



**Quality Division Use Only**

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|------------------------|---------------------------------------|-------------------|------------------------------------------------|
| Quality Tracking #:    | <input type="text" value="2018-084"/> | Classification:   | <input type="text" value="Corrective Action"/> |
| Non-Conformance Level: | <input type="text" value="Class II"/> | Section:          | <input type="text" value="Crime Scene"/>       |
| Date of Discovery:     | <input type="text" value="08/23/18"/> | Date of Incident: | <input type="text" value="08/23/18"/>          |

| Forensic Case Number(s), if applicable: | Agency Case Number(s), if applicable: |
|-----------------------------------------|---------------------------------------|
| 2018-12358 2018-09574                   | 107252318 081147418                   |

**Description of Non-conformance:**

This nonconformance involves two instances in which Crime Scene Investigators (CSIs) chose to deviate from their SOPs without obtaining approval from section management. Although the Crime Scene Unit (CSU) SOP allows for deviations under exigent circumstances, neither instance involved exigent circumstances. This is a violation of clause 4.2.2. of the HFSC Quality Manual which states that deviations must have prior approval from section management. The first instance involved the use of an Alternate Light Source (ALS) that was not performance checked prior to processing a crime scene. The CSIs processing the scene could not locate the control sample to use for the performance check and therefore omitted the performance check. This is a violation of clause 3.4.11. of the CSU SOP. The second instance involved the failure to document the collection of currency at a scene using the required form. The currency consisted of over 1500 United States coins. The CSI chose to collect the coins at the scene then count them when back at HFSC. This decision was made because counting a large number of coins at the scene was not practical. This is a violation of section 4.1.15. of the CSU SOP.

**Actions Taken:**



Actions taken regarding FCN 2018-12358 This nonconformance involved a crime scene processed by two CSIs, one of whom was a trainee. At the scene, the trainee opened the ALS case and placed her clip board on the inside of the lid. The CSIs knew there was supposed to be a control sample inside the case but did not see one. The CSIs decided to check that the ALS was functioning properly by shining the light against a white wall at a wavelength they knew produced blue light. The ALS functioned as expected. Once the supervisor was aware of the nonconformance, he verified the control sample was in the ALS carrying case. He found the control in a plastic bag inside a clear plastic pouch located in the lid of the case. The supervisor performance checked the ALS to ensure it was working correctly. The ALS control had been placed on black fabric in a plastic bag labeled with black ink. The writing and cloth were extremely hard to see against the black background of the carrying case, especially in the low light working environment needed to operate the ALS. The black cloth control was replaced with a multicolored cloth control and the statement "ALS Control Test Samples" was printed on yellow paper and inserted into the bag containing the control. This enables CSIs to see the control when working a scene, even in low light conditions.

Actions taken regarding FCN 2018-09574 The CSI who processed this scene failed to count currency while at the scene. The currency was found in a gym bag and consisted of a large number of coins but no paper money. The CSI realized there was not enough space to count such a large volume of coins effectively while at the scene and that counting the coins would be a time-consuming process. He decided not to count the coins at the scene as required by the CSU SOP. The gym bag containing the coins was brought back to HFSC and the coins were counted in the lab. Two other CSIs were present when the currency evidence was collected from the scene. The gym bag contained a clear piggy bank filled with coins, a green piggy bank filled with coins, and loose coins. The bag also contained a broken clear piggy bank. The loose coins were counted as one batch, and coins in each piggy bank were counted as separate batches. The counts were verified by another CSI at HFSC. A separate currency form was then used to document each batch.

Actions taken to address the root cause The HFSC Quality Manual was revised to include language addressing the need for CSIs to deviate from the CSU SOP due to 'exigent circumstances'. The CSU SOP was also revised to provide a clearer explanation as to what constitutes an exigent circumstance, when to communicate the need to inform management of deviations, and how deviations need to be documented in the case record. The CSIs involved in this nonconformance were assigned to a squad that, until recently, did not have its own supervisor. CSU has hired two new CSU supervisors, one of whom now supervises this squad. The new supervisor communicated to the team that they can call him with questions regarding SOP deviations when they are processing scenes. Staff were required to review the revised Quality Manual and revised CSU SOP. Training on the revised SOP was provided to all CSIs via self-paced PowerPoint presentation. Testing through Qualtrax was completed by October 18, 2018.

#### Summary of Root Cause Analysis:

Note: Incidents are documented for tracking purposes and trend analysis. Root Cause Analysis is not required for incidents.

The root cause is attributed to lack of communication by CSU management to CSIs regarding deviating from the CSU SOP. CSIs were told by management they could make decisions while on scene as to whether to follow the SOP based on the situation as well as their training and experience. This is a violation of the HFSC Quality Manual regarding deviations from policy. The CSU SOP issued at the time of this nonconformances allowed for deviations from policy due to 'exigent circumstances' but did not provide enough detail as to what constitutes an 'exigent circumstance'. The SOP also did not provide information regarding when to communicate the need for a deviation to section management or how to properly document deviations in the case record.



**Additional Information/Follow-Up:**

Additional information regarding FCN 2018-12358 The supervisor interviewed the CSIs individually and both stated that, due to the location of the scene (adult book store), the clip board was inadvertently placed on top of the zippered pouch containing the control. Both stated they knew a performance check should be performed prior to using the ALS but because they were unable to locate the control, they proceeded with processing the scene. No areas of interest were developed. CSIs were trained on how to performance check ALSs in June of 2018. They were told during the training that control samples would be placed inside the ALS cases for use at scenes. However, they were not informed when the controls were added to the cases or what they looked like. When interviewed, the CSIs stated they assumed the control had not yet been added to the ALS case. When interviewed, the CSI who was present at the scene as a trainer was asked why she had not contacted her supervisor to ask about the missing control sample. She stated she knew they were violating the SOP but the SOP allowed for deviations. Additional information regarding FCN 2018-09574 When the coins were counted at HFSC by two CSIs, the CSIs obtained the same results. When submitted to the Houston Police Department (HPD) Property Room (PR), the coins were counted again using the PR's coin counting machine. One batch matched the count by the CSIs but two did not. The PR recounted the batches of coins until two like numbers were obtained and these numbers were documented on the CSI's currency forms. However, when reviewed by the CSI after this nonconformance, he discovered there were discrepancies for the PR counts for two of the batches. The CSI returned to the PR on 9/21/2018 and requested the coins be counted again. A PR supervisor oversaw the recounting using the PR coin counting machine. It took several counts for two consecutive numbers to be obtained. Once obtained, these numbers were used in the report issued by the CSI. The PR counts, as well as the CSIs counts, were documented in the case record.

Section Manager: Domingo Villarreal

Date: 11/08/18

Division Director: Jerry Pena

Date: 11/13/18

Incidents or Corrective Actions that involve the Biology/DNA section are reviewed by the Technical Leader and CODIS Administrator.

Technical Leader: N/A

Date: N/A

CODIS Administrator: N/A

Date: N/A

Quality Director: Lori Wilson

Date Closed: 11/15/18