

**From:** [Wong, Betty \(CDC/OD/OS\)](#)  
**To:** ["Amanda Cash"](#)  
**Cc:** [Swain, Robert \(CDC/OD/OS\)](#); [Christiansen, Leighton \(CDC/OD/OS\) \(CTR\)](#)  
**Subject:** Follow-Up Response | Data Foundation Comments | Docket No. CDC-2025-0288  
**Date:** Monday, January 12, 2026 1:38:00 PM

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Dear Dr. Cash,

Thank you again for the time and thoughtful consideration you put into reviewing our materials. We appreciate your engagement and the opportunity to clarify how several of your recommendations align with our current approach and future plans. Below is a deeper dive into the points you raised.

### **1. Data Collection Methodologies**

You noted that *“Researchers should be required to describe data collection methodologies in sufficient detail to support reproducibility and identify applicable quality frameworks aligned with OMB Circular A-130 and the Federal Data Strategy.”*

Our Data Management Plan (DMP) template already includes a dedicated section for methodology description. This structure ensures that researchers have a clear place to document their data collection approach.

That said, the level of detail and quality of responses ultimately depends on researcher training, institutional policy, and evaluation processes. These components fall outside the scope of what a DMP template alone can accomplish, though we agree they are essential to improving overall data quality and reproducibility.

### **2. Metadata Standards and DCAT Alignment**

You recommended that *“Comprehensive metadata requirements should align with federal standards such as the most recent versions of the DCAT-US Schema required for federal agencies to implement by September 2026.”*

The fields included in our current DMP are already aligned with DCAT v3. Our next step is to continue mapping our internal databases to DCAT v3 so that DMPs can be exported as DCAT-compliant XML. This work, however, cannot be fully implemented within the DMP template itself as long as we are relying on a static, paper-based form. A database-driven DMP authoring tool—such as DMPTool—would be required to support automated export and schema-level interoperability.

### **3. Incorporation of the Five Safes Framework**

You also recommended explicitly incorporating the Five Safes framework (safe people, projects, settings, data, and outputs) to support more nuanced decision-making around data access and use.

The Five Safes reflect widely accepted good practices across the data lifecycle. Because these practices occur at different stages—many outside the planning phase—not all components of the framework map cleanly onto a DMP. For the elements that do align with DMP-stage activities, we have already incorporated them into our existing structure.

We appreciate your continued partnership and your commitment to strengthening federal data practices.

Kind regards,  
Betty Wong  
Health Scientist  
Centers for Disease Control and Prevention (CDC)  
Department of Health and Human Services (DHHS)

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**From:** Amanda Cash <amanda@datafoundation.org>  
**Sent:** Wednesday, November 19, 2025 10:51 AM  
**To:** Wong, Betty (CDC/OD/OS) <bnw1@cdc.gov>  
**Cc:** Swain, Robert (CDC/OD/OS) <aox7@cdc.gov>; Christiansen, Leighton (CDC/OD/OS) (CTR) <xrl7@cdc.gov>  
**Subject:** Re: Response | Data Foundation Comments | Docket No. CDC-2025-0288

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Thank you, and we very much appreciate the response.

Amanda

On Wed, Nov 19, 2025 at 10:20 AM Wong, Betty (CDC/OD/OS) <[bnw1@cdc.gov](mailto:bnw1@cdc.gov)> wrote:

Dear Dr. Cash,

CDC thanks you for your interest in this data collection. We appreciate your thoughtful input and the perspectives you have shared.

Your submission has been recorded and will be included in the review process as CDC continues to refine the DMP template. The recommendations provided will be considered alongside other stakeholder feedback to inform potential updates and improvements.

We value Data Foundation's support and commitment to advancing transparency, reproducibility, and responsible data management practices in federally funded research.

Kind regards,  
Betty Wong  
Health Scientist  
Centers for Disease Control and Prevention (CDC)  
Department of Health and Human Services (DHHS)

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**Amanda Cash, DrPH, MPH**

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