

**U.S. DEPARTMENT OF LABOR OFFICE OF FEDERAL CONTRACT COMPLIANCE
PROGRAMS SUPPLY AND SERVICE STANDARD COMPLIANCE
EVALUATION REPORT (SCER)**

| CONTRACTOR INFORMATION | | | | |
|---|---|-------------------------------------|----------------------------------|----------------------------------|
| 1. ESTABLISHMENT(S)/FUNCTIONAL UNIT/POST-SECONDARY INSTITUTION NAME & ADDRESS | | 2. PARENT NAME & ADDRESS | | |
| CMS Control # _____ | | | | |
| 3. COMPLAINTS INVESTIGATED DURING REVIEW | | | | |
| <input checked="" type="checkbox"/> =If resolved during the review, check box. | | | | |
| # _____ <input type="checkbox"/> | # _____ <input type="checkbox"/> | # _____ <input type="checkbox"/> | # _____ <input type="checkbox"/> | # _____ <input type="checkbox"/> |
| 4. CONTRACT COVERAGE | | | | |
| Contract information included in CMS? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the contract information cover the entire evaluation period? Yes <input type="checkbox"/> No <input type="checkbox"/> Fill in contract information below. | | | | |
| AWARDING AGENCY | IF SUB CONTRACTOR, NAME OF PRIME CONTRACTOR | CONTRACT OR PURCHASE ORDER # | CONTRACT DOLLAR AMOUNT | BEGIN AND END DATES |
| | | | | |
| | | | | |
| | | | | |
| 5. COMPANY CONTACTS | | Name | Title | Phone/E-mail |
| Establishment(s) / Functional Unit | CEO/ Dir/Mgr. | | | |
| | EEO/AA | | | |
| Corporate | CEO | | | |
| | EEO/AA | | | |
| Outside Representative | | | | |
| 6. BACKGROUND INFORMATION | | | | |
| Type of Industry: Specific Facility Function: | | | | |

CASE SUMMARY AND RECOMMENDATIONS

Provide an assessment of compliance. If there are findings of violation(s), list **all** findings in this section. For each one, provide a brief explanation of the supporting facts and evidence, briefly describe conciliation efforts and specify the recommended corrective action(s). For each finding, reference where it is discussed in the SCER. If there is no finding of a violation, and a closure letter is to be issued, provide a brief description of the basis for this action. Be sure to indicate all document(s) to be issued to the contractor (e.g., Predetermination Notice, Notice of Violation, Show Cause Notice, Conciliation Agreement or closure letter).

On-site: Yes No If yes, state reason (e.g., indicator, quality check, etc.).

Early Resolution Procedures? Yes No

| | COMPLIANCE OFFICER (CO) | ASSISTANT DISTRICT DIRECTOR (ADD) | DISTRICT DIRECTOR (DD) REGIONAL DIRECTOR (RD) |
|-----------|------------------------------------|--|--|
| Signature | | | |
| Date | | | |

PART A: PREPARATION

PAST PROBLEMS, KNOWN COMPLAINTS OR ENFORCEMENT PROCEEDINGS, AND COLLABORATION WITH OTHER AGENCIES

1. Past Problems. If there were no prior OFCCP compliance reviews or investigations of the contractor, check here and go on to item 2 below. ()

a. Past Problems? Yes / No Explain if yes and identify source materials.

b. Recurrence? Yes / No Explain if yes.

2. Known Complaints or Enforcement Proceedings. If there are no complaints filed or pending with other agencies, e.g., EEOC, WHD or OSHA, and no new or ongoing enforcement proceedings by any of these agencies, check here and go on to the next page. ()

If there are complaints or enforcement proceedings, for each one, list the agency involved, the basis, issue, current status and the area of the contractor's workforce it appears to concern. Add additional sheets as an attachment to the SCER, if needed. If at any point in the review, you determine there is a related potential problem not investigated in the complaints or enforcement proceedings, complete part (b) below.

a. List Known Complaints or Enforcement Proceedings.

| Agency | Basis | Issue | Status | Job Group/ Department (if available) |
|--------|-------|-------|--------|--|
| | | | | |
| | | | | |

b. Related Problem Not Investigated in the Known Complaint or Enforcement Proceedings?
Yes/No Explain if yes.

3. Explain any collaboration with, or referrals to, other agencies, e.g., EEOC, WHD or OSHA, during the compliance evaluation. List agency, basis for referral or collaboration and the issue(s).

PART B: DESK AUDIT

I. INITIAL REVIEW OF AAP AND SUPPORT DATA SUBMISSIONS

| EXECUTIVE ORDER 11246 | INCLUDED IN AAP? Indicate Y/N | ACCEPTABLE? (Text Only) Y/N | If NO, Include in PART B.II |
|--|--------------------------------------|------------------------------------|------------------------------------|
| ORGANIZATIONAL PROFILE (Organizational Display or Workforce Analysis) 41 CFR 60-2.11 | | | |
| JOB GROUP ANALYSIS 41 CFR 60-2.12 | | | |
| EXECUTIVE ORDER 11246 UTILIZATION ANALYSIS | | | |
| PLACEMENT OF INCUMBENTS IN JOB GROUPS 41 CFR 60-2.13 | | | |
| DETERMINATION OF AVAILABILITY 41 CFR 60-2.14 | | | |
| COMPARISON OF INCUMBENCY TO AVAILABILITY 41 CFR 60-2.15 | | | |
| PLACEMENT GOALS 41 CFR 60-2.16 | | | |
| ADDITIONAL REQUIRED ELEMENTS | | | |
| DESIGNATION OF RESPONSIBILITY 41 CFR 60-2.17(a) | | | |
| IDENTIFICATION OF PROBLEM AREAS 41 CFR 60-2.17(b) | | | |
| DOCUMENTATION OF ACTION-ORIENTED PROGRAMS 60-2.10(b)(2)(iii); 41 CFR 60-2.10(c); 41 CFR 60-2.17(c) | | | |
| INTERNAL AUDIT AND REPORTING SYSTEMS 41 CFR 60-2.17(d) | | | |

ITEMIZED LISTING SUPPORT DATA

| EXECUTIVE ORDER 11246 | INCLUDED IN DESK AUDIT SUBMISSION? Indicate Y/N | ACCEPTABLE? (Text Only) Y/N/NA | If NO, Include in PART B.II |
|--|--|---------------------------------------|------------------------------------|
| COPIES OF EEO-1 REPORTS FOR LAST THREE YEARS (IF APPLICABLE) 41 CFR 60-1.7(a)(1); 41 CFR 60-1.12; 41 CFR 60-1.43 | | | |
| COPIES OF IPEDS HUMAN RESOURCES SURVEY COMPONENT REPORT FOR LAST THREE YEARS (IF APPLICABLE) 41 CFR 60-1.12; 41 CFR 60-1.43 | | | |

| EXECUTIVE ORDER 11246 | INCLUDED IN DESK AUDIT SUBMISSION? Indicate Y/N | ACCEPTABLE? (Text Only) Y/N/NA | If NO, Include in PART B.II |
|---|--|---|--|
| COPY OF BARGAINING AGREEMENTS, IF APPLICABLE 41 CFR 60-1.12 | | | |
| APPLICANT FLOW Internet Applicant <input type="checkbox"/> 41 CFR 60-1.12 | | | |
| HIRES 41 CFR 60-1.12 | | | |
| PROMOTIONS 41 CFR 60-1.12 | | | |
| TERMINATIONS 41 CFR 60-1.12 | | | |
| TOTAL NUMBER OF EMPLOYEES FOR PRECEEDING YEAR | | | |
| ITEM 19 COMPENSATION DATA AND INFORMATION | | | |
| REPORT ON GOALS 41 CFR 60-1.12 | | | |
| INFORMATION ON SELECTION PROCEDURES (INCLUDING AI- BASED PROCEDURES, IF THE COMPANY USES AI IN THEIR SELECTION PROCESS) 41 CFR 60-1.12, 41 CFR 60-1.43 | | | |
| CONTRACTOR'S SELF-ANALYSIS OF COMPENSATION SYSTEMS 41 CFR 60-2.10(c); 41 CFR 60-2.17(b)(3) | | | |
| COPIES OF EEO POLICIES (IF APPLICABLE) 41 CFR 60-1.12; 41 CFR 60-1.43 | | | |

| SECTION 503 AND VEVRAA | INCLUDED IN AAP? Indicate Y/N | ACCEPTABLE? (text only) Indicate Y/N | If NO, include in Part B. II |
|--|--|---|---|
| EEO POLICY STATEMENT 41 CFR 60-300.44(a); 41 CFR 60-741.44(a) | | | |
| REVIEW OF PERSONNEL PROCESSES 41 CFR 60-300.44(b); 41 CFR 60-741.44(b) | | | |
| REVIEW OF PHYSICAL AND MENTAL JOB QUALIFICATIONS 41 CFR 60-300.44(c); 41 CFR 60-741.44(c) | | | |
| REASONABLE ACCOMMODATION 41 CFR 60-300.44(d); 41 CFR 60-741.44(d) | | | |
| HARASSMENT PREVENTION 41 CFR 60-300.44(e); 41 CFR 60-741.44(e) | | | |

| SECTION 503 AND VEVRAA | INCLUDED IN AAP? Indicate Y/N | ACCEPTABLE? (text only) Indicate Y/N | If NO, include in Part B. II |
|---|-------------------------------------|--|---------------------------------|
| EXTERNAL DISSEMINATION OF AFFIRMATIVE ACTION POLICY 41 CFR 60-300.44(f)(1)(ii); 41 CFR 60-741.44(f)(1)(ii) | | | |
| ASSESSMENT AND DOCUMENTATION OF EACH OUTREACH & POSITIVE RECRUITMENT ACTIVITY 41 CFR 60-300.44(f)(3); 41 CFR 60-741.44(f)(3) | | | |
| ASSESSMENT OF TOTALITY OF OUTREACH & DOCUMENTATION OF POSITIVE RECRUITMENT EFFORTS 41 CFR 60-300.44(f)(3); 41 CFR 60-741.44(f)(3) | | | |
| INTERNAL DISSEMINATION OF EEO POLICY 41 CFR 60-300.44(g); 41 CFR 60-741.44(g) | | | |
| AUDIT AND REPORTING SYSTEM 41 CFR 60-300.44(h); 41 CFR 60-741.44(h) | | | |
| ESTABLISHMENT OF RESPONSIBILITY 41 CFR 60-300.44(i); 41 CFR 60-741.44(i) | | | |
| TRAINING TO ENSURE AAP IMPLEMENTATION 41 CFR 60-300.44(j); 41 CFR 60-741.44(j) | | | |
| DATA COLLECTION ANALYSIS 41 CFR 60-741.44(k); 41 CFR 60-300.44(k) | | | |
| SECTION 503 UTILIZATION GOAL AND ASSESSMENT ANALYSIS 41 CFR 60-741.45 | | | |
| VEVRAA BENCHMARK FOR HIRING 41 CFR 60-300.45(b); 41 CFR 60-300.45(c) | | | |
| COPIES OF ANY WRITTEN REASONABLE ACCOMMODATION POLICIES, AND DOCUMENTATION OF ANY REQUESTS RECEIVED AND THEIR RESOLUTION 41 CFR 60-300.44(d) | | | |
| MOST RECENT ASSESSMENT OF PERSONNEL PROCESSES 41 CFR 60-300.44(b); 41 CFR 60-741.44(b) | | | |

| SECTION 503 AND VEVRAA | INCLUDED IN AAP? Indicate Y/N | ACCEPTABLE? (text only) Indicate Y/N | If NO, include in Part B. II |
|---|--|---|---|
| MOST RECENT ASSESSMENT OF PHYSICAL AND MENTAL QUALIFICATIONS 41 CFR 60-300.44(c); 41 CFR 60-741.44(c) | | | |

| OTHER VEVRAA CONSIDERATIONS | INDICATE Y/N | PROVIDE ANY RELEVANT COMMENTS OR OBSERVATIONS |
|---|---------------------|--|
| LISTED JOB OPENINGS WITH EMPLOYMENT SERVICE DELIVERY SYSTEM 41 CFR 60-300.5(a) | | |
| FILED CURRENT VETS-4212 REPORT 41 CFR 300.60(c) | | |

II. SUMMARY OF AAP ACCEPTABILITY

Summarize all AAP and support data problems identified during the desk audit and any actions taken or plans to resolve (if the action is to take place during or after on-site). If investigated on-site, provide an explanation of the findings, the type of problem (Executive Order 11246, Section 503, VEVRAA), whether and how the problem was resolved, and what remedial action(s) was taken. (Add additional sheets as an attachment to the SCER, if needed).

| # | AAP AND ITEMIZED LISTING DATA ACCEPTABILITY PROBLEMS | On-site <input checked="" type="checkbox"/> |
|---|--|--|
| 1 | PROBLEM: ACTION TAKEN: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 2 | PROBLEM: ACTION TAKEN: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 3 | PROBLEM: ACTION TAKEN: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 4 | PROBLEM: ACTION TAKEN: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 5 | PROBLEM: ACTION TAKEN: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 6 | PROBLEM: ACTION TAKEN: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |

III. EEO-1 WORKFORCE AND TREND ANALYSIS

EEO-1 Workforce Analysis. Identify whether there is a difference in the totals between the most recent EEO-1 report and AAP workforce totals before proceeding to more complex analyses on employment activity. If there is a difference, review the personnel activity data to see if activities such as hires and terminations explain the difference. If not, clarification is needed from the contractor to ensure the entire workforce is included in the AAP and to ensure that all personnel activity has been reported.

| Total # Employees from most recent EEO-1 report | Total # Employees from AAP |
|---|----------------------------|
| | |

Does personnel activity data (hires and terminations) reflect the difference

in totals? Yes _____ No _____ (if no, explain below)

If there is a difference in totals not accounted for by personnel activity data did contractor provide an acceptable explanation?

Yes _____ No _____ Not applicable _____ (If no, explain below)

EEO-1 TREND ANALYSIS RESULTS

1. Trends. Examine long-term and short-term trends of minority and female representation in: (a) the total workforce, (b) white-collar EEO-1 categories and (c) blue-collar EEO-1 categories. If there are any negative trends, discuss below. If there are no negative trends, check here and go on to number 2. ()

2. Job Category Patterns. Determine if there are any negative trends of minority or female representation by EEO-1 job category. If there were negative trends, explain below. If there are no negative trends check here and go on to number 3. ()

3. Particular Group. Examine the EEO-1 report to see if personnel activity data reported as minority and nonminority could be potentially masking a particular minority group issue. If the assessment is yes, collect personnel activity by race. Determine if there are any substantial disparities in the trends of a particular minority group, or of men or women of a particular minority group, either in the workforce as a whole or in specific job groups. If disparities exist, explain them below.

IV. EVALUATION OF GOOD FAITH EFFORTS - EXECUTIVE ORDER 11246

Identify Executive Order 11246 goal areas where goals were established but not met. For each goal area not met, identify the job group; describe whether goals were for minorities, females, or both for the prior and current year; and identify the expected goal and actual goal. If there is a difference between the expected and actual goals, provide the contractor's explanation for the difference and pertinent AAP commitments. Identify additional information that will be requested and whether the issue needs to be investigated on-site. Provide an explanation of any findings, indicating whether and how the problem was resolved, and what remedial action(s) was taken.

| # | GOAL AREA PROBLEMS | On-site <input checked="" type="checkbox"/> |
|---|--|--|
| 1 | GOAL AREA (PY/CY): EXPLANATION/COMMITMENTS: ADDITIONAL INFO: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 2 | GOAL AREA (PY/CY): EXPLANATION/COMMITMENTS: ADDITIONAL INFO: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 3 | GOAL AREA (PY/CY): EXPLANATION/COMMITMENTS: ADDITIONAL INFO: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 4 | GOAL AREA (PY/CY): EXPLANATION/COMMITMENTS: ADDITIONAL INFO: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 5 | GOAL AREA (PY/CY): EXPLANATION/COMMITMENTS: ADDITIONAL INFO: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |
| 6 | GOAL AREA (PY/CY): EXPLANATION/COMMITMENTS: ADDITIONAL INFO: FINDINGS: RE SOLUTION: | <input type="checkbox"/> |

V. SECTION 503 UTILIZATION ANALYSIS AND OUTREACH ASSESSMENT

Utilization Analysis. Identify whether the contractor met the 7 percent disability utilization goal in each of its AAP job groups or, if the contractor has fewer than 100 employees, in the contractor’s workforce as a whole. If the goal was not met, the contractor must take steps to determine whether and where impediments to equal employment opportunity exist. If any problem areas are identified, the contractor must develop and execute action-oriented programs designed to correct them. Identify the steps the contractor took to determine if impediments exist, and the action-oriented programs developed to correct any identified problem areas. Identify whether the issue needs to be investigated on-site. Provide an explanation of any findings, indicating whether and how the problem was resolved, and what remedial action(s) was taken. Also, explain any progress the contractor is making in the current year if the contractor is six months or more into its current year AAP.

| # | UTILIZATION GOAL PROBLEM AREAS – MORE THAN 100 EMPLOYEES | On-site <input checked="" type="checkbox"/> |
|---|---|--|
| | <p>If contractor set goals by job group, did the contractor meet the 7% utilization goal in each job group? <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If no, identify the job group(s) where the goal was not met (including percent achieved by the contractor), the steps taken to identify problem areas and the action-oriented programs to correct identified problem areas. Add more rows as needed.</p> | |
| 1 | <p>JOB GROUP & PERCENT ACHIEVED:</p> <p>STEPS TAKEN:</p> <p>PROBLEM AREAS IDENTIFIED:</p> <p>ACTION-ORIENTED PROGRAMS:</p> <p>FINDINGS & RESOLUTION:</p> <p>CURRENT YEAR PROGRESS:</p> | <input type="checkbox"/> |
| 2 | <p>JOB GROUP & PERCENT ACHIEVED:</p> <p>STEPS TAKEN:</p> <p>PROBLEM AREAS IDENTIFIED:</p> <p>ACTION-ORIENTED PROGRAMS:</p> <p>FINDINGS & RESOLUTION:</p> <p>CURRENT YEAR PROGRESS:</p> | <input type="checkbox"/> |
| 3 | <p>JOB GROUP & PERCENT ACHIEVED:</p> <p>STEPS TAKEN:</p> <p>PROBLEM AREAS IDENTIFIED:</p> <p>ACTION-ORIENTED PROGRAMS:</p> <p>FINDINGS & RESOLUTION:</p> <p>CURRENT YEAR PROGRESS:</p> | <input type="checkbox"/> |

| UTILIZATION GOAL PROBLEM AREAS – FEWER THAN 100 EMPLOYEES | On-site <input checked="" type="checkbox"/> |
|---|--|
| <p>If contractor opted to set goal for entire workforce, did the contractor meet its 7% utilization goal?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (if no, identify problem area(s))</p> <p>If no, identify the percent achieved by the contractor for its <u>workforce as a whole</u>, the steps taken to identify problem areas and the action-oriented programs to correct identified problem areas.</p> | |
| PERCENT ACHIEVED: | <input type="checkbox"/> |
| STEPS TAKEN: | |
| PROBLEM AREAS IDENTIFIED: | |
| ACTION-ORIENTED PROGRAMS: | |
| FINDINGS & RESOLUTION: | |
| CURRENT YEAR PROGRESS: | |

SECTION 503 Outreach Assessment. Indicate whether the contractor evaluated the effectiveness of each outreach and positive recruitment effort, and whether the contractor concluded that the totality of its efforts were effective in identifying and recruiting qualified individuals with disabilities. Also, indicate whether the contractor's conclusion is reasonable and, if not, explain why. If the contractor concludes that its efforts were not effective, list the alternative efforts that it has identified. Identify any additional information that will be requested and whether the issue needs to be investigated on-site. Provide an explanation of any findings, indicating whether and how the problem was resolved, and what remedial action(s) was taken.

| SECTION 503 OUTREACH ASSESSMENT | On-site <input checked="" type="checkbox"/> |
|--|--|
| Did the contractor evaluate the effectiveness of each outreach and positive recruitment effort it undertook, and draw a conclusion as to whether the totality of its efforts <u>were</u> effective in identifying and recruiting qualified individuals with disabilities? If not, explain in the Findings section below. Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| Was the contractor's conclusion reasonable? If no, explain why in the Findings section below. Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Information to be Requested: | <input type="checkbox"/> |
| Findings: | <input type="checkbox"/> |

VI. VEVRAA OUTREACH ASSESSMENT

VEVRAA Outreach Assessment. Indicate whether the contractor evaluated the effectiveness of each outreach and positive recruitment effort, and whether the contractor concluded that the totality of its efforts were effective in identifying and recruiting qualified protected veterans.

Also, indicate whether the contractor's conclusion is reasonable and, if not, explain why. If the contractor concludes that its efforts were not effective, list the alternative efforts that it has identified. Identify any additional information that will be requested and whether the issue needs to be investigated on-site.

Provide an explanation of any findings, indicating whether and how the problem was resolved, and what remedial action(s) was taken.

| VEVRAA OUTREACH ASSESSMENT | On-site <input checked="" type="checkbox"/> |
|---|--|
| <p>Did the contractor evaluate the effectiveness of each outreach and positive recruitment effort it undertook, and draw a conclusion as to whether the totality of its efforts were effective in identifying and recruiting qualified protected veterans? If not, explain in the Findings section below.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <input type="checkbox"/> |
| <p>Was the contractor's conclusion reasonable? If no, explain why not in the Findings section below.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <input type="checkbox"/> |
| <p>Additional Information to be Requested:</p> | <input type="checkbox"/> |
| <p>Findings:</p> | <input type="checkbox"/> |

VII. EMPLOYMENT ACTIVITY DATA ANALYSES

Desk Audit Analyses. Summarize any potential systemic or individual discrimination found under any legal authority during the desk audit from analyzing employment activity data, including compensation, hires, terminations, and promotions (e.g., statistical indicators showing disparate impact against minorities or women). Include a discussion of the nature of any indicators of discrimination, relevant evidence collected and reviewed at desk audit, actions (if any) taken to resolve the indicators, and whether and how the problem was resolved. If the discrimination indicator could not be resolved through additional data analysis during pre-on-site or early resolution procedures, check the box to indicate if the compliance evaluation will continue with an on-site investigation.

| EMPLOYMENT DATA ANALYSES RESULTS | On-site <input checked="" type="checkbox"/> |
|---|---|
| HIRING ANALYSIS RESULTS: | <input type="checkbox"/> |
| TERMINATION ANALYSIS RESULTS. | <input type="checkbox"/> |
| PROMOTION ANALYSIS RESULTS. | <input type="checkbox"/> |
| COMPENSATION ANALYSIS RESULTS. | <input type="checkbox"/> |

VIII. OTHER PROBLEMS FOR ON-SITE INVESTIGATION

Identify any other problems that require additional information and/or require an on-site review, such as a pay secrecy policy or minority and female representation, as applicable within departments/units; possible lines of progression (within department or across department lines); grade or salary levels; supervisory positions vs. those supervised, etc. Provide an explanation of any findings, indicating how the problem was resolved and what remedial action(s) was taken. If the problems could not be resolved through additional records requests during pre-on-site or early resolution procedures, check the on-site box. Desk audit discrimination indicators are reported in Part B, VII.

| # | PROBLEM AREAS | On-site <input checked="" type="checkbox"/> |
|----------|-------------------------|--|
| 1 | PROBLEM AREA: | <input type="checkbox"/> |
| | ADDITIONAL INFO: | |
| | FINDINGS: | |
| | RE SOLUTION: | |
| 2 | PROBLEM AREA: | <input type="checkbox"/> |
| | ADDITIONAL INFO: | |
| | FINDINGS: | |
| | RE SOLUTION: | |
| 3 | PROBLEM AREA: | <input type="checkbox"/> |
| | ADDITIONAL INFO: | |
| | FINDINGS: | |
| | RE SOLUTION: | |
| 4 | PROBLEM AREA: | <input type="checkbox"/> |
| | ADDITIONAL INFO: | |
| | FINDINGS: | |
| | RE SOLUTION: | |
| 5 | PROBLEM AREA: | <input type="checkbox"/> |
| | ADDITIONAL INFO: | |
| | FINDINGS: | |
| | RE SOLUTION: | |

PART C: ON-SITE INVESTIGATION

I. IMPLEMENTATION: EQUAL OPPORTUNITY CLAUSE AND OTHER REQUIREMENTS UNDER EXECUTIVE ORDER 11246, SECTION 503, VEVRAA AND EXECUTIVE ORDER 13496

Determine whether the contractor complied with the following requirements (Yes/No). If “Yes,” indicate how this was confirmed. If “No,” explain the problem, whether it was resolved and, if resolved, indicate how. If requirements are not resolved, they must be included in the **Case Summary and Recommendations** section.

| Applicable under Executive Order 11246, Section 503 and VEVRAA |
|---|
| INCLUDED EQUAL OPPORTUNITY CLAUSE IN SUBCONTRACTS AND PURCHASE ORDERS (41 CFR 60-1.4, 41 CFR 60-300.5, 41 CFR 60-741.5) |
| |
| POSTED CURRENT NOTICES, INCLUDING THE “KNOW YOUR RIGHTS” POSTER AND ANY REQUIRED SUPPLEMENT IN CONSPICUOUS PLACES, ELECTRONICALLY WHERE REQUIRED (41 CFR 60-1.4, 41 CFR 60-300.5, 41 CFR 60-741.5) |
| |
| NOTIFIED PARTIES WITH WHICH IT HAS A CBA OF ITS EEO OBLIGATIONS (41 CFR 60-1.4, 41 CFR 60-300.5, 41 CFR 60-741.5) |
| |
| INCLUDED EEO LANGUAGE IN JOB ADVERTISEMENTS (41 CFR 60-1.4, 41 CFR 60-300.5, 41 CFR 60-741.5) |
| |
| Applicable under Executive Order 11246 only |
| POSTED PAY TRANSPARENCY NONDISCRIMINATION PROVISION (PHYSICALLY OR ELECTRONICALLY) AND INCLUDED IT IN CURRENT EMPLOYEE MANUALS AND HANDBOOKS (41 CFR 60-1.35(c)) |
| |

Applicable under Section 503 and VEVRAA

MADE AAPS AVAILABLE FOR INSPECTION, AND POSTED LOCATION AND HOURS
(41 CFR 60-300.41, 41 CFR 60-741.41)

**COMPLIED WITH REQUIREMENTS RELATED TO DISABILITY-RELATED
QUESTIONS AND MEDICAL EXAMINATIONS** (41 CFR 60-300.23, 41 CFR 60-741.23)

**COMPLIED WITH THE REQUIREMENTS RELATED TO CONFIDENTIALITY AND
USE OF MEDICAL INFORMATION** (41 CFR 60-300.23(d), 41 CFR 60-741.23(d))

**COMPLIED WITH REQUIREMENTS RELATED TO THE INVITATION TO SELF-
IDENTIFY AS A PROTECTED VETERAN AND THE INVITATION TO SELF-IDENTIFY AS
AN INDIVIDUAL WITH A DISABILITY (FORM CC-305)** (41 CFR 60-300.42, 41 CFR 60-
741.42)

Applicable under Executive Order 13496 only

**POSTED NOTICE OF EMPLOYEE RIGHTS UNDER THE NATIONAL LABOR RELATIONS
ACT**
(Required poster and electronic posting, if applicable) (29 CFR 471.2)

INCLUDED NOTICE OF EXECUTIVE ORDER 13496 OBLIGATIONS IN SUBCONTRACTS
(29 CFR 471,
Subpart A, app. A)

**II. IMPLEMENTATION OF REGULATIONS
PROHIBITING DISCRIMINATION ON THE BASIS OF SEX**

Verify the contractor's implementation of the regulations prohibiting discrimination on the basis of sex at 41 CFR Parts 60-1 and 60-20. If the contractor is in compliance, describe below how this determination was made (e.g., specifically reference documentation and other evidence reviewed that is relevant to the determination, and describe/summarize relevant interview statements). If not, explain the problem, whether it has been resolved and, if so, how. If you identify a potential discrimination problem, include the issue in Part C, V – Problems Identified During the On-site Investigation.

| SEX DISCRIMINATION REGULATIONS, 41 CFR PART 60-20 VIOLATION? YES / NO EXPLAIN |
|---|
| <p>Discrimination Based on Pregnancy, Childbirth and Related Medical Conditions (41 CFR 60-20.5)</p> <p>Review the contractor's job policies and practices with regard to pregnancy, childbirth and related medical conditions. Does the contractor treat employees and applicants affected by pregnancy, childbirth and related medical conditions the same as employees affected by other medical conditions who are similar in their ability or inability to work? Examine the contractor's policies and practices related to:</p> <ul style="list-style-type: none">(a) Health insurance;(b) Job accommodations; and(c) Leave <p>If the contractor provides family, parental, or medical leave, is that leave available on the same terms to employees regardless of sex?</p> <p>If the contractor's health insurance, job accommodations, and leave policies or practices are the same for pregnancy-related conditions and other medical conditions that are similar in their effect on employees' ability to work, examine whether such policies or practices have an adverse impact on the basis of sex and, if so, whether the contractor has shown that such policies or practices are job-related and consistent with business necessity.</p> |
| <p>Other Fringe Benefits (41 CFR 60-20.6)</p> <p>Review the contractor's policies and practices with regard to fringe benefits. If the contractor provides fringe benefits (e.g., medical, hospital, accident, life insurance, and retirement benefits; profit-sharing and bonus plans; and/or leave other than that addressed under 41 CFR 60-20.5), are those benefits provided on the same terms to employees regardless of sex?</p> |
| <p>Sexual Harassment and Hostile Work Environments (41 CFR 60-20.8)</p> <p>Is there evidence of unwelcome sexual advances, requests for sexual favors, offensive remarks about a person's sex, or other verbal or physical conduct of a sexual nature under any of the following circumstances?</p> <ul style="list-style-type: none">1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;2) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance; or creating an intimidating, hostile or offensive working environment. |

**III. IMPLEMENTATION OF THE GUIDELINES ON DISCRIMINATION
BECAUSE OF RELIGION OR NATIONAL ORIGIN**

Verify the contractor’s implementation of the regulations prohibiting discrimination on the basis of religion and national origin at 41 CFR Part 60-1, and the Guidelines on Discrimination Because of Religion or National Origin at 41 CFR Part 60-50. If the contractor is in compliance, describe below how this determination was made (e.g., reference documentation and other evidence that was reviewed, and describe statements made during interviews). If not, explain the problem, whether it has been resolved and, if so, how. If you identify a potential discrimination problem, include the issue in Part C, V – Problems Identified During the On-site Investigation.

**GUIDELINES ON DISCRIMINATION BECAUSE OF RELIGION,
41 CFR PART 60-50 VIOLATION? YES/ NO EXPLAIN**

Equal Employment Policy (41 CFR 60-50.2)

1. Contractor does/does not discriminate on the basis of religion. If discrimination is found, please explain the problem in Part C, V – Problems Identified During the On-site Investigation, and describe any related violation findings in the Case Summary and Recommendations section.

2. Describe any outreach efforts made by the contractor, if required to address EEO disparities based on religion.

Accommodations to Religious Observance and Practice (41 CFR 60-50.3)

Contractor provides requested accommodations for religious observances and practices unless it can demonstrate that providing an accommodation would cause an undue hardship on the contractor’s business. If accommodations were wrongly denied, please explain.

**GUIDELINES ON DISCRIMINATION BECAUSE OF NATIONAL ORIGIN,
41 CFR PART 60-50 VIOLATION? YES/ NO EXPLAIN**

Equal Employment Policy (41 CFR 60-50.2)

1. Contractor does/does not discriminate on the basis of national origin. If discrimination is found, please explain the problem in Part C, V – Problems Identified During the On-site Investigation, and describe any related violation findings in the Case Summary and Recommendations section.

2. Describe any outreach efforts made by the contractor, if required to address EEO disparities based on national origin.

**IV. INVESTIGATING POTENTIAL DISCRIMINATION
IDENTIFIED DURING DESK AUDIT**

Discrimination Investigative Results. Record the on-site investigative findings for any potential systemic or individual discrimination that was identified during desk audit and recorded in Part B, VII of the SCER (e.g., statistical indicators showing disparate impact against minorities or women in hiring or compensation, evidence of disparate treatment). Include a discussion of the nature of the problem, relevant evidence collected and reviewed, actions (if any) taken to resolve the problem, and whether and how the problem was resolved. Also include any findings of violation in **Case Summary and Recommendations** section.

| SUMMARY OF PROBLEMS, ACTIONS TAKEN AND RESOLUTION (Add additional sheets as an attachment to the SCER, if needed) |
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V. PROBLEMS IDENTIFIED DURING THE ON-SITE INVESTIGATION

Investigating Problems Identified On-site. Record the on-site investigative findings for any problems discovered during the on-site investigation (e.g., anecdotal evidence describing discrimination or harassment against employees based on disability, protected veterans' status, sexual orientation or gender identity, or suggesting that the contractor prohibits employees from discussing their pay). Include a discussion of the nature of the problem, relevant evidence collected and reviewed, actions (if any) taken to resolve the problem, and whether and how the problem was resolved. Also include any findings of violation in **Case Summary and Recommendations** section.

| SUMMARY OF PROBLEMS, ACTIONS TAKEN AND RESOLUTION (Add additional sheets as an attachment to the SCER, if needed) |
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**PART D: CORPORATE MANAGEMENT
EVALUATION (CMCE) NARRATIVE
(Only complete when conducting a CMCE)**

When conducting a CMCE, this part of the SCER must be completed in addition to the Case Summary and Recommendations section; and Parts A, B and C. Compliance officers should use the Consolidated EEO-1 Report (Type 2) and Headquarters Report (Type 3) for completing the information related to corporate establishment representation.

This document must be attached to all CMCE SCERS. If using the Adobe format and the narrative extends beyond the space available on the form, then tab and file the document, and list the tab with the location in the space the question (e.g., see Tab File 1-A – Hires). While this is a guide, all questions listed should be answered; however, you are not limited to only to the questions listed. See the FCCM, Chapter 4 and 41 CFR 60-2.30 for additional information.

| Item | Question |
|-------------------------------|---|
| Introduction: | Describe the corporate background, structure, observations concerning corporate culture and values. Also, describe any previous OFCCP reviews or complaints, or complaints filed with other agencies that specifically address management jobs or “glass ceiling” issues. |
| AAP Development: | Did the contractor develop and maintain an AAP at each facility (yes/no). If “no” explain how employees are accounted for in the contractor’s AAPs? |
| Corporate AAP: | List the positions at lower-level establishments that are rolled-up into the Corporate AAP? |
| Scope: | Did the evaluation only cover the corporate headquarters? Yes/No If no because the evaluation was extended beyond the corporate headquarters to an intermediate headquarters or lower-level establishment, please explain the circumstances for the decision. |
| Focus Level and Areas: | Describe the company's pay and management structure. |

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| Outreach Efforts: | Describe and assess the effectiveness of recruitment programs the company has in place at various levels. For upper-level management, do they use executive search firms or informal referrals from current executive level employees, or both? If executive search firms, what type? Were they informed of EEO/AA policy? |
| Jobs Filled at and above the Focus Level: | Describe the representation at the focus levels and during the evaluation period. Determine what jobs have been filled at the mid- and senior corporate management levels, and how were they filled (hire, promotion, transfer). Describe external and internal opportunities. |
| Internal Development - Specific Programs: | Does the company have development programs/opportunities for top management positions in the following areas and, if so, describe the participation (minorities, women, individuals with disabilities and protected veterans) in the programs: 1) Succession and Related Planning, 2) Performance Appraisals, 3) Visibility (Special Projects/Task Forces, Committees, Special Assistants/Executive Assistants), 4) Management Training and Executive Development Programs, and 5) Mentoring and Networking. Identify whether any of these programs/opportunities are designed for a particular group. During the review period, how many employees have gone through training and development programs? How many of those employees are males, females, various races, individuals with disabilities and/or protected veterans. How many have been promoted after completing the program? Describe the benefits of the program and the relationship to promotions. What happens if someone does not complete the program and their eligibility for future advancement? What is the contractor's policy and procedures on promotions, transfers, and training opportunities? |
| Total Compensation: | Describe the compensation system, including any findings with regard to 1) Bonuses, 2) Stock, 3) Perks, and 4) Award and Honor Programs. What are the names of bonus/incentive plan(s)? Who is eligible? What are the criteria for eligibility, e.g., length of service, minimum performance level, designation as a critical or high-potential employee? How is the final award determined, reviewed, and approved? |
| Terminations: | Have there been any terminations among the mid- and senior level corporate management? What are the termination policies and practices? Are they evenhandedly applied? |