

06/15/2020

CT DESPP Division of Scientific Services

Contingency Plan if the number of qualified DNA analysts falls below 2 full-time analysts:

The following contingency plan has been developed by the Division Director, the Laboratory Quality Assurance Manager, DNA Technical Leader (TL) and DNA Deputy Director for the situation where the number of qualified DNA analysts falls below the 2 full-time analyst requirement for either casework and/or database operations. It is the intention of this plan to comply with the current FBI QAS audit document and provide an outline for this compliance.

1. The DNA TL will, within 7 days of when the number of qualified DNA analysts falls below the 2 full-time analyst requirement for DNA casework and/or database processing, submit a contingency plan to the DNA Deputy Director and the Laboratory Quality Assurance Manager. The documented contingency plan will be approved by the DNA Deputy Director and Director. A copy of the plan will be maintained by the Division Quality Assurance Manager.
2. Where possible, full-time employee(s) of the Division of Scientific Services (DSS) will be reassigned from a different DNA group (casework or database) with any additional training/competency testing as needed per DNA SOP-7.
  - a. If no DNA analyst(s) are available for re-assignment, analyst(s) from other DSS disciplines such as Forensic Biology, will be reassigned and trained/competency tested as needed per Laboratory protocols.
  - b. The analyst(s) must be full-time employees of the DSS, and must meet the educational and coursework requirements of the current FBI QAS document.
3. DNA casework will be outsourced as needed to meet laboratory demands.
4. The Division Director will inform the FBI NDIS Custodian and the State CODIS Administrator of the contingency plan using Appendix B: Contingency Plan Notification Form within 14 days of the event occurring.
5. No new DNA casework will be started until the contingency plan is approved by the NDIS Custodian.

Contingency plan reviewed and approved by (to be completed when put into use):

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|--------|-------|
| _____  | _____ |
| DNA TL | Date  |

|                                |       |
|--------------------------------|-------|
| _____                          | _____ |
| Quality Section Representative | Date  |

|                     |       |
|---------------------|-------|
| _____               | _____ |
| DNA Deputy Director | Date  |

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| _____    | _____ |
| Director | Date  |