



**COUNCIL OF THE DISTRICT OF COLUMBIA**  
**OFFICE OF COUNCILMEMBER BROOKE PINTO**  
**THE JOHN A. WILSON BUILDING**  
**1350 PENNSYLVANIA AVENUE, N.W., SUITE 106**  
**WASHINGTON, D.C. 20004**

+  
December 19, 2025

Francisco Diaz, Interim Director  
Department of Forensic Sciences

**Via Email**

Dear Interim Director Diaz:

Please find enclosed preliminary performance oversight questions from the Committee on the Judiciary and Public Safety ahead of the annual performance oversight hearings. **Please provide responses to these questions no later than the close of business on Tuesday, February 3. If you have any questions or concerns about these questions or your ability to meet this deadline, please contact** Isaiah Boyd, Legislative Counsel, at [iboyd@dccouncil.gov](mailto:iboyd@dccouncil.gov) or Linn Groft, Committee and Legislative Director, at [lgroft@dccouncil.gov](mailto:lgroft@dccouncil.gov).

Thank you,

A handwritten signature in blue ink, appearing to read "BE RP".

Brooke Pinto  
Councilmember, Ward 2  
Chairwoman, Committee on the Judiciary and Public Safety  
Council of the District of Columbia

cc: Office of Policy and Legislative Affairs  
Office of the Deputy Mayor for Public Safety and Justice

**GOVERNANCE AND PERSONNEL**

1. ***Please provide a complete and current organizational chart for the agency and each division and subdivision within the agency, including:***
  - a. *The names and titles of all senior personnel;*
  - b. *A description of the roles and responsibilities for each division and subdivision;*
  - c. *A narrative explanation of any changes to the organizational chart made in the last calendar year; and*
  - d. *An indication of whether any positions in the chart are vacant.*

See Appendix #1.

2. ***Please provide a complete, up-to-date list of contract workers working directly for your agency, ordered by program and activity, and including the following information for each position:***
  - a. *Title of position;*
  - b. *Indication that the position is filled or vacant;*
  - c. *Date employee began in the position;*
  - d. *Whether the position must be filled to comply with federal or local law;*
  - e. *If applicable, the federal or local law that requires the position be filled;*
  - f. *The entity from which they are contracted; and*
  - g. *The contracted annual cost.*

See Appendix #2.

3. ***Please provide, for each month of FY 2025 through FY 2026 to date, the net number of personnel separated from and hired to the agency.***

Total Employees Separated: 30; Total Employees Hired: 26

4. ***Does the agency conduct annual performance evaluations of all its employees? If so, who conducts such evaluations? What steps are taken to ensure that all office employees are meeting individual job requirements?***

Yes, the agency conducts annual performance evaluations in accordance with procedures outlined in the District Personnel Manual (DPM), Chapter 14, Performance Management. Each manager is responsible for evaluating their direct reports. Mid-year and annual performance reviews are used to ensure that employees are meeting their individual job requirements.

5. ***Please provide the following for each collective bargaining agreement that is currently in effect for agency employees:***

- a. *The bargaining unit (name and local number);***

The National Association of Government Employees Service Employees  
International Union Local R3-09
  - b. *The start and end date of each agreement;***

FY2022 to FY2026
  - c. *The number of employees covered;***

120
  - d. *Whether the agency is currently bargaining;***

Yes
  - e. *If currently bargaining, anticipated completion date;***

Unknown
  - f. *For each agreement, the union leader's name title and contact information;  
and***

LaToya McDowney  
NAGE Local R3-09 Union President  
[latoya.mcdowney@dc.gov](mailto:latoya.mcdowney@dc.gov)
  - g. *A copy of the ratified collective bargaining agreement.***

See Appendix #5
- 6. *Please list all employees currently detailed to or from your agency. For each detailed employee, include:***
- a. *The reason for the detail;***
  - b. *The job duties if detailed to your agency;***
  - c. *The start date of detail;***
  - d. *The agency the employee is detailed to/from; and***
  - e. *The projected date of return.***
- Not Applicable - no employees currently detailed to or from the agency.
- 7. *Please provide a copy of your agency's Schedule A, as of the date of receipt of this questionnaire.***
- See Appendix #7.

- 8. Please provide a list and description of all memorandums of understanding and memorandums of agreement in effect during FY 2025 and FY 2026, to date.**

See Appendix #8.

**FINANCE AND BUDGET**

- 9. Please provide a status report, including timeframe of completion, for all projects for which your agency currently has capital funds available.**

See Appendix #9-1 and Appendix #9-2.

- 10. Please provide copies of all budget enhancement requests (The Form B or similar form) submitted in the formulation of the FY 2025 and FY 2026 proposed budgets.**

This request asks for information that is protected from disclosure by the deliberative process and executive privileges.

- 11. Please list all budget enhancements in FY 2026 and provide a status report on the implementation of each enhancement.**

The Local funds budget includes adjustments to cover lost federal funding for the Public Health Laboratory (PHL) and to support one-time Information Technology (IT) and equipment acquisitions across multiple programs.

- Public Safety and Health Division – Public Health Laboratory
  - Increase: \$874,832 in non-personnel services to replace federal funds no longer received.
    - Supplies and Materials: \$437,416
    - Contractual Services: \$437,416
- One-Time Increase Across Multiple Programs: \$247,865 total
  - IT Hardware Acquisitions (Communications Team): \$133,465
  - IT Software Acquisitions (Forensic Laboratory Office & Communications Team): \$69,400
  - Equipment Purchases (Forensic Laboratory Office): \$30,000
  - Agency Management Program – Contracting & Procurement Support: \$15,000

- 12. Please fill out the attached spreadsheet titled “Question 12 Grants Received,” and list all federal and/or private grants received by your agency in FY 2025 and FY 2026 to date, current balances, and indicate any that lapsed during or at the end of FY 2025.**

**a. Please submit the completed document in both Excel and PDF formats.**

**b. Please include your Agency Code in the filename (e.g., question\_12\_AB0\_2026.xls).**

See Appendix #12.

- 13. List all grants issued by your agency in FY 2025 and FY 2026, to date in the attachment labeled “Question 13 Grants Issued”.**

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- a. *Please submit the completed document in both Excel and PDF formats.*
- b. *Please include your Agency Code in the filename (e.g., Question\_13\_AB0\_2026.xls).*

Not applicable.

**OPERATIONS**

- 14. *Please provide the Committee with a list of all vehicles owned or leased by the agency; the purpose of the vehicle; the division the vehicle is assigned to, if applicable; and whether the vehicle is assigned to an individual employee.*

See Appendix #14.

- 15. *For each objective and activity in the agency’s FY 2025 Performance Plan, please list:*

- a. *The measure of greatest improvement for the agency, and the actions the agency took to improve that measure’s outcome, efficiency or quantity; and*

Since FY2022, Combined Index DNA System (CODIS) database entries and hits have increased significantly. These increases are attributed to the agency’s efforts in regaining accreditation for the Forensic Science Laboratory (FSL), allowing the Forensic Biology Unit (FBU) the ability to regain CODIS access and resume entries.

In FY2024 Q1, FSL regained accreditation and CODIS access. During FY2024 Q2–Q3, all resources were focused on clearing the CODIS backlog, resulting in a surge in entries and hits. In FY2025, FBU shifted resources to casework and the midair collision response. The decline in CODIS entries in FY2025 reflects the elimination of the initial backlog and the division of resources between casework and CODIS processing.

Workload Measure	FY2022 Total	FY2023 Total	FY2024 Total	FY2025 Total
Number of CODIS database hits	54	59	505	460
Number of CODIS database entries	0	0	1079	883

- b. *For all measures with missed targets (if any), explain the actions the agency is taking to improve that measure’s outcome, efficiency, or quantity.*

Percent of crime scenes responded to within 30 minutes (Target 90%, FY2025 Actual 69%): The existing KPI measures the total response time from when a call is received until the team arrives at the scene. This measure has become increasingly unrealistic due to other mitigating factors (calls for follow-up information, traffic, staffing, etc.); therefore, it has been approved for removal from the agency’s performance plan effective FY2026. Crime Scene Sciences (CSS) is

exploring amendment options to this KPI that aligns with more realistic targets that set achievable goals to meet stakeholder expectations without compromising service quality.

Percent of Crime Scene Reports completed within 14 calendar days (Target 95%, FY2025 Actual 90%): Report corrections and revisions before signature, and leave/time off have been contributing factors in the timeliness of completion of reports.

Percent of OCME samples ordered in microbiology will be tested and reported within 12 business days of receipt in the laboratory (Target 90%, FY2025 Actual 89%): Lab testing completed within the turnaround time however, result reporting was delayed due to specimen integrity issue for blood culture samples which required additional approval for testing and result documentation thus increased turnaround time from receipt to report in LIMS.

Percent of Core Laboratory Response Network for Chemical Threats (LRN-C) methods within the Clinical Toxicology Unit (CTU) that are evaluated as competent by the Centers for Disease Control and Prevention (CDC) LRN-C Program (competence is defined as successful score of  $\geq 80\%$  in two-out-of-three testing events, per method) (Target 100%, FY2025 Actual 95%): Upon thorough investigation, the primary root cause was identified as a persistent matrix effect that was not sufficiently mitigated by the existing wash and conditioning protocols. Although the current wash solution mirrors the sample digestion matrix at 2% nitric acid, consultation with Agilent application scientists confirmed that this approach is inadequate for effectively clearing residual matrix components.

To ensure complete flushing of the matrix and to prevent interference—particularly with low-level analyte recovery for sensitive elements such as Cadmium and Lead—the wash solution must be more aggressive than the sample matrix. A stronger acid concentration or an alternative wash composition is recommended to enhance system cleanliness and improve analytical accuracy.

Percent of all rabies STAT specimen with human exposure are tested and reported to the Zoonotic Disease Epidemiologist within 24 hours or 1 business day of receipt in the laboratory (Target 95%, FY2025 Actual 80%): Testing statistics are lower for the current reporting period due to delays in initiating in-house testing while awaiting medical surveillance clearance. As a precautionary measure, certain testing activities were temporarily outsourced to external laboratories to ensure continuity of service and safeguard staff health. This shift, combined with the waiting period for surveillance results, reduced the volume of tests processed internally and impacted overall throughput. Normal operations are expected to resume once all clearance protocols are satisfied.

Percent of scientists meeting technical competency requirements (Target 95%, FY2025 Actual 86%): Since DFS FSL has regained accreditation, FSL has onboarded a new analyst in forensic chemistry, biology and latent fingerprints. Each specialty has a lengthy training program of at least one year. Also, while FSL

was unaccredited, trainees could not observe casework significantly slowing the training program. However, since FSL regained accreditation, the training programs are progressing.

Percent of QCAR situation and root cause analysis sections completed within 30 business days (Target 100%, FY2025 Actual 24%): DFS is conducting more thorough root cause analyses to ensure the true cause of a nonconformance is identified and not just a symptom of the problem. During FY2025 Q4, the agency completed an ANAB course, “The Corrective Action Process and Cause Analysis for Forensic Service Providers”. The course detailed field-wide accepted approaches to cause analysis such as the Five-Whys and Fishbone Diagram. The DFS Quality Assurance Unit is implementing these approaches. Also, the Quality Assurance Unit is ensuring that cause analyses include interviewing individuals involved in the nonconformance as well as individuals aware of processes that were not involved in the nonconformance. These more thorough cause analyses require additional time and as a result few full root cause analyses are completed within 30 business days. Notable, nonconformances are monitored to ensure they are not being delayed unnecessarily. In preparation for the FY2027 performance plan formulation, DFS is drafting revisions to this KPI to better align with updated quality workflows.

***16. List all new objectives, activities and projects in the agency’s FY 2026 Performance Plan and explain why they were added.***

There were no new objectives, activities and projects added in the agency’s FY2026 performance plan.

***17. Describe problems and challenges, including chronic maintenance issues and design flaws, in agency-owned or leased facilities.***

***a. What capital or operating projects arose from these issues in FY 2025 and FY 2026 to date, including cost and actions taken?***

The Latent Fingerprint Unit (LFU) installed three (3) iris scans and badge readers to improve security within the laboratory in response to agency accreditation. See Appendix#17.

***18. Please list each new initiative implemented by the agency during FY 2025 and FY 2026 to date. For each new initiative, please provide:***

- c. A description of the initiative;***
- d. Actual start date;***
- e. Actual or anticipated end date;***
- f. The funding required to implement the initiative;***
- g. Whether the initiative was mandated by legislative action;***

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- h. Problems or challenges faced in the program's implementation;*
- i. The metrics the agency is collecting to measure the initiative's success; and*
- j. An assessment of the initiative's success thus far.*

See DFS FY2025 & FY2026 performance plans, FY2025 Performance Accountability Report (PAR), and Appendix#18.

**19. Please list any legislation that impacts your agency from FY 2025 and FY 2026 and provide a status report on the agency's implementation related to each piece of legislation.**

The Retired Police Officer Redeployment Amendment Act of 2025 passed with the DC Budget Support Act for FY 2026. The legislation enables DFS to employ retired Metropolitan Police Department (MPD) officers full-time without placing MPD retirement benefits at risk.

**20. Customer feedback**

- a. How does the agency solicit feedback from customers (i.e., District residents served)? Please describe.*

In FY2025, DFS actively solicited feedback through customer satisfaction surveys. Surveys are automatically sent upon completion of a Request for Testing and were also distributed to all attendees of the 2025 DFS Symposium. Additionally, DFS receives feedback through its complaint system, which allows individuals to submit concerns online, by phone, or by mail.

- b. What has the agency learned from this feedback?*

DFS learned that its on-line Request for Testing form was timing-out while individuals were completing the form, requiring individuals to start over. Also, DFS learned that the DFS Symposium was well received, the material provided was adequate in detail, and the hands-on component was appreciated.

- c. How has the agency changed its practices because of such feedback?*

DFS implemented a new platform for the online Request for Testing form that solved the timing-out concern. The 2026 DFS symposium will be developed with the feedback from 2025.

**LAWS, AUDITS, AND REPORTS**

**21. Please identify any legislative modifications that would enable the agency to better meet its mission.**

Contingent upon the Office Chief Medical Examiner's amendment of D.C. Code § 5-1419 to assume primary responsibility for the District's breath alcohol program, DFS seeks to

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repeal D.C. Code §5-1501.07 to relinquish its oversight of the program and related equipment.

DFS seeks to strike the requirement in DC Code § 5–1501.05 for DFS to maintain a “Deputy Director” on staff as this position has gone unfilled for an extended period without notable impact to the Agency.

**22. Please identify any regulatory impediments to your agency’s operations.**

DFS would like to amend 28 DCMR § 4002’s Complaint Procedures to comport with D.C. Code § 5–1501.10. and DFS’s DOM 15 – Procedures for Complaints.

**23. Please list and describe any ongoing investigations, audits, or reports on your agency or any employee of your agency, or any investigations, studies, audits, or reports on your agency or any employee of your agency that were completed during FY 2025 and FY 2026 to date.**

In July 2024, the OIG began investigating an anonymous complaint that the CSS unit was fabricating departure and arrival times to meet an agency KPI and employee performance goal that measure how often CSS employees arrive to a crime scene after being dispatched. The investigation is ongoing.

In September 2025, DFS received an anonymous complaint with various complaints about the CSS unit, including an allegation that CSS employees were inflating crime scene response data to indicate that they attended more crime scenes than in reality. DFS put together a complaint response team that is actively investigating this complaint.

Both of these investigations have been reported to the Science Advisory Board.

**24. Please identify and provide an update on what actions have been taken to address all recommendations made during the previous three years by:**

- a. Office of the Inspector General;**
- b. D.C. Auditor;**
- c. Internal audit; and**
- d. Any other federal or local oversight entities.**

See Appendix#24b \_ Update to DC Auditor.

To comply with accreditation standards, FSL performs an internal audit annually. The FSL 2025 internal audit is summarized in a close-out memo that includes findings, recommendations, and actions taken.

In compliance with regulatory standards and accreditation bodies, the DC PHL performs internal audits and/or external assessments annually following DC PHL LOM 17 - Procedures for Internal Audits.

J&PS Performance Oversight Questions (FY2025-26)

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This year PHL revised their procedures for internal audits to increase compliance and address a previous internal audit nonconformance. The inspection part of the internal audits process was performed from 10/07/2025 through 12/15/2025. This includes a kickoff/assessment tool introduction meeting on 10/07/2025, the inspection of all eight PHL units from 10/20/2025 through 12/10/2025, and the overall audit closeout meeting on 12/15/2025.

25. Please list all pending lawsuits in which the agency, or its officers or employees acting in their official capacities, are named as defendants, and for each case provide the following:

- a. The case name;
- b. Court where the suit was filed;
- c. Case docket number;
- d. Case status; and
- e. A brief description of the case.

Case Name	Precious Patton v. DFS	Samantha Leach v. DFS	Marcela Spillers v. DFS	Laketa Bailey v. DFS	Cody Elder v. DFs	Kim Brittingham v. DFs	Morse v. DFS	Marcela Spillers v. the District	Walraven vs. DC
Court	EEOC	EEOC	EEOC	OEA	OEA	OEA	OEA	DC District Court	DC Superior Court
Case Docket Number	Charge: 570-2025-02865	Charge: 570-2024-02897(RFI)	Charge: 570-2026-01045	2401-00019-22-R26	2401-0016-22	2401-0014-22R26	2401-0017-22R25	1:25-cv-3968	2022 CA 003010 B
Case Status	Pending	Pending	Pending	Remanded from Superior Court to OEA	Remanded from Superior Court to OEA	Remanded from Superior Court to OEA	Initial Decision on Remand favorable to DFS	Voluntarily Dismissed without prejudice on 12/31/25	Pending-Motion for Summary Judgment
Case Description	Current employee Charge of Discrimination on the basis of sex and race, retaliation for reporting disparate treatment and a hostile work environment	Post Separation Charge of Discrimination on the basis of Disability	Post Separation Charge of Discrimination on the basis of Disability and Retaliation	Remand to address outstanding issues from DFS successful RIF	Remand to address outstanding issues from DFS successful RIF	Remand to address outstanding issues from DFS successful RIF	Remand to address outstanding issues from DFS successful RIF	Post Separation Charge of Discrimination on the basis of Disability and Retaliation	Post Separation Claim of Retaliation on the basis of Whistle blower status

26. Please list the total amount of money the agency or the District, on behalf of the agency, expended to settle claims against it, or its officers or employees acting in their official capacities, in FY 2025 and FY 2026 to date.

There were no claims and no settlements.

**27. Please list each settlement the agency or the District, on behalf of the agency, entered into in FY 2025 and FY 2026 to date that involved claims against the agency, or its officers or employees in their official capacity, including any settlements covered by D.C. Code § 2-402(a)(3). For each settlement, provide:**

- a. The amount of the settlement;**
- b. If related to litigation, the case name and brief description; and**
- c. If unrelated to litigation, please describe the underlying issue or reason for the settlement (e.g. administrative complaint, etc.).**

There were no settlements in FY2025 or FY2026.

**28. Please list all administrative complaints or grievances that the agency received in FY 2025 and FY 2026 to date. For each complaint, list:**

- a. The source of complaint;**

On February 19, 2025, DFS received a written complaint from a detainee in a District of Columbia detention facility alleging that DFS wrongfully identified them through a CODIS search as a suspect in a 2014 felony.

On March 20, 2025, the United States Attorney's Office (USAO) notified DFS Office of General Counsel by email of a January 2025 pre-trial witness conference between a DC AUSA and a DFS Crime Scene Scientist. USAO alleged during the meeting the CSS employee offered that they had on at least one occasion knowingly misrepresented on official Agency documentation the time that they had been dispatched to a crime scene. In submitting the referral to DFS, USAO appeared to be concerned that such misrepresentations may have occurred more broadly throughout the employee's documentation.

- b. The process utilized to respond to the complaint or grievance;**

Upon receipt of the complaint from the detainee, OGC gathered and reviewed documents and interviewed FSL personnel who could attest to the identification. Through a review of testing request documents, contemporaneous email correspondence with MPD detectives, and interviews with the MPD detectives themselves, it could be shown that the detainee was not identified to MPD by FSL employees but rather was identified to FSL by MPD.

Upon receipt of the USAO referral, OGC began an initial assessment of the allegation as required by DFS's enabling statute and Agency policy. OGC conducted an initial interview with the employee and completed a full review of service request documentation generated by the employee and the DC Office of Unified Communications ("OUC") between November 2023 and 2024. OGC has not found sufficient evidence to support a claim that the employee systematically misrepresented dispatch times. OGC has reached out to other District agencies to determine whether further records are available for assessment. OGC will close the

investigation as soon as it has been determined it has reviewed the available universe of documents.

The agency thoroughly investigates each matter and identifies the most appropriate resolution based on the specific complaint or grievance.

***c. Any changes to agency policies or procedures that resulted from the complaint or grievance; and***

No changes to agency policies or procedures were necessitated by the complaints and grievances received.

***d. If resolved describe the resolution.***

OGC continues to make efforts to notify the detainee of the outcome of the investigation. See Appendix #28a and Appendix #28b.

***29. Is the agency currently party to any active non-disclosure agreements? If so, please provide all allowable information on all such agreements, including:***

***a. The number of agreements;***

One (1)

***b. The department(s) within the agency associated with each agreement; and***

Forensic Biology Unit (FBU). The agreement pertains to the exchange of information for research purposes.

***c. Whether any agreements are required for specific positions (please list each position by division and program and indicate whether the position is contracted).***

No agreements are required for specific positions.

**DATA**

***30. In filterable and sortable spreadsheet, please list all electronic databases maintained by your agency, including the following:***

***a. A detailed description of the information tracked within each system;***

***b. The age of the system and any discussion of substantial upgrades that have been made or are planned to the system; and***

***c. Whether the public can be granted access to all or part of each system.***

See Appendix #30.

***31. Please provide a list of all studies, research papers, and analyses (“studies”) the agency or an agency’s employee requested, prepared, presented or contracted for during FY 2025. For each study please list:***

National Association of Medical Examiners Position Paper: Postmortem Assessment of Suspected Head Trauma in Infant and Young Children. Gill J, Bundock E, Giese K, Harris C, Jarrell H, Jordan M, Mahar T, Love J, Matches E, Oleske D, Vincent G. The American Journal of Forensic Medicine and Pathology:10.1097/PAF.0000000000001105, December 22, 2025. | DOI: 10.1097/PAF.0000000000001105

**a. *The status;***

Published

**b. *The purpose; and***

The purpose of the paper was to create a position paper for the investigation of pediatric deaths due to suspected inflicted head trauma. The paper provides forensic pathologists with a comprehensive review for the postmortem examination of infants and toddlers who have died or have apparently died of inflicted head trauma, and it provides procedures, ancillary laboratory tests, and forms of documentation that may be important in the investigation of these deaths.

**c. *A link (if published) to the study, research paper or analysis.***

Pediatric Head Trauma position paper 10-17-25 NAME POST.pdf

**AGENCY-SPECIFIC QUESTIONS**

**Staffing and Human Resources**

**32. *The Council provided a one-time funding allocation of \$3.5 million in FY 2026, conditional on the availability of funds in the September 2025 District revenue estimate, for transitioning DFS DNA testing in-house. Provided that the OCFO certifies these funds, please provide the plans and timeline for transitioning DFS DNA testing in-house.***

DFS is performing DNA testing in-house and needs to build testing capacity. FBU receives approximately 1,320 testing requests per year. Per the national average, a DNA analyst is expected to perform approximately 100 cases per year. FBU needs 14 full-time reporting analysts to meet the annual caseload. FBU currently has three fully trained reporting analysts and five reporting analysts in training, as well as two vacant positions. FBU needs an additional four positions to meet the current casework demands. The funds will be used for outsourcing while FBU builds in-house testing capacity.

**33. *What is the agency's strategy to promote employee retention and improve morale? What have been the specific results of the Human Resources and Training Team that connects employees and managers with specialists in FMLA, PFL, ADA, COVID, sexual harassment complaints, and discipline?***

**a. *What suggestions have been adopted from the employee suggestion box where employees provide recommendations and voice concerns?***

The agency continues to enhance morale and promote employee retention through transparency and maintains clear and detailed policies and procedures to ensure employee

awareness of expectations and ramifications when not met. In addition, the agency continues to provide flexible work options through participation in the District's Telework Program, offering eligible employees with remote work opportunities in alignment with the District's policy. Also, the agency supports and encourages employee professional development and growth through training offerings that are job-specific and provide an opportunity for employees to present the obtained knowledge at forensic conferences.

The agency also continues its commitment to the District's Wellness Initiative with organized weekly walks for DFS employees, contingent on the weather. In addition, the agency also continues to maintain and support the operation of its on-site employee wellness room, providing a quiet space for employee decompression and relaxation.

Through dedicated points of contact and subject matter expertise, the HR and Training Team delivers efficient and reliable guidance to all employees and managers. This consistency continues to build trust, and results in improved employee morale and retention.

The agency continues to review the employee suggestion box recommendations and concerns as they are received and implement those suggestions that do not cause conflict with District policies and procedures. Since our last performance reporting, no new suggestions have been submitted.

***34. Please provide any updates that the agency made to the processes and policies for ensuring a transparent and open environment among staff, management, and operations to express concerns, offer feedback, and/or initiate complaints.***

Complaints, both internal and external, are accepted through the agency's online portal, available on the agency's website at <https://dfs.dc.gov/page/dfs-complaint-form>. Additionally, employees may submit concerns through their management chain, or directly to Human Resources (HR) by contacting the HR Director or an HR Specialist. The agency also monitors an electronic suggestion box for employees to confidentially submit feedback, concerns, or complaints.

***35. Please provide staffing numbers with job titles for each of the forensic disciplines and administrative support units (e.g., quality assurance unit, forensic technology unit, etc.), including authorized position count and vacancies. Where possible, please provide historic data and trends to provide context and comparison.***

See Appendix #35.

***36. Please provide any updates on the agency's legal staffing capacity. List names, positions, and describe the positions' duties.***

There have been no updates on the agency's legal staffing capacity.

***37. Employee turnover at DFS has been a significant challenge for the agency. Please provide the current plan and steps to be taken to reduce employee turnover and retain staff.***

DFS is focused on retaining employees by ensuring staff feel supported, valued, and able to grow in their careers. DFS has also strengthened the onboarding process so new employees feel prepared and connected from day one. DFS invests in professional development, clear career pathways, and internal mobility so employees are able to see long-term opportunities within the agency. These efforts include expanded training, mentorship, cross-training, and promotional opportunities, with a particular focus on hard-to-fill and mission-critical roles. When employees see a clear path for growth, they are more likely to stay.

In addition, DFS is working to improve workplace culture through stronger communication, leadership engagement, employee recognition, and wellness initiatives to reduce burnout and improve morale. To ensure these efforts are effective, DFS regularly reviews exit interview data and turnover trends to identify challenges early and adjust strategies as needed. This approach helps strengthen retention, support staff stability, and promote long-term success.

- 38. *In last year's responses, DFS indicated efforts to recruit displaced federal workers. Could you provide an update on these recruitment efforts, including how many federal employees you have successfully hired, what positions they have filled, and whether these hires have helped address any of your current staffing challenges in core forensic functions?***

The majority of DFS's recruitment efforts were paused because of the citywide hiring freeze due to the congressionally imposed cuts to the District's FY2025 budget (Mayor's Order 2025-53) on the District's spending. Consequently, DFS was unable to leverage the pool of displaced federal employees that was available during this period. Since that time hiring restrictions have been lifted, and DFS is actively recruiting to fill all vacancies across the agency. While no displaced federal workers were hired during the citywide freeze, DFS remains positioned to actively recruit from this highly qualified talent pool as part of its ongoing workforce strategy. Displaced federal employees continue to be strong source of candidates due to their technical expertise, experience in regulated environments, and familiarity with investigative and laboratory operations. As DFS continues to hire and rebuild staffing levels, displaced federal workers will remain a key recruitment focus to help strengthen capacity in core forensic functions and support long-term workforce stability.

- 39. *Please describe any updates that the agency made to staffing, management, and operations in the Public Health Laboratory ("PHL") in FY 2025 and FY 2026 to date. Additionally, please provide an update on:***

- a. *Any challenges in recruiting and retaining PHL staff over the past year; and***

Recruiting qualified candidates who meet Clinical Laboratory Improvement Amendments (CLIA) requirements remains a significant challenge due to stringent education and experience standards. This difficulty is amplified in specialized laboratory disciplines such as analytical chemistry/toxicology, molecular diagnostics, and microbiology, where candidates must possess both advanced technical expertise and substantial hands-on experience. Retention within public health laboratories is further hindered by competition from private industry, which

often offers greater work flexibility (including remote options) and job security supported by stable funding. Additionally, a recent hiring freeze halted recruitment efforts for key positions, exacerbating staffing shortages and operational strain.

***b. Current vacancy rates and hiring needs within PHL.***

Currently recruiting for two (2) MS-13 Laboratory Supervisors, one (1) MS-14 Laboratory Manager, and 7 Medical Technologists (one (1) locally funded and six (6) grant-funded positions). There is an ongoing need to increase the number of locally funded Medical Technologists and expand support staff roles, including data and informatics support, procurement assistance, and other critical operational functions to ensure sustainable laboratory performance.

***40. Please describe any updates that the agency made to staffing, management, operations, and quality assurance in the Forensic Sciences Laboratory (“FSL”) in FY 2025FY 2025 and FY 2026 to date. Additionally, please provide an update on:***

***a. Any challenges in recruiting and retaining FSL staff over the past year; and***

***b. Current vacancy rates and hiring needs within FSL.***

FSL continues to face recruiting challenges for qualified analysts. There is a national shortage of qualified forensic analysts and DC’s cost of living is a challenge when recruiting talent. To mitigate the hiring difficulty, FSL is developing more entry-level positions with the goal of training and promoting staff internally. Furthermore, FSL has created a strategic plan to build out necessary management infrastructure that will support the increased in-house capacity as well as the plan expanded testing capabilities (e.g., DNA databasing, firearm examination, and fire debris testing).

***41. In last year’s responses DFS shared the key initiatives implemented by the Chief Science Officer and Quality Manager, please provide an update on:***

***a. The success of the initiatives these positions have implemented since joining the agency;***

The Chief Science Officer’s initial initiative was to achieve and maintain accreditation to ISO/IEC 17025: 2017. In December 2025, FSL successfully underwent its annual ANAB assessment with zero non-conformances. All three technical units within FSL are maintaining accreditation. The current initiative of the Chief Science Officer is to build testing capacity and expanded testing capabilities. A strategic hiring plan to include an FSL Deputy Director, Forensic Intelligence Unit Manager, and Forensic Biology Unit Assistant Manager has been developed and submitted to the DFS Director. Furthermore, a feasible approach and timeline have been developed for reconstituting the Firearm Examination Unit as well as creating a Fire Debris Unit and DNA Databasing Unit.

***b. Updates on the implementation of the quality assurance systems within the three divisions of DFS and efforts to increase transparency with DFS customers and the USAO; and***

DFS practices continual laboratory improvement within all three divisions. The Quality Assurance Unit implemented a new Quality Event Workflow that enables any staff member to submit a potential quality event. The workflow was further enhanced to prompt a risk analysis and allow for improved data tracking. All three divisions use the same workflow allowing data analysis at the agency as well as the division level.

DFS has worked to increase transparency with DFS customers and the USAO. DFS hosted a one-day symposium for attorneys and law enforcement to showcase operations and advancements. The event included a hands-on component to demonstrate the value of new technologies employed by DFS. Additionally, DFS met regularly with USAO to ensure open communication. These meetings included an overview of validation studies being performed in the Forensic Chemistry Unit and updated report language as well as changes in reporting of quality events to the USAO.

***c. How these roles have impacted DFS's operations and quality management systems.***

These changes have strengthened DFS operations and quality management systems. The improved workflow enables the Quality Assurance Unit to track trends more effectively and address systemic issues promptly. Additionally, the enhanced quality system allows improves transparency by proactively reporting quality events to the USAO in a searchable format.

***42. Last year, DFS reported plans to reconfigure the FIU Manager Position as well as re-classify the Forensic Chemistry Technical leader. Please provide:***

***a. The current status of the reclassification of these positions;***

The Forensic Chemistry Technical Leader's position has been reclassified, and the individual was identified; however, they chose to withdraw from the position. Onboarding the individual was initially stalled due to the FY2025 hiring freeze which occurred because of the Congressional interference with the District's budget. The position description for the FIU manager is being certified. The initial review by DCHR is complete and DFS has responded to the feedback. The certification process was delayed in 2025 due to the hiring freeze.

***b. The current status of filling these positions following the reclassifications;***

The Forensic Chemistry Technical Leader was in the pre-employment process but withdrew in January. Currently, the FIU Manager position description is being certified.

***43. Please provide the following for any positions that remain vacant across DFS:***

***a. Why have these positions not been filled?***

See Appendix #43

***b. What specific challenges or barriers has DFS encountered in the recruitment process?***

The citywide hiring freeze due to the Congressional interference was the biggest challenge for the agency with regards to recruiting for FY2025. Additional challenges that have been encountered include but are not limited to residency restrictions, lower salary grades/ranges for like industries and markets, and work flexibility (increased telework days). Since the hiring restrictions were lifted, recruitments have increased across all programs. However, DFS has experienced an increase in candidate attrition during the pre-employment process due to external market competition.

*c. What impact have these vacancies had on operations?*

Staffing shortages and increased overtime.

*d. What steps is DFS taking to make these positions more attractive to qualified candidates?*

DFS is taking steps to attract highly qualified candidates by increasing participation in mission-driven job fairs, expanding partnerships with universities and professional associations, and actively sourcing candidates through targeted outreach and professional associations/networks. These efforts are designed to broaden our applicant pool and fill critical positions more effectively.

*e. How have these staffing changes or continued vacancies affected the relevant units' ability to process cases and maintain quality standards?*

Staffing shortages and continued vacancies have required existing employees to take on additional workload, which has led to increased overtime in order to keep casework moving. While the work is still being completed and quality standards have not been compromised, the sustained pace has placed added strain on staff and increased the risk of burnout. This is why stabilizing staffing levels remains a priority for DFS to maintain both high-quality work and a sustainable workload for our employees.

**44. *What strategies DFS is implementing to ensure operational continuity and oversight in units with key leadership vacancies?***

DFS employs a three-pronged strategy to ensure operational continuity and oversight during key leadership vacancies:

- **Interim Leadership** – Experienced individuals are appointed to maintain supervision and stability.
- **Cross-Division Support** – Efforts are made to reduce siloing and promote consistency, enabling other technical units to assist with operational components.
- **External Expertise** – Guidance is sought from subject matter experts, including the Science Advisory Board (SAB) and federal, state, and local laboratory professionals.

**45. *Last year DFS indicated in response to a “funding cliff in the public health laboratory” and a need for additional staffing, that steps were being taken to increase testing capacity to as a means of generating revenue through partnerships with District***

**agencies. Similarly, DFS indicated that active recruiting efforts for crime scene scientists/analysts would reduce mandatory overtime expenditures as well as improve crime scene responses services to District residents. Please provide:**

**a. How has PHL increased testing capacity from FY 2025 to FY 2026?**

The Public Health Laboratory (PHL) is actively increasing testing capacity from FY 2025 to FY 2026 through several strategic initiatives. PHL is expanding its testing services to include urine drug toxicology testing, providing critical support for monitoring and public safety efforts. Additionally, PHL is working on validations for RSV (Respiratory Syncytial Virus), Influenza, Measles, and Mpox testing in wastewater, which will enhance surveillance capacity and allow for community-level disease monitoring and proactive responses to potential public health threats. PHL is also currently working to onboard PCR testing for *Candida auris* (*C. auris*), a multidrug-resistant fungal pathogen of significant public health concern, which will strengthen the District's ability to detect and respond to emerging infectious disease threats. These expansions demonstrate PHL's commitment to building comprehensive testing capabilities that serve District agencies and enhance public health surveillance and response capacity.

**b. What partnerships with other District agencies have formed? And subsequently, what revenue streams were generated as a result of this increase in testing capacity?**

PHL is actively pursuing partnerships with several District agencies to expand testing services and generate additional revenue streams. PHL is currently in discussions with the Department of Corrections to provide urine drug screening services, which would support correctional health and safety programs. Additionally, PHL is in discussions with the DC Health and Wellness Center (DCHW) at DC Health to provide expanded sexually transmitted infection (STI) testing, which would enhance the District's capacity to address sexual health needs across the community. These partnerships are expected to generate revenue streams that will support PHL operations and help offset the funding challenges previously identified. By leveraging existing laboratory infrastructure and expertise to serve multiple District agencies, PHL is working to create a sustainable model that both expands public health testing capacity and generates cost-recovery revenue to support ongoing operations and future capacity building.

**46. What is the status of CSSU recruitment for crime scene scientist/analyst? If any, how has the increase in staffing numbers enhanced crime scene response services to District residents and reduced mandatory overtime expenses?**

The status of CSSU recruitment for crime scene scientists/analysts is ongoing when allotted and the positions are filled. Filling these positions supports workforce stabilization by aligning staffing levels with operation demands and ensuring sufficient personnel are available to meet mission-critical tasks.

**47. For the Science Advisory Board in FY 2025 and FY 2026 to date:**

**a. Please describe the members' attendance and the major work of the Board**

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The Science Advisory Board (SAB or Board) attend quarterly public meetings. The major work of the Board is defined by DFS’ enabling statute: Among other responsibilities, The Board shall review all reports of allegations of professional negligence, misconduct, or misidentification or other testing error that occurred in the provision of forensic science services at DFS, periodically review the program standards and protocols related to Department operations, review and make recommendations as necessary to the Director regarding the quality and timeliness of the Department’s services, new scientific programs, protocols, method of testing, and forensic technologies, and advise the Director or the Mayor and Council, when it considers appropriate, on matters relating to the Department of Forensic Sciences or forensic science. See DC Code § 5–1501.12.

Member	Term Start	Term End	Link
Laura Sudkamp	July 9, 2024	April 18, 2028	<a href="#">PR26-0202 - Science Advisory Board Laura Sudkamp Confirmation Resolution of 2025</a>
Claudine Carter Pereira	July 9, 2024	April 18, 2029 (pending Council approval)	<a href="#">PR26-0503 - Science Advisory Board Claudine Carter Pereira Confirmation Resolution of 2026</a>
Nicole Roehm	July 9, 2024	April 18, 2029 (pending Council approval)	<a href="#">PR26-0502 - Science Advisory Board Nicole Roehm Confirmation Resolution of 2026</a>
Roger Kahn	July 9, 2024	April 18, 2029 (pending Council approval)	<a href="#">PR26-0504 - Science Advisory Board Dr. Roger Kahn Confirmation Resolution of 2026</a>
Jeri Roper-Miller	July 9, 2024	April 18, 2027	<a href="#">PR25-0836 - Science Advisory Board Jeri D. Roper-Miller Confirmation Resolution of 2024</a>
Kara Levinson	January 12, 2026	April 18, 2028	<a href="#">PR26-0403 - Science Advisory Board Dr. Kara Levinson Confirmation Resolution of 2025</a>
Justine Kreso	July 14, 2025	April 18, 2028	<a href="#">PR26-0201 - Science Advisory Board Justine Kreso Confirmation Resolution of 2025</a>
Mark Mogle	July 14, 2025	April 18, 2028	<a href="#">PR26-0203 - Science Advisory Board Mark Mogle Confirmation Resolution of 2025</a>

Roger Mitchell	January 12, 2026	April 18, 2028	<a href="#">PR26-0402 - Science Advisory Board Dr. Roger Mitchell Confirmation Resolution of 2025</a>
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**b. Please list all current vacancies on the board as well the length of current members' terms and their term end date.**

There are no current vacancies.

**c. For any vacancies, please provide a date by which a replacement will be nominated.**

N/A

**48. What is the current vacancy rate in each unit in FY 2026 to date compared to FY 2025?**

**a. How have these staffing shortages continued to impact operations and service delivery?**

<b>Vacancy Rate FY2026 (1-13-2026)</b>	
FSL	37.70%
PHL	36.07%
CSS	15.60%

<b>Vacancy Rate FY2025 (10-1-2024)</b>	
FSL	31.25%
PHL	27.69%
CSS	19.10%

Also see response to #43.

**49. What specific support, if any, do you need from the Council and Executive to fully address these staffing challenges?**

See response to #43.

**50. The FY2026 budget eliminated the \$627,000 for agency-wide training to maintain accreditation and support reaccreditation efforts. Please address the following:**

**51. How have agency staff maintained required competency certifications during their employment?**

The FY2025 one-time training and development enhancement request of \$627,000, was removed in FY2026; however, the training and development program has been approved funding for \$734,000 for FY2026. With this funding, staff have been able to meet the

continuing education requirements to maintain certification by attending professional conferences, attending trainings, and reading current scientific literature.

In the PHL, competency has a specific meaning: it refers to a formal process that verifies staff members are capable of performing analytical testing. Our division requires an initial competency assessment for any staff member working within a testing system, followed by a six-month reassessment and annual assessments thereafter. All competency documentation is maintained in the Ideagen Quality Management System.

Additionally, PHL is a CE provider through the American Society for Clinical Laboratory Science (ASCLS) Professional Acknowledgment for Continuing Education (P.A.C.E) program and hold periodic CEUs in house.

***a. What percentage of staff have completed the required accreditation maintenance training?***

FSL – all technical staff met continuing education requirements to maintain certification or meet accreditation requirements. Specifically, LFU analysts maintained IAI certification and FBU analysts met the continuing education requirement for FBI Quality Assurance Standards for Forensic DNA Testing Laboratories.

Certifications and licensure are not required for employment within PHL; however, 13 staff members, in addition to the Laboratory Director, currently maintain professional certifications. For example, several medical technologists hold American Society for Clinical Pathology (ASCP) certification, which requires continuing education (CE) credits for renewal. These credits are typically earned through conference attendance and participation in training workshops. Additionally, the Laboratory Director is required to maintain licensure under CLIA and holds certification through the American Board of Medical Microbiology.

***b. Which specific training programs, if any, were implemented to support LFU reaccreditation?***

The LFU consultant, Evolve Forensics, created a training program for LFU. That program has been successfully implemented, and three new hires have either completed or are currently completing the training program. During FY2025, Elite Forensics provided a training on bias and testifying for all FSL as well as a latent print examination training specifically for LFU.

***52. How has DFS adjusted to maintain agency operational standards and reaccreditation efforts?***

DFS practices continual laboratory improvement. Operations are reviewed and adjusted as risks are identified, new processes are implemented, and new requirements are published.

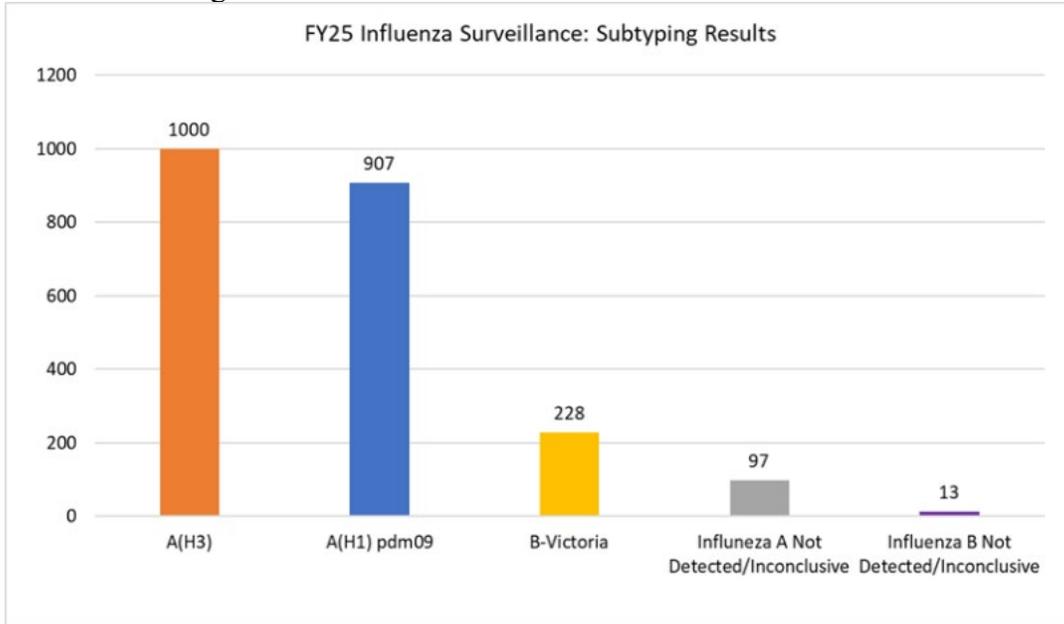
FSL has received and maintained accreditation to ISO/IEC 17025:2017 and ANAB AR3125 since 2023 (FBU and FCU) and 2025 (LFU). FBU also maintains certification by complying with FBI's Quality Assurance Standards for DNA Testing Laboratories.

**Testing and Equipment Questions**

**53. Please describe the current status of the District's surveillance for influenza and foodborne outbreaks, rabies testing, STI testing, and testing for bioterrorism and chemical terrorism.**

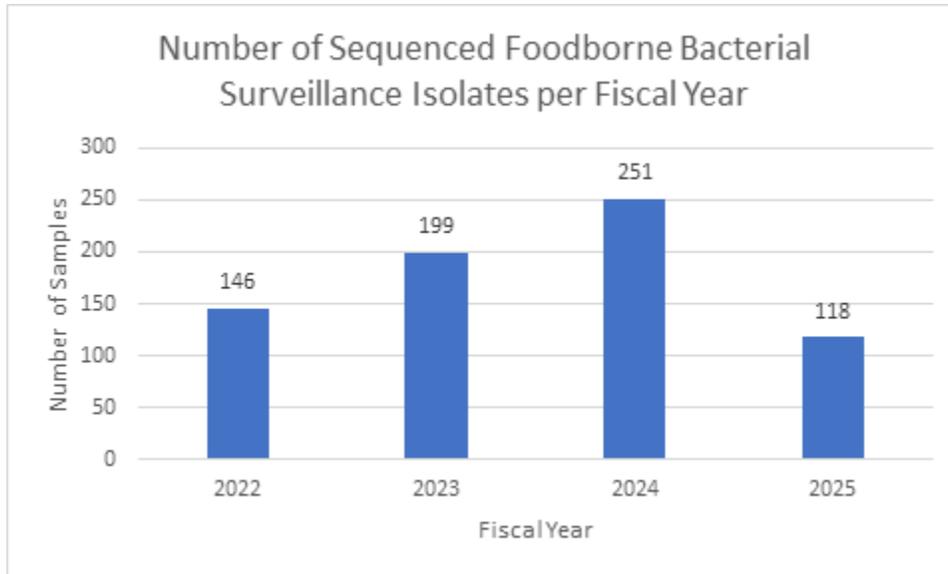
**Influenza Surveillance:**

PHL continuously monitors influenza and related respiratory viruses. In FY2025, the lab tested 3,295 patient samples, a 54% increase from the previous year. Tests identified influenza A, influenza B, and COVID-19, with most positives for influenza A. The lab met national testing and reporting standards, supporting flu surveillance and public health decision-making.



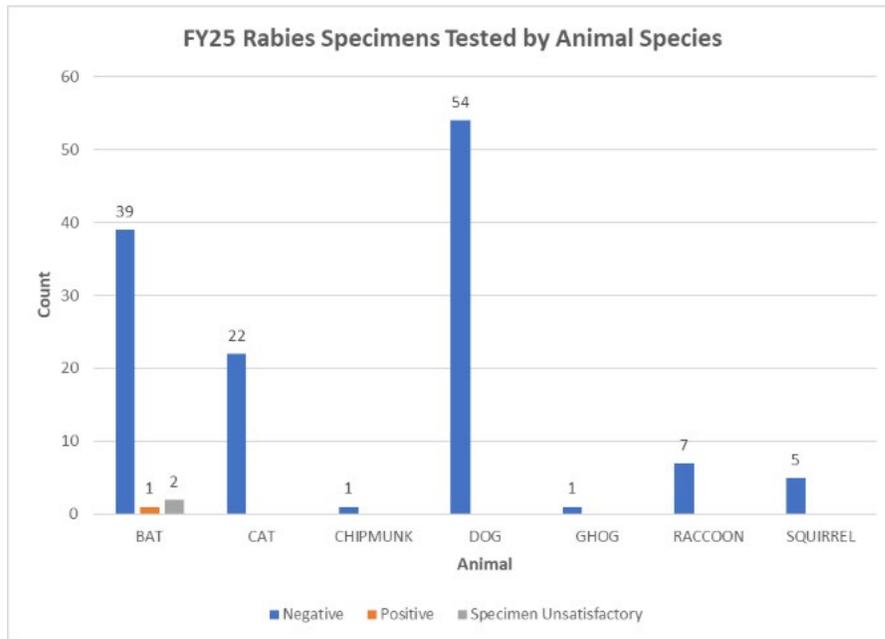
**Foodborne Outbreak Surveillance:**

PHL plays a key role in detecting foodborne illnesses. In FY2025, the lab analyzed 118 samples from suspected outbreaks and reported results to the CDC's PulseNet system to support national surveillance. The lab identified three cases of Campylobacter and two cases of Salmonella requiring follow-up. Five stool samples were tested for norovirus, with three positives. These efforts enable rapid identification and response to potential outbreaks. Overall, this testing represents a 53% decrease in samples sequenced and submitted to the CDC between FY2024 and FY2025.



**Rabies Testing:**

PHL tested 132 samples for rabies, focusing on cases with potential exposure to people or pets. 88 cases involved direct human exposure. Only one sample, from a bat, tested positive. All tests for animals with human contact were completed within 24 hours, ensuring prompt results for public health action, when necessary.



**STI Testing:**

PHL previously conducted gonorrhea surveillance testing under the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement with the Centers for Disease Control and Prevention (CDC). The District did not receive funding for this initiative in the current agreement cycle; therefore, PHL is not performing this testing at present. However, the

laboratory retains the necessary capacity and staff competency to resume testing if required.

**Bioterrorism Testing:**

In FY2025, the Bioterrorism Unit received and analyzed 13 samples from the FBI and local clinical laboratories. The team successfully identified two rare and dangerous bacteria—*Burkholderia pseudomallei* and *Francisella tularensis*—from separate patient samples. This is significant because these organisms can cause severe illness and are classified as potential bioterrorism agents. Notably, the confirmation of *Francisella tularensis* marks the first time our unit has detected this pathogen in a patient sample, highlighting the importance of our work in protecting public health and national security.

In addition to testing activities, the laboratory conducted a Sentinel Laboratory Workshop to train clinical laboratories across the city on proper procedures for recognizing and referring suspected bioterrorism agents to PHL. The unit also successfully completed a CDC Critical Contacts Drill, which promoted rapid communication between our District and federal partners. Furthermore, additional technologists were trained to strengthen emergency preparedness and response capabilities.

**Chemical Terrorism Testing:**

PHL maintained full readiness to respond to chemical threats by testing clinical and environmental samples for metals, cyanide, and nerve agent byproducts using nine different advanced analytical chemistry methods. The laboratory completed all required emergency preparedness exercises and successfully performed over 27 proficiency tests throughout the year, achieving passing score required for clinical testing. Additionally, staff are being cross-trained to ensure the laboratory can manage increased testing demands during a chemical emergency.

**54. *The FY 2026 budget included \$874,832 to backfill federal funds that the District no longer receives and to support the Public Health Laboratory with critical laboratory supplies for testing across multiple categories. Please provide the following information:***

***a. How were these funds utilized across the different testing categories including mosquito-borne viruses, influenza, foodborne outbreaks, rabies, STIs, bioterrorism and chemical terrorism, and COVID?***

These funds supported multiple testing categories, including mosquito-borne viruses, influenza, foodborne outbreaks, rabies, bioterrorism and chemical terrorism, and COVID-19. Specifically, the funds were utilized to procure essential reagents, consumables, and supplies for PCR assays, nucleic acid amplification tests, sequencing, and culture media, enabling timely surveillance and outbreak response. For mosquito-borne viruses and influenza, the laboratory purchased PCR panels, extraction kits, and transport media to maintain seasonal monitoring. Foodborne outbreak investigations were supported through acquisition of whole-genome sequencing reagents and culture supplies, while rabies testing relied on fluorescent antibody reagents and PCR kits. Preparedness for bioterrorism and chemical terrorism was reinforced by stocking specialized reagents for select agent

detection and chemical toxin assays. COVID-19 surveillance continued with PCR reagents and sequencing supplies for variant monitoring. Currently, the laboratory is actively engaged in the procurement and contracting process for additional reagents and supplies necessary for new assay validations and implementation of updated testing protocols across these categories.

***b. What specific testing capacity increases were achieved with this funding?***

With FY 2025 funding, DFS achieved major improvements in testing capacity across several areas. DFS validated an additional mosquito testing method by transitioning from the Hologic Panther platform to the ABI thermocycler, increasing flexibility and efficiency for monitoring mosquito-borne viruses. Foodborne illness testing was expanded to include samples from long-term care facilities, strengthening outbreak detection and protection for vulnerable populations. Additionally, once reagent procurement is complete, DFS will begin sequencing wastewater samples to enhance community-level pathogen monitoring and expand microbiology sequencing capabilities for more comprehensive genomic analysis.

***c. Is the current funding level sufficient to meet testing demands across all categories?***

The current funding of has been critical in sustaining essential testing operations and enabling some capacity expansions; however, it is not sufficient to fully meet growing testing demands across all categories. While PHL has validated an additional mosquito testing method, scaled up foodborne testing to include long-term care facilities, and are preparing to expand sequencing capabilities for wastewater and microbiology, these initiatives require substantial investment in reagents, consumables, and advanced technologies. High-cost molecular and sequencing assays, combined with preparedness requirements for bioterrorism and chemical terrorism, place significant strain on resources. Without additional funding, the laboratory risks delays in implementing new assays, reduced surge capacity, and potential gaps in public health surveillance. To maintain readiness and deliver timely, comprehensive testing, supplemental funding or alternative resource streams will be necessary

***d. What metrics does the PHL use to track testing efficiency and capacity utilization?***

PHL tracks testing efficiency and capacity utilization using a combination of operational and financial tools. Budget spending is monitored in Smartsheet through a custom budget tracker to ensure transparency and alignment with funding priorities. In addition, PHL has developed a capacity workload sheet to monitor testing volumes and resource allocation. Key performance metrics include turnaround time (TAT) from specimen receipt to result reporting, test volume by category, capacity utilization rate compared to maximum throughput, validation and implementation progress for new assays, reagent and supply availability, and error rate/quality control metrics to maintain accuracy. These measures allow PHL

to assess efficiency, identify bottlenecks, and ensure readiness for surge testing across all categories.

***e. Please describe the current status of the District's mosquito surveillance program to test for West Nile, dengue, chikungunya, and Zika viruses.***

The District's mosquito surveillance program is actively monitoring for arboviruses; however, testing is currently limited to West Nile virus (WNV), Zika virus, and Eastern Equine Encephalitis (EEE). DFS has implemented two methodologies to support high-throughput testing: the ABI thermocycler platform and the Hologic Panther system, which provide flexibility and efficiency in processing large sample volumes. Through our partnership with DC Health, PHL successfully tested 770 mosquito pool samples, strengthening regional surveillance and early detection capabilities. While dengue and chikungunya testing are not yet part of the current workflow, the laboratory continues to evaluate opportunities to expand assay coverage as resources and funding allow.

***55. The FY 2026 budget also included a \$146,372 increase in federal grant funds for contractual services to bolster Public Health Laboratory capabilities. Please provide answers to the following:***

- a. How did these funds enhance the Public Health Laboratory's ability to cover increased crime scene responses and requests?***
- b. What contractual services were procured with these funds?***
- c. Was this funding level sufficient to improve responses times and resolve requests?***

The FY2019 Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) grant award has expired and the budget authority will be reduced.

***56. Please provide a summary of significant findings from the FY 2025 mosquito surveillance season to date including any expansions to mosquito surveillance in FY 2025. Also, please provide any updates on challenges encountered in implementing testing.***

PHK, in collaboration with DC Health, conducts surveillance for WNV and EEEV in mosquito species found in the District of Columbia. Mosquitoes are trapped across DC, identified by species, and submitted to PHL for testing. While PHL maintains clinical testing capability for Zika virus in patient specimens, routine surveillance for Zika is not performed due to its rarity and low likelihood of local transmission.

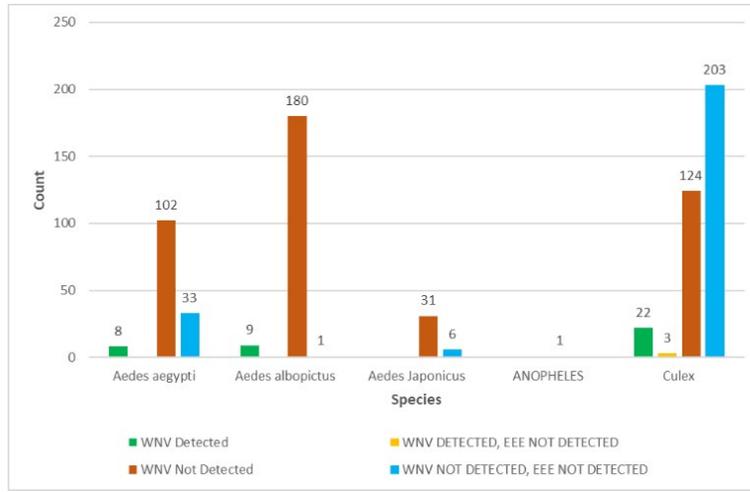
During the FY2025 mosquito surveillance season, 723 mosquito pools were collected and tested for WNV, and 246 pools were tested for EEEV at CDC Fort Collins. Results showed 42 WNV-positive pools and 681 negative pools, while all 246 pools tested negative for EEEV (Figure 1). Of the 16 trap sites located across all eight DC wards (Figure 2), site 8B had the highest number of positive pools (12 total: 6 *Culex pipiens*, 3 *Aedes aegypti*, 3 *Aedes albopictus*), followed by site 6B (6 total: 5 *Culex pipiens*, 1 *Aedes aegypti*) as shown in Figure 3. Overall, 60% of positive pools were *Culex pipiens* (25 pools), 21% were *Aedes*

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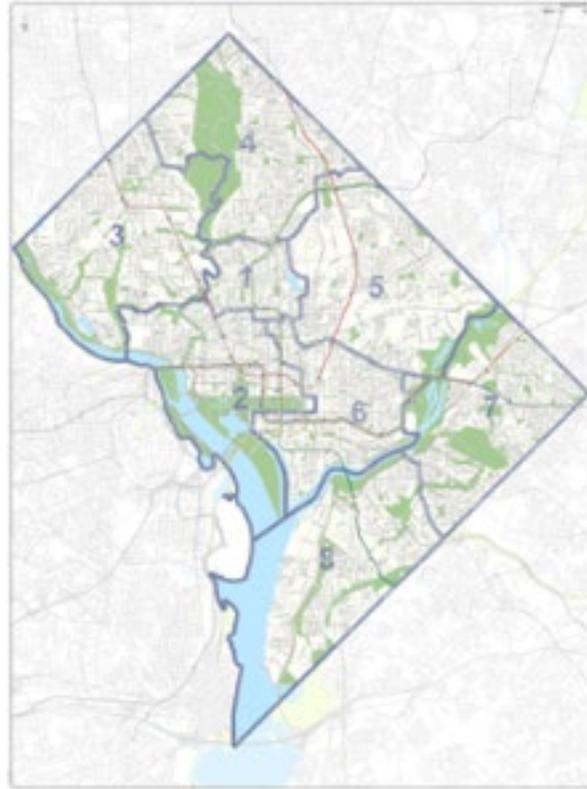
DFS

albopictus (9 pools), and 19% were *Aedes aegypti* (8 pools) collected from eight sites across the District (Figure 4).

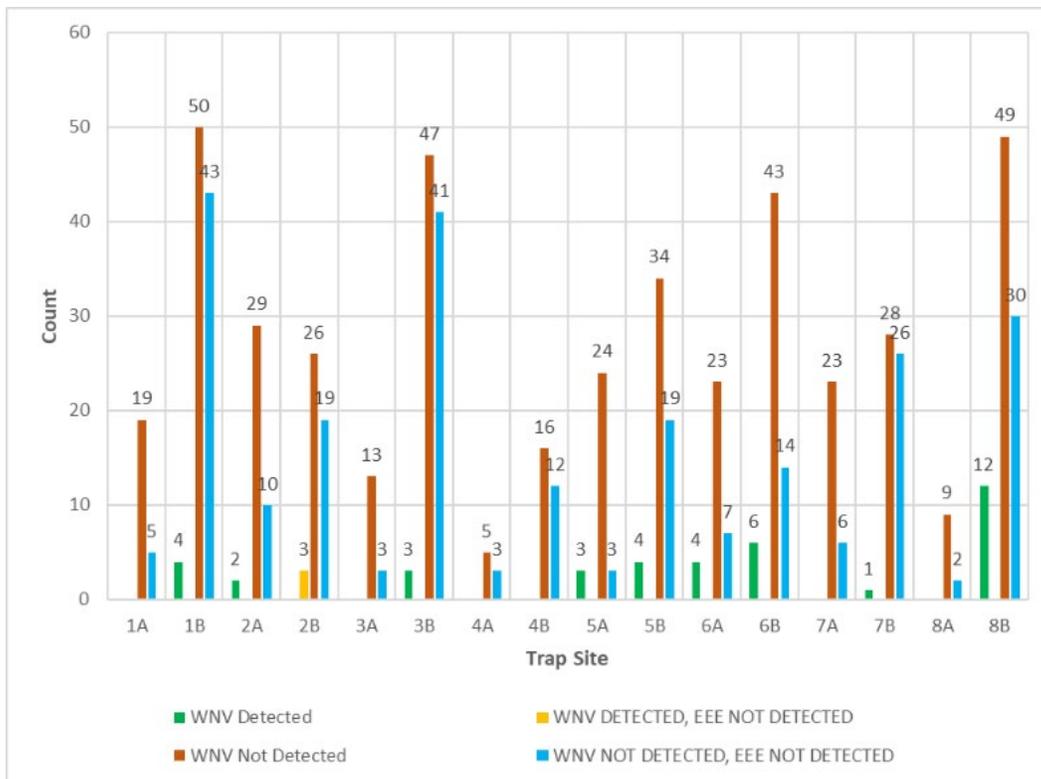
A key challenge this year was transitioning mosquito testing from the Hologic Panther Fusion instrument to a molecular diagnostics platform using RT-PCR. This transition became necessary due to delays in renewing the contractual agreement for procurement of supplies and maintenance of the Hologic Panther system used for sample testing. As a result, testing was briefly paused while staff were trained and the assay validated in a new testing area. During this period, the Centers for Disease Control and Prevention (CDC) provided testing support to ensure continuity.



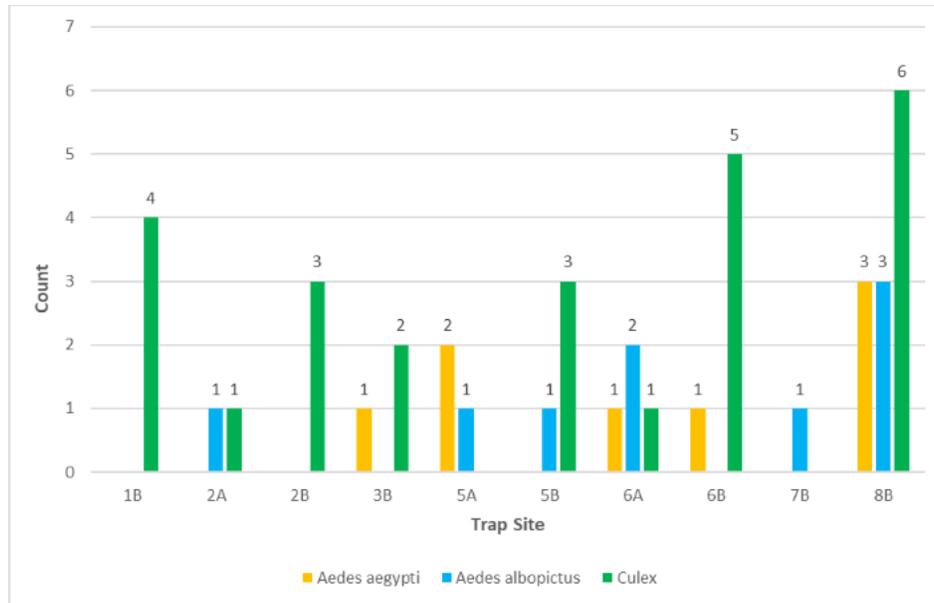
**Figure 1. 2025 WNV and EEEV Testing Results by Mosquito Species**



**Figure 2. Washington DC Ward Map**



**Figure 3. 2025 WNV/EEEV Testing Results by Trap Site**



**Figure 4. Positive Mosquito Pool Species by Trap Site**

**57. In last year's oversight responses, DFS stated that the goal of testing 60 isolates per week was not achieved as expected as a result of supply shortages triggered by delays in grant funding. DHS further indicated that PHL was reevaluating and improving the wastewater testing workflow prior to restarting testing. Please provide an answer to the following:**

- a. What enhancements did PHL make prior to restarting testing?**
- b. What adjustments were made to continue the progress towards achieving the goal of expanding testing capacity to 60 isolates per week?**

DFS improved wastewater testing process so samples can be prepared faster, which means the testing of more samples in less time. In addition, DFS has procured equipment that will automate some of the more manual processes (such as the KingFisher system), allowing the Department to handle up to 60 samples per week once the process is fully validated.

**58. In last year's oversight responses, DFS stated that PHL was expanding wastewater testing to include influenza A, influenza B, RSV, and Mpox (including clade I) in addition to SARS-CoV-2. Please provide the following information:**

- a. An update on the progress made to date on the expansion of these infectious diseases testing;**
- b. The implementation status of the sequencing pipelines for Mpox and other pathogens in wastewater; and**
- c. Any challenges or barriers encountered in achieving these planned expansions, including any change in the grant funding supporting these expansions.**

Wastewater testing capacity will be available in the laboratory by February 2026. Enhancements to the process include implementing a faster and more efficient sample

concentration method to reduce processing time and improve sample recovery; updating safety standards and staff training specific to wastewater testing; and refining procedures and documentation to ensure higher data quality. DFS has procured equipment to automate some of the more manual steps (such as the KingFisher system), which will allow the PHL to process up to 60 samples per week once validation is complete.

The next step is to validate new testing kits for flu, COVID-19, RSV, and Mpox (including clade 1) to expand infectious disease surveillance. Planning for this validation is underway, but progress depends on sample collection. DC Health contracts the company responsible for collecting wastewater samples, and that contract is not yet in place. Without samples, PHL cannot validate these new methods or expand testing. Once collection resumes, PHL will move forward with these planned expansions.

In addition, PHL has been selected for the 2025–2026 Wastewater Surveillance Peer-to-Peer Exchange Program by the Association of Public Health Laboratories (APHL). This program provides an opportunity to strengthen skills and collaborate with other wastewater professionals through hands-on training and shared learning. Allegheny County and DC have been matched for this exchange, which will take place between January and June 2026. APHL will cover travel, lodging, and per diem costs, and participants will complete an impact summary and evaluation following the visit. This exchange will help refine practices and improve the effectiveness of our wastewater surveillance program.

**59. In last year's oversight responses, DFS stated that *Drugs of Abuse (DOA) testing did not resume because of several outstanding requirements, including (1) hiring a Chemistry Unit Supervisor (now satisfied), (2) validating and implementation of additional testing capabilities, and (3) implementation of laboratory information systems. Please provide the following information:***

- a. What is the status of the implementation of laboratory information systems and testing capabilities?***
- b. What progress has been made in developing test codes in LIMS for the 65 new analytes?***
- c. Please describe the positions' duties for the Program Analyst liaison to DOC.***

PHL, through its Clinical Toxicology Unit (CTU) and Accessioning Unit (ASU), has made major progress toward implementing a Laboratory Information Management System (LIMS) and expanding testing capabilities to support drug surveillance. PHL has piloted the implementation of a new drug panel through the Biosurveillance strategy of DCPHL's Opioid Surveillance Program, funded by CDC's Overdose Data to Action (OD2A) cooperative agreement. This expanded urine toxicology panel, developed and validated by the CTU, can detect more than 65 substances at once using advanced technology that separates and identifies chemicals with high accuracy.

As part of this pilot, PHL partnered with Sibley Memorial Hospital and Howard University Hospital to receive weekly samples. PHL analyzed leftover, anonymous urine samples from patients suspected of overdoses using the expanded drug panel. Since the program began in October 2025, PHL tested 94 samples: 66% were positive for at least one

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substance and 72% of positive samples contained two or more substances. The top 10 drugs detected as well as drugs often found together (co-detections) are summarized as follows:

Drug Detected	Positive Samples (%)	Common Co-Detections
11-Nor-9-carboxy-delta9-THC (THC Metabolite)	43.5	Benzoylecgonine, Methamphetamine, Cocaine, Lorazepam, Amphetamine
Benzoylecgonine	37.1	Cocaine, Methamphetamine, 11-Nor-9-carboxy-delta9-THC, Morphine, Oxazepam
Cocaine	21	Benzoylecgonine, 11-Nor-9-carboxy-delta9-THC, Methamphetamine, Amphetamine, Cocaethylene
Methamphetamine	19.4	Benzoylecgonine, Cocaine, 11-Nor-9-carboxy-delta9-THC, Oxazepam, Amphetamine
Oxazepam	19.4	Temazepam, Nordiazepam, Benzoylecgonine, Methamphetamine, 11-Nor-9-carboxy-delta9-THC
Morphine	17.7	Hydromorphone, Benzoylecgonine, Fentanyl, 11-Nor-9-carboxy-delta9-THC, EDDP
Gabapentin	16.1	Noroxycodone, Oxazepam, Oxycodone, Oxymorphone, Lorazepam
Lorazepam	14.5	11-Nor-9-carboxy-delta9-THC, Oxazepam, Temazepam, Nordiazepam, Morphine
Nordiazepam	14.5	Oxazepam, Temazepam, Benzoylecgonine, Methamphetamine, 11-Nor-9-carboxy-delta9-THC
Temazepam	14.5	Oxazepam, Nordiazepam, Benzoylecgonine, Methamphetamine, 11-Nor-9-carboxy-delta9-THC

The program analyst played a key role in training clinical lab partners and managing the logistics of implementing the biosurveillance program. At the same time, the lab configured its LIMS to manage the entire testing process—from logging samples and entering results to reviewing, releasing, and exporting structured data. The team—including the Laboratory Operations Manager, technical liaison, ASU and CTU staff, and the program analyst—developed LIMS test codes for all 65 substances in the expanded panel, mapped methods, defined result types, and set interpretation rules based on established cut-off values. The next step is integrating automated data exports to CDC.

The program analyst also coordinates communication between agencies, shares surveillance findings, supports grant-related reporting, and ensures alignment between lab operations, public safety partners, and public health goals.

**60. Please provide a summary of significant findings from FY 2025 to FY 2026 on the Needle Exchange Intelligence Services (NEXIS) program. Please provide additional information on the following:**

- a. What improvements, if any, could be made to the NEXIS program;**
- b. What notable trends, if any, have emerged through the data collected from the needle exchange over the past five years;**
- c. What is the role of PHL in the identification of substance detected in residue from the needle exchange;**
- d. What challenges has the laboratory encountered in identifying novel psychoactive substances (NPS); and**
- e. Please explain the approach that PHL uses in identifying NPS and the average turnover time for identification of NPS and additional analysis.**

Between FY2025 and FY2026, DFS analyzed about 3,112 syringes collected through needle exchange programs at four sites across the District. Findings were shared in 12 monthly reports during this period. Continued investment is needed to keep the NEXIS program strong, including funding for staff, lab supplies, and equipment. Additional local support would help maintain sample collection as federal guidance on needle exchange evolves. Better data sharing with hospitals and public health partners would also improve how quickly findings can be used for action.

Key trends identified by NEXIS include:

- More cases involving multiple substances, especially opioids mixed with sedatives and stimulants.
- A shift toward synthetic and highly potent drugs, often detected before they appear in clinical settings or overdose reports.
- Increasing use of unusual additives, which raise overdose risks and make treatment harder.
- Changes in stimulant and synthetic drug patterns, including cathinones.

These findings have helped shape public health messaging, alert clinicians, and improve interagency awareness of overdose risks.

PHL is the backbone of the NEXIS program. Staff handle the entire process—from receiving and preparing syringe samples to analyzing them and reporting results. Using advanced instruments, the lab identifies controlled substances, additives, and new synthetic drugs in syringe residue. This work supports public health surveillance and informs partners through regular reports.

Challenges include changing federal rules on needle exchange, the rapid appearance of new drugs not yet in reference databases, funding limitations, and the complexity of confirming substances that look very similar. The lab addresses these challenges by using advanced technology, expert staff, and technical support from CDC and APHL.

Analysis typically uses gas chromatography–mass spectrometry (GC-MS), which compares sample data to trusted reference libraries. This process allows the lab to identify known and emerging drugs. For complex cases, additional testing may be needed, and full identification can take up to 10 business days.

**61. Please provide any updates on the agency's Syringe Surveillance Exchange Program. How is this information used by the agency (or shared with other District and federal agencies)?**

DFS continues to use syringe surveillance (NEXIS) data to inform District public health and safety agencies of emerging substance-related risks; support overdose prevention and response organizations with timely intelligence on rapidly changing substance mixtures present in the street drug supply to inform treatment, education and intervention efforts; and share findings with District and federal partners to inform both local and national overdose prevention strategies. Information is disseminated through routine reports, scientific publications, the [Live.Long.DC Overdose Dashboard](#) (see “DC’s Harm Reduction Support Effects” section), and interagency briefings.

**62. Is there any forensic testing/examination equipment that is not operational and in need of repair or replacement? If so, please provide a list of that equipment. The list should include the equipment function, why repair or replacement is necessary (e.g., casework workhorse, breaks down frequently), operational necessity, and why it is no longer operational.**

The original refrigeration and freezer units installed in 2012 are experiencing recurring maintenance issues, requiring evidence relocation during multiple repairs. DFS has requested two quotes from the Department of General Services (DGS): one for comprehensive preventive maintenance and another for unit replacement. Upon receipt of the quotes, DFS will determine the appropriate course of action.

**63. Please provide any updates to the agency's current use of 3D laser scanning technology for crime scene documentation and protocols. What factors inform decisions about when to deploy this technology versus other documentation methods?**

The Crime Scene Sciences Unit (CSSU) will use 3D laser scanning technology on all Homicides, Assaults with Intent to Kill (AWIK), and Police Involved Shooting investigations, unless otherwise discussed with the lead Detective of the investigation. The laser scanning can also be deployed outside of the offenses listed above for exigent circumstances based on case information.

**64. Last year, DFS reported that your main autoclave had yet to be replaced and was out of service, and that three additional Biosafety Cabinets were needed for the BioWatch unit. Please provide an update on whether the autoclave has been replaced and if the additional Biosafety Cabinets have been procured.**

DFS

The autoclave has not yet been replaced. DFS Health and Safety has determined that replacement of this equipment must be handled in collaboration with the DGS who responsible for maintaining the equipment.

**65. *Has capital funding for a new autoclave been secured? If not, what operational impacts have resulted and what is the plan and timeline for replacement?***

**a. *Have the aging biosafety cabinets been replaced? If not, what are the plans and timeline for replacement?***

A capital purchase request is currently underway to replace the biosafety cabinets in both the Biowatch and Bioterrorism units.

**66. *What specific support do you need from the Council and Executive to ensure timely equipment maintenance, repair, and replacement going forward?***

To ensure timely equipment maintenance, repair, and replacement, PHL needs continued capital funding for equipment and facility upgrades, along with consistent operational funding. This is for replacement of critical laboratory equipment, to allow routine maintenance required under CLIA, and emergency repairs without delays. Expedited procurement authority is also necessary to reduce downtime for essential platforms like, which are critical for public health testing and outbreak response. Finally, investment in infrastructure improvements—such as HVAC upgrades, humidity control systems, and continuous environmental monitoring—will help prevent equipment failures and protect high-value assets. These measures will safeguard operational continuity, maintain compliance with public health standards, and ensure rapid response capability during emergencies.

**67. *What new forensic testing/examination equipment, if any, has been validated and instituted in the last 24 months? If so, have the results of the validation(s) been reviewed by the Science Advisory Board (SAB)?***

FCU has completed two method validations (D15 EXTSCREEN and D16 GCSCREEN). The initial validation plans were sent to SAB for review, and the feedback was implemented. Following the validation studies, the validation summary report drafts were sent to the SAB for review and feedback was implemented.

LFU performed function tests on the updated IDEMIA MorphoBIS Review Workstations. The function test plan was sent to SAB and feedback was implemented. The final summary report was sent to SAB.

FBU did not complete any validations during the last 24 months.

**68. *Please provide budget and spending information for the following:***

**a. *Purchase of new equipment;***

FSL:

- Local funds – Thermomixers (2), FTIR replacement part, scanners (4)
- Capital funds – FTIR, GC-FID, STRmix software, 3500 data collection software, centrifuge

PHL did not purchase any new equipment in FY2025 or the 1st quarter of FY2026.

**b. Maintenance and repair of equipment including the cost and details of maintenance contracts;**

FSL:

- Remi Preventative Maintenance Contract - \$278,601
- DLR Repairs (refrigerator) - \$3,487
- ENV Services (TVK Kits, PCR Hoods) - \$1,260
- ABI Instruments (SeqGen) - \$15,480
- Leica (Microscopes) - \$10,670
- Qiagen - \$11,167
- QCI (pipettes calibration) - \$8778.12
- The scale people - \$1,505
- Agilent Technologies - \$2,524
- Mettler Toledo - \$950
- RJM Sales (preventative maintenance) - \$16,454
- Peak Scientific - \$4,364
- ES Integrated (Firearms range maintenance & lead abatement) - \$14,243

PHL:

<b>Vendor</b>	<b>Description</b>	<b>Total Cost</b>
Remi	Lab equipment preventative maintenance contract (fridges, freezers, microscopes, etc.).	\$302,120.00
Life Technologies	PCR Thermocycler Workstations	\$81,813.12
Cepheid	A Cepheid GeneXpert is a fully automated, real-time PCR (polymerase chain reaction) system used for rapid molecular testing.	\$72,928.00
AB Sciex	Gas Chromatography Instrumentation utilized in chemical analysis.	\$52,586.30
Abbott	Virology serological testing instrumentation.	\$52,100.00
Qiagen	PCR extraction platforms used in molecular testing.	\$40,279.00
Tecan	Liquid Handler	\$33,565.11
BioMerieux	Microbiology organism identification instrumentation	\$33,465.00
Illumina	Sequencing instrumentation	\$30,776.20
Roche	PCR extraction platforms used in molecular testing.	\$21,760.00
Hologic	High throughput PCR instrumentation	\$21,000.00
BioMerieux	Microbiology organism identification instrumentation	\$19,016.00
DiaSorin	Virology serological testing instrumentation.	\$18,600.00
AB Sciex	Gas Chromatography Instrumentation for chemical analysis	\$15,352.20
ThermoFisher	Sensitivity testing for microbiological organisms	\$11,795.00

J&PS Performance Oversight Questions (FY2025-26)

DFS

Integra	High throughput multi-channel pipette	\$10,750.00
Qiagen	PCR digital instrumentation	\$10,712.00
Millipore	Water purification system	\$9,826.76
BioFire	Biothreat identification instrumentation	\$9,376.00
Roche	PCR extraction platforms used in molecular testing.	\$6,760.00
Advanced Instruments	An Anoxomat is a laboratory instrument used to create controlled anaerobic, microaerophilic, or capnophilic environments for culturing microorganisms.	\$5,680.00
Agilent	Well Washer Service Agreement	\$5,004.00
Life Technologies	Well Washer Service Agreement	\$3,714.00
BioMerieux	Gram Stainer	\$2,018.00
Qiagen	PCR digital instrumentation	\$5,905.00
TempGenius	CO2/Room Temp and Humidity Probes	\$7,956.00
Clinisys/Horizon	LIMS System	\$49,200.00
Clinisys/Horizon	LIMS System	\$105,016.00
Life Technologies	PCR Instrumentation	\$85,752.54
Agilent	Agilent Plate Washer Service Agreement	\$2,604.00
Mystaire	Mystaire PCR Workstation Service Agreement	\$3,000.00
Hamilton	Hamilton STARlet Liquid Handler Service Agreement	\$16,559.00
Life Technologies	KingFisher Service Agreement	\$9,500.04
Agilent	405LS Plate Washer Service Agreement	\$5,773.20

**c. Outsourcing of any forensic discipline work (e.g., DNA databasing, CODIS processing);**

Ron Smith and Associates (LFU) - \$491,020

NMS (FCU) - \$659,740

Bode (FBU) – 932,802.25

- Local funds – 576,048
- Grant funds – 356,754.25

Signature Science (FBU) – 912,537

- Local funds -574,826
- Grant funds – 337,711

DNA Labs International (FBU) – 576,882.65

- Local funds -276,882.65
- Grant funds -300,000

**d. Budget and spending information for continuing education of all staff;**

CSS \$28,577.45

FSL \$152,195.00

PHL \$113,565.29

Administration	\$171,278.64
	<hr/>
	\$465,616.38

***e. List and cost of all continuing education events and conferences showing number of attendees per event during this reporting period;***

FSL & QAU (FSL)

- American Academy of Forensic Sciences
- Mid-Atlantic Association of Forensic Scientists
- ANAB Technical Assessor Course
- ANAB Internal Auditor Course
- ANAB Corrective Actions and Cause Analysis
- ANAB Risk-based thinking
- ANAB Measurement Uncertainty
- 108<sup>th</sup> International Association for Identification Educational Conference
- American Society of Crime Laboratory Directors Symposium
- IDEMIA Latent Expert Upgrade
- NIST Continuing Education Day
- FBI CODIS State Administrator Meeting
- 11<sup>th</sup> Annual STRmix Implementation and Casework Approach Workshop
- Chesapeake Bay Division IAI Conference
- 11<sup>th</sup> Annual Human Identification Solutions Conference
- STRmix Virtual Full Workshop
- Association of Forensic Quality Assurance Managers 23<sup>rd</sup> Annual Conference

***f. Contract support details and costs for accreditation preparation; and***

FACT consultants (LFU) - \$30,000

***g. Detail any outside funding sought and received (e.g., grants). Where possible, please provide historical data and trends to provide context and comparison.***

FSL sought and received BJA Capacity Enhancement and Backlog Reduction (CEBR) grant funds to support outsourcing costs for FBU (FY2022, FY2023, FY2024 grant awards). FBU also uses grants funds to support salary and fringe benefits of five (5) FTEs.

***69. Please detail the DFS plans for equipment life-cycle replacement and the budget planning done to execute the replacement plan.***

See Appendix #69\_FSL Equipment Replacement Plan.

**Workload and Operations Questions**

***70. Please describe the current outsourcing of evidence analysis by other units in the FSL to outside entities, including the name of the entity, nature of the relationship, and costs associated with this relationship.***

J&PS Performance Oversight Questions (FY2025-26)

DFS

Across FSL, the number of Request for Testing exceeds in-house testing capacity. Additional analysts are needed within FBU, FCU, LFU and support unit Casework Administration Group to fully support in-house casework operations.

FBU Outsourcing:

- Bode - \$932,802
  - Local funds - \$576,048
  - Grant funds - \$356,754
- Signature Science - \$912,537
  - Local funds - \$574,826
  - Grant funds - \$337,711
- DNA Labs International - \$576,882
  - Local funds - \$276,882
  - Grant - \$300,000

FCU Outsourcing: \$659,740

LFU Outsourcing: \$491,020

***71. Please describe the number of requested analyses/reports, backlogs/incomplete reports, and average turnaround time in each unit of the agency currently in operation.***

FSL:

**FBU**

Report completed: 118 (in-house); 1529 (outsourced)

Average TAT: 69 days (in-house); 66 days (outsourcing)

Backlog (unassigned 30+ days): 0 casework; ~600 CODIS

**FCU**

Report completed: 253 (in-house); 669 (outsourced)

Average TAT: 43 days (in-house); 36 days (outsourced)

Backlog (unassigned 30+ days): 235

**LFU**

Report completed: 9 (in-house; began 9/2025); 577 (outsourced); 37 Evidence Processing cases outsourced

Average TAT: 16 days (in-house); 25 (outsourced)

Backlog (unassigned 30+ days): 0

J&PS Performance Oversight Questions (FY2025-26)

DFS

PHL:

PHL Unit	Number of Requested Test	Average TAT (Days)	Backlog/Incomplete Reports
Biowatch Unit	5486	1	0
Bioterrorism Unit	10	3	0
Clinical Toxicology Unit	N/A	N/A	0
Immunology/Virology Unit	966	21	0
Microbiology Unit	212	13	0
Molecular Diagnostics Unit	4415	11	0
Next Generation Sequencing Unit	692	6	0

CSS

Report Completed: ~ 5943 Scenes with giving 14 days for the most current reports to be completed

Report turnaround time currently in place for CSS staff is within 14 days: 88%

**72. Please provide forensic workload data for each of the disciplines – Forensic Biology, Latent Fingerprints, Drug Chemistry, Crime Scene Processing and Forensic Intelligence Unit. Be sure to define terms in the reported information (e.g., crime scenes processed versus service requests received). This should include specific information such as number of Forensic Biology cases, number of DNA samples processed, number of sexual assault kits submitted and processed, turnaround times, backlog data including how the backlog is defined, CODIS samples submitted, number of samples outsourced, CODIS Hits, etc. Where possible, please provide historical data and trends (e.g., over the last 5 years) to provide context and comparison.**

FSL

FY2025, FIU received and processed 3,632 Request for Testing.

	FBU	FCU	LFU	EP
MPD	1,018	7	589	180
USAO	493	1,051	155	54
OAG	18	3	6	4
Other Agencies	10	37	4	3

FBU received and processed 224 Physical Evidence Recovery Kits (TAT = 80 days)

Refer to question 71 for number of reports issued per unit (outsourcing and in-house)

CODIS

Entries: 855

Hits: 464

AFIS

Entries: 1,399

Hits: 296

**73. Last year DFS projected significant backlogs by the close of FY 2026, with approximately 720 DNA cases, 774 latent print cases, and 60 seized drug cases. Please provide information for the following:**

**a. What is the current status of the backlog reduction effort?**

DFS is strategizing in-house resources along with grant and local funding for outsourcing to reduce backlogs. At the end of FY2025, DFS had no casework backlog in DNA or LFU. DFS has experienced a 78% increase in testing requests for FCU since August 2025 (federal surge) resulting in a backlog of 235 cases at the close of FY2026 Q1. DFS is working with the USAO to prioritize cases as FCU experiences a higher rate of testing cancellations than LFU and FBU.

**b. What resources are needed to significantly reduce the backlog in caseload management?**

Increased staffing is needed to meet the testing requests. Based on national data and current testing request rates, the staffing levels for the technical units should be as follows:

LFU – 4 analysts (current staffing 2 analysts)

FBU – 14 analysts (current staffing 10 analysts)

FCU – 5 analysts (current staffing 4 analysts)

**c. What plans, if any, have been put in place to reduce the CODIS and casework backlog?**

Following reaccreditation, FBU prioritized CODIS entry cases internally while utilizing expiring federal grant funds to outsource the casework backlog. This strategy eliminated the original backlog for both casework and CODIS entry. However, completion of the backlog by the vendor laboratories, ongoing internal testing, and the midair collision response have resulted in a new CODIS backlog of approximately 600 cases, which is currently being addressed in-house.

**74. Is DFS currently outsourcing any latent fingerprinting, drug, or DNA testing work? If yes, what metrics is DFS using to determine when this outsourcing can be reduced or eliminated? To what extent does DFS anticipate that the agency will need to continue outsourcing these tests for the remainder of FY 2026 and into FY 2027?**

DFS currently outsources a portion of latent print, seized drug, and DNA testing. DFS needs to build in-house testing capacity to significantly reduce reliance on vendor laboratories. However, DFS intends to maintain contracts with vendor laboratories in case of a surge or specialized testing. For example, testing of Y-STRs and heroin quantitative analysis are cost prohibited to perform in-house and will continue to be sent to a vendor laboratory. For both Y-STR and heroin, annual test requests are too few to justify

developing and maintaining methods and proficiency. As a second example, DFS refocused all FBU testing to address the midair collision in February and March of 2025 increasing short-term reliance on vendor laboratories.

FCU has experienced a 78% increase in testing requests since August 2025 (the federal surge). If this demand continues, FCU is projected to receive over 1,800 USAO analysis requests in FY2026. Based on national data, each full-time forensic chemist is expected to analyze 360 cases a year. FCU should have a minimum of five analysts to meet the casework demand. Currently, FCU has four analyst positions: one fully training, two in training, and one vacant (as of 12/19/2025). Once all positions are filled and trained, FCU will complete approximately 80% of casework in-house. To fully meet the demand with in-house testing, FCU needs an additional FTE.

LFU current annual caseload is approximately 460 cases. Based on national data, each fulltime latent print analyst is expected to analyze 123 cases per year. At the current caseload, LFU needs four analysts to meet the demand. LFU currently has two FTE analyst positions, both in training. Once fully trained, LFU be able to complete 50% of the caseload in-house. To meet current demand, LFU requires two additional FTEs.

FBU current annual caseload is approximately 1,320 cases. Based on national data, each full-time reporting analyst is expected to analyze 100 cases per year. FBU has ten analyst positions, three fully trained, five in training, and two vacant. Once all are trained, FBU will complete 75% of the caseload in-house. To meet demand, FBU requires four additional FTEs.

**75. Describe DFS' current capacity to upload evidence into relevant national databases and the status of all uploads in FY 2025 and FY 2026 to date for the Forensic Biology Unit, the Latent Fingerprint Unit, and the Forensic Chemistry Unit. What is the universe of evidence that has not been uploaded?**

LFU utilizes regional and national databases for latent print searches. In FY2025, regional systems were upgraded to allow simultaneous searches across Maryland, District of Columbia, and Northern Virginia. The updated database has been installed, validated, and fully implemented. Currently, LFU maintains a zero backlog for cases awaiting upload to these databases.

FBU uses CODIS, the national DNA database, for profile searches. When FBU received accreditation (end of December 2023), it faced a backlog of 1,038 cases and 1,220 CODIS entries. During FY2024, expiring federal grant funds were used to outsource all casework while internal resources focused on CODIS entry, reducing both backlogs to zero. However, the return of the outsourced casework backlog, reallocating staff for in-house testing, and responding to the midair collision (February through March) created a new CODIS backlog of approximately 600 cases by the end of FY2025. Additionally, the transition of the CODIS assistant administrator to a technical leader further reduced capacity for CODIS entry. With the \$3.5 million in additional DNA outsourcing funds, FBU will prioritize strategies to address the CODIS backlog while sustaining limited in-house testing.

DFS

There are no national databases for seized drug analyses; identification relies on comparing chromatographs to library standards. Since August 2025, FCU's caseload has increased by 78%, resulting in a backlog of approximately 235 cases. Over 95% of the requests are from the USAO, and FCU will continue working with USAO to prioritize these cases. Historically, seized drug cases have a higher cancellation rate than FBU or LFU requests.

**76. In last year's responses DFS indicated that FBU had a CODIS backlog. What is the current status of the CODIS backlog for the FBU?**

See response to question 73.

**77. Please provide information about the effectiveness of your Laboratory Information Management System (LIMS) in supporting laboratory operations. Please provide examples of operations the LIMS does and does not support. Please also provide examples of reports the system provides to assist with laboratory operations.**

DFS operates two distinct Laboratory Information Management Systems (LIMS) serving different laboratories: FSL and PHL. While having two systems might seem redundant, each addresses unique requirements based on their specific functions. The PHL system focuses on population health surveillance, biotechnology, environmental testing, and integration with healthcare systems, while the FSL system emphasizes legal compliance, chain of custody, and support of criminal investigation.

JusticeTrax LIMS (Forensic Science Laboratory)

JusticeTrax LIMS enhances forensic laboratory operations through several key functions:

Evidence Management and Chain of Custody

- The system tracks evidence throughout the forensic process, from initial collection by the Crime Scene Services Unit (CSSU) through analysis (FSL) and storage (Central Evidence Unit). It maintains comprehensive custody records, documenting all personnel who handle evidence, thereby preserving investigation integrity.

Security and Quality Assurance

- Maintains data integrity through secure storage and restricted access
- Implements quality control measures by tracking standards, controls, and calibration data
- Manages laboratory reagents and drug reference standards, including lot numbers, expiration dates, and safety documentation

Reporting Capabilities

JusticeTrax generates legally compliant reports, including:

- CODIS Entry and Hit Notifications
- DNA/Serology Analysis
- FCU Drug Analysis and Surveillance
- Proficiency Test Results

Clinisys-Horizon LIMS (Public Health Laboratory)

Clinisys LIMS manages public health, environmental, and biotechnology analyses through:

Sample and Data Management

- Tracks samples from collection through analysis and storage
- Supports high-volume sample processing
- Links test results to specific patients or populations
- Automates laboratory workflows for diverse testing needs

Public Health Integration

- Facilitates epidemiological surveillance and outbreak monitoring
- Provides real-time test results and trend analysis
- Enables rapid response to emerging health threats
- Integrates with local public health systems and hospitals

Quality and Compliance

- Ensures adherence to regulatory standards
- Maintains result traceability to specific instruments, methods, and personnel
- Generates standardized reports for public health surveillance
- Produces various clinical reports, including final reports and work order documentation

Both systems are essential to DFS operations, each optimized for its specific laboratory environment. While JusticeTrax focuses on maintaining evidence integrity for legal proceedings, Clinisys emphasizes public health surveillance and rapid response capabilities.

Together, they form a comprehensive laboratory management infrastructure that serves both criminal justice and public health needs

**78. *The Forensic Biology Unit (FBU) restarted casework on November 1st, 2024. What updates, if any, have been made to metrics and quality assurance measures to monitor the unit's performance as it enters into the second year of operations? Please provide data on:***

**a. *Current case backlog***

0

**b. *CODIS backlog***

~600 cases

**c. *Average turnaround times***

69 days (in-house); 66 days (outsourcing); 36 days (mid-air collision with first report issued within 48 hours)

**d. *Quality assurance findings following a full year of operations.***

See Appendix#78d.

**79. *The District passed B25-0345, the Secure DC Omnibus Amendment Act of 2024, authorizing DNA collection at the time of charging for crimes of violence, dangerous***

***crimes, and other select offenses. In last year's responses, DFS indicated that it developed a plan to build a DNA Databasing laboratory to meet the requirements identified in Secure DC. Please provide information on:***

- a. Any current barriers preventing DFS from developing a DNA Databasing laboratory;***

The only barrier is funding. During FY2025, DFS collaborated with the USAO, Office of the Attorney General (OAG), MPD and the U.S. Marshall's Office to develop a plan for rapid DNA testing that meets the spirit of the Act. The estimate cost for the initial four years (setup and ongoing costs) is \$8,794,841.00.

- b. An updated timeline and implementation plan for establishing this unit;***

The proposed timeline remains the same, three years to a fully functional, certified DNA Databasing Unit from the date funding is received.

- c. An updated estimate of the resources (staffing, equipment, infrastructure) needed;***

See Appendix #79c.

- d. Any update on the coordination efforts with USAO and other criminal justice partners regarding this implementation;***

DFS collaborated regularly with a USAO-led working group to evaluate implementation strategies. The most feasible solution was deploying Rapid DNA technology at DFS, with DC law enforcement responsible for sample collection and transport. This approach eliminated connectivity challenges between the booking stations and CODIS while ensuring rapid turnaround times and avoiding the need to establish functional laboratories with quality assurance programs and annual review at the booking stations.

- e. Please provide any outsourcing contractual agreements established with private laboratories performing arrestee sample analysis. What is the current sample size and turnaround time for each sample outsourced; and***

DFS has not established any outsourcing contractual agreements with private laboratories performing arrestee sample analysis. No funding has been provided to DFS for this purpose.

- f. Has DFS gained access to CODIS to enter arrestee profiles? And subsequently, FBI authorization to perform DNA testing on known samples (i.e., arrestee samples) for the inclusion into CODIS.***

DFS must establish a DNA Databasing Unit and have it certified by the FBI prior to having the necessary access to CODIS. To date, DFS has developed a feasible plan to establish a DNA Databasing Unit and estimate total cost.

## Accreditation Questions

**80. In last year's responses, DFS shared that several units successfully obtained reaccreditation, with efforts to prepare to apply to ANAB for reaccreditation for the remaining units. Please provide an update on the status of accreditation for the LFU and CSS units. Specifically:**

**a. Please describe any agency efforts to regain accreditation for the remaining units that had yet to receive accreditation in December 2024 and January 2025.**

All FSL case working units are fully accredited. At this time, FSL is working to maintain accreditations.

**b. Are the Forensic Biology, Forensic Chemistry, and Latent Fingerprint units still in good standing with their accreditation?**

Yes. FSL annual ANAB assessment was conducted in December 2025 with an outcome of zero nonconformities.

**c. Did the 2025 ANAB Surveillance Assessment identify any issues that needed to be addressed, if so, please describe;**

ANAB did not identify any issues that need to be addressed.

**d. DFS informed the Committee that it would be actively seeking accreditation for the Crime Scene Sciences unit and that it would be on tract to receive accreditation by December 2026. Please provide any updates on the timeline and progress for receiving that accreditation; and**

CSS focused resources on re-establishing the Evidence Processing Unit (EPU). New SOPs were developed and staff were trained. EPU began processing evidence in November 2025. During FY2026, CSS will refocus resources on accreditation.

**e. The status of bringing the Firearms Examination Unit back online and the timeline and progress made to reaccredit this unit.**

A plan to reconstitute the Firearm Examination Unit has been developed and presented to the SAB. The plan requires a minimum of two years to hire staff, develop SOPs, train staff and obtain accreditation. The cost to reconstitute the laboratory has been estimated. See Appendix#80e for details.

**81. Last year, DFS provided an update regarding four outstanding FBU recommendations it planned to address: 1) have FBU perform evidence processing of LFU evidence, 2) incorporate new guidelines for probabilistic software validations, 3) process all casework in-house at FBU, and 4) provide clarity on the types of cases used in the FBU training program.**

**a. For each of these recommendations, please provide an update on implementation status.**

The listed recommendations stem from the SNA report. FBU has addressed each recommendation. See Appendix #81a for a detailed response. This response was provided to the former US Attorney Matthew Graves. It has been provided to the SAB as well.

**82. *What is the status of the Crime Scene Sciences Evidence processing division? If there have been any delays, what barriers have contributed to those?***

Policies and procedures were created, reviewed and implemented and the Crime Scene Sciences Evidence processing division became operational on November 18, 2025.

**83. *What is the status of the STRmix 2.12 procurement plan? Has the software been procured? Has DFS completed validation of the software?***

The software has been procured. Validation is in the planning stage. There are several components to the validations, and the full validation is expected to take at least 24 months.

**a. *What progress has been made on increasing in-house casework capacity, including:***

**i. *Status of filling vacancies;***

DFS continues to fill vacancies. There was a significant delay in filling vacancies due to the congressionally imposed hiring freeze.

**ii. *Current ratio of in-house vs. outsourced casework; and***

FBU: 118 (in-house); 1529 (outsourced)

FCU: 253 (in-house); 669 (outsourced)

LFU: 9 (in-house – began casework Sept 2025); 577 (outsourced)

**iii. *Timeline for further expansion of in-house capacity?***

In-house capacity will increase as staff completes training. The following staff are expected to complete training in FY2026:

FBU – 4 analysts

FCU – 2 analysts

LFU – 2 analysts

**84. *Regarding SNA International's D.C. Department of Forensic Sciences Laboratory Assessment Report:***

**a. *Please provide a status update, if any, on the implementation of the recommended key actions for District Government leadership; and***

See response to Question 81.

**b. *Describe the current status of any of the recommendations that have not yet been successfully implemented.***

Only two recommendations have not been completely implemented:

- Perform Y-STR testing in house. FBU evaluated this recommendation and in-house Y-STR testing is cost prohibitive. FBU receives too few requests to warrant developing and maintaining testing methods and proficiency.
- Perform all DNA testing in-house. FBU is actively working to increase in-house testing capacity.

**85. Please describe any changes made or under consideration to the agency's quality assurance processes and operations in FY 2025 and FY 2026, to date, based on recommendations from the Clinical Laboratory Improvements Amendments and the Quality Consultants.**

FSL has implemented all the quality assurance processes and operations recommended by FACT Team (Forensic Analysis, Consulting, and Training) leading to the successful accreditation of all testing units of FSL.

**86. In last year's responses DFS indicated that the FY 2024 CLIA audit by CMS resulted in the recommendation to implement a quality monitoring system to capture quality metrics to help identify areas of quality improvement. Please provide an update on the status of the quality indicator metric and its implementation.**

During FY2024-25, PHL began curating a list of quality/performance indicators for key quality metrics to promote continual improvement. These indicators were documented in an Excel spreadsheet that was used to create the template for a quality monitoring dashboard in Smartsheet. PHL is currently in the development phases of the Smartsheet dashboard, specifically refining the data submission and visualization aspects of the dashboard. Meetings to refine the platform occur on a weekly basis.

**87. Please provide an update regarding the steps taken in FY 2024 and FY 2025 to date to improve timely arrival at crime scenes and days taken for report completion. What barriers or resources are needed to improve response times and caseload resolution?**

Scene response time and days taken for report completion are incorporated into the crime scene staff's performance plan as part of their performance SMART goals. CSSU are required to follow all traffic laws and the general city traffic, weather conditions, road closures due to special events etc. present barriers for our unit, but it is understood that these are common response barriers that are uncontrollable.

**88. The National Commission on Forensic Science recommended in 2016 "that all forensic practitioners should: Become certified in all categories of testing in which examinations are performed as soon as the requirements of the certification body are met..."**

*Using the table below, please provide an update on how many of the examiners in each of the DFS forensic disciplines that handle evidence are certified by a certifying body external to the DFS and accredited to ISO/IEC 17024 or in the process of becoming accredited to ISO/IEC 17024. Please provide the number of examiners per discipline and identify the certifying body. Additionally, to the extent that any practitioners are not certified, please provide DFS plans for ensuring that this recommendation from the National Commission on Forensic Science is attained.*

DFS Forensic Discipline	# of Practitioners Certified by a Certifying Body External to DFS and Accredited to (or in process	Certifying Body(-ies)
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	<b>of becoming accredited to ISO/IEC 17024</b>	
LFU	4	International Association of Identification (IAI)
CSS	7	IAI
FCU	1	Society of Forensic Toxicology
CSO	1	American Board of Forensic Anthropology

**Relationship with other government agencies - ATF**

**89. Please describe the agency's relationship with the Bureau of Alcohol, Tobacco, and Firearms (ATF) as it relates to the outsourcing of firearms examinations.**

ATF performs NIBIN entries for the District of Columbia. A portion of fired cartridge casings are directly transferred to ATF so that they can be examined and entered into NIBIN. Also, appropriate firearms are transferred to ATF for test firing and entry into NIBIN. Neither ATF nor DFS are involved in outsourcing firearm examination. The USAO would work directly with MPD to outsource firearm examination.

**90. What were the costs to the agency associated with this relationship for FY 2025 and FY 2026 to date? How do costs for services compare to costs where these services were performed by the agency in-house?**

ES Integrated (Range maintenance and lead abatement) - \$14,243

Ammunition (test fires) - \$3,500

**91. In last years responses, DFS indicated that it was awaiting NIST Scientific Foundation Review and would make a determination on whether to reconstitute the Firearms Examination Unit following the release of that report in the summer of 2025. Please provide information for the following;**

The Firearm Examination: The NIST Scientific Foundation Review has not been published; however, field experts, to include SAB member Justine Kreso, anticipate the report will affirm firearm examination is a valid technique. NIST’s public presentations indicate the method has a scientific foundation, though accuracy rates are affected by inconclusive results. Based on this information and the guidance of SAB member Kreso, DFS developed a plan to reconstitute the Firearm Examination Unit.

**92. An update regarding the status of that report and the recommendations pertaining to the scientific validity of firearm comparison methods; and**

See response to question 91.

**93. *Whether DFS plans to reconstitute the Firearms Examination Unit, and if so, what plans DFS has to reconstitute the unit.***

See response to question 80e.

**Relationship with other government agencies - SAB**

**94. *Describe your working relationship with the SAB. In which areas do you think the relationship could be improved? What steps are you taking to work with the SAB more transparently and collaboratively?***

DFS maintains a strong working relationship with SAB members. Quarterly meetings provide operational updates, while subject matter experts (SMEs) offer guidance on specific issues. In FY2025, FCU shared validation plans and summary reports with SAB chemistry SMEs, implementing their recommendations. LFU consulted the latent print SME on a function test plan prior to the AFIS workstation upgrade, incorporating valuable input. SAB DNA SMEs have been instrumental in addressing USAO concerns. Additionally, FSL invited SAB member Justine Kreso to the annual management review, offering her—SAB’s newest member—an overview of FSL FY2025 operations.

**95. *In last year’s responses, DFS stated that, “The relationship between DFS and SAB will strengthen as DFS brings new equipment and methods online. DFS will share plans with SAB at the forefront and the SAB will be in position to provide guidance based on their expertise and experience.”***

**a. *Please provide what specific information is shared with SAB and what is withheld due to the enabling statute? What is the current process for SAB to request and receive information?***

FSL shares plans for instrument validation and upgrades with SAB subject matter experts, typically engaging one or two members at a time for targeted feedback. These recommendations are implemented as appropriate. FSL then provides a summary of these discussions during open forum meetings to ensure transparency and keep the public and DC criminal justice community informed of its collaboration with SAB.

**b. *What is the timeline for reviewing outstanding procedures? How is SAB feedback documented and incorporated into protocols?***

Since the current SAB was seated, DFS has provided DNA SMEs with STRmix validation summaries and related SOPs. At the September 2024 SAB meeting, Dr. Kahn reported that his and Nicole Reahm’s review confirmed the validations and SOPs were scientifically sound. FCU has completed validation studies, and LFU has conducted software upgrade function tests. For each, FSL shared draft plans and summary reports with SAB SMEs for feedback, incorporating their recommendations in the finalized documents. FBU is preparing to validate an updated version of STRmix, and the draft plan will be submitted to SAB for review once completed.

***c. What process tracks implementation of SAB recommendations?***

To date, FSL has received written feedback from the SAB for validation plans and summary reports. These recommendations have been incorporated into the final document and finalized reports have been shared with the SAB to show how feedback was incorporated.

***d. What specific changes that have been implemented to foster and improve the relationship with SAB?***

DFS has strengthened its relationship with SAB through consistent communication and engagement. This includes collaboration on technical issues and broader interactions within the DC criminal justice community. For example, the SAB chair attended a briefing to the USAO where DFS presented its quality systems, including processes for reporting and managing quality events; the chair offered insights on practices used by other laboratories. SAB members with DNA subject matter expertise attended several meetings between DFS, USAO, OAG, and external consultants. Additionally, DFS invited SAB members to its Annual Management Review, a comprehensive evaluation of FSL operations from the previous year. Regular inclusion of SAB in interagency meetings and internal reviews continues to reinforce this partnership.

***e. How the SAB's expertise is now being leveraged to strengthen the department's scientific practices and oversight mechanisms?***

SAB members bring subject matter expertise across diverse disciplines, and DFS engages them based on relevant issues and their specialized knowledge. These interactions create a peer-review dynamic that enhances scientific rigor by introducing external, experience-based perspectives and mitigating risks of groupthink. Notably, SAB has provided substantive feedback on validations, which DFS has incorporated into its processes.

***f. How has the SAB aided DFS in recommendations? What, if any, recommendations from the SAB have been implemented?***

DFS engages SAB in two primary ways: through project-specific collaboration and by fostering relationships with DC criminal justice partners. FSL has consulted SAB subject matter experts on validations and functional tests, and included SAB in discussions with USAO and OAG. Acting on SAB's recommendation, DFS hosted its first annual DFS Symposium in September 2025, bringing together MPD, USAO, OAG, The Public Defender Service for DC (PDSDC), and regional law enforcement agencies.

***96. Please provide detailed information for the following:***

***a. The frequency and average duration of SAB meetings, including any policies or procedures governing meeting length;***

Meetings occur on a quarterly schedule with about 3 months between meetings. Meetings are varied in length and are not governed by policy.

***b. DFS's current process and timeline for providing materials to SAB members before quarterly meetings;***

Specific meeting items such as the agenda are provided to the SAB within a week of the meeting. DFS maintains ongoing communication with the SAB Chair and engages specific subject matter experts as needed. Operational documents are shared when available or when guidance is required. For example, validation plans and reports are sent to the SAB in draft form to incorporate feedback before finalization. Annual Management Review and Internal Audit reports are provided promptly upon completion.

***c. The specific types of procedures and scientific documents DFS has shared with the SAB in FY 2025 and FY 2026 to date;***

DFS has shared with SAB standard operating procedures, validation plans, validation summary reports, Annual Management Review summary reports, Internal Audit summary reports and a list of quality events open in 2025.

***d. The formal or informal protocols governing direct communication between SAB members and DFS examiners in FY 2025 and FY 2026 to date;***

DFS adheres to Open Meeting Act requirements and ensures compliance. The agency collaborates directly with the SAB Chair and select subject matter experts on an ad hoc basis, then provides an overview of these discussions during the public quarterly SAB meeting to maintain transparency with the community.

***e. How DFS facilitates SAB's ability to review procedures and provide input on accreditation preparations; and***

DFS invited an SAB member to participate in the FSL Annual Management Review, a critical component of the quality assurance system and an accreditation requirement. This comprehensive review covers FY2025 objectives, quality event trends, advancements, needs, and risks. Additionally, DFS shared draft validation plans, functional test plans, and validation summary reports for SAB review. Their feedback was incorporated into the final reports, which were subsequently provided to SAB.

***f. Any changes DFS has implemented since 2023 to enhance SAB's ability to fulfill its duties.***

The SNA report noted that the previous SAB–DFS relationship was largely perfunctory, with DFS setting the agenda and providing limited operational visibility. In contrast, the current relationship is highly collaborative, as DFS actively leverages SAB members' subject matter expertise in operational decision-making. Over the past two years, SAB members have maintained regular communication with technical units, offering guidance and participating in both

stakeholder meetings and internal DFS discussions. These interactions have enabled SAB to gain a comprehensive understanding of DFS operations and provide informed, practical recommendations.

**97. Within the last 12 months, which procedures were reviewed and vetted by the SAB prior to the procedures being implemented? Please provide a list of all forensic procedures and protocols that have been reviewed and vetted by the SAB and those that have not been reviewed and vetted by the SAB.**

The following were provided to the SAB for review:

- STRmix v2.4 Validation Summary Report
- D15 EXTSCREEN 2025 Validation plan and report
- D16 GSSCREEN 2025 validation plan and report
- 9 abstracts for presentation at professional meeting (American Academy of Forensic Sciences)
- IDEMIA MorphoBIS Review Workstation Upgrade Verification pan and report
- 2025 FSL Internal Audit Close-Out Summary
- Summary of 2025 Annual Management Review

No new SOPs were developed during the previous 12 months for SAB review.

**98. In last year's responses DFS indicated that the OSAC gap assessment of the Forensic Biology Unit was ongoing. Please provide information on the following:**

**a. Is the gap assessment still ongoing? If completed, please also provide an update on findings pertaining to the OSAC standards and FBU procedures;**

OSAC is constantly developing and publishing new standards. Each new standard is reviewed and compared to current processes.

**b. Has the DFS started the OSAC self-certification process; and**

Forensic Science Service Provider such as DFS can self-declare their implementation of standards by submitting a survey to NIST. DFS did complete the survey and receive notification that it was eligible for an OSAC Registry Implementer Certificate.

**c. What gap assessments have been initiated, and or, completed for other units within DFS.**

A gap assessment is ongoing within DFS as new OSAC standards and guidelines are published.

**99. Have there been any quality corrective actions (e.g., Q-CARs) during the last 12 months? How were each of those addressed? Were those quality issues reviewed and vetted by the SAB?**

See Appendix #99. Yes, this report has been shared with SAB.

## Relationship with other government agencies - FEMS

DFS

**100. In last year's responses, DFS indicated that there was a gap in resources, particularly the need for an additional laboratory unit and expanded accreditation, as well as staffing capacity concerns with regards to statutory responsibility to process fire debris evidence for the district. Please provide information for the following:**

**a. What is DFS's long-term strategy for addressing this significant gap in your forensic capabilities?**

DFS connected with subject matter experts from DC Fire and Emergency Medical Services Department (FEMS) and a vendor to develop a plan to build a fire debris unit. The plan was presented to the SAB during the September 2025 meeting. See Appendix #100a.

**b. What resources, equipment, staffing, and training would be required to establish in-house fire debris analysis capabilities at DFS?**

Equipment – GC/MS with FID; Gerstel Automative Sampler System  
Staff – Unit Manger, Technical Leader, Analysts (2)

**c. Have you conducted any cost-benefit analysis comparing the current outsourced approach versus developing this capability in-house?**

DFS reached out to FEMS and was informed that FEMS uses ATF lab to analyse high priority cases and receives a 1–2-week turnaround time. For non-priority cases, FEMS contracts with FAST Labs. FEMS pre-paid \$7500 to test 30 items of evidence which covered testing needs for FY2024 August – FY2025.

The estimated cost to develop an in-house Fire Debris Unit is \$871,837 for instrumentation, supplies, and one year of staffing.

**101. Fire debris evidence requires timely processing to prevent deterioration and maintain prosecutorial value. Please provide:**

**a. Current number and age of unprocessed fire debris samples in custody, their location, and steps to address any backlog; and**

DFS does not offer fire debris testing and does not have data on testing requests and backlog.

**b. Procedures for prioritizing time-sensitive evidence and documentation of cases where evidence became unusable due to processing delays in FY 2025 and FY 2026 to date.**

DFS does not receive requests for fire debris analysis and does not have data on the specifics on samples sent for testing. However, communications with FEMS indicate that testing is being conducted by ATF and FAST labs with an acceptable turnaround time.

**102. Successful forensic analysis requires effective coordination between agencies. Please detail:**

**a. *Technical assistance and training offers received from federal/state partners, including DFS's evaluation process for such assistance and***

During FY2025, FCU received training from subject matter experts at DEA and the U.S. Postal Inspection Service Laboratory Service. FCU shared validation plans with colleagues at DEA and incorporated their feedback. A DNA subject matter expert from DOJ NIJ was scheduled to provide training during FY2025, which was postponed to FY2026 Q2 due to the governmental shutdown. FBU members attended NIST Forensic DNA Continuing Education Day.

Additionally, DFS received training from several leaders in the field to include Trittech Forensic Services, DNA Labs International, Elite Forensics, NicheVision, and Agilent Technologies.

**b. *Current protocols and future plans for improving coordination with FEMS on fire scene evidence processing.***

No specific fire scene processing protocols are in place but the same general procedures when responding to any crime scene for processing are followed. When requested to fire scenes for evidence processing the CSSU work with the Fire Investigators/Arson Unit to ensure scene documentation, evidence recognition, preservation, documentation and collection.

**Accomplishments and areas of difficulty**

**103. *Please provide any highlights / accomplishments you would like to showcase by discipline.***

In FY2025, DFS made 8 presentations at the American Academy of Forensic Sciences Annual Meeting to include one workshop. The presentations help build DFS' standing in the forensic science community.

In January 2025, FBU team responded to the American Airlines mid-air collision critical incident, performing DNA testing to identify and reassociate human remains to the 67 victims, returning victims to their loved ones in a timely and dignified manner. FBU issued the first Report of Examination within 48 hours of receiving samples. This has been covered by several outlets showcasing the work that has been done, including [The Washington Post](#), [NBC News](#), and [WJLA](#).

In December 2025, FSL received its annual assessment from ANAB and was found to be in full compliance with ISO 17025:2017, ANAB's AR3125, and FBI Quality Assurance System for Forensic DNA Testing Laboratories. ANAB found zero nonconformities and zero opportunities to improve (i.e., area at risk of becoming a nonconformance).

In November 2025, CSS began operations with their Evidence Processing Unit (EPU) to process evidence in-house for the collection of latent prints and DNA. EPU analysts completed training and competency testing. The duties include perform print collection for items of evidence from crime scenes and from agency stakeholders, perform swabbing of evidence, as appropriate, chemical processing of evidence, as appropriate, perform black powder processing on evidence, as appropriate, and capture digital images.

PHL achieved significant accomplishments across multiple disciplines during this period:

- The Chemical Toxicology Unit has implemented a syringe testing program and expanded near fatal overdose urine drug surveillance, providing critical data to support the District's response to the opioid crisis.
- The Bioterrorism Unit has expanded BioFire testing capabilities for hemorrhagic fever testing, enhancing the District's preparedness for emerging infectious disease threats. The BioWatch Unit provided expanded testing support for inauguration events and maintained continuous service during the government shutdown, ensuring uninterrupted biosurveillance operations during critical periods.
- The Molecular Diagnostic Unit has conducted MERS (Middle East Respiratory Syndrome) surveillance, expanded wastewater testing capabilities, and provided rapid testing support during measles outbreak investigations.
- The Next Generation Sequencing Unit assisted in identifying a contamination incident at Howard University Hospital, demonstrating the laboratory's capacity to support healthcare facilities in addressing complex public health challenges.
- The Microbiology Unit has continued to provide essential testing services supporting disease surveillance and outbreak response efforts across the District.

These accomplishments demonstrate the breadth and depth of PHL's capabilities in supporting public health and safety across multiple critical areas.

Additionally, PHL has been featured by several outlets showcasing the work that has been done, including:

**CNN Coverage Featuring the DC Public Health Lab**

CNN's *The Lead With Jake Tapper* recently featured a segment on rising flu activity nationwide, featuring the work of the DC Public Health Lab. You can watch the full story [here](#).

**Washington, DC's secret weapon for RSV surveillance**

Publication by Illumina showcasing the work being done at the public health lab to aid in RSV surveillance. You can read the full article [here](#).

**104. *Please provide any challenges in carrying out your mission, how they have been addressed, and any additional support that you need from the Council or the Executive.***

The ongoing national shortage of forensic scientists continues to pose challenges in recruiting and onboarding qualified candidates. To address this, DFS is developing career growth opportunities within the laboratory, including creating entry-level positions ideal for interns.

Current FSL testing requests exceed in-house capacity, particularly in the Forensic Chemistry Unit, which saw a 78% increase in requests in 2025 compared to 2024. To address this, DFS is expanding in-house capacity by prioritizing analyst training, leveraging grant funding to increase staffing, streamlining processes to reduce administrative burdens, and continuing to utilize vendor laboratories.

In the previous fiscal year, the PHL faced several challenges that disrupted daily operations and delayed testing. Reduced federal funding and the elimination of key programs limited PHL's ability to conduct critical testing, including Biowatch and infectious disease surveillance for antimicrobial resistance and pathogen detection.

Delays in the District's procurement process significantly slowed the purchase of essential testing supplies. The approval process is often lengthy and inconsistent, leaving purchase requests pending for months and causing further testing delays. These issues have led to contract approval setbacks, equipment shutdowns, and the need to redevelop tests on alternative platforms—driving up costs and resource use. When requests expire in the queue, they must be resubmitted, restarting the process entirely.