce separated from the agency. This accounted for 0.18% of the total FDA separations.
- 1.96% of the FDA American Indian or Alaskan Native female workforce separated from the agency. This accounted for 0.18% of the total FDA separations.

In FY19, FDA had more females (N=326) leave the agency than males (N=229).

Veterans Data (Permanent and Temporary Workforce)

FY18	No Disability	Not Identified	People with Disabilities (PWD)	People with Targeted Disabilities (PWTD)	Total
1,272	948	155	169	20	
FY19 **1,279**	**936**	**171**	**172**	**22**	

Separations (S)	77	8	13	2	98 = (
% (S/TS)	78.57%	8.16%	13.26%	2.04%	

Note: The highest number for PWTD in both FY18 and FY19 was Significant Psychiatric Disorder. PWTD is a subset of PWD and should not be counted again in the column for Total Separations (TS).

Out of the permanent and temporary population for Veterans, ~13.26% were PWD and ~2.04% (PWTD).

After reviewing the FY18 Applicant Flow Data and the MD 715 Agency Report, some centers identified triggers that may have negatively impacted the ability to effectively recruit, attract and retain qualified candidates. For example:

The Center for Drug Evaluation and Research (CDER) recognized that non-Caucasians are underrepresented in both STEM and administrative positions withiin their CDER workforce, including PWD and PWTD. These triggers have caused the center to develop more strategic partnerships, recruitment and, outreach efforts and educational opportunities for its internal and external audiences to address these triggers.

The Office of Regulatory Affairs (ORA) has 700 vacancies which they are attempting to fill utilizing different methods. In response to this personnel deficit, in 2019, ORA held its first direct-hire information session for Veterans and people with disabilities, to direct-hire qualified candidates for various administrative and scientific positions across ORA. Also in 2019, ORA was granted approval to have limited direct hire authority to fill 330 vacant CSO-696 positions.

The Center for Veterinary Medicine (CVM) identified triggers for lack of diversity in higher grades and fewer than expected people with disabilities (PWD). CVM understands that in order to prevent these triggers from becoming barriers they must put measures in place to address them. CVM is actively working to recruit PWD however since employees self-identify disability status upon entering the FDA their status may change over time, PWD status is likely to be underrepresented within the center.

Career Development within the Office of Human Capital Management (OHCM)

In FY19, the FDA mentoring program maintained **2,465** employees enrolled in the program, with **1,261 enrolled as mentees** and **1,204 enrolled as mentors.**

In FY19, FDA provided leadership development training and experiences as part of an FDA-wide Leadership Development Program (LDP) to 17 participants.

Below is demographic data for the Leadership Development Program (LDP) participants:

Gender	Cohort 1 (FY18)	Cohort 2 (FY19)
Female	15	12
Male	3	5

Race	Cohort 1 (FY18)	Cohort 2 (FY19)
Asian or Pacific Islander	1	3
Black or African-American	6	4
Hispanic or Latino	1	0
White	10	10

Veteran	Cohort 1 (FY18)	Cohort 2 (FY19)
Not a Veteran	18	15
Veteran	0	2

Disability	Cohort 1 (FY18)	Cohort 2 (FY19)
No Disability Reported	18	16
Non-Targeted Disability Reported	0	1

During FY19, FDA undertook significant actions to improve the recrutiment, selection, and hiring of People with Disabilities (PWD) and People with Targeted Disabilities (PWTD) as well as initiatives to develop a more diverse workforce.Below are accomplishments from centers within FDA.

In FY19, FDA developed and implemented plans to address triggers that may have been potential barriers.

CDER

Worked with strategic partners – 1) Department of Labor Workforce Recruitment Program (WRP) – to provide in-house training to the Center for Drug Evaluation and Research (CDER) recruiters, hiring managers, and human resource professionals on how to utilize the WRP website to advertise job opportunities to more than 1,800 pre-screened college students and recent graduates with disabilities, including veterans who are seeking internships and/or full-time employment. Also, how to effectively utilize the WRP website to promote job opportunities within CDER. 2) HHS and FDA Selective Placement Coordinators utilized WRP as a resource for talent sourcing to fill positions both competitively and non-competitively; 3) The FEDS Hire Vets Program was utilized via the Office of Personnel Management to recruit and attract talent; and to participate in recruitment and outreach activities such as – Hiring Our Heroes Career Fair, DC Mayor's Office – Veterans Career Fair, and Wounded Warriors Job Fair at Quantico Military base in Quantico, VA.

Internal Educational Training: Unconscious bias practices within the federal hiring application process have been recognized and addressed. CDER facilitated unconscious bias training for hiring managers and human resources professionals in CDER and CDRH offices between May 2019 through December 2019 to address soft skill gaps, unconscious bias and other issues

pertaining to effective and fair personnel management. Additional training sessions will be provided to other CDER offices. Also, the CDER Corporate Recruitment Team will host in-house training sessions for CDER-wide recruiters and managers to gain better understanding of the federal hiring application process and to help them become more engaged with job seekers during outreach activities – February 2020 through April 2020.

CDER developed External Educational Training: The CDER Corporate Recruitment Office will implement monthly standardized Find & Apply employment workshops (virtual and in-person) with CDER office spotlights for the general public and potential job seekers to gain a greater understanding of the many career paths and developmental programs available in CDER; and offering helpful tips on how to navigate USAJOBS; read and understand a federal job announcement; craft a robust federal resume/CV; nail the interview, and how to build a strong portfolio; and explore alternate CDER career paths and special hiring programs for students and recent graduates, veterans, military spouses, applicants with disabilities, national and community service volunteers, and eligible service family members. (Effective March 2020).

Strategic Partnerships: Due to low recruitment numbers for Hispanics, CDER Developed partnerships with five (5) organizations:

1. **Society for Advancement of Chicanos/Hispanics and Native Americans in Science (SACNAS)** - Initiated contact with the Strategic Partnerships & Development (SPD) Director, (SACNAS). The SPD Director will coordinate a meeting between CDER, CDER Employee Resource Group (ERG) - Hispanic/ Alliance for CDER Enhancement (HACE) representatives, and the SACNAS Executive Director of the Washington, DC Office. The goal is to develop an innovative government advisory committee to address diversity gaps across government.
2. **Notre Dame SChool of Pharmacy -** University of Maryland (Baltimore, MD) - Implement recruitment and outreach opportunities, which include career fairs (in-person and virtual) to promote CDER as an employer of choice. The Notre Dame student population consists of underrepresented groups, including Hispanics. CDER will participate in the Notre Dame School of Pharmacy – Spring Career Fair, in addition to, hosting an open house event for high school students interested in pharmacy students and other internship opportunities.
3. **CDER/Employee Resource Group (ERG) Military Alliance** - collaborate with Military Alliances to build our employer brand and raise awareness with transition service members and active duty military personnel.
4. **HHS/Office of Religious Freedom, in addition to, local and national Faith-Based Organizations and Community Programs** - in an effort to raise awareness and building our employer brand by meeting talent where they worship and live.
5. **Department of Labor Workforce Recruitment Program (WRP)** - to provide in-house training to CDER recruiters, hiring managers and human resource professionals on how to utilize the WRP website to advertise job opportunities to more than 1,800 pre-screened college students and recent graduates with disabilities, including Veterans who are seeking internships and/or full-time employment.

Recruitment and Outreach: CDER continued to collaborate with both local and national Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs) and Military Installations to attract and recruit talent within the federal government and with a primary focus on CDER offices. However, CDER is working to expand its audience base by including Military Installations, faith-based organizations and community programs. Please reference 1c. Education/Training (External) element . CDER will attend two major STEM conferences as an exhibitor and conduct “PopUp” employment workshops at the American Biomedical Research Conference for Minority Students (ABRCMS) and SACNAS targeting minority audiences. During the visitation, a minimum of (2) two “PopUp” employment workshops will be conducted with students at local colleges/universities, including military installations within a 30-mile radius of scheduled events.

CDRH

The Center for Devices and Radiological Health (CDRH) participated in many programs and supported several initiatives designed to develop a more diverse recruitment pool. For instance, the CDRH Research Participation Program, Oak Ridge Institute for Science and Education (ORISE), established in 1994, supports CDRH’s national commitment to science education, strengthens CDRH’s scientific and technical base by leveraging the educational programs offered by academic institutions and

transferring knowledge and technology within the scientific community. CDRH currently has over 100 ORISE participants. The participants leverage a diverse pool of candidates to fill full time positions within the Center. Additionally, the CDRH External Expertise Program recruits external expertise to help build a diverse workforce by bringing in fellows and medical officers in much-needed areas of scientific and clinical expertise through the Specialized Experts Program (SEP) and the Medical Device Fellowship program (MDFP), to help foster collaborations with experts in the field, and to establish connections with academic institutions. In addition, CDRH continues to participate in hiring events to support and encourage the recruitment of a diverse workforce. CDRH participates in many other events at various academic institutions and with the medical industry. CDRH takes an “Everyone Recruits” approach which means that when staff are out working in public venues, they are expected to market the Center and offer a glimpse at opportunities for employment. This approach is helping CDRH to develop a very broad applicant pool amongst many different and diverse populations.

CFSAN

The Center for Food Safety and Nutrition (CFSAN) focused on strengthening relationships with local Colleges and Universities by offering three How to Apply for Federal Jobs Workshops, to 60 students at Bowie State University in April, and in October 2019 to 25 STEM students at the University of MD School of Pharmacy in Baltimore, MD. CFSAN continued posting job announcements on the College/University Handshake profile page to continue building STEM relationships with a broader audience of nationwide Colleges and Universities. CFSAN worked with the OPM D&I Office on mentoring and participation in ERG's Summit to leverage, develop, and optimize the role of ERG Executive sponsors. CFSAN participated in the Bridges to Biotech onsite event on August 26, 2019 and collected resumes from more than 100 attendees with STEM-based PhD and MS levels including resumes from FDA employees whose contracts are terming out. ORISE Fellows were featured to promote Center specific jobs and to answer questions. CFSAN participated in the Special Placement Program Presentation: "FDA Resume Repository" training on April 24, 2019 to gain access to Veteran & Schedule A resumes, and to assist hiring managers with identifying qualified candidates. CFSAN has actively used the FDA Resume Repository resource since the implementation of the system. CFSAN participated in the Ft. Meade/MWR Military Spouse Job Fair on May 22, 2019.CFSAN's internal mentoring program is open to all CFSAN employees. CFSAN conducts a midpoint and an after-action reviews of their process. There is no selection committee for this formal mentoring program.

CTP

The Center for Tobacco Products (CTP) approached hiring practices using the traditional hiring authorities. However, removing barriers such as limited awareness of the process for Schedule A hiring among managers has created opportunities for growth. To increase our employee Schedule A population, the Corporate Recruitment Team and Strategic Recruitment Team partner together to provide education and resources to hiring managers on the Schedule A authority. The Corporate Recruitment Team provides a streamlined approach and proactively provides Schedule A resumes to hiring managers for targeted positions. Hiring managers can review resumes for candidates of interest and contact them directly for an interview after Human Resources has determined their eligibility. Selections are reported back to the Corporate Recruitment and Strategic Recruitment teams. Corporate Recruitment and Strategic Recruitment teams have identified several national and local conferences to help build awareness of job opportunities at CTP and collect resumes from Schedule A job seekers to share with hiring managers. Additionally, the Career Profile system is a cloud-based resume bank program to which Schedule A candidates can voluntarily upload their resume for the CTP Corporate Recruitment team to circulate among hiring managers. The program is available to the public at the CTP Jobs website, www.fda.gov/ctpjobs.

To collect workforce demographics, CTP conducts routine workforce analyses to identify demographic opportunities and areas of improvement while maintaining regular dialogue with hiring managers. There are a number of individual barriers experienced by staff with identified disabilities or other conditions requiring accommodation. CTP ensures that leadership demonstrates commitment for modeling behavior that advances diversity and inclusion. CTP participates in the FDA Diversity and Inclusion Steering Committee (DISC), the Diversity and Inclusion Advisory Committee (DIAC) and FDA’s Advisory Committee for Employees with Disabilities (ACED), ensuring that Senior Leadership is made aware of the updated Center demographics and is provided with the opportunity to analyze the data. CTP held a CTP-wide All Hands for Diversity and Inclusion in February 2019 and encourages Center leadership and staff to participate in CTP’s “Finding the Best in You” Career Development Program offering workshops and internal trainings designed to enhance employee engagement, foster inclusion, provide informal mentoring opportunities, and encourage career development conversations. Since January 2019 CTP has offered the following D&I specific trainings: Championing Diversity, Unconscious Bias, Leading Across Generations, Resolving Generational Conflict, and The Loudest Duck. CTP publishes a Diversity and Inclusion column in the OM quarterly newsletter, and frequently updates the CTP Diversity and Inclusion SharePoint site, which includes topical articles, ERG events and Work

Life resources. Additionally, CTP is committed to maintaining and building a diverse workforce through targeted outreach, recruitment and selection. CTP participated at multiple public-facing university and organization career fairs, including the Washington DC Bilingual and Diversity Career Fair. CTP uses targeted outreach of diverse outlets to promote job opportunities, including scientific societies and conferences, academic outlets and universities, diversity and inclusion and military-serving institutions.

In 2018, The Center for Tobacco Products (CTP) launched “Finding the Best in You” Career Development Program. The program consists of a series of bimonthly workshops that will be available for all CTP employee. Workshop topics include networking with colleagues, and initiating career conversations with supervisors, as well as peer and leadership panel discussions. These workshops are designed to build career awareness, enhance career development skills, increase employee engagement, foster inclusion, and develop relationships across various levels of the Center. CTP does offer an informal speed mentoring event as one of the workshops. This workshop is open to all CTP employees.

“The Finding Best in You” Career Development Program is informal and open to all employees. After each workshop, an evaluation is sent to participants. CTP continues to evaluate the program offerings based on feedback and interest. The Developing U Program is CTP’s Management Development Program. The management development certificate program has two tracks: current managers/supervisors; and aspiring leaders. Courses within the program are designed to meet the Office of Personnel Management (OPM) training requirements and CTP competencies for managers/supervisors and for develop aspiring leaders to become managers/supervisors. There are 127 participants in the manager/supervisor track and 172 participants in the aspiring leader track. Please see the attached spreadsheet for the list of participants in the program. Program participants evaluate each course after completion. Developing U is open to all managers/supervisors and employees who are at least a GS-13 or equivalent that meet the aspiring leader criteria.Opportunities within CTP are listed on the CTP Intranet page, CTP Administrative Resources SharePoint page and CTP Learning Hub (Learning Management System). Supervisory approval is not required for the manager/supervisor track. Supervisory approval is required for t he aspiring leader track. A CTP employee who meets the Developing U criteria (at least GS-13 or equivalent) can be enrolled at any time. They must have their Supervisor and Office Deputy Director's approval. All managers/supervisors are automatically enrolled in the program.

Strategies for targeted populations

- CTP conducts routine workforce analyses to identify demographic opportunities and areas of improvement while maintaining regular dialogue with hiring managers.
- CTP identifies and implements hiring strategies utilizing various recruitment tools to reduce the gap areas. Tools for sourcing Schedule A candidates include systems such as the CTP Career Profile, USAJOBS Resume Mining, LinkedIn, the Workforce Recruitment Program, OPM Bender List, the CTP Corporate Recruitment Resume Repository and the FDA Resume Repository. The Corporate Recruitment Team also selects and attends various conferences that prioritize diversity and inclusion of target populations, including minorities and candidates with disabilities. These partnerships are invaluable for maintaining strong relationships, particularly with those candidates working in the fields of positions that are high-priority and challenging to fill.

Communication Plan

- Identified areas of improvement and solutions are communicated to leadership and hiring managers. Hiring managers are provided with resources and direct lines to Human Capital liaisons for questions and issues. Special initiatives such as Schedule A and Veterans hiring initiatives are briefed to managers via Brown Bag sessions.
- The Corporate Recruitment team has a Request Form, which hiring managers complete with the assistance of their Strategic Recruitment representative, to indicate their needs for a potential candidate's education, background, and skills, as well as a list of marketing options for sourcing. Corporate Recruitment then sources Schedule A resumes for the hiring manager to review and interview.
- Continue to ensure that leadership and hiring managers are informed of all systems and processes available to source resumes of highly qualified PWD and PWTD candidates for CTP positions and provide for review both regularly and upon request.
- Continue to provide support to hiring managers and leadership by maintaining open lines of communication via email, phone, and in-person consultations with Human Capital representatives to answer questions about unique hiring authorities and mechanisms for bringing Schedule A candidates onboard. For example, in FY19, CTP created an Interviewing Techniques training module to increase understanding of proper interviewing techniques according to the Office of Personnel Management rules and Office of Human Resources guidance.
- Continue to advise leadership of targeted populations and available recruitment resources to fill these gaps via email, staff meetings, and Brown Bag sessions.

CVM

In FY19, CVM attended a variety of career fairs to attract a more diverse workforce. We will continue to attend career fairs, networking, and recruitment events at colleges, universities, and organizations that attract under-represented groups. In addition to career fairs, CVM posted advertisements as HBCU's. CVM continues to share vacancy announcements with targeted institutions and look for ways we can expand our reach. CVM is also reviewing ways to improve current processes involved with sharing vacancy announcements with: special interest, affinity, and employee resource groups (ERGs); colleges and universities with strong populations of under-represented groups; Minority professional groups.

To increase CVM's Hispanic workforce, CVM uses the Center's representative employment hashtag - #CVMCareers - as well as the Spanish translation of the phrase (#CVMCarreras) with all job-related Twitter communications. Starting in FY19, CVM hosted interns through the Hispanic Association of College and Universities (HACU) program and plans to expand the program for FY20/21.

The Center for Veterinary Medicine (CVM) promoted the use of non-competitive hiring authorities such as People with Disabilities Hiring Authority and the 30% Disabled Veterans Appointing Authority to its hiring managers.

CVM developed an automated Career and Student Profile System to complement its participation at hiring/career events. The CVM Career and Student Profile System allows the Center's recruitment staff to communicate in real-time with minority and/or underrepresented communities, veterans, and people with disabilities concerning available job and intern opportunities within the organization. The Profile System affords the Center the ability to systematically store the credentials of minorities, veterans, and disabled groups and notifying Center hiring managers of qualified candidates for their vacancies.

Internally, CVM has a strong developmental program and continues to grow the internal pipeline by offer mentoring, the CVM Experiential Leadership Program, leadership and supervisor development courses, and external Career Development opportunities. CVM continues to discuss the importance of diversity, inclusion, and unconscious bias with senior leadership and all employees. CVM promotes Employee Resource Groups, such as Blacks in Government, Federally Employed Women, and the Advisory Committee for Employees with Disabilities (ACED) which advocates and supports minorities and PWD.

CVM provides a wide variety of learning opportunities to educate the workforce, including hiring managers, on diversity, inclusion, and unconscious bias. In FY19, CVM developed a comprehensive hiring manager training program to help avoid biases during the hiring and interview processes. In addition to formal training, diversity learning events are held throughout the year such as CVM Diversity Day, diversity discussions, monthly diversity and inclusion exercises, a comprehensive monthly Diversity and Inclusion newsletter, and more. CVM also has a comprehensive Diversity and Inclusion SharePoint site and Toolbox that employees can use to learn about various topics at their own pace.

In terms of mentoring and career development, CVM advertises its mentoring program to all employees at the Center. All employees, regardless of their career stage, can participate as a mentor, a mentee, or both. All CVM employees are notified of

the program and can participate based on their individual development needs after receiving supervisory approval. The mentoring program is a mixture of formal and informal, incorporating the best qualities of each into a cohesive program. Mentors are also formally trained in their roles, so they are prepared to mentor. Both mentors and mentees are provided with resources and support to help them through each stage of mentoring but are not prescribed a certain length of time for mentoring. In other words, mentoring lasts as long as the mentor and mentee agree it should last according to their needs. In addition, we evaluate the program to assess its effectiveness and determine if any changes need to be made.

Although CVM does not offer a formal career development program, the Center offers a leadership development framework that leverages external leadership development programs, such as those offered by the Office of Personnel Management (OPM) and Center for Creative Leadership (CCL), along with the Partnership for Public Service's Excellence in Government (EIG) Fellows program, and the Federal Executive Institute's Leadership for a Democratic Society (LDS). OPM and CCL programs are open to all employees. EIG is open to "high potential" GS-13s, GS-14s, and GS-15s (based on the provider's criteria). LDS is open to GS-15s, SES and Equivalents (based on the provider's criteria). There is no formal selection process to attend OPM and CCL training. For EIG, potential participants receive a message announcing the open season for applications. The Center Executive Board reviews all applications and decides who to approve for selection into the program. For LDS, participants are nominated by their Office Directors. The Center Executive Board reviews all nominees and decides who to approve for selection into the program.

NCTR

Towards the end of FY19, the National Center for Toxicological Research (NCTR) stood up a Diversity & Inclusion Committee (committee currently consists of 35 members). The Diversity Committee has established 3 sub-groups and is in the process of identifying strategies to support each of the 3 goals outlined in the FDA Diversity & Inclusion Plan. This includes strategies to improve the recruitment, selection, hiring, and inclusion of PWD. NCTR's formal mentoring program is open to all NCTR employees and is evaluated annually. Participants are matched based on background, area of interest, and grade level. In FY19, NCTR had one employee selected from the center to participate in FDA's Leadership Development Program. The program is highly competitive and only open to GS-14 and GS-15 level employees. It requires a formal interview and selection process.

ORA

In May of 2019, the Office of Regulatory Affairs (ORA) hosted a Veterans and Schedule A Information Fair for candidates. Further hiring efforts occurred from June through November 2019 where ORA attended and participated in two community jobs fairs accepting resumes from potential status employees and people with disabilities. One event was the Fort G. Meade Community Job Fair which was held on Wednesday, September 19, 2019 and the other was the Asian American Community Job Fair on October 5, 2019. In addition to community events, ORA attended four recruitment events at universities in 2019. ORA hiring managers partnered with the Office of Talent Solutions (OTS) to review resumes of status employees in an effort to streamline the hiring process and bring aboard three new Veteran/Schedule A hires.

The Office of Regulatory Affairs (ORA) in FY19 widely attended hiring and recruitment fairs to increase the number of Veterans, PWD, Minorities and qualified applicants in grades positions (GS-15, SL, SES, Title 42, CURES).

In FY19, ORA provided Diversity and Inclusion best practices training for 200 managers and 10 executives to raise awareness of Biases in the hiring process and how to recognize and mitigate bias in decision making. They also developed and socialized a D&I Manager Toolkit to guide them in fostering an inclusive workplace. The toolkit includes inclusive behavior-based interview questions. ORA also revised the standard language of job postings to make them more inclusive in an effort to attract a more diverse candidate pool as well as developed a workshop on Sustaining Inclusive Habits in the Workplace in an effort to improve New Inclusion Quotient (New I.Q.) index scores captured via FEVS data and to foster fairness, openness, cooperation, and empowerment throughout ORA. The center also amplified recruitment outreach efforts with 14 Health Communications/ Public Affairs Specialists attending recruitment events throughout FY19 and by sharing job announcements with universities/ colleges and professional associations. Certifying 23 facilitators to lead discussions about "Unconscious Bias" in FY20. Discussions will be held in every field location (district/lab) and HQs. Recommended the use FDA's formal mentoring program to all employees. ORA's Potential Supervisors Program (PSP) is announced to employees who are not currently serving as supervisors. ORA's Leadership Excellence Advancement Program (LEAP) second cohort is scheduled for FY20. ORA's Resilient Leadership Program (RLP) is evaluated at three intervals (beginning, mid-point, and conclusion). This program is open to ORA managers and supervisors.

EXECUTIVE SUMMARY: ACCOMPLISHMENTS

Under the guidance of the Director of Office of Enterprise Management Services (OEMS), a team of managers, supervisors and employees from relevant offices and disciplines, established a Strengths, Weaknesses, Opportunities, and Threats (SWOT) workgroup to evaluate the Reasonable Accommodation program and provide recommendations to increase its efficiency and effectiveness. The SWOT group has endeavored to achieve the following:

- Revising FDA Reasonable Accommodation policies and procedures;
- Hosted EEOC Subject Matter Expert (SME) for guidance on reasonable accommodation federal and EEOC requirements and regulations;
- Hosted HHS Federal Occupational Health Services medical consultants for discussion on optimizing the efficiency of the medical review process;
- Hosted HHS Office of General Counsel presentation for legal guidance on reasonable accommodation procedures and implementation; and
- Outreached to other federal agencies and HHS operatives for best practices on reasonable accommodations.

EXECUTIVE SUMMARY: PLANNED ACTIVITIES

FDA continued to increase their representation of People with Disabilities (PWD) and People with Targeted Disabilities (PWTD) withiin the agency. Information listed below highlights actions taken in FY19 and future plans within some centers.

CDER

The Center for Drug Evaluation and Research (CDER) and the Center for Devices and Radiological Health (CDRH) expanded use of non-competitive hiring paths and methods to recruit and attract talent. CDRH ensured that hiring managers had access to tools to provide opportunities to all qualified candidates like the FDA database of qualified PWD and PWTD applicants. They also used the Schedule A authority to hire individuals. Most recently the CDRH was approved for a large reorganization which calls for the consolidation of recruitment services into the Office of Management. As such, the Office of Management will fund two additional positions: one to focus on diversity and inclusion and one to focus on marketing and branding for the Center. These two positions will play an integral part in supporting campaigns to encourage development of a more diverse workforce. They are developing more specific programs, with targeted outcomes, to increase representation in diversity and in individuals with disabilities for FY20.

CFSAN

The Center for Food Safety and Nutrition (CFSAN) implemented a new FDA applicant tool to increase hires of PWD and PWTD for FY20. CFSAN will conducted "How to Apply to Federal Job" workshops with local colleges and universities. CFSAN will continued to promote non-competitive hiring authorities for PWD and PWTD as well as the 30% Disabled Veterans Appointing Authority. The center used their automated career and student profile system to complement its participation at hiring and career events; and expand marketing of CVM positions and opportunities to PWDs and PWTDs to organizations that provide support to PWD and PWTD.

ORA

The Office of Regulatory Affairs (ORA) developed plans to recruit Veterans at the Greater Washington DC Veterans Job Fair in March 2020 which is organized by Recruit Military. This job fair specifically targets veterans from all branches of service, of varied statuses, and ranks (see event report from 2019 job fair https://rm-events-production.s3.amazonaws.com/uploads/market/report_card/14/Washington_DC_11-7-2019_Event_Report.pdf. In addition to including Veterans/Schedule A hiring in ORA Succession Plans, they have developed the 2019 ORA Recruitment and Retention Action Plan. This plan covered various hiring initiatives and outreach activities which support Veterans and Schedule A hiring, as well as, implementation and engagement of diversity and inclusion efforts. ORA actively engaged with its hiring managers in decisions regarding outreach and recruitment approaches to target a more diverse candidate pool.

CTP

The Center for Tobacco Products (CTP) plans to:

- Continue to promote CTP opportunities in publications, job banks, online list servs and email blasts that target diverse and underrepresented populations of job seekers.
- Continue to post alerts on open CTP positions to the online CTP Jobs page and market this page at all events and interactions with the public.
- Continue to make additional resources available via the online CTP Jobs page, including Career Coaching (free one-on-one assistance with Federal Resumes provided by a certified CTP Career Coach).
- Continue to author and promote the Diversity and Inclusion (D&I) section of the CTP quarterly administrative newsletter as well as the D&I SharePoint page.
- Continue to share resources with hiring managers on the Schedule A hiring process.
- Continue to encourage the use of the Corporate Recruitment Request Form which allows hiring managers to select marketing outlets to garner more views of the position by interested candidates working in the specific field.
- Continue to actively participate in the FDA's Advisory Committee for Employees with Disabilities (ACED), which encourages the hiring of individuals with disabilities. In FY19, ACED hosted their annual Round Table session during which a CTP employee participated.
- Continue to encourage CTP employees to serve as Workforce Recruitment Program (WRP) Recruiters, donating their time to interview Schedule A candidates and contribute to their database of over 1,000 actively interested candidates who qualify for Schedule A.

CERTIFICATION of ESTABLISHMENT of CONTINUING EQUAL EMPLOYMENT OPPORTUNITY PROGRAMS

_____ am the

(Insert Name Above) (Insert official title/series/grade above)

Principal EEO Director/Official for _____

(Insert Agency/Component Name above)

The agency has conducted an annual self-assessment of Section 717 and Section 501 programs against the essential elements as prescribed by EEO MD-715. If an essential element was not fully compliant with the standards of EEO MD-715, a further evaluation was conducted and, as appropriate, EEO Plans for Attaining the Essential Elements of a Model EEO Program, are included with this Federal Agency Annual EEO Program Status Report.

The agency has also analyzed its work force profiles and conducted barrier analyses aimed at detecting whether any management or personnel policy, procedure or practice is operating to disadvantage any group based on race, national origin, gender or disability. EEO Plans to Eliminate Identified Barriers, as appropriate, are included with this Federal Agency Annual EEO Program Status Report.

I certify that proper documentation of this assessment is in place and is being maintained for EEOC review upon request.

Signature of Principal EEO Director/Official
Certifies that this Federal Agency Annual EEO Program Status Report is in compliance with EEO MD-715.

Date

Signature of Agency Head or Agency Head Designee

Date

Essential Element: A Demonstrated Commitment From agency Leadership

Compliance Indicator / **Measures**	A.1. The agency issues an effective, up-to-date EEO policy statement.	**Measure Has Been Met** Yes	No	N/A	**For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report**
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)]			X		Information is provided via the intranet.
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)] If the EEO policy statement covers any additional bases (e.g., marital status, veteran status and political affiliation), please list them in the comments column.		X			No additional bases noted.

Agency Self-Assessment Checklist

Compliance Indicator / Measures	A.2. The agency has communicated EEO policies and procedures to all employees.	Measure Has Been Met: Yes	No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
A.2.a. Does the agency disseminate the following policies and procedures to all employees:					
A.2.a.1. Anti-harassment policy? [see MD 715, II(A)]			X		
A.2.a.2. Reasonable accommodation procedures? [see 29 CFR § 1614.203(d)(3)]		X			
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)]		X			This information is shared on the FDA intranet.
A.2.b.2. Written materials concerning the EEO program, laws, policy statements, and the operation of the EEO complaint process? [see 29 CFR §1614.102(b)(5)]		X			Mailed packages and website.
A.2.b.3. Reasonable accommodation procedures? [see 29 CFR § 1614.203(d)(3)(i)] If so, please provide the internet address in the comments column.		X			http://inside.fda.gov:9003/EmployeeResource/EqualEmployment/ReasonableAccom/default.htm; https://www.fda.gov/media/108226/download
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 and the means by which such training is delivered.		X			Quarterly and in person during FY 2019.

Agency Self-Assessment Checklist

A.2.c.2. ADR process? [see MD-110, Ch. 3(II)(C)] If "yes", please provide how often.	X			Monthly for new employees. Through the grievance filed and through the EEO complaint process. • Bi-weekly participation/ presentation in New Employee Orientation (NEO) • Quarterly ADR Program posting on the inside. FDA scrolling information board • Ongoing ADR Program information under the Employee Resources webpage • Regular/routine availability and distribution of ADR Program brochure.
A.2.c.3. Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If "yes", please provide how often.	X			Annually.
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.	X			Annually.
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.	X			Annually.

Compliance Indicator / **Measures**		**Measure Has Been Met**			**For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report**
		Yes	No	N/A	
	A.3. The agency assesses and ensures EEO principles are part of its culture.				
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. .			X		
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]'		X			FDA regularly monitor all of the FEVS site, including those that pertain to the perception of EEO principles.

Agency Self-Assessment Checklist

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

Compliance Indicator / **Measures**		**Measure Has Been Met**			**For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report**
		Yes	No	N/A	
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)]			X		
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.		X			Jim Sigg, Chief Operating Officer
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)]		X			
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]		X			
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 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.			X		
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)]		X			

Agency Self-Assessment Checklist

Compliance Indicator / Measures	B.2. The EEO Director controls all aspects of the EEO program.	Measure Has Been Met: Yes	No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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)] If not, identify the office with this authority in the comments column.	X			
B.2.b.	Is the EEO Director responsible for overseeing the completion of EEO counseling? [see 29 CFR §1614.102(c)(4)]	X			
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.]	X			
B.2.d.	Is the EEO Director responsible for overseeing the timely issuance of final agency decisions? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	X			
B.2.e.	Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]'	X			
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)]	X			
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); (c)(3)]	X			The EEO Director coordinates with Center and OpDiv Executives.

Agency Self-Assessment Checklist

Compliance Indicator / Measures	B.3. The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.	Measure Has Been Met: Yes	Measure Has Been Met: No	Measure Has Been Met: N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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)]		X			
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.		X			There is a current FDA Diversity and Inclusion Strategic Plan 2018-2021 developed by the D&I Steering Council and Diversity and Inclusion Advisory Council which is specifically devoted to promoting the principles of Diversity and Inclusion. FDA's three goals are to: (1) Ensure Leadership Commitment, (2) Cultivate and Support Inclusive Culture, and (3) Build and Maintain a Diverse Workforce.

Agency Self-Assessment Checklist

Compliance Indicator / Measures	B.4. The agency has sufficient budget and staffing to support the success of its EEO program.	Measure Has Been Met: Yes	Measure Has Been Met: No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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)]			X		The goal is to conduct a self assessment in FY21.
B.4.a.10. to effectively manage its reasonable accommodation program? [see 29 CFR §1614.203(d)(4)(ii)]		X			As of April 2019, the Reasonable Accommodation (RA) staff included 4 full-time equivalent (FTE)s to include 1 full time Interpreting Services Program Manager. All staff members received a minimum of 8-hour reasonable accommodation related training. The office is projected to add an additional 5 FTEs in FY'20. RA office processed a total of 366 RA requests,of which 85% were processed.
B.4.a.11. to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)]		X			EEO has successfully completed EEO order with limited staff.
B.4.a.2. to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]			X		
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)]			X		

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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.	X			Due to staffing levels and workload, conducting reasonable accommodation training has been limited to New Employee Orientation and over 55 ad-hoc trainings on demand for FDA offices and centers, concerning the roles and responsibilities of supervisors/ managers.
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)]			X	Currently there is one FDA EEO program that does monitor center activities and trends.
B.4.a.6. to publish and distribute EEO materials (e.g. harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)]	X			Under RA office realignment initiatives, FY20 funding has been allocated for the purchase and publication of reasonable accommodation related materials.
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.	X			
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]	X			
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]	X			
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)]	X			
B.4.c. Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)]	X			
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?	X			
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?	X			

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Compliance Indicator / Measures		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
	B.5. The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills	Yes	No	N/A	
B.5.a. Pursuant to 29 CFR §1614.102(a)(5), have all managers and supervisors received orientation, training, and advice on their responsibilities under the following areas under the agency EEO program:					
B.5.a.1. EEO complaint process? [see MD-715(II)(B)]		X			
B.5.a.2. Reasonable Accommodation Procedures? [see 29 CFR § 1614.102(d)(3)]		X			The RA team coordinates with FDA Offices and Centers designated staff for the training of supervisors and managers on the RA process and their roles and responsibilities. The RA staff is readily available for consultation and provides advice on RA compliance matters, policies, and procedures.
B.5.a.3. Anti-harassment policy? [see MD-715(II)(B)]		X			The MIT management and staff all possess experience and a variety of the aforementioned skill sets required for their positions.
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)]		X			Managers are encouraged to expand upon and increase communication and interpersonal skills in their PMAP and mid-year reviews.

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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)]	X			ADR is recommended at all new employee orientation training, but attendance is mandatory for all supervisory and managerial employees when ADR is selected by a complainant. The FDA Commissioner issues an annual policy statement encouraging FDA employees to utilize ADR and instructing managers on their responsibilities to fully participate with the process.

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Compliance Indicator / Measures	B.6. The agency involves managers in the implementation of its EEO program.	Measure Has Been Met: Yes	No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
B.6.a. Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I]		X			
B.6.b. Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I]				X	FDA Leadership will be addressing this deficiency as part of the evaluation/ assessment of EEO and the development of a gap analysis and strategic plan.
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]				X	Senior managers from across FDA had input in the Diversity and Inclusion plan for FY19-FY21. Members of the DISC and DIAC committees participated in formulating the plan.
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)]		X			

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Essential Element: C Management and Program Accountability

Compliance Indicator / Measures	C.1. The agency conducts regular internal audits of its component and field offices.	Measure Has Been Met: Yes	Measure Has Been Met: No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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.				X	EEO provides summaries on the section. workforce composition, EEO complaints, ADR usage, RA,Interpreting Services, Disability data for PWD and PWTD. Progress made towards achieving CLF benchmarks through hiring and separations, and trend analysis for bases and issues alleged.This data is provided to every center and to FDA Executives and Managers.
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.				X	EEO Collects data from the Centers and offices on triggers and potential barriers annually. In the future, EEO will work with the Centers to remove potential barriers from the workplace.
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)]				X	As a part of our analysis FDA will be working with HHS to determine if this question is applicable.

Agency Self-Assessment Checklist

Compliance Indicator / Measures	C.2. The agency has established procedures to prevent all forms of EEO discrimination.	Measure Has Been Met: Yes	No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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 Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]			X		Presently, FDA adheres to the Anti-Harassment Policy and Procedures from HHS dated April 17, 2017.
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]				X	The intent of the MIT is to substantiate or not-substantiate allegations soonest possible. Upon completing this step, the MIT provides guidance and at times recommendations regarding next steps. However, it is the responsibility of the LER Specialist and Center leadership to determine the necessary corrective action(s) warranted and implement them.
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)]				X	From our understanding "firewall' to mean program boundaries differentiating EEO and MIT matters. Per discussions with EEO at the onset of our MIT program in early 2019, this was one of our asks and vice versa regarding EEO Matters.

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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)]	X			The guidance we follow is FDA OCHM SOP 19-001 is our Standard Operating Procedure titled Reporting and Investigating Allegations of Inappropriate Conduct.
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.]			X	Per discussions with EEO leadership at the onset of establishing FDA's MIT program in early 2019, this was one of our asks and vice versa regarding EEO matters.
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 Complainant v. Dep't of Veterans Affairs, EEOC Appeal No. 0120123232 (May 21, 2015); Complainant v. Dep't of Defense (Defense Commissary Agency), EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.		X		Our Management Inquiry Team (MIT) functions in accordance to their Reporting and Investigating Allegations of Inappropriate Conduct Standard Operating procedures guidance. For this question, specifically section seven, titled "Procedures for Investigating Allegations of Inappropriate Conduct" covers our liaising with EEO and other process matters.
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)]	X			In addition we are developing civility and anti-harassment training to ensure the content includes best practices in aligned with requirements.
C.2.b. Has the agency established disability reasonable accommodation procedures that comply with EEOC's regulations and guidance? [see 29 CFR §1614.203(d)(3)]	X			The RA office is currently revising agency procedures with a completed revision in FY'2020.

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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)]	X			The Reasonable Accommodation Office (RAO) is designated to process RA requests for the Agency.
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)]	X			As of April 2019, the RAO has been realigned under the Office of Enterprise Management Services (OEMS), Division of Compliance.
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)]	X			The RA policy and applicant process are included on all FDA job announcements. Office of Talent Solutions (OTS), in consultation with the RAO, are responsible for ensuring that applicants receive reasonable accommodation information/ instruction during application and placement processes, if requested.
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)]	X			
C.2.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, 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, excluding ongoing interpretative services, in the comments column.		X		86% of reasonable accommodation requests during FY19 were processed according to the mandated time frame.
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)]	X			Personal Assistance Services (PAS) are provided at the Department level by HHS for FDA employees.

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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.	X			Under the RA office realignment, a team has been assigned to develop the FDA employee reasonable accommodation intranet/home page, in addition to its public website.

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Compliance Indicator / **Measures**		**Measure Has Been Met**			**For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report**
		Yes	No	N/A	
	C.3. The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.				
C.3.a. Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program?		X			This is part of their administrative elements in their PMAP.
C.3.b. Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities:					
C.3.b.1. Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I]		X			
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)]		X			
C.3.b.3. Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)]		X			
C.3.b.4. Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees? [see MD-715 Instructions, Sec. I]		X			
C.3.b.5. Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]		X			
C.3.b.6. Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]		X			
C.3.b.7. Support the EEO program in identifying and removing barriers to equal opportunity?. [see MD-715, II(C)]		X			
C.3.b.8. Support the anti-harassment program in investigating and correcting harassing conduct?. [see Enforcement Guidance, V.C.2]		X			In accordance to the Anti-Harassment Policy and Procedures Statement from HHS dated April 17, 2017. However, with the MIT being a fairly new program at the agency, communications about the program are still being shared promoting our services.
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)]		X			
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)]		X			

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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)]	X			

Compliance Indicator / **Measures**	C.4. The agency ensures effective coordination between its EEO program and Human Resources (HR) program.	**Measure Has Been Met** Yes	No	N/A	**For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report**
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)]		X			
C.4.b. Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, 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]		X			
C.4.c. Does the EEO office have timely access to accurate and complete data (e.g., demographic data for the workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]			X		
C.4.d. Does the HR office timely provide the EEO office with access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)]		X			
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)]		X			
C.4.e.2. Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)]		X			
C.4.e.3. Develop and/or provide training for managers and employees? [see MD-715, II(C)]		X			
C.4.e.4. Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)]		X			
C.4.e.5. Assist in preparing the MD-715 report? [see MD-715, II(C)]		X			

Compliance Indicator / **Measures**	C.5. Following a finding of discrimination, the agency explores whether it should take a disciplinary action.	**Measure Has Been Met** Yes	No	N/A	**For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report**
C.5.a. Does the agency have a disciplinary policy and/or table of penalties that covers discriminatory conduct? [see 29 CFR §1614.102(a)(6); see also Douglas v. Veterans Administration, 5 MSPR 280 (1981)]		X			
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.		X			There were none identified for FY19.
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 (e.g., post mortem to discuss lessons learned)? [see MD-715, II(C)]		X			

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Compliance Indicator / Measures	C.6. The EEO office advises managers/supervisors on EEO matters.	Measure Has Been Met: Yes	Measure Has Been Met: No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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.		X			Bi-Annually
C.6.b. Are EEO officials readily available to answer managers' and supervisors' questions or concerns? [see MD-715 Instructions, Sec. I]		X			

Agency Self-Assessment Checklist

Essential Element: D Proactive Prevention

Compliance Indicator / Measures		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
		Yes	No	N/A	
Measures	D.1. The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.				
D.1.a. Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I]		X			We also rely on the centers to help us identify triggers within the agency
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; and/or external special interest groups? [see MD-715 Instructions, Sec. I]		X			In FY19 EEO was able to place demographic information on the FDA Exit Survey
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)]		X			We do ask for feedback about hiring policies and procedures in both the exit survey and the new hire survey, so we do give employees an opportunity to provide feedback about recruiting/ retaining/hiring/ inclusion of people with disabilities if that is a topic they want to mention, but because we don't directly prompt for it, we don't have any direct or high-quality data on the topic.

Agency Self-Assessment Checklist

Compliance Indicator / Measures		Measure Has Been Met			For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
	D.2. The agency identifies areas where barriers may exclude EEO groups (reasonable basis to act.)	Yes	No	N/A	
D.2.a. Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)]			X		
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)]			X		
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)]		X			
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, and/or external special interest groups? [see MD-715 Instructions, Sec. I]] If “yes”, please identify the data sources in the comments column.		X			In FY19, FDA exit surveys included demographic questions to help identify potential barriers by EEO staff within the agency.

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Compliance Indicator / Measures	D.3. The agency establishes appropriate action plans to remove identified barriers.	Measure Has Been Met: Yes	Measure Has Been Met: No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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)]				X	FDA Leadership will be addressing this deficiency as part of the evaluation/ assessment of EEO and the development of a gap analysis and strategic plan.
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)]				X	FDA Leadership will be addressing this deficiency as part of the evaluation/ assessment of EEO and the development of a gap analysis and strategic plan.
D.3.c. Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]			X		

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Compliance Indicator / Measures	D.4. The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities.	Measure Has Been Met: Yes	Measure Has Been Met: No	Measure Has Been Met: N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
D.4.a. Does the agency post its affirmative action plan on its public website? [see 29 CFR §1614.203(d)(4)] If yes, please provide the internet address in the comments.			X		
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)]		X			FDA has a Resume Repository, a Special Placement Program under the Office of Talent Solutions.
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)]		X			The Disability Program Manager/ Reasonable Accommodation Manager ensures that disability-related questions form members of the public are answered promptly and correctly,
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)]			X		

Agency Self-Assessment Checklist

Essential Element: E Efficiency

Agency Self-Assessment Checklist

Compliance Indicator / Measures	E.1. The agency maintains an efficient, fair, and impartial complaint resolution process.	Measure Has Been Met: Yes	No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
E.1.a. Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105?		X			
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)?		X			During informal process.
E.1.c. Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-110, Ch. 5(I)?		X			FDA accomplishes this task within 30 days.
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.		X			30 days; *The Agency issues acceptance/ dismissal letters within 30 days after receipt of EEO Counselor report.
E.1.e. Does the agency ensure that all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting routine access to personnel records related to an investigation, pursuant to 29 CFR §1614.102(b)(6)?		X			
E.1.f. Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?		X			FDA currently works with third party investigators to achieve this task.
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)?		X			
E.1.h. When the complainant did not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)?			X		Final agency decisions are under the jurisdiction of DHHS/EEOCI. Final Agency Decision (FAD) are under the jurisdiction of HHS, EEOCO and it has been often noted that the FAD's are not always completed within 60 days pursuant to 29 CFR §1614.110(b).

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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)?		X		Although FDA does not issue final actions, the OEEO will looks at quantifying the actions and tracking them.
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.	X			FDA uses HHS centralized contract to carry out this action.
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)]	X			This is critical element for (0260) per Performance Management Appraisal Program (PMAP). Employee is responsibility for performing at full potential, supporting team endeavors, and continuing professional development to support performance and results.
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)]	X			

Agency Self-Assessment Checklist

Compliance Indicator / Measures	E.2. The agency has a neutral EEO process.	Measure Has Been Met: Yes	Measure Has Been Met: No	Measure Has Been Met: N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
E.2.a. Has the agency established a clear separation between its EEO complaint program and its defensive function? [see MD-110, Ch. 1(IV)(D)] If "yes", please explain.		X			The EEO, ERLR, ADR, and FDA Settlement official all report to the COO. ERLR & ADR report indirectly and are assigned to different office directors under the COO.
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 source/ location of the attorney who conducts the legal sufficiency review in the comments column.			X		
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)]				X	The FDA relies on the agency's defensive to conduct legal 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)]		X			
E.2.e. If applicable, are processing time frames incorporated for the legal counsel's sufficiency review for timely processing of complaints? [see EEOC Report, Attaining a Model Agency Program: Efficiency (Dec. 1, 2004)]				X	FDA does not currently use this process for legal sufficiency review regarding complaint timeliness.

Agency Self-Assessment Checklist

Compliance Indicator / Measures	E.3. The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.	Measure Has Been Met: Yes	No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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)]		X			
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)]		X			
E.3.c. Does the Agency encourage all employees to use ADR, where ADR is appropriate? [See MD-110, Ch. 3(IV)(C)]		X			
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)]		X			
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)]		X			
E.3.f. Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]		X			

Agency Self-Assessment Checklist

Compliance Indicator / Measures		Measure Has Been Met: Yes	Measure Has Been Met: No	Measure Has Been Met: N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
	E.4. The agency has effective and accurate data collection systems in place to evaluate its EEO program.				
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)]		X			
E.4.a.2. The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]		X			
E.4.a.3. Recruitment activities? [see MD-715, II(E)]		X			Management Analyst partners with the centers and HR to provide data regarding recruitment.
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)]		X			
E.4.a.5. The processing of requests for reasonable accommodation? [29 CFR §1614.203(d)(4)]		X			The FDA is working to evaluate an appropriate system to improve the RA office's responsiveness and efficiencies. The current system captures and records all pertinent RA request information and timeliness data and identifies decision makers and the stage of the process for each request
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]		X			The MIT case data is housed in our SharePoint application where permissions are required for access and usage.
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]		X			

Agency Self-Assessment Checklist

Compliance Indicator / Measures	E.5. The agency identifies and disseminates significant trends and best practices in its EEO program.	Measure Has Been Met: Yes	Measure Has Been Met: No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
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.		X			If there is any data that raises a concern we share with senior leadership.
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.		X			FDA, OEEO has used this approach attempting to adopt processes and strategies from our counterparts whom are similar in size (employees & complaints).
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)]		X			

Agency Self-Assessment Checklist

Essential Element: F Responsiveness and Legal Compliance

Compliance Indicator / **Measures**		**Measure Has Been Met**			**For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report**
		Yes	No	N/A	
F.1.a. Does the agency have a system of management controls to ensure that its officials timely comply with EEOC orders/directives and final agency actions? [see 29 CFR §1614.102(e); MD-715, II(F)]		X			The systems are FEDSEP and iComplaints.
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)]		X			The systems are FEDSEP and iComplaints.
F.1.c. Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)]		X			Documented in iComplaints. No tracking method to determine when payments are made.
F.1.d. Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)]		X			
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)]			X		

Compliance Indicator / **Measures**		**Measure Has Been Met**			**For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report**
		Yes	No	N/A	
F.2.a. Does the agency timely respond and fully comply with EEOC orders? [see 29 CFR §1614.502; MD-715, II(E)]		X			
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)]		X			
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]		X			
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)]		X			
F.2.a.4. Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance?		X			

Agency Self-Assessment Checklist

Compliance Indicator / Measures		Measure Has Been Met: Yes	Measure Has Been Met: No	N/A	For all unmet measures, provide a brief explanation in the space below or complete and attach an EEOC FORM 715-01 PART H to the agency's status report
	F.3. The agency reports to EEOC its program efforts and accomplishments.				
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)]				X	Currently, this does not fall under the purview of FDA, OEEO Compliance (Informal/Formal) function. Handled at the DHHS level.
F.3.b. Does the agency timely post on its public webpage its quarterly No FEAR Act data? [see 29 CFR §1614.703(d)]		X			Information is posted on FDA.gov to cover FY data.

Essential Element: O Other

Plan to Attain Essential Elements

PART H.1

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	A.2.a.1. Anti-harassment policy? [see MD 715, ll(A)]

The agency has not established a 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 Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)] Presently, FDA adheres to the Anti-Harassment Policy and Procedures from HHS dated April 17, 2017. FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.2

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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. .

The agency does not currently provide recognition to employees, supervisors, managers and units demonstrating superior accomplishment in equal employment opportunity. FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.3

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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, ll(A)]

The agency does not 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 at this time. FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.4

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	B.4.a.1. to conduct a self-assessment of the agency for possible program deficiencies? [see MD-715, II(D)]

In FY21 an organizational assessment will be conducted and FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.5

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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 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.

During this reporting period, the EEO Director did not present to the head of the agency, and other senior management officials, the "State of the Agency" briefing covering the six essential elements of the model EEO program. No additional information is available.

Plan to Attain Essential Elements

PART H.6

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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)]

The agency head is not the immediate supervisor of the person ("EEO Director") who has day-to-day control over the EEO office. There is no plan to address this reporting relationship, as FDA managers, including the EEO Director, report to the Agency Head's designee.

Plan to Attain Essential Elements

PART H.7

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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)]

FDA Leadership will be working with HHS to address this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan. The results of the gap analysis will evaluate the investment needs/resources for the EEO program.

Plan to Attain Essential Elements

PART H.8

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	B.4.a.2. to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]

The agency is working with HHS to further provide assistance to develop a barrier analysis identification toolkit. In addition, the barrier analysis will be addressed in the FY21 organizational assessment. FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.9

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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]

The anti-harassment policy does not 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] The intent of the MIT is to substantiate or not-substantiate allegations soon as possible. Upon completing this step, the MIT provides guidance and at times recommendations regarding next steps. However, it is the responsibility of the LER Specialist and Center leadership to determine the necessary corrective action(s) warranted and implement them.

Plan to Attain Essential Elements

PART H.10

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	C.2.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, 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, excluding ongoing interpretative services, in the comments column.

The agency does not process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)]. 86% of reasonable accommodation requests during FY19 were processed according to the mandated time frame.

Plan to Attain Essential Elements

PART H.11

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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 Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]

The agency has not established a 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 Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)] Presently, FDA adheres to the Anti-Harassment Policy and Procedures from HHS dated April 17, 2017. These investigations are being added to our Management Inquiry Team (MIT) to address as this team functions in accordance to their Reporting and Investigating Allegations of Inappropriate Conduct Standard Operating procedures guidance. FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.12

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	C.4.c. Does the EEO office have timely access to accurate and complete data (e.g., demographic data for the workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]

We will be working during the next several months to improve our data systems, data collection methods, reporting mechanisms and use of the data. We have completed Part E, I, and J for the FY 2019 report with current data, but we have concerns about its integrity. We expect to improve the integrity of the Department's data significantly based upon our Part H Plan. If you have any questions, please feel free to contact Julie Murphy, HHS Deputy EEO Officer / Director, Office of Equal Employment.

Plan to Attain Essential Elements

PART H.13

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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 Complainant v. Dep't of Veterans Affairs, EEOC Appeal No. 0120123232 (May 21, 2015); Complainant v. Dep't of Defense (Defense Commissary Agency), EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.

These investigations are being added to our Management Inquiry Team (MIT) to address as this team functions in accordance to their Reporting and Investigating Allegations of Inappropriate Conduct Standard Operating procedures guidance. However, as a part of our gap analysis we are making improvements and enhancements for our SOP which will include adherence to the required timeline as noted for this question, titled "Procedures for Investigating Allegations of Inappropriate Conduct". FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.14

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	D.2.a. Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)]

FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.15

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	D.3.c. Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]

FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.16

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	D.4.a. Does the agency post its affirmative action plan on its public website? [see 29 CFR §1614.203(d)(4)] If yes, please provide the internet address in the comments.

FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan. This information will be posted internally and externally.

Plan to Attain Essential Elements

PART H.17

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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)]

FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.18

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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)]

FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.19

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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)]

FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.20

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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)]

The agency is working with HHS to further provide assistance to develop a barrier analysis identification toolkit. In addition, the barrier analysis will be addressed in the FY21 organizational assessment. FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

Plan to Attain Essential Elements

PART H.21

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	E.1.h. When the complainant did not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)?

When the complainant did not request a hearing, the agency does not timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)? Final agency decisions are under the jurisdiction of DHHS/EEOCO. Final Agency Decision are under the jurisdiction of HHS, EEOCO and it has been often noted that the FAD's are not always completed within 60 days pursuant to 29 CFR §1614.110(b)

Plan to Attain Essential Elements

PART H.22

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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 source/location of the attorney who conducts the legal sufficiency review in the comments column.

When seeking legal sufficiency reviews, the EEO office does not have access to sufficient legal resources separate from the agency representative.

Plan to Attain Essential Elements

PART H.23

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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)?

The agency does not issue timely final actions following receipt of the hearing file and the administrative judge's decision, pursuant to 29 CFR §1614.110(a). Although FDA does not issue final actions, the OEEO will look at quantifying the actions and tracking them with DHHS.

Plan to Attain Essential Elements

PART H.24

STATEMENT of MODEL PROGRAM ESSENTIAL ELEMENT DEFICIENCY:	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)]

When EEOC issues an order requiring compliance by the agency, the agency does not hold its compliance officer(s) accountable for poor work product and/or delays during performance review. [see MD-110, Ch. 9(IX) (H)] This does not fall under the purview of FDA, OEEO, when EEOC issues an order, compliance is required by the Director of EEOCO, Compliance and Operations Division (HHS) he or she has the authority to hold compliance officer(s) and or OPDIVs accountable Julie Murphy.

Plan to Eliminate Identified Barriers

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 affirmative action plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities.

Section I: Efforts to Reach Regulatory Goals

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

1. 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)	Answer	No
b.Cluster GS-11 to SES (PWD)	Answer	Yes

In FY19, FDA met the benchmark of 12% for PWD in cluster GS-1 to GS-10 ranging from 15.60% to 39.13%. The total average for GS-00-GS-10 was 17.26%. In FY19, FDA did not meet the benchmark of 12% for PWD in grades GS-11 to SES. For SES, PWD was 1.75%. The range from GS-11 to GS-15 was from 3.14% to 9.51%. The total average for GS-1 to GS-15 was 5.26%. The overall GS total for PWD was 5.94%.

*For GS employees, please use two clusters: GS-1 to GS-10 and GS-11 to SES, as set forth in 29 C.F.R. § 1614.203(d)(7). For all other pay plans, please use the approximate grade clusters that are above or below GS-11 Step 1 in the Washington, DC metropolitan region.

2. 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)	Answer	No
b.Cluster GS-11 to SES (PWTD)	Answer	Yes

In FY19, FDA did meet the benchmark of 2% for PWTD in cluster GS-1 to GS-10 which ranged from 1.65% to 14.29%. The trigger which yielded a 1.65% is for GS-7. However, the overall score for GS-00 to GS-10 did meet the 2% benchmark with 3.45%. In FY19, FDA did not meet the benchmark of 2% for PWTD in cluster GS-11 to SES which ranged from 0% to 1.44%. The 0% is for SES and the 1.44% is for GS-11. The overall total for GS-11 to GS-15 is 1.07% and 0% for SES.

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

Goals for hiring employees with disabilities are being communicated with center hiring managers semiannually.

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.

A. PLAN TO PROVIDE SUFFICIENT & COMPETENT STAFFING FOR THE DISABILITY PROGRAM

1. 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.

Answer Yes

In FY19 FDA had 5 staff members to support the disability program with a projection to increase their staff to 9 in FY20.

2. Identify all staff responsible for implementing the agency's disability employment program by the office, staff employment status, and responsible official.

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Processing reasonable accommodation requests from applicants and employees	0	0	0	Robert Thomas Team Lead
Section 508 Compliance	1	0	0	Rita Harrison IT Specialist
Answering questions from the public about hiring authorities that take disability into account	0	0	2	Patricia Mendoza Supervisory Human Resources
Special Emphasis Program for PWD and PWTD	2	0	0	Corwyn Alvarez, Joyce Washington EEO Specialists Joyce.Washington@fda.hhs.gov
Processing applications from PWD and PWTD	0	0	1	Patricia Mendoza Supervisory Human Resources
Architectural Barriers Act Compliance	0	0	0	Donald Demers Director for the Office of Facilities

3. 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.

Answer Yes

Disability Staff received training in FY19 to successfully support the program as well as hiring managers.

B. 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

Answer Yes

In FY19, reasonable accommodations moved to the office of enterprise management services. Funds are now provided through the working capital fund.

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

A. PLAN TO IDENTIFY JOB APPLICATIONS WITH DISABILITIES

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

FDA utilized a variety of recruitment strategies designed to increase the number of qualified applicants with disabilities and applicants with targeted disabilities for disabled veterans and people with disabilities. FDA continues to maintain a database with resumes of PWD, PWTD and veterans . Hiring managers are encouraged to review those applications for Schedule A hiring considerations.

2. 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

FDA continues to provide training to staff to increase the knowledge and skills when hiring PWD, PWTD and Veterans. All hiring managers are encouraged to hire PWD and PWTD for permanent positions.

3. 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.

FDA requests from the applicant documentation of eligibility for employment under Schedule A that can be obtained from a licensed medical professional (e.g., a physician or other medical professional certified by a state, the District of Columbia, or a U.S. territory to practice medicine); a licensed vocational rehabilitation specialist (i.e., state or private); or any Federal agency, state agency, or agency of the District of Columbia or a U.S. territory that issues or provides disability benefits. Once FDA has confirmed the the letter was issued by a licensed medical professional or a licensed vocational rehabilitation specialist, the resume/application of the individual is forwarded to the hiring manager with the non-competitive certificate of eligibility and recommended to interview the applicant. If the PWD and PWTD candidate is selected for the position, FDA encourages the manager to convert the applicant from noncompetitive to career conditional after two years. The Office of Human Resources launched in FY 17 a searchable Schedule A candidate database for hiring managers and continues to maintain it on the OHR's SharePoint site. This database is a searchable applicant database for Disabled Veterans, Schedule A, and Veterans' Recruitment Appointment (VRA). Managers have access to this database and are encouraged to hire these candidates.

4. 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.

Answer Yes

FDA conducted trainings for all hiring managers including those that are mandatory by HHS/OPM, and other optional trainings, at least annually. FDA also maintains and updates a Resume Repository of individuals seeking employment for any of the covered hiring authorities. Hiring officials have access to and can review the resumes of covered individuals to fill their vacant positions. They are provided a demonstration on how to use the repository as part of their training. One outstanding example of additional training for Hiring Managers occurred in the FDA Center for Veterinary Medicine (CVM). CVM developed a comprehensive hiring manager training program to encourage the promote and encourage use of non-competitive hiring authorities such as People with Disabilities Hiring Authority and the 30% Disabled Veterans Appointing Authority. This Strategic Recruitment Management Process provides an avenue by which hiring managers are educated on federal recruitment, hiring, and selection to include specifics on schedule A and veterans hiring flexibilities and preference procedures. Part of the CVM plan encourages recruitment advisors to continually strategize with hiring managers (as part of the Center's Strategic Recruitment Management Process) on the use of federal hiring flexibilities that advance efforts to recruit and hire people with disabilities. This plan also encourages use of the FDA Resume Repository as a resource for finding qualified applicants.

B. 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.

FDA has established MOUs with several minority serving institutions and organizations, to assist with hiring PWD and PWTD for positions within the agency. This is in addition to the current agreements that we have with state vocational rehabilitation agencies and with the US Department of Labor. There is a Career and Student Profile System to recruit staff for PWD and PWTD for internships and career opportunities within the agency.

C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)

1. 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) Answer Yes

b. New Hires for Permanent Workforce (PWTD) Answer Yes

Among New Hires using the B tables in FY19, (GS-1 to GS-11), The selection rate for PWDs was 5.91% and for PWTDs it was 1.07%. For GS-13 to SES, PWDs was 4.57% and PWTDs was 0.81%. Using the Applicant Flow Data (AFD) Yes, triggers exist for PWD and PWTD among the new hires in the permanent workforce. The participation rate of PWDs is only 2.8%, which is 9.3% below the 12% benchmark. The participation rate of PWTD is 0.9% which is 1.1% below the benchmark of 2%. Separations for PWD and PWTD also exceed new hires in FY19, indicating that recruitment goals are not being met in addition to there being a potential retention barrier. In FY19 14 PWTD separated while AFD reflects only 1 new EOD(Entrance On Duty) from this group. A similar trend is seen in PWD where a total of 61 PWD separated from the Agency while AFD reflects only 3 new EODs for this group.

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. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires for MCO (PWD)	Answer	Yes
b. New Hires for MCO (PWTD)	Answer	Yes

Using the Applicant Flow Data (AFD) report, triggers exist both for PWD and PWTD . Triggers exist for all MCOs with the exception of the 0301 series PWD group. PWOD IR for all recruited MCOs was a positive value, where the IR for PWD and PWTD was typically 0%. A single PWD selection was made in the 0301 series informing an inclusion rate of 1.1% for PWD. This exceeds the inclusion rate of 0.9% for PWOD. Therefore, a trigger does not exist for the 0301 MCO for PWD. There is a trigger in the case of PWTD for this group. In the case of MCOs 0110, 0401, 0403, 0405, 0601, 0696, 1320 and 1529, the original applicant pool sizes were insufficient to inform a full FTE when applying the PWOD IR. For example, the applicant pool for series 0601 PWD is 20; if the 0601 PWOD IR is applied to this pool size, the product is less than 1 FTE (. 003*20=0.06 FTE). This points to a possible barrier where recruitment approach is concerned. Mitigation should focus on finding ways to increase the applicant pool size.

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. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Qualified Applicants for MCO (PWD)	Answer	Yes
b. Qualified Applicants for MCO (PWTD)	Answer	Yes

Using the Applicant Flow Data (AFD) report, YES. Triggers exist for all MCOs with the exception of the 0110, 0343, 0696, and 1529 series for the PWD group; and series 0696 for PWTD. In each of these cases, the IR for PWD/ PWTD exceeded the IR for PWOD. In all other cases, PWOD IR for all recruited MCOs was a positive value, where the IR for PWD and PWTD was typically 0%. The 0301 and 0343 MCOs were less severe cases in that one or more PWD selection was made from these groups to inform a positive inclusion rate higher than 0%. AFD signals a disparity when these inclusion rates are compared to the same for PWOD. For example, the 0343 MCO series has an inclusion rate of 3.8% for PWTD compared to the PWOD IR for the same group which is 4.3%. This is a relatively small gap (.5%) which can be closed more easily than the cases of 0% IR MCOs. The 0301 MCO series also reflects a positive IR at 3% for PWTD and 4% for PWD, compared to the 4.3% IR for PWOD. In the case of MCOs 0110, 0401, 0403, 0405, 0701, 1320, and 1529, the original applicant pool sizes were insufficient to inform a full FTE when applying the PWOD IR. For example, the applicant pool for series 0403 is zero providing no basis to apply an IR. This points to a possible barrier where recruitment approach is concerned. Mitigation should focus on finding ways to increase the applicant pool size. In the case of the 1529 MCO series, although the applicant pool for PWD is small (7 qualified), if the PWOD IR for the same series is applied to this pool size, one would expect 2-3 selections to be made from this group versus the single selection made, based on the PWOD IR of 45% for this series. This points to a trigger for PWD Selection IR for the 1529 MCO series.

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. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Promotions for MCO (PWD) Answer No

b. Promotions for MCO (PWTD) Answer Yes

a. FDA's overall rate for PWDs was 5.64% in FY19. Of the 853 employees selected for internal promotions in major occupations, 6.57% were PWDs. b. FDA's overall rate for PWTDs was 1.04% in FY19. Of the 853 employees selected for internal promotions in major occupations, 0.59% were PWTDs. Data from Tables B-1 and B-9.

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.

FDA has plans to provide opportunities and advancement for PWD and PWTD. The OEEO will work with the Office of Talent Solutions (OTS) to identify opportunities for advancement with PWD and PWTD. Further plans will be reflected in the FY20 report.

B. CAREER DEVELOPMENT OPPORTUNITES

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

FDA has several career development programs at the center level however they do not track if participants are PWD or PWTD. The agency is looking at centralizing all of the career development opportunities within the centers to provide that information on future MD 715 reports. More detailed information about opportunities is provided in the Executive Summary.

2. 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		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (#)	Selectees (#)	Applicants (#)	Selectees (#)
Detail Programs	N/A	N/A	N/A	N/A	N/A	N/A
Fellowship Programs	N/A	1,044	N/A	N/A	N/A	N/A
Other Career Development Programs	N/A	589	N/A	N/A	N/A	N/A
Mentoring Programs	N/A	1,345	N/A	N/A	N/A	N/A
Training Programs	N/A	17	N/A	N/A	N/A	N/A
Internship Programs	3,941	197	N/A	N/A	N/A	N/A
Coaching Programs	N/A	129	N/A	N/A	N/A	N/A

3. 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. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Applicants (PWD) Answer N/A

b. Selections (PWD) Answer N/A

FDA does not have data for PWD or PWTD applicants for fellowship, career development, coaching, training, or detail programs. We are looking at capturing this information in future reports.

4. Do triggers exist for PWTD 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. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Applicants (PWTD) Answer N/A

b. Selections (PWTD) Answer N/A

Currently, FDA does not collect any Disability information on applicants or selectees participating in Career Development Programs.

C. AWARDS

1. 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)	Answer	Yes
b. Awards, Bonuses, & Incentives (PWTD)	Answer	Yes

Using the B table, the rates identified do not provide a true inclusion rate, but rather an occurrence rate/portion. Picturing a pie chart, this report only identifies the portion of each pie slice. Additionally, inclusion of the 'total awards count' versus the 'total employees who received an award' creates a conflict for comparison. This is because a single employee in any given category can receive more than one award creating a one to many relationship between employee and awards. Due to the explanation above, the B-9 table may reflect triggers for all of the categories for PWD and PWTD. Comparing the information calculated from the 501 Goal (PWD-12% and PWTD-2%), are the numbers for FDA in FY19. Time-Off Awards 1-10 hours PWD=5.23%; PWTD=0.92% 11-20 hours PWD=6.65%; PWTD=1.24% 21-30 hours PWD=6.68%; PWTD=1.34% 31-40 hours PWD=6.14%;PWD=0.96% 41-80 hours no % for PWD and PWTD QSIs PWD=4.26% and PWTD=0.39% Cash Awards ($500 and Under) PWD=6.16% and PWTD=0.72% ($501-$999) PWD=8.38% and PWTD=1.80% ($1,000-$1,999) PWD=5.78% and PWTD=1.11% ($2,000-$2,999) PWD=4.22% and PWTD=0.71% ($3,000-$3,999) PWD=3.94% and PWTD=0.42% ($4,000-$4,999) PWD=2.55% and PWTD=0.73% ($5,000-$5,999) PWD=4.32% and PWTD=0.72% ($6,000-$9,999) =0 for both (PWD and PWTD) ($10,000+$19,999) PWD=1.52% Performance-Based Pay Increases PWD=0.91%

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

a. Pay Increases (PWD)	Answer	Yes
b. Pay Increases (PWTD)	Answer	Yes

Using the calculated Inclusion Rate (IR) of 0.11% for PWD and 0.80% for PWOD in FY19 from the B-9 table, there may be a trigger for PWD receiving pay increases. The difference or delta between the IR for PWD and PWOD is 0.69%. If we use 0.69% as the threshold and looking at the participation rate for employees with performance based pay increases is 0.91% for PWD and 97.27% for PWOD. There difference between the participation rate for PWD and PWOD is 96.36%. No performance based pay increases did not exist for PWTD. This may also be considered a trigger. The raw data shows that 107 (PWOD) received pay increases while 1 (PWD) received a pay increase and (PWTD) did not receive any pay increases.

3. 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)	Answer	N/A
b. Other Types of Recognition (PWTD)	Answer	N/A

Using the B-9 , the only awards that are calculated are the time-off awards, QSIs, Cash Awards and Performance-Based Pay Increases. If there are other types of recognition that the agency is giving to PWD and PWTD is is not currently being tracked. FDA is looking at ways to capture other types of recognition given to PWD and PWTD.

D. PROMOTIONS

1. 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) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. SES		
i. Qualified Internal Applicants (PWD)	Answer	N/A
ii. Internal Selections (PWD)	Answer	N/A
b. Grade GS-15		
i. Qualified Internal Applicants (PWD)	Answer	Yes
ii. Internal Selections (PWD)	Answer	Yes
c. Grade GS-14		
i. Qualified Internal Applicants (PWD)	Answer	Yes

ii. Internal Selections (PWD)	Answer	Yes
d. Grade GS-13		
i. Qualified Internal Applicants (PWD)	Answer	Yes
ii. Internal Selections (PWD)	Answer	Yes

Using the B-11 table, there were 1,032 employees selected for internal senior level positions from GS-13 to SES. There were 938 (91%) employees reported having no disability; 31 (3%) of employees did not answer if they had a disability; 63 (6.1%) employees identified as PWD; and 11 (1.1%) employees identified as PWTD. Using the Applicant Flow Data (AFD), PWDs Qualified and were Selected at rates significantly lower than PWOD's and those who did not identify if they had a disability. Qualification Rates G13-15, PWD Total No Disability Not Qualified % Disability Identified PWD G13 39.12% 37.54% 42.73% 28.55% G14 46.29% 43.67% 49.70% 37.95% G15 46.15% 45.13% 49.28% 23.86% Overall 42.71% 40.60% 46.44% 31.57% Selection Rates, G13-15 PWD No Not Grd Overall Disability Identified PWD" G13 3.59% 3.32% 4.24% 1.67% G14 3.63% 3.26% 4.22% 1.54% G15 4.52% 3.50% 4.53% 2.27% Overall 3.71% 3.44% 4.27% 1.67%

2. 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. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. SES		
i. Qualified Internal Applicants (PWTD)	Answer	N/A
ii. Internal Selections (PWTD)	Answer	N/A
b. Grade GS-15		
i. Qualified Internal Applicants (PWTD)	Answer	Yes
ii. Internal Selections (PWTD)	Answer	Yes
c. Grade GS-14		
i. Qualified Internal Applicants (PWTD)	Answer	Yes
ii. Internal Selections (PWTD)	Answer	Yes
d. Grade GS-13		
i. Qualified Internal Applicants (PWTD)	Answer	Yes
ii. Internal Selections (PWTD)	Answer	Yes

Using the Applicant Flow Data (AFD), PWTDs were Qualified and Selected at rates significantly lower than PWODs and those who did not identify if they had a disability. Total No Not Qualified" Disability Identified PWTD G13 39.12% 37.54% 42.73% 25.18% G14 46.29% 43.67% 49.70% 26.90% G15 46.15% 45.13% 49.28% 25.71% Overall 42.71% 40.60% 46.44% 25.77% Selection Data for G13-15 Internal Promotions % Selected % w/ No % Not % Grd Overall Disability Identified PWTD" G13 3.59% 3.32% 4.24% 1.46% G14 3.63% 3.26% 4.22% 0.00% G15 4.52% 3.50% 4.53% 0.00% Overall 3.71% 3.44% 4.27% 0.88%

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. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires to SES (PWD)	Answer	N/A
b. New Hires to GS-15 (PWD)	Answer	Yes
c. New Hires to GS-14 (PWD)	Answer	No
d. New Hires to GS-13 (PWD)	Answer	Yes

Using the Applicant Flow Data (AFD), Triggers exist for PWD at grades GS-13 and GS-15. The IR for these grades is 0% with no selections made for PWD, compared to PWOD IR of 1.8% for GS-13 and 1.7% for GS-15. Similar to PWTD, the pool size of qualified candidates was sufficient to make a selection, albeit small. However, if the PWOD IR was applied to it would produce a fraction of an FTE. A trigger does not exist in the case of PWD GS-14. This senior grade reflects a PWD IR of 3.3% which exceeds the IR for PWOD of 2.9% for GS-14. There was no AFD data for SES.

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. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires to SES (PWTD)	Answer	N/A
b. New Hires to GS-15 (PWTD)	Answer	Yes
c. New Hires to GS-14 (PWTD)	Answer	Yes
d. New Hires to GS-13 (PWTD)	Answer	Yes

Using the Applicant Flow Data (AFD), no data was available for SES pay plan; YES. Triggers exist for all of the senior grade levels for PWTD. Despite there being a pool of qualified applicants to choose from, albeit small, no selections were made for PWTD at the senior grade levels. The PWTD IR is 0% for GS-13, GS-14 and GS-15 New Hires. This compares to PWOD rates of 1.8% (GS-13), 2.9% (GS-14), and 1.7% (GS-15). With that said, pool size must be considered when comparing IR. The PWTD pool sizes would not inform a full FTE if applied to the pool size for PWTD. For example, PWTD Qualified Applicant pool for the GS-14 grade level is 10 applicants. If the PWOD IR of 2.9% was applied to this number it would equate to a fraction of an FTE (0.029*10=0.29 FTE).

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. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Executives		
i. Qualified Internal Applicants (PWD)	Answer	N/A
ii. Internal Selections (PWD)	Answer	N/A
b. Managers		
i. Qualified Internal Applicants (PWD)	Answer	Yes
ii. Internal Selections (PWD)	Answer	Yes
c. Supervisors		
i. Qualified Internal Applicants (PWD)	Answer	Yes
ii. Internal Selections (PWD)	Answer	Yes

YES. Triggers exist for all of the supervisory positions. The largest disparity is observed when comparing the PWTD IR to that of PWOD. The gap appears to show more so in the comparison of Qualification IRs, where the IR for Selection is less triggering in comparison. This is reflected in the IRs for Managers which has a Qualification IR for PWD of 36.1% compared to the PWOD IR (45.2%) of the same group, a 10% delta. However, the Selection IR for PWD is 5.9% for Managers, compared to the PWOD IR of 7.9%; only a 2% delta in this case. PWTD is a big trigger for all Supervisory Levels when comparing Selection IRs to PWOD. Zero selections were made of PWTD despite both the applicant and qualified applicant pools being sufficient for a selection to be made both in the case of Managers and Supervisors. Pool size could be a factor for GS-15 Managers. In this case, if the Selection or Qualification IRs for PWOD were applied to the PWTD applicant pools at the GS-15, the result would be a fraction of an FTE. QUALIFICATION INCLUSION RATE SELECTION INCLUSION RATE INCLUSION RATE CALCULATION PWOD PWD PWTD PWOD PWD PWTD EXECUTIVES No data No data No data No data No data No data MANAGERS 45.15% 36.09% 26.72% 7.93% 5.93% 0.00% SUPERVISORS 52.20% 34.57% 28.30% 9.78% 1.79% 0.00% People who did not identify as having a disability may have been referred and selected at higher rates than all others.

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. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Executives		
i. Qualified Internal Applicants (PWTD)	Answer	N/A
ii. Internal Selections (PWTD)	Answer	N/A
b. Managers		
i. Qualified Internal Applicants (PWTD)	Answer	No
ii. Internal Selections (PWTD)	Answer	No
c. Supervisors		
i. Qualified Internal Applicants (PWTD)	Answer	No
ii. Internal Selections (PWTD)	Answer	No

Using the Applicant Flow Data (AFD) report, there is no Executives data available. For Managers, counts are based on counts of non-supervisory GS 14/15 positions. There is no exact metric available for these two categories. Executives-No Data Managers (non-supervisory 14/15) Applicant Pool Total Pool (Internal)=5,939 Category Total=131 Qualified Total Pool (Internal)=2,652 Category Total=15 New Data (yes to all above) YES. Triggers exist for all of the senior grade levels for PWTD. Despite there being a pool of qualified applicants to choose from, albeit small, no selections were made for PWTD at the senior grade levels. The PWTD IR is 0% for GS-13, GS-14 and GS-15 New Hires. This compares to PWOD rates of 1.8% (GS-13), 2.9% (GS-14), and 1.7% (GS-15). With that said, pool size must be considered when comparing IR. The PWTD pool sizes would not inform a full FTE if applied to the pool size for PWTD. For example, PWTD Qualified Applicant pool for the GS-14 grade level is 10 applicants. If the PWOD IR of 2.9% was applied to this number it would equate to a fraction of an FTE (0.029*10=0.29 FTE). The same triggers exist for PWD at grades GS-13 and GS-15. The IR for these grades is 0% with no selections made for PWD, compared to PWOD IR of 1.8% for GS-13 and 1.7% for GS-15. Similar to PWTD, the pool size of qualified candidates was sufficient to make a selection, albeit small. However, if the PWOD IR was applied to it would produce a fraction of an FTE. A trigger does not exist in the case of PWD GS-14. This senior grade reflects a PWD IR of 3.3% which exceeds the IR for PWOD of 2.9% for GS-14.

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. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires for Executives (PWD)	Answer	N/A
b. New Hires for Managers (PWD)	Answer	No
c. New Hires for Supervisors (PWD)	Answer	Yes

Using the Applicant Flow Data (AFD) report, there is no Executives data available. For Managers, counts are based on counts of non-supervisory GS 14/15 positions. There is no exact metric available for these two categories. For SES AFD for FY19. Executives-No Data for PWD Managers (non-supervisory 14/15) PWD Total Pool=556 (qualified) Total Pool=13 (selected) Supervisors (Cognos metric) PWD Total Pool=114 (qualified) Total Pool=6 (selected) YES. Triggers exist for all of the supervisory positions for both PWD with the exception of PWD Managers. In this case, the Qualification IR of 3.3% exceeds the same for PWOD of 2.3%. The PWTD IR is a trigger at 0%, reflecting zero selections having been made. This is also the case for PWD Supervisors, 0%IR and zero selections made. When comparing IRs to PWOD, pool size must be factored in. The IRs for PWOD in these groups is already very low and when applied to the pool size of qualified applicants for PWD and PWTD, it would produce a fraction of an FTE. For example, if the PWOD IR of 2.3% was applied to the qualified applicant pool of PWTDs, the result would be 0.23 FTEs (0.023*10 applicants). Mitigation should include a focus on finding ways to increase the applicant pool size.

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. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires for Executives (PWTD)	Answer	N/A
b. New Hires for Managers (PWTD)	Answer	Yes
c. New Hires for Supervisors (PWTD)	Answer	Yes

Using the Applicant Flow Data (AFD) report, there is no Executives or SES data available for FY19. For Managers, counts are based on counts of non-supervisory GS 14/15 positions. There is no exact metric available for these two categories. Executives-No Data for PWTD Managers (non-supervisory 14/15) PWTD Total Pool=556 (qualified) Total Pool=13 (selected) Supervisors (Cognos metric) PWTD Total Pool=114 (qualified) Total Pool=6 (selected) YES. Triggers exist for all of the supervisory positions for PWTD. The PWTD IR is a trigger at 0%, reflecting zero selections having been made. When comparing IRs to PWOD, pool size must be factored in. The IRs for PWOD in these groups is already very low and when applied to the pool size of qualified applicants for PWD and PWTD, it would produce a fraction of an FTE. For example, if the PWOD IR of 2.3% was applied to the qualified applicant pool of PWTDs, the result would be 0.23 FTEs (0.023*10 applicants). Mitigation should include a focus on finding ways to increase the applicant pool size.

Section V: Plan to Improve Retention of Persons with Disabilities

To be 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 assistance services.

A. VOLUNTARY AND INVOLUNTARY SEPARATIONS

1. 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 CFR § 213.3102(u)(6)(i))? If “no”, please explain why the agency did not convert all eligible Schedule A employees.

Answer No

The OEEO is currently working with the Policy, Programs and Accountability team to further investigate if all of the eligible Schedule A employees with a disability have been converted into a competitive service position after two years of satisfactory service. Information regarding this process will be included on future reports.

2. 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) Answer No

b.Involuntary Separations (PWD) Answer No

The inclusion rate for Voluntary Separations (PWD)=6.36%; the inclusion rate for Voluntary Separations (PWOD)=4.76%;the difference between the two=1.6% which is relatively low (e..g. 2%). In comparison to Involuntary Separations (PWD), the inclusion rate=0.57%; the inclusion rate for Involuntary Separations (PWOD)=0.11%; the difference between the two=0.46% which is relatively low (e.g. 2%).

3. 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) Answer Yes

b.Involuntary Separations (PWTD) Answer No

The inclusion rate for Voluntary Separations (PWTD)=8.13%; the inclusion rate for Voluntary Separations (PWOD)=4.76%;the difference between the two=3.37% which is relatively high/more than (e..g. 2%). In comparison to Involuntary Separations (PWTD), the inclusion rate=0.63%; the inclusion rate for Involuntary Separations (PWOD)=0.11%; the difference between the two=0.52% which is relatively low (e.g. 2%).

4. 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.

The participation rate of employees separating from the agency who complete the FDA exit survey is between 35%-40%. OEEO worked with Office of Human Capital Management (OHCM) to include demographic variables on the exit survey during Q4 of FY19. A total of 54 surveys were collected during Q4, 49 employees answered the questions about disability. Out of the 49 employees that responded, only 2 employees indicated that they were persons with disabilities (PWD). We cannot determine if a trigger exists for PWD or PWTD using the exit survey results at this time. For future reports, we will have more data to determine if a trigger may exist.

B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

Pursuant to 29 CFR §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.

1. 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.

FDA website for employees, applicants, public: https://www.fda.gov/about-fda/about-website/internet-accessibility and https://www.fda.gov/media/80908/download

2. 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.

The agency does not currently have an Architectural Barriers Act located on its public website. FDA Leadership will be addressing this deficiency as part of the evaluation/assessment of EEO and the development of a gap analysis and strategic plan.

3. 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.

The FDA, along with the Department of Health and Human Services, has a commitment to the accessibility and functionality of the web site content for all Americans. This commitment takes the form of a constantly evolving service of improving accessibility for our community of users. As the technology of the internet evolves, the FDA shares with its users the ongoing improvement of FDA websites and its services. For individuals with disabilities who are having problems accessing information on the FDA web site using assistive technology, they are encouraged to contact the FDA 508 Coordinator (FDA508Coordinator@fda.hhs.gov). The FDA is committed to making content accessible to everyone. For individuals submitting presentations or documents to the FDA, guidance for formatting documents properly and assisting FDA efforts in equivalent access and transparency is provided. At this time, virtually all FDA information is being made accessible via screen readers and other accessibility tools with the exception of some pre-2001 information, Dockets, and some technical documents, which may not be available in accessible formats.

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.

1. 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 average time for processing reasonable accommodation requests during FY19 was 89.3 days. Agency established time-frame for processing reasonable accommodation requests is 60 days, which includes consultation time with FDA's medical consultant. In FY19, the 35-day furlough contributed to the increase in processing time beyond the prescribed regulatory time-frame. Processing procedures, as well as timeframes, are currently under review and projected to be revised during FY20 to emulate other federal agencies best practices.

2. 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.

The RAO coordinates with FDA offices and Centers, conducting training for managers and supervisors on a monthly and/or quarterly basis. As of June 2019, Executive Officers and senior officials are provided with monthly status/trend reports of FDA reasonable accommodation requests. During FY19, reorganization of the RAO triggered the establishment of a working group to review and revise FDA/RA policies and procedures and rebuild the program to increase efficiency and effectiveness.

D. PERSONAL ASSISTANCE SERVICES ALLOWING EMPLOYEES TO PARTICIPATE IN THE WORKPLACE

Pursuant to 29 CFR §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.

PAS for FDA employees is currently provided by the DHHS through the RA program office at EEOCO.Accommodations@hhs.gov, or at (202) 619-1564.

Section VI: EEO Complaint and Findings Data

A. EEO COMPLAINT DATA INVOLVING HARASSMENT

1. 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?

Answer No

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

Answer Yes

3. 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.

Explanations: For question #1, There has been no data found to indicate that there was a higher percentage of Formal complaints alleging harassment filed by PWDs in FY19 as compared to the government average. For question #2, the response is yes for a settlement agreement, not a finding of discrimination. For question #3, there were no findings of discrimination alleging harassment based on disability status during FY19.

B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

1. 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?

Answer Yes

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

Answer Yes

3. 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.

The FDA had one (1) Finding of discrimination involving the failure to provide reasonable accommodations in FY 2019. There was a Final Agency Decision (FAD) issued awarding a lump sum to the Complainant as corrective measures for Non-pecuniary compensatory damages for emotional distress caused by the delay and denial of Reasonable Accommodation. Complainant was also awarded restored annual leave, and resorted family/friend leave.

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.

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

Answer No

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

Answer N/A

3. 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, accomplishments

4. Please explain the factor(s) that prevented the agency from timely completing any of the planned activities.

The planned activities that the centers proactively lead during the FY19 were carried out. If there were any planned activities that were not able to be completed were either rescheduled to take place at a later date or reassessed to ensure that their impact would properly address the trigger(s) that were identified. The planned activities are highlighted in the Executive Summary (Part E.5).

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

There were no barriers identified in FY19's report. The agency is taking a closer look at the triggers that were identified in FY19 to determine how their planned activities can have a greater impact. Some triggers may continue to exist due to the how applicants self identify when applying for positions within the agency.

6. 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.

Although there were no barriers identified for FY19 and no barrier analysis was conducted during this time-frame, the agency has identified triggers. The agency will provide center presentations to leadership to inform them of the triggers that were identified in FY19, as well as, share the report with the newly formed MD 715 work group to also share with their center leadership. The information identified in the MD 715 FY19 will help each center within the agency improve upon their existing programs and diversity & inclusion strategies.