



***August 5, 2022***

**Empire State Development Corporation**

633 3rd Ave  
37th Floor  
New York, NY

500 Montgomery Ave  
Suite 500  
Alexandria, VA

**Hans Rosling Center**

3980 15th Ave NE  
1st Floor  
Seattle, WA

**9:06 AM – 9:32 AM**

**DRAFT MEETING MINUTES**

**DNA Subcommittee Members in Attendance:**

Katherine Gettings, Ph.D.  
Ken Kidd, Ph.D.  
Jenifer Smith, Ph.D.  
Amanda Sozer, Ph.D.  
Bruce Weir, Ph.D.

**DCJS Staff in Attendance:**

Dean Defruscio  
Jill Dooley  
Colleen Glavin  
Shelley Palmer  
Brianna Robinson  
Lindsey Rockwell  
Elizabeth Suparmanto

**Other Attendees:**

Kyra McKay – NYC OCME, Department of Forensic Biology  
Meredith Rosenberg – NYC OCME, Department of Forensic Biology  
Tiffany Vasquez – NYC OCME, Department of Forensic Biology

Dr. Weir opened the meeting by stating that the DNA Subcommittee is conducting its meeting in a hybrid situation with members present both in NYC and virtually. Dr. Weir then conducted a roll call for attendance as the members of the Subcommittee attended from their own locations. A quorum was established with 5 members present (Gettings, Kidd, Smith, Sozer, and Weir; Bieber was absent).

*Approximate  
Video Times*  
00:00:00 –  
00:01:22

Dr. Weir then announced the resignation of Dr. Allison Eastman and acknowledged her dedication and commitment to the committee. Dr. Smith and Dr. Sozer also extended thanks to Dr. Eastman for her work. Dr. Weir then made a motion for the committee to go on record thanking Dr. Eastman for her service to the committee with a formal letter. A motion to approve the letter was seconded by Dr. Sozer and approved unanimously.

00:01:23 –  
00:03:06

Dr. Weir then asked for a motion to approve the agenda. A motion to approve the agenda was made by Dr. Smith, seconded by Dr. Kidd, and approved unanimously.

00:03:08 –  
00:04:04

The Chair then asked Subcommittee members for questions or comments on the minutes from the May 13, 2022, meeting of the Subcommittee. Dr. Gettings made a motion to accept the minutes, Dr. Kidd seconded the motion, Dr. Sozer abstained. The motion passed with four votes (Weir, Kidd, Gettings, and Smith).

00:04:06 –  
00:05:26

Next, the Subcommittee reviewed Accreditation/Laboratory updates from the Monroe County Crime Laboratory, New York City OCME Department of Forensic Biology, and Westchester County Division of Forensic Sciences. Representatives from the laboratories were available to answer questions as needed.

00:05:30 –  
00:12:27

During Accreditation/Laboratory updates, the Subcommittee reviewed the final documentation from the ANAB reaccreditation assessment activity of the Monroe County Crime Laboratory. The Chair called for a motion to issue a binding recommendation to the Commission on Forensic Science to renew the New York State Accreditation of the Monroe County Crime Laboratory in the discipline of Biology for the period concurrent with its ANAB accreditation to expire August 31, 2026. Dr. Sozer made the motion, Dr. Smith seconded the motion, and the motion was approved unanimously.

00:05:30 –  
00:08:52

The Chair then moved to Old Business. A verbal update was provided on the Partial Match and Familial Search programs. Dr. Dooley provided updates to the First Judicial Department in the Appellate Division ruling in the Matter of Stevens et. al., v. The New York State Division of Criminal Justice Services, the New York State Commission on Forensic Science, and the DNA Subcommittee of the New York State Commission on Forensic Science. Familial Search is still paused, and a notice of appeal has been filed by the Attorney General's office who is awaiting a decision before the program can resume.

00:12:30 –  
00:13:45

There were no updates regarding CODIS Bulletins. Finally, Dr. Weir provided an update regarding the working group, comprised of Dr. Weir, Dr. Kidd, and Dr. Bieber, set up to discuss the language used by labs to report statistical matches. Discussions and document review are still in progress.

00:13:45 –  
00:15:10

Dr. Weir then requested a motion to enter Executive Session to discuss matters relating to a current investigation or matters that may lead to the appointment, promotion, demotion, discipline, or suspension of a person. Dr. Sozer made the motion, which was seconded by Dr. Kidd and approved unanimously.

*Approximate  
video times*  
00:16:00 –  
00:16:59

The Subcommittee adjourned into Executive Session with all present members in attendance. The Subcommittee discussed ongoing investigations, and no action was taken. Executive Session commenced at 9:24 AM and concluded at 9:30 AM. The Subcommittee reconvened the Open Meeting.

The Chair stated that the next meeting of the Subcommittee will take place on November 18, 2022, with the location to be determined. A motion to adjourn was made by Dr. Sozer, seconded by Dr. Gettings, and approved unanimously.

00:18:21 –  
00:20:15

**Note: Video of the meeting is available at <https://www.youtube.com/user/nyspublicsafety>**



**U.S. Department of Justice**  
Federal Bureau of Investigation

---

Washington, D. C. 20535-0001

September 21, 2022

Maria Orsino  
Erie County Central Police Services Forensic Laboratory  
45 Elm Street  
DNA Lab, 5<sup>th</sup> Floor  
Buffalo, NY 14203

Dear Maria:

This is in response to the external Quality Assurance Standards (QAS) audit conducted for the Erie County Central Police Services Forensic Laboratory from April 4 through April 6, 2022.

A review of your audit documentation found the above-referenced laboratory to be in compliance with the external audit requirement and the FBI Director's Quality Assurance Standards.

Thank you for your assistance in this matter.

Sincerely,



Lisa L. Grossweiler  
NDIS Custodian  
CODIS Unit  
Laboratory Division

1 – Kerri Sage (information only)



**U.S. Department of Justice**  
Federal Bureau of Investigation



---

Washington, D. C. 20535-0001

October 31, 2022

Gail Conklin  
Monroe County Crime Laboratory  
85 West Broad Street  
Rochester, NY 14614

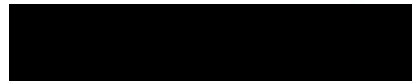
Dear Gail:

This is in response to the external Quality Assurance Standards (QAS) audit conducted for the Monroe County Crime Laboratory from April 25 through April 28, 2022.

A review of your audit documentation found the above-referenced laboratory to be in compliance with the external audit requirement and the FBI Director's Quality Assurance Standards.

Thank you for your assistance in this matter.

Sincerely,



Lisa L. Grossweiler  
NDIS Custodian  
CODIS Unit  
Laboratory Division

1 – Kerri Sage (information only)



December 12, 2022

Pasquale Buffolino, Ph.D.  
Nassau County Office of the Medical Examiner  
Division of Forensic Services  
1194 Prospect Avenue  
Westbury, NY 11590

Dear Dr. Buffolino,

Congratulations! On December 11, 2022, ANAB renewed your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Lead Assessor. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to [ANAB Terms and Conditions for Accreditation](#). The principal means used to monitor ongoing conformance include surveillance activities, proficiency testing reports submitted by approved test providers, and disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

The planned surveillance activity and reassessment schedule is listed below:

- |                |                              |
|----------------|------------------------------|
| • October 2023 | Surveillance Document Review |
| • October 2024 | Surveillance Assessment      |
| • October 2025 | Surveillance Document Review |
| • October 2026 | Reassessment                 |

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The report and an electronic version of accreditation documents are included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at [qualitymatters@anab.org](mailto:qualitymatters@anab.org).

Sincerely,



Jami StClair  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Karen Dooling, Assistant Director  
ANAB Office



# CERTIFICATE OF ACCREDITATION

**The ANSI National Accreditation Board**

Hereby attests that

**Nassau County Office of the Medical Examiner  
Division of Forensic Services  
1194 Prospect Avenue, Westbury, New York 11590 USA**

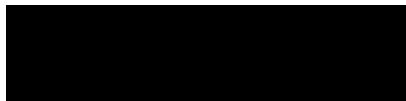
Fulfills the requirements of

**ISO/IEC 17025:2017  
ANAB Forensic Testing & Calibration AR 3125:2019  
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020**

In the field of

**Forensic Testing**

This certificate is valid only when accompanied by a current scope of accreditation document.  
The current scope of accreditation can be verified at [www.anab.org](http://www.anab.org).



Pamela L. Sale, Vice President, Forensics

Expiry Date: 28 February 2027  
Certificate Number: FT-0243







**ANSI National Accreditation Board**

**SCOPE OF ACCREDITATION TO:  
 ISO/IEC 17025:2017  
 ANAB Forensic Testing & Calibration AR 3125:2019  
 FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020**

**Nassau County Office of the Medical Examiner  
 Division of Forensic Services**

1194 Prospect Avenue  
 Westbury, New York 11590 USA

**FORENSIC TESTING**

Expiry Date: 28 February 2027      Certificate Number: FT-0243

<b>Discipline: Biology</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
DNA Profile Determination	Short Tandem Repeat (STR) Y-Short Tandem Repeat (Y-STR)	Capillary Electrophoresis
Individual Characteristic Database	DNA Profile	National DNA Index System (NDIS)
Physical Comparison	DNA Profile	Software Program
Qualitative Determination	Body Fluid Epithelial Cell	Chemical General Microscopy Immunoassay

<b>Discipline: Fire Debris and Explosives</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry

<b>Discipline: Firearms and Toolmarks</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Function Evaluation	Air Gun Firearm Silencer	Force Gauge Measuring Equipment Visual

Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition	General Microscopy Measuring Equipment Software Program Visual
Qualitative Determination	Ammunition Firearm	General Microscopy Reference Collection

<b>Discipline: Friction Ridge</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Enhancement	Ridge Detail	Chemical Physical Software Program
Individual Characteristic Database	Ridge Detail	Next Generation Identification System (NGI)
Physical Comparison	Ridge Detail	Software Program Visual

<b>Discipline: Seized Drugs</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Raman Spectroscopy Thin-Layer Chromatography Visual
Quantitative Measurement	Solid	Gas Chromatography Mass Spectrometry
Weight Measurement	Botanical Liquid Solid	Balance

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.



Pamela L. Sale  
Vice President, Forensics



## **Nassau County Office of the Medical Examiner - Division of Forensic Services**

2022 - 17025T - Reassessment

Prepared by Robyn Quinn

---

Data collected on 2022-10-11

ANSI National Accreditation Board

United States

## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

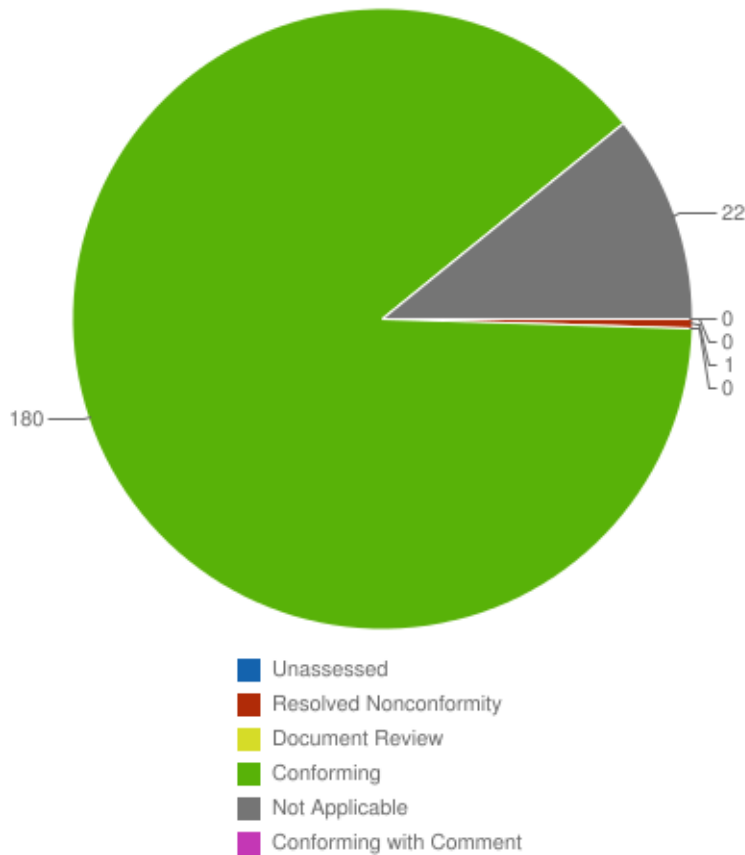
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

### 8.1.1 General

#### 8.1.1 ISO/IEC 17025:2017

#### Resolved Nonconformity

##### Requirement

Does the laboratory establish, document, implement and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this document and assuring the quality of the laboratory results? In addition to meeting the requirements of Clauses 4 to 7, does the laboratory implement a management system in accordance with Option A or Option B?

NOTE See Annex B for more information.

##### Comments

10/13/22: Additional review determined a portion of this nonconformity to be unsupported.

10/28/22: Nonconformity wording was revised to correct grammatical error.

##### Nonconformity Resolution Workflow

The Laboratory is not following the Nassau County Office of the Medical Examiner Division of Forensic Services Crime Laboratory - Quality Assurance Manual v2.5 (DC#: CL-SOP-01 QA 092222). This manual states that the laboratory shall communicate to the customer regarding items created and preserved for future testing. The Chemistry Section (Fire Debris Analysis) returns activated charcoal strips inside fire debris evidence containers. The Laboratory is not communicating to the customer that the activated charcoal strips are being returned to the customer inside fire debris evidence containers.

Corrective Action Closure Note: The laboratory evaluated the extent and cause of the nonconformity. The laboratory revised the fire

debris report template to communicate that repackaged and archived evidence will be returned. Records available to customers were revised to identify activated charcoal strips as archived evidence. The laboratory notified customers that activated charcoal strips were returned inside fire debris containers for past cases. This nonconformity is resolved.



January 17, 2023

Timothy D. Kupferschmid  
New York City Office of Chief Medical Examiner  
Department of Forensic Biology  
421 East 26th Street, 13th Floor  
New York, NY 10016

Dear Director Kupferschmid,

Congratulations! On January 16, 2023, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol(s) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled to be a Reassessment in October 2023.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

  
Jill Spriggs  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Meredith Rosenberg, Deputy Director of Forensic Biology  
Kyra McKay, Laboratory Quality Manager  
ANAB Office



## **New York City Office of the Chief Medical Examiner - Department of Forensic Biology**

2022 - 17025T - Surveillance Document Review

Prepared by Terry Mills

---

Data collected on 2022-10-01

ANSI National Accreditation Board

United States



## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

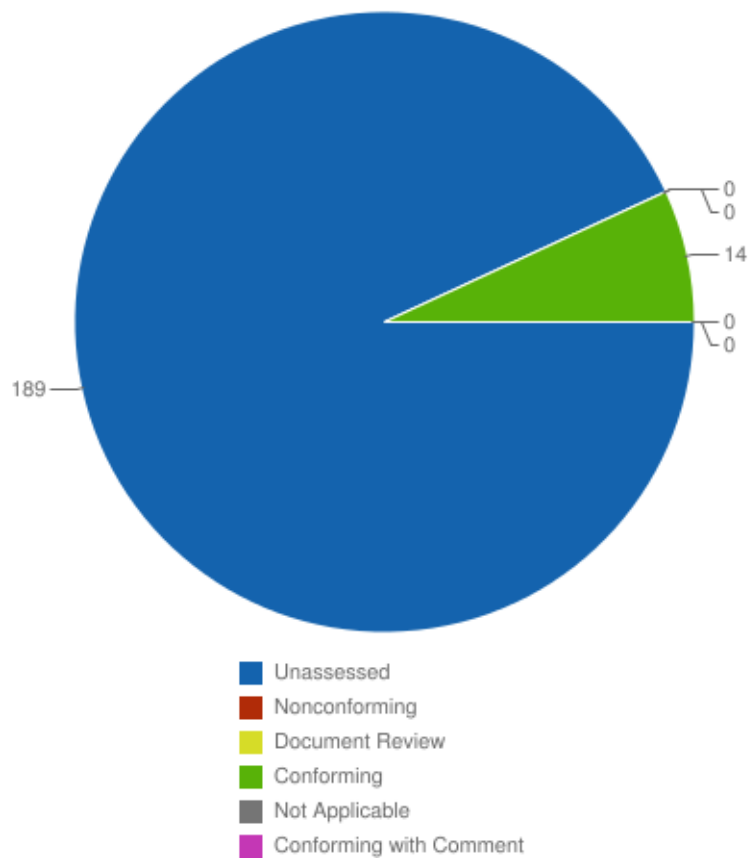
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

---



**U.S. Department of Justice**  
Federal Bureau of Investigation

---

Washington, D. C. 20535-0001

September 13, 2022

Kyra McKay  
New York City Office of Chief Medical Examiner  
Department of Forensic Biology  
421 East 26<sup>th</sup> Street, 13<sup>th</sup> Floor  
New York, NY 10016

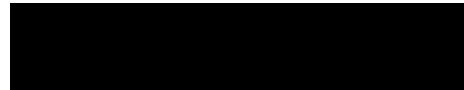
Dear Kyra:

This is in response to the external Quality Assurance Standards (QAS) audit conducted for the New York City Office of Chief Medical Examiner, Department of Forensic Biology from November 15 through November 18, 2021.

A review of your audit documentation found the above-referenced laboratory to be in compliance with the external audit requirement and the FBI Director's Quality Assurance Standards.

Thank you for your assistance in this matter.

Sincerely,



Lisa L. Grossweiler  
NDIS Custodian  
CODIS Unit  
Laboratory Division

1 – Kerri Sage (information only)



**U.S. Department of Justice**  
**Federal Bureau of Investigation**

---

Washington, D. C. 20535-0001

September 14, 2022

Dr. Russell Gettig  
New York State Police  
Forensic Investigation Center  
1220 Washington Avenue, Building 30  
Albany, NY 12226

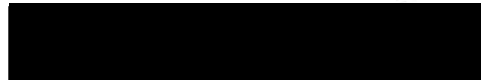
Dear Russell:

This is in response to the external Quality Assurance Standards (QAS) audit conducted for the New York State Police (Forensic) from January 24 through January 28, 2022.

A review of your audit documentation found the above-referenced laboratory to be in compliance with the external audit requirement and the FBI Director's Quality Assurance Standards.

Thank you for your assistance in this matter.

Sincerely,



Lisa L. Grossweiler  
NDIS Custodian  
CODIS Unit  
Laboratory Division

1 – Kerri Sage (information only)



**U.S. Department of Justice**  
Federal Bureau of Investigation

---

Washington, D. C. 20535-0001

September 14, 2022

Thomas Leach  
New York State Police  
Forensic Investigation Center  
1220 Washington Avenue, Building 30  
Albany, NY 12226

Dear Thomas:

This is in response to the external Quality Assurance Standards (QAS) audit conducted for the New York State Police (Database) from January 24 through January 27, 2022.

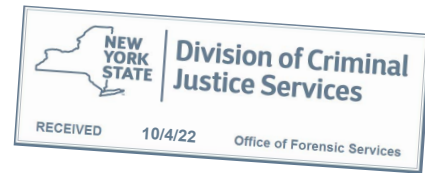
A review of your audit documentation found the above-referenced laboratory to be in compliance with the external audit requirement and the FBI Director's Quality Assurance Standards.

Thank you for your assistance in this matter.

Sincerely,



Lisa L. Grossweiler  
NDIS Custodian  
CODIS Unit  
Laboratory Division



October 4, 2022

Ranee Ho  
Onondaga County Center for  
Forensic Sciences Laboratory  
100 Elizabeth Blackwell Street  
Syracuse, New York 13210

Dear Director Ho,

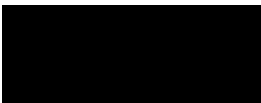
Congratulations! On October 1, 2022, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled to be a Surveillance Document Review in September 2023.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Nita Bolz  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Kathleen Hum, Quality Assurance Manager  
ANAB Office



## **Onondaga County Center for Forensic Sciences Laboratory**

2022 - 17025T - Surveillance Assessment

Prepared by Lisa Burdett

---

Data collected on 2022-09-14

ANSI National Accreditation Board

United States

## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

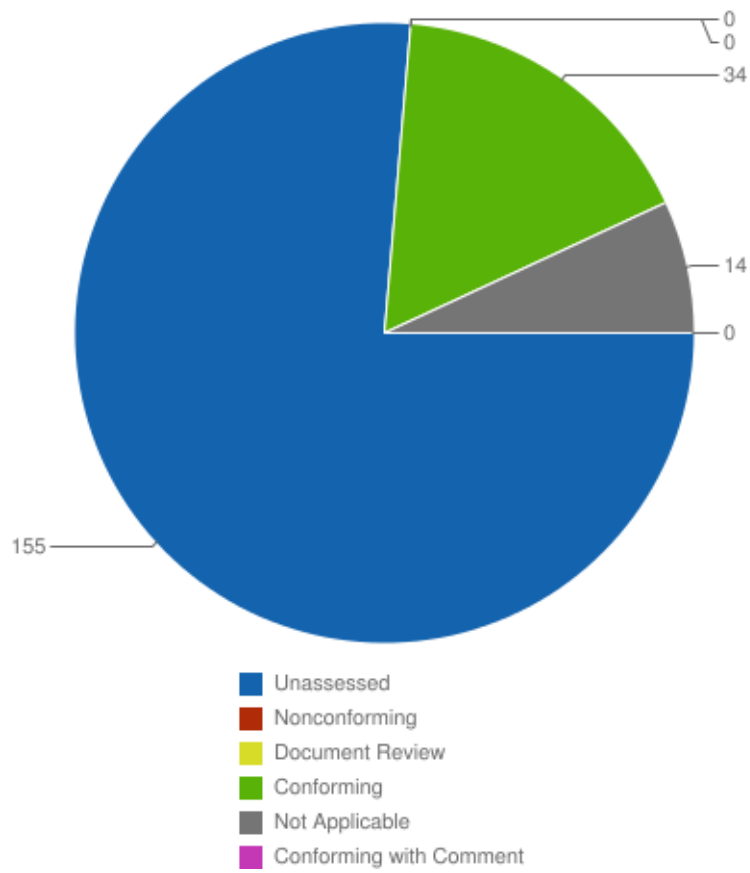
### ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.



## Summary of Comments



## Audit Comments

---



U.S. Department of Justice

Federal Bureau of Investigation



Washington, D. C. 20535-0001

January 26, 2023

Kathleen Hum  
Onondaga County Center for Forensic Sciences  
100 Elizabeth Blackwell Street  
Syracuse, NY 13210

Dear Kathleen:

This is in response to the external Quality Assurance Standards (QAS) Audit Report submitted for the Onondaga County Center for Forensic Sciences in Syracuse, New York, dated September 12 to 13, 2022.

The audit documentation was received on October 19, 2022. For tracking purposes, the audit has been assigned number 2022124. Please refer to this number if you have any inquiries concerning this particular audit document. The electronic audit submission from the laboratory will be destroyed by the FBI.

Please note that this external audit serves as your 2022 audit for purposes of the FBI Director's Quality Assurance Standards 15.1 and 15.2. A review of your audit documentation found the laboratory to be in compliance with the FBI Director's Quality Assurance Standards.

Thank you for your assistance in this matter.

Sincerely,



Lisa L. Grossweiler  
NDIS Custodian  
CODIS Unit  
Laboratory Division

1 – Kerri Sage (information only)



September 7, 2022

Donald Doller  
Suffolk County Crime Laboratory  
725 Veterans Memorial Hwy  
Hauppauge, New York 11788

Dear Chief Doller,

Congratulations! On September 5, 2022, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled to be a Surveillance Assessment in August 2023.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Nita J. Bolz  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Inga Dorfman, Quality Manager  
ANAB Office



## **Suffolk County Crime Laboratory**

2022 - 17025T - Surveillance Document Review

Prepared by Alexandria Bradley

---

Data collected on 2022-08-01

ANSI National Accreditation Board

United States

## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

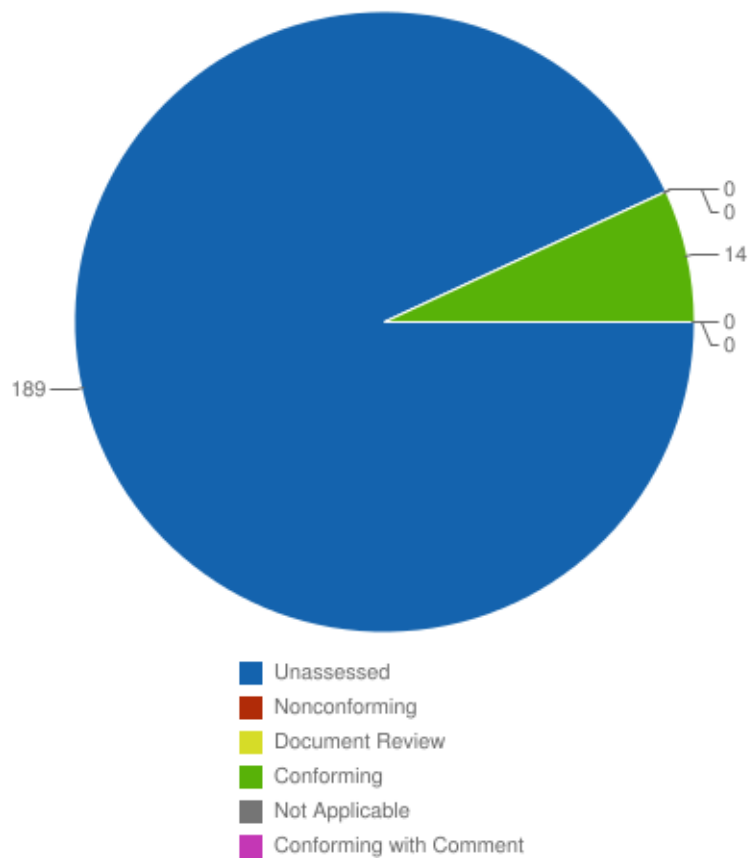
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

---



August 11, 2022

Lydia de Castro  
Westchester County Department of Laboratories & Research  
Division of Forensic Science  
10 Dana Road  
Valhalla, New York 10595

Dear Director de Castro,

Congratulations! On August 11, 2022, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report is included with this letter.

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled to be a Surveillance Document Review in June 2023.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

Jami St. Clair  
Sr. Manager of Accreditation  
ANSI National Accreditation Board

cc: Jennifer Reilly, Quality Manager  
ANAB Office



**Westchester County Department of Laboratories & Research  
Division of Forensic Science**

2022 - 17025T - Surveillance Assessment

Prepared by Dave Grady

---

Data collected on 2022-06-29

ANSI National Accreditation Board

United States



## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

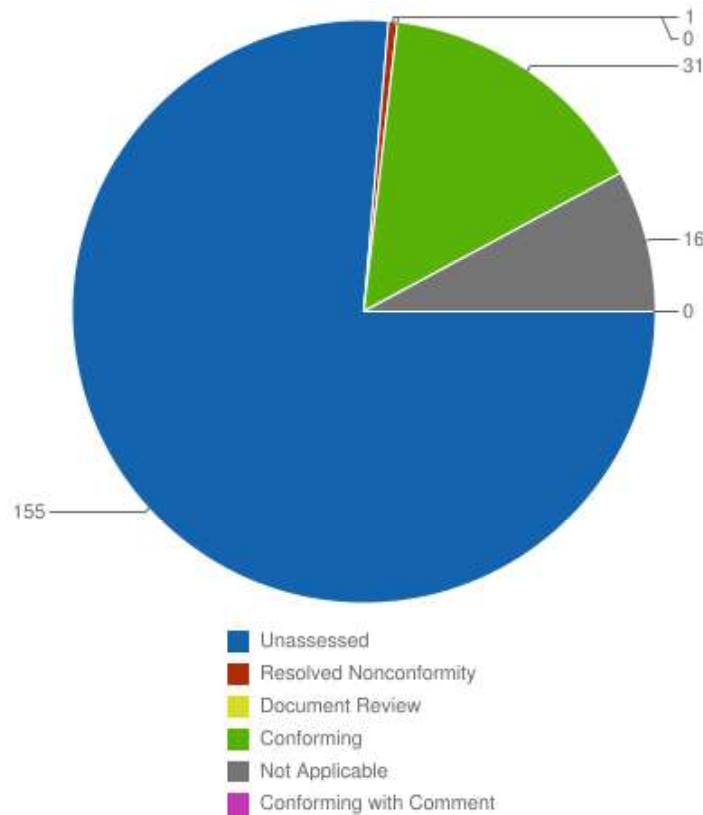
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

### 7.1 Review of requests, tenders and contracts

#### 7.1.9 ANAB Accreditation Requirement

#### Resolved Nonconformity

##### Requirement

Is the extent of database (e.g., DNA profiles, friction ridge, ballistics, biometrics) searches communicated to customers and updated as needed?

ANAB NOTE 1 "extent" will be specific to the database but may include aspects of the scope or range of the search (e.g., local, state, national, international), the frequency of the search or if the customer is required to make a request to elevate the scope of the search or to have a search performed.

ANAB NOTE 2 This may be communicated on a case-by-case basis, in the report, or in a general customer communication.

##### Nonconformity Resolution Workflow

The Biology discipline does not communicate the extent of its searches in CODIS.

**Corrective Action Closure Note:** The laboratory performed a cause analysis and evaluated the impact of the nonconforming work on previous casework. They revised their reporting template to now inform the customer of how to calculate the extent of the database search. The laboratory also sent letters to the customers to inform them of the finding and provide information on how to obtain the missing information from previous casework. This nonconformity is resolved.



**ANSI National Accreditation Board**



**SCOPE OF ACCREDITATION TO:  
ISO/IEC 17025:2017  
ANAB Forensic Testing & Calibration AR 3125:2019  
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020**

**Westchester County Department of Laboratories & Research  
Division of Forensic Science**

10 Dana Road  
Valhalla, New York 10595 USA

**FORENSIC TESTING**

Expiry Date: 28 February 2025      Certificate Number: FT-0155

<b>Discipline: Biology</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Field Sampling	Physical Item	Not Applicable
DNA Profile Determination	Short Tandem Repeat (STR) Y-Short Tandem Repeat (Y-STR)	Capillary Electrophoresis
Individual Characteristic Database	DNA Profile	National DNA Index System (NDIS)
Physical Comparison	DNA Profile	Software Program
Qualitative Determination	Body Fluid Epithelial Cell	Chemical General Microscopy Immunoassay

<b>Discipline: Digital and Video/Imaging Technology and Analysis</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Field Sampling	Physical Item	Not Applicable
Acquisition/Extraction	Digital Data Image Multimedia Recording Video	Software Program
Authentication	Digital Data Image Multimedia Recording Video	Software Program



Content Analysis	Digital Data Image Multimedia Recording Video	Software Program Visual
Enhancement	Image Multimedia Recording Video	Software Program
Physical Comparison	Digital Data Image Multimedia Recording Video	Software Program Visual
Reconstruction	Inspection/Test Result Other Information Physical Item	Model Software Program
Transcoding	Digital Data Image Multimedia Recording Video	Software Program

<b>Discipline: Fire Debris and Explosives</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry

<b>Discipline: Firearms and Toolmarks</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Field Sampling	Physical Item	Not Applicable
Distance Determination	Firearm Physical Item	Chemical General Microscopy Measuring Equipment
Qualitative Determination	Metal Nitrate	Chemical General Microscopy

<b>Discipline: Impressions</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Field Sampling	Physical Item	Not Applicable
Enhancement	Footwear Physical Item Tire	Chemical Physical Software Program

Physical Comparison	Footwear Fractured Item Physical Item Tire	Software Program Visual
Qualitative Determination	Blood Footwear Physical Item Tire	Chemical Reference Collection

<b>Discipline: Materials (Trace)</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Field Sampling	Physical Item	Not Applicable
Chemical/ Physical Comparison	Adhesive Coating Fiber/Textile Fractured Item General Unknown Polymer Tape	Chemical Energy Dispersive Spectroscopy Fluorescence Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Scanning Electron Microscopy Visual
Qualitative Determination	Adhesive Coating Fiber/Textile Fractured Item General Unknown Glass Gunshot Residue Hair Polymer Tape	Chemical Energy Dispersive Spectroscopy Fluorescence Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Reference Collection Scanning Electron Microscopy Visual

<b>Discipline: Seized Drugs</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Mass Spectrometry Microcrystalline Thin-Layer Chromatography Visual

Quantitative Measurement	Botanical Liquid Solid	Gas Chromatography Mass Spectrometry
Weight Measurement	Botanical Liquid Solid	Balance

When published on a forensic service provider’s Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.



Pamela L. Sale  
Vice President, Forensics

**PROCEDURES FOR MEMBER VIDEOCONFERENCING PURSUANT TO PUBLIC OFFICERS LAW § 103-a – “EXTRAORDINARY CIRCUMSTANCES”**

In compliance with Public Officers Law (POL) §103-a(2)(a), the DNA Subcommittee, following a public hearing, authorized by resolution on XX, 2023, the use of videoconferencing as described in POL §103-a.

The following procedures are hereby established to satisfy the requirement of POL §103-a(2)(b) that any public body which in its discretion wishes to permit its members to participate in meetings by videoconferencing from private locations – under extraordinary circumstances – must establish written procedures governing member and public attendance.

1. DNA Subcommittee members shall be physically present at any meeting of the DNA Subcommittee unless such member is unable to be physically present at one of the designated public meeting locations due to extraordinary circumstances.
2. For purposes of these procedures, the term “extraordinary circumstances” includes disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member’s physical attendance at such meeting.
3. If a member is unable to be physically present at one of the designated public meeting locations and wishes to participate by videoconferencing from a private location due to extraordinary circumstances, the member must notify the Chair of the DNA Subcommittee, or the Commissioner of the Division of Criminal Justice Services or his/her designee no later than four business days prior to the scheduled meeting in order for proper notice to the public to be given.
4. If there is a quorum of members participating at a physical location(s) open to the public, the DNA Subcommittee may properly convene a meeting. A member who is participating from a remote location that is not open to in-person physical attendance by the public shall not count toward a quorum of the DNA Subcommittee but may participate and vote if there is a quorum of members at a physical location(s) open to the public.
5. Except in the case of executive sessions conducted pursuant to POL §105, the DNA Subcommittee shall ensure that its members can be heard, seen, and identified while the meeting is being conducted, including, but not limited to, any motions, proposals, resolutions, and any other matter formally discussed or voted upon.
6. The minutes of the meetings involving videoconferencing based on extraordinary circumstances pursuant to POL §103-a shall include which, if any, members participated by videoconferencing from a private location due to such extraordinary circumstances.
7. The public notice for the meeting shall inform the public: (i) that extraordinary circumstances videoconferencing will (or may) be used; (ii) where the public can view and/or participate in such meeting; (iii) where required documents and records will be posted or available; and (iv) the physical location(s) for the meeting where the public can attend.
8. The DNA Subcommittee, which may require and receive from the Division of Criminal Justice Services any assistance as may be necessary to enable the DNA Subcommittee carry out its duties and functions, shall provide that each open portion of any meeting conducted using extraordinary circumstances videoconferencing shall be recorded and such recordings posted

or linked on the Division of Criminal Justice Services website ([www.criminaljustice.ny.gov](http://www.criminaljustice.ny.gov)) within five business days following the meeting, and shall remain so available for a minimum of five years thereafter. Such recordings shall be transcribed upon request.

9. If members of the DNA Subcommittee are authorized to participate by videoconferencing from a private location due to extraordinary circumstances, the DNA Subcommittee shall provide the opportunity for members of the public to view such meeting by video, and to participate in proceedings by videoconference in real time where public comment or participation is authorized. The DNA Subcommittee shall ensure that where extraordinary circumstances videoconferencing is used, it authorizes the same public participation or testimony as in person participation or testimony.

10. Open meetings of the DNA Subcommittee conducted using extraordinary circumstances videoconferencing pursuant to the provisions of POL §103-a shall be broadcast pursuant to the requirements of POL §103(f) and shall utilize technology to permit access by members of the public with disabilities consistent with the 1990 Americans with Disabilities Act (ADA), as amended, and corresponding guidelines. For the purposes of this guideline, "disability" shall have the meaning defined in Executive Law §292.

11. The in-person participation requirements of POL §103-a(2)(c) shall not apply during a state disaster emergency declared by the Governor pursuant to Executive Law §28 if the DNA Subcommittee determines that the circumstances necessitating the emergency declaration would affect or impair the ability of the DNA Subcommittee to hold an in-person meeting.

12. The DNA Subcommittee may require and receive from the Division of Criminal Justice Services any assistance as may be necessary to enable the DNA Subcommittee carry out its duties and functions. These procedures shall be conspicuously posted on the Division of Criminal Justices website ([www.criminaljustice.ny.gov](http://www.criminaljustice.ny.gov)).



**Resolution No. \_\_\_\_\_**  
**DNA Subcommittee**

**WHEREAS**, pursuant to Executive Law §995-a, there is hereby created a Commission on Forensic science (Commission); and further, pursuant to Executive Law §995-b(13), the Commission established a subcommittee on forensic DNA laboratories and forensic DNA testing (DNA Subcommittee); and

**WHEREAS**, pursuant to Executive Law §995-b(5), the DNA Subcommittee may require and receive from any agency of the State, including the Division of Criminal Justice Services, any assistance as may be necessary to enable the DNA Subcommittee to carry out its duties and functions; and

**WHEREAS**, as a public body the DNA Subcommittee is subject to the Open Meetings Law requirements; and

**WHEREAS**, by passing Chapter 56 of the Laws of 2022 (“Chapter 56”), the New York State Legislature amended Section 103 of the Open Meetings Law; and

**WHEREAS**, Chapter 56 adds Section 103-a of the Open Meetings Law, permitting the DNA Subcommittee to authorize its members to attend meetings by videoconferencing under extraordinary circumstances; and

**WHEREAS**, Section 103-a(2)(a) requires the DNA Subcommittee to adopt a resolution authorizing the limited use of videoconferencing under such circumstances; and

**WHEREAS**, Section 103-a(2) allows for hybrid meetings by requiring “that a minimum number of members are present to fulfill the public body’s quorum requirement in the same physical location or locations where the public can attend”; and

**WHEREAS**, Section 103-a(2)(c) requires that members be physically present at any such meeting “unless such member is unable to be physically present at any such meeting location due to extraordinary circumstances . . . including disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member’s physical attendance at such meeting”; and

**WHEREAS**, in accordance with Section 103-a(2)(d), any members attending by videoconference must be “heard, seen and identified, while the meeting is being conducted, including but not limited to any motions, proposals, resolutions, and any other matter formally discussed or voted upon”; and

**WHEREAS**, Section 103-a(2)(g) requires that any meeting where a member attends by videoconference be recorded, posted to the Division of Criminal Justice Services website within five business days, and transcribed upon request; and

**WHEREAS**, pursuant to Section 103-a(2)(h), if videoconferencing is used to conduct a meeting, the DNA Subcommittee shall provide the opportunity for members of the public to view such meeting via video and to participate in proceedings via videoconference in real time where

public comment or participation is authorized, and shall ensure that videoconferencing authorizes the same public participation or testimony as in person participation or testimony.

**WHEREAS**, per the Committee on Open Government, public bodies are still permitted to conduct its meetings at multiple physical locations from which members of the body may participate if those locations are open to in-person public attendance, regardless of extraordinary circumstances. The intent of the amendments to the Open Meetings Law was to expand the authority of a public body to allow its members to participate in a meeting using videoconferencing under limited circumstances when the member's location is not open to in-person public attendance. It was not the intent to limit the existing authority to virtually connect multiple public locations from which members and the public may attend through the use of videoconferencing technology.

**THEREFORE, BE IT RESOLVED**, that the DNA Subcommittee authorizes its members who experience an extraordinary circumstance, as described above and further defined by any rules or written procedures later adopted, to attend meetings by videoconference: (i) as long as a quorum of the members attend in-person at one or more locations open to the public; (ii) as long as the member can be seen, heard, and identified while the meeting is being conducted; and (iii) as otherwise permitted under Chapter 56 of the Laws of 2022; and

**BE IT FURTHER RESOLVED**, that the DNA Subcommittee shall create written procedures further governing its use of videoconferencing by its members in compliance with Chapter 56 of the Laws of 2022, which shall be incorporated into its by-laws.