



Quality Division Use Only

Quality Tracking #:	2021-IA-08	Classification:	Corrective Action
Non-Conformance Level:	Class II	Section:	Crime Scene
Date of Discovery:	05/17/21	Date of Incident:	05/17/21

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
2020-09954	094360620
2020-13963	135903320
2020-17786	171448820
2020-16025	153889520
2020-07377	071853520
2020-08762	084265920
2021-18379	004618121
2021-18494	005031521
2021-18662	003805621
2021-19490	014351721
2020-09682	093870120
2021-18046	001053721

Description of Non-conformance:

During the 2021 internal audit, the audit team discovered that several reports, case notes and scene diagrams contained defects that required corrections.

Additional Information/Follow-Up:

A Crime Scene Unit (CSU) case record for any given scene may contain multiple case packets prepared by separate crime scene investigators (CSIs) who responded to a scene. Case packets include but are not limited to a CSI's reports and original examination notes that are maintained within each individual case record. Other case-packet documentation may include photographs, videos, scene diagrams and sketches, evidence receipts, and chains of custody, depending on the type of scene.

During the 2021 CSU internal audit case file review, the audit team discovered eighteen case packets containing defects. Twelve reports and/or diagrams required amending, and six case packets needed corrections to the case notes.



Summary of Root Cause Analysis:

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

CSU management recognizes that there is a significant risk of defects being present in reports because of the narrative report style utilized to include detailed scene observations and evidence descriptions. However, CSU managements accepts this level of risk because they believe the narrative style report provides critically important scene information to their stakeholders.

Since each crime scene is unique, reports issued by CSU do not lend themselves towards auto-generated text commonly used by other forensic disciplines. The complex nature of the information being reported increases the likelihood that defects are missed during self-review by the CSIs and during the technical/administrative review process.

Previous internal audits have also identified defects during case file reviews (see 2018-IA-41 which addressed case file reviews for the 2018 and 2019 internal audits, and 2020-IA-09 which addressed case files reviews for the 2020 internal audit). Actions taken to address past corrective actions can be found in Quality Reports 2018-IA-41 and 2020-IA-09.

The defects identified in this year's internal audits were all administrative in nature, versus technical defects which could potentially impact an investigation.

Actions Taken:

All reports requiring correction have been amended and all other case record corrections have been made. Additionally, one of the amended reports, 2021-18379 Report 0006, was re-issued because it did not contain an amended report header.

Prior to July 2021 all technical and administrative reviews for the Crime Scene Unit were conducted by section supervisors. CSU has experienced a high rate of turnover in the supervisory staff during the last two years, creating a backlog for the review process and placing a tremendous burden on supervisors who must balance their supervisory responsibilities with their responsibility to perform effective reviews.

HFSC's Lean Six Sigma Development Group (LSSDG) began a project in January 2021 focused on improving CSU's workflow process. One of the early improvements identified and implemented during this project was training CSIs to perform technical reviews. Three CSIs were authorized to perform technical reviews in July 2021, and three additional CSIs are slated to be authorized in the upcoming year. The LSS team also identified the need to create new staffing positions within CSU, including additional support staff, a training supervisor, a technical lead, and additional supervisors.

Bi-annual post-mortem audits were introduced into HFSCs workflow for all technical sections during the LSSD Technical and Administrative Review improvement project that was completed in December 2020. The post-mortem audits target a statistically significant sampling of cases that encompasses each analyst, reviewer, and service type. The reviews serve as a technical review and the data collected is analyzed for trends within the review process. Two post-mortem audits were conducted in 2021, the first was completed in March of 2021 and the second in September of 2021.



During the March 2021 post-mortem audit, 29 CSU case packets were reviewed, and 17 administrative defects were identified. During the September post-mortem audit, 27 CSU cases packets were reviewed, and 16 administrative defects were identified. No technical defects were identified during either post-mortem audit. Reports with significant administrative errors were amended.

Section Manager: Carina Haynes

Date: 12/16/21

Division Director: Carina Haynes

Date: 12/16/21

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: Erika Ziemak

Date Closed: 12/20/21