

FACE SHEET

CASE NAME: ACOL, Jaylin

CASE # K 07065-1  
cps# 2720

Aliases	Date Applied	Disposition and Date	Date Closed
Social Services Cross Reference	1 05/08/1991	approved for investigation	10/20/45
	2 06/03/1991	case transferred	
	3 2/12/91	Assigned: # 07065	
	4 4/4/97	" # 51657	
	5 7/23/98	" # 58418	3/31/05
Income Maintenance Cross Reference	6		
	7		
	8		

Date	FM#	Address and Mailing Address	Telephone	Date	FM#	Address and Mailing Address	Telephone
05/91		28-2926 Kumula St. Q 26	964-5811				
		Pepeekeo 96783	964 5623				
11/16/91		[REDACTED]					

Family Members	Relationship	FM#	Ancestry	Birthdate	Date of Death	MEDICAL ALERT
Man (First Name) [REDACTED]	father	01				
Woman (First and Maiden Name) Jaylin M. Acol [REDACTED]	mother	02				
Minor children [REDACTED]						
Peter Kema Jr.	son	22		05/01/91		
Others in Household Peter Kema	father	03				

Significant Others out of Household or Other Caretakers						
Name	Relationship	FM#	Address	Phone No.	Other Comments	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

04/21/05  
10:35:25.4

INTAKES PER CASE SUMMARY

KFHCS06N

CASE NO 00010780 CASE NAME KEMA, JAYLIN

	INTAKE	DATE	TIME	ALLEGED VICTIMS	CLIENT NUMBER
1	69462	01/10/2000	10:49	[REDACTED]	0000219581
2	62404	12/17/1998	09:35	[REDACTED]	0000033871
3	62404	12/17/1998	09:35	[REDACTED]	0000033872
4	62404	12/17/1998	09:35	[REDACTED]	0000114577
5	58418	04/23/1998	16:05	[REDACTED]	0000033871
6	58418	04/23/1998	16:05	[REDACTED]	0000033872
7	58418	04/23/1998	16:05	KEMA JR., PETER	0000033873
8	58418	04/23/1998	16:05	[REDACTED]	0000114577
9	51657	04/04/1997	15:50	KEMA JR., PETER	0000033873
10	07065	08/12/1991	08:45	KEMA JR., PETER	0000033873
11	06471	05/08/1991	15:30	[REDACTED]	0000033871
12	06471	05/08/1991	15:30	[REDACTED]	0000033872

NEXT CR10 KEY \_\_\_\_\_

SEL NO \_\_\_\_\_

END DATA

04/21/05  
10:29:52.8

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KFHC 10R

CPS INTAKE DOCUMENT

INTAKE NO 69462

TAKEN BY \_\_\_\_\_  
COMPLETE BY \_\_\_\_\_  
ASSIGNED BY \_\_\_\_\_  
ASSIGN TO \_\_\_\_\_

DATE/TIME \_\_\_\_\_  
DATE/TIME \_\_\_\_\_  
DATE \_\_\_\_\_

CASE NAME KEMA, JAYLIN  
CASE NO 00010780 STATUS G  
UNIT NO 70 WORKER NO \_\_\_\_\_

INITIAL REFERRAL BY \_\_\_\_\_  
PHONE 000 000-0000

COMPLAINANT NO 01

CHILDREN:

FMN 20	NAME	_____	DOB	_____	V/P/B	V
	SEX	M RACE H	CARETAKE	FMN 02	SCH/EMP	
FMN 21	NAME	_____	DOB	_____	V/P/B	V
	SEX	F RACE H	CARETAKE	FMN 02	SCH/EMP	
FMN 22	NAME	KEMA JR., PETER	DOB	05/01/81	V/P/B	V
	SEX	M RACE H	CARETAKE	FMN 01	SCH/EMP	
FMN 23	NAME	_____	DOB	_____	V/P/B	V
	SEX	F RACE H	CARETAKE	FMN 02	SCH/EMP	
FMN 24	NAME	_____	DOB	_____	V/P/B	V
	SEX	M RACE H	CARETAKE	FMN 02	SCH/EMP	
FMN 25	NAME	_____	DOB	_____	V/P/B	V
	SEX	RACE	CARETAKE	FMN 02	SCH/EMP	

ADULTS:

FMN 01	NAME	KEMA SR., PETER	DOB	08/17/70	ALLEGED PERP	Y
	ADDRESS	P.O. BOX 1945	CITY	PAHOA	ST	HI
			ZIP	96778 0	PH	000-0000
FMN 02	NAME	KEMA, JAYLIN M	DOB	04/10/70	ALLEGED PERP	Y
	ADDRESS	P.O. BOX 1945	CITY	PAHOA	ST	HI
			ZIP	96778 0	PH	000-0000
FMN 03	NAME	_____	DOB	12/31/68	ALLEGED PERP	N
	ADDRESS	_____	CITY	_____	ST	_____
			ZIP	_____	PH	_____
FMN 50	NAME	_____	DOB	_____	ALLEGED PERP	N
	ADDRESS	_____	CITY	_____	ST	HI
			ZIP	_____		

PROBLEMS FOR WHICH REFERRED:

FMN 25 THRA THREAT OF ABUSE MEDN MEDICAL NEGLECT

LOC OF INC UNKNOWN  
ACTION BOOKING NO  
HOSPITAL

DATE 00/00/00 TIME 00:00  
DATE 00/00/00 TIME 00:00

COMPLAINANTS ACCOUNT(S):

OMP NO 01 COMPLAINT DATE/TIME 01/10/00 10:49  
NAME \_\_\_\_\_

PHONE 000 000-0000

04/21/05  
10:29:52.9

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KEHCR100

ADDRESS HAWAII COUNTY POLICE DEPT

CITY/ST/ZIP HILO, HI, 0 0

SHARE ID Y PRT REQ Y NOTIFY Y REL TO CHILD OTH OTHER

NARRATIVE ACCOUNT:

ALLEGATIONS OF ABUSE/NEGLECT: HAWAII COUNTY POLICE DEPT. RECENTLY RECEIVED INFORMATION THAT JAYLIN GAVE BIRTH. OBSERVED WITH SIGNIFICANT WEIGHT LOSS. WHEN QUESTIONED BY FRIEND, SHE REPLIED SHE THAT "BABY DIDN'T MAKE IT." PARENTS ALREADY HAVE ONE CHILD MISSING. EXTREME CONCERN FOR NEWBORN AS PARENTS BELIEVE DHS WILL REMOVE CHILD AT BIRTH, AS SUCH NO PRE-NATAL OR ANY MEDICAL CARE.

SAFETY ISSUES; THREATENED HARM TO NEWBORN CHILD.

RISK CONCERNS: SAME

PROBLEM FOR WHICH REFERRED: SAME

DOMESTIC VIOLENCE: SUSPECTED PHYSICAL ABUSE ON JAYLIN KEMA BY PETER KEMA, JAYLIN CLAIMED BRUISES WERE NOT FROM ABUSE AND SWOLLEN EYE WAS A STY.

DRUGS; NONE

PRIOR CPS HX; EXTENSIVE - INTAKE #'S, 06471, 7065, 51657, 58418, 62404.  
01/15/99 - SEXA UNCONFIRMED. 04/22/98 - MEDN NOT CONFIRMED,  
THRN CONFIRMED.

TRO LISTING; NONE

ASSESSMENT: CPS INVESTIGATION IS WARRANTED BASED ON:

- \* CHILD HAS SUFFERED A HIGH OR SEVERE LEVEL OF HARM OR RISK WITH NO PRENATAL CARE.
- \* CHILD IS UNABLE TO CARE FOR OR PROTECT SELF
- \* AGE OF CHILD
- \* CHILD'S VULNERABILITY
- \* THERE ARE NO PROTECTIVE ADULTS AVAILABLE TO THE CHILD
- \* EXPLANATION OF HARM BY CARETAKER
- \* CAREGIVER'S METHOD OF CHILD MANAGEMENT/DISCIPLINE
- \* CARETAKER'S ABILITY TO PROBLEM SOLVE
- \* CARETAKER'S PHYSICAL PROBLEMS
- \* CARETAKER'S BEHAVIORAL PROBLEMS
- \* CARETAKER'S MENTAL CAPACITY
- \* CARETAKER DOES NOT HAVE SUFFICIENT RESOURCES TO MEET CHILD'S BASIC NEEDS
- \* MALTREATOR HAS ACCESS TO CHILD WHICH PLACES CHILD AT RISK
- \* CARETAKER'S INVOLVEMENT IN SERVICES
- \* WILLINGNESS TO PARTICIPATE IN SERVICES
- \* THERE HAVE BEEN PREVIOUS SUBSTANTIATED REPORTS OF ABUSE OR NEGLECT
- \* DOMESTIC VIOLENCE IN THE HOME

04/21/05  
10:30:13.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFHC 136R

CASE NO 00010780  
CLIENT NO 0000219581 FMN 25  
INTAKE NO 69462  
CASE NAME KEMA, JAYLIN  
NAME [REDACTED]  
CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
PERP 2 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT UNKNOWN

POLICE BKG DATE  
HOSPITALIZED DATE  
TIME  
TIME  
BOOKING NO  
HOSP NAME

PLACEMENT SERVICE ACT  
VOLUNTARY CONSENT (Y/N) DATE TIME

PROBLEMS FOR THRA THREAT OF ABUSE MEDN MEDICAL NEGLECT  
WHICH REFERRED

DATE OF PERSONAL CONTACT TIME OF PERSONAL CONTACT

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION  
L THREAT OF ABUSE  
T MEDICAL NEGLECT

FACTORS PRECIPITATING INCIDENT 02 FAMILY DISCORD  
04 NEW BABY IN HOME/PREGNANCY  
18 POLICE/COURT RECORD (EXCLUDING TRAFFIC)  
21 CHRONIC FAMILY VIOLENCE  
22 UNACCEPTABLE CHILD REARING METHOD

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF	DETERMINATION
CODE DESCRIPTION		ABUSE/NEGLECT	DATE
1 THRA THREAT OF ABUSE	N		01/20/2000
2 MEDN MEDICAL NEGLECT	N		01/20/2000
3			
4			
5			
6			

SERVICES NEEDED? N

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 69462

04/21/05  
10:31:04.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KFHC R62R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
INTAKE NO 69462  
WORKER [REDACTED]

UNIT 70

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 01 20 2000 16 24

THRA & MEDN TO ALLEGED [REDACTED] CHILD NOT CONFIRMED AS THERE IS NO  
INDICATION THAT THERE IS A LIVE CHILD FROM MOTHER'S ALLEGED PREGNANCY.

INVESTIGATION TO BE CLOSED.

[REDACTED] 01-20-00

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 01 20 2000 16 20

NEEDED SERVICES IDENTIFIED

NEEDED SERVICES INITIATED

CASE TRANSFERRED FOR CASE MANAGEMENT

CASE CLOSED

REASONS FOR ACTION CASE TO REMAIN OPEN & ACTIVE W/CWS SOCIAL WORKER,  
[REDACTED] BUT INVESTIGATION ON INTAKE 69462 TO CLOSE. THERE IS NO  
PHYSICAL INDICATION THAT THERE IS A LIVE CHILD FROM MOTHER'S ALLEGED PREG-  
NANCY.

SIGN OFF WORKER NO [REDACTED]

WORKER NAME [REDACTED]

04/21/05 11:16 FAX 808 586 06

DHS/SSD/CWSB

→ DIR

007

0050 NO RECORDS FOUND

04/21/05

DOCUMENTS ADD/UPDATE/DISPLAY  
PROMPT

KFHCP60N

10:53:15.6

ENTER THE FOLLOWING FIELDS:

CASE NO 00010780

INTAKE NO 69462

INSTRUCTIONS: ENTER THE CASE NUMBER AND INTAKE NUMBER OF THE INVESTIGATION  
SUMMARY DOCUMENTS YOU WISH TO ADD, UPDATE, OR DISPLAY.

NEXT CD60 KEY \_\_\_\_\_

MORE DATA

04/21/05  
10:35:25.4

INTAKES PER CASE SUMMARY

KFHCS06N

CASE NO 00010780 CASE NAME KEMA, JAYLIN

	INTAKE	DATE	TIME	ALLEGED VICTIMS	CLIENT NUMBER
1	69462	01/10/2000	10:49	[REDACTED]	0000219581
2	62404	12/17/1998	09:35	[REDACTED]	0000033871
3	62404	12/17/1998	09:35	[REDACTED]	0000033872
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10	07065	08/12/1991	08:45	KEMA JR., PETER	0000033873
11	06471	05/08/1991	15:30	[REDACTED]	0000033871
12	06471	05/08/1991	15:30	[REDACTED]	0000033872

NEXT CR10 KEY \_\_\_\_\_

SEL NO \_\_\_\_\_

END DATA



04/21/05  
10:35:58.6

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KFHCR10R

CPS INTAKE DOCUMENT

INTAKE NO 62404

TAKEN BY \_\_\_\_\_  
COMPLETE BY \_\_\_\_\_  
ASSIGNED BY \_\_\_\_\_  
ASSIGN TO \_\_\_\_\_

DATE/TIME \_\_\_\_\_  
DATE/TIME \_\_\_\_\_  
DATE \_\_\_\_\_

CASE NAME KEMA, JAYLIN  
CASE NO 00010780 STATUS G  
UNIT NO 70 WORKER NO [REDACTED]

INITIAL REFERRAL BY [REDACTED]  
PHONE [REDACTED]

COMPLAINANT NO 01

CHILDREN:

FMN	NO	NAME	SEX	RACE	CARETAKE	FMN	NO	SCH/EMP	DOB	V/P/B	V
FMN 20		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FMN 21		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FMN 22		KEMA JR., PETER	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	05/01/91	[REDACTED]	[REDACTED]
FMN 23		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FMN 24		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FMN 25		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ADULTS:

FMN	NO	NAME	ADDRESS	DOB	CITY	STATE	ZIP	PH	ALLEGED PERP
FMN 01		KEMA SR., PETER	P.O. BOX 1945	08/17/70	PAHOA	HI	96778 0	000-0000	Y
FMN 02		KEMA, JAYLIN M	P.O. BOX 1945	04/10/70	PAHOA	HI	96778 0	000-0000	Y
FMN 03		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N
FMN 50		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N

PROBLEMS FOR WHICH REFERRED:

FMN	NO	PROBLEM	LOC OF INC	DATE	TIME
FMN 20		THRA THREAT OF ABUSE	FAMILY HOME	00/00/00	00:00
FMN 21		THRA THREAT OF ABUSE	FAMILY HOME	00/00/00	00:00

04/21/05  
10:35:58.7

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KPHCR1CR

ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
HOSPITAL	DATE	00/00/00	TIME	00:00
FMN 23 SEXA SEX ABUSE				
LOC OF INC FAMILY HOME	DATE	00/00/00	TIME	00:00
ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
HOSPITAL				

COMPLAINANTS ACCOUNT(S):

COMP NO 01 COMPLAINT DATE/TIME 12/17/98 09:35  
 NAME [REDACTED] PHONE [REDACTED]  
 ADDRESS [REDACTED]

CITY/ST/ZIP

SHARE ID N PRT REQ Y NOTIFY Y REL TO CHILD PRO SERVICE PROVID

NARRATIVE ACCOUNT:

REPORT: ALLEGED INTRAFAMILIAL SEXUAL ABUSE OF [REDACTED] AGE [REDACTED] BY FATHER, PETER KEMA, SR.

HARM: LAST NIGHT, [REDACTED] DISCLOSED THAT [REDACTED] FATHER "WHACKS [REDACTED] ON [REDACTED] PRIVATES [REDACTED] BITES DADDY'S PRIVATES, DADDY BITES [REDACTED] PRIVATES, DADDY LIKES TO TAKE [REDACTED] CLOTHES OFF, [REDACTED] SAW DADDY KISSING MOMMY'S PRIVATES."

PRESENTING SITUATION: FAMILY IS ACTIVE WITH CPS IN HILO. THEIR CPS SOCIAL WORKER IS [REDACTED].

.LAST NIGHT, IN THERAPY, [REDACTED] DISCLOSED THE ABOVE. NO TIME FRAME WAS MENTIONED/DETERMINED.

[REDACTED] LIVES WITH [REDACTED] IN KONA.

CPS HISTORY/INVOLVEMENT: FAMILY'S ACTIVE CASE WITH HILO UNIT, #70, SHOWS SEVERAL PRIOR INTAKES.

.OF SIGNIFICANCE IS THE MOST RECENT INTAKE, DATED 4/23/98, REGARDING ALLEGED SEXUAL ABUSE OF [REDACTED] AGE [REDACTED] BY AN UNKNOWN PERPETRATOR. ALLEGATIONS WERE NOT CONFIRMED.

ASSESSMENT: PROTECTIVE SERVICES ARE INDICATED, BASED UPON:

- .AGE AND VULNERABILITY OF CHILD
- .ALLEGED SEXUAL ABUSE BY FATHER
- .FAMILY IS NOW ACTIVE WITH HILO CPS
- .ALLEGED PERPETRATOR DOES NOT HAVE CURRENT ACCESS

DISPOSITION: INTAKE ACCEPTED FOR INVESTIGATION

INTAKE TAKEN AND ENTERED BY INTAKE WORKER, [REDACTED]

ASSIGNED INVESTIGATOR: [REDACTED] WEST HAWAII INTAKE/ASSESSMENT UNIT 25

A COPY OF THIS INTAKE IS BEING FAXED TO [REDACTED], EAST HAWAII CHILD WELFARE SVCS UNIT 70.

04/21/05  
10:36:10.8

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KPHCI 36R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
CLIENT NO 0000033871 FMN 20 NAME [REDACTED]  
INTAKE NO 62404 CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM STP STEPPARENT  
PERP 2 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT FAMILY HOME

POLICE BKG DATE TIME BOOKING NO  
HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SERVICE ACT DATE TIME  
VOLUNTARY CONSENT (Y/N)

PROBLEMS FOR THRA THREAT OF ABUSE  
WHICH REFERRED

DATE OF PERSONAL CONTACT 01/15/1999 TIME OF PERSONAL CONTACT 11:01

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION  
I SEXUAL EXPLOITATION B MOLESTATION

FACTORS PRECIPITATING INCIDENT

CASE STATUS/DISPOSITION:

	ALLEGED CAN CODE DESCRIPTION	CONFIRMED?	SEVERITY OF ABUSE/NEGLECT	DETERMINATION DATE
1	SEXA SEX ABUSE	U		01/15/1999
2				
3				
4				
5				
6				

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 62404

04/21/05  
10:36:21.5

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFH(R36R

CASE NO 00010780  
CLIENT NO 0000033872 FMN 21 CASE NAME KEMA, JAYLIN  
INTAKE NO 62404 NAME [REDACTED]  
CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM STP STEPPARENT  
PERP 2 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT FAMILY HOME

POLICE BKG DATE  
HOSPITALIZED DATE TIME TIME BOOKING NO HOSP NAME

PLACEMENT SERVICE ACT  
VOLUNTARY CONSENT (Y/N) DATE TIME

PROBLEMS FOR THRA THREAT OF ABUSE  
WHICH REFERRED

DATE OF PERSONAL CONTACT 01/15/1999 TIME OF PERSONAL CONTACT 10:17

NATURE OF HARM  
I SEXUAL EXPLOITATION TYPE OF SEXUAL EXPLOITATION  
B MOLESTATION

FACTORS PRECIPITATING INCIDENT

CASE STATUS/DISPOSITION:

ALLEGED CAN CONFIRMED? SEVERITY OF DETERMINATION  
CODE DESCRIPTION ABUSE/NEGLECT DATE  
SEXA SEX ABUSE U 01/15/1999

SERVICES NEEDED? Y

REF TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 62404

04/21/05  
10:36:39.7

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFH R36R

CASE NO 00010780  
CLIENT NO 0000114577 FMN 23  
INTAKE NO 62404  
CASE NAME KEMA, JAYLIN  
NAME [REDACTED]  
CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
PERP 2 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) Y  
LOCATION OF INCIDENT FAMILY HOME

POLICE BKG DATE  
HOSPITALIZED DATE TIME TIME BOOKING NO HOSP NAME

PLACEMENT SERVICE ACT  
VOLUNTARY CONSENT (Y/N) DATE TIME

PROBLEMS FOR WHICH REFERRED  
SEXA SEX ABUSE

DATE OF PERSONAL CONTACT 12/30/1998 TIME OF PERSONAL CONTACT 12:15

NATURE OF HARM I SEXUAL EXPLOITATION  
TYPE OF SEXUAL EXPLOITATION B MOLESTATION

FACTORS PRECIPITATING INCIDENT

CASE STATUS/DISPOSITION:

ALLEGED CAN CODE DESCRIPTION CONFIRMED? SEVERITY OF ABUSE/NEGLECT DETERMINATION DATE  
SEXA SEX ABUSE Y 02/02/1999

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 62404

04/21/05  
10:37:05.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KFHCI 62R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
INTAKE NO 62404  
WORKER [REDACTED]

UNIT 70

DOCUMENTATION AND RELATED EVIDENCE

	REPORT/DOCUMENT	OBTAINED FROM	DATE
1	CAC INTERVIEW #1 OF [REDACTED]	LOGS OF CONTACT	12 30 1998
2	CAC INTERVIEW #2 OF [REDACTED]	LOGS OF CONTACT	01 04 1999
3	MEDICAL EXAMINATION [REDACTED]	WESLEY SUGAI, M.D.	01 14 1999
4	CAC INTERVIEW OF [REDACTED]	CASE FILE	01 15 1999
5	CAC INTERVIEW OF [REDACTED]	CASE FILE	01 15 1999

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 02 02 1999 11 43

THE ALLEGATIONS OF SEXUAL ABUSE OF [REDACTED] BY [REDACTED] MOTHER, JAYLINE KEMA, FATHER, PETER KEMA SR, AND PATERNAL UNCLE, THOMAS KEMA ARE CONFIRMED BASED ON THE FOLLOWING:

DISCLOSURE BY [REDACTED] THAT MR. KEMA TOUCHED [REDACTED] PRIVATE (PIPET) WITH HIS HANDS TWICE WHILE THE FAMILY LIVED AT KAUMANA HOUSE.

DISCLOSURE BY [REDACTED] THAT MR. KEMA KISSED [REDACTED] PIPET, THEN MRS. KEMA CAME AND KISSED MR. KEMA'S OKOLE.

DISCLOSURE BY [REDACTED] THAT [REDACTED] KISSED MRS. KEMA'S NIPPLES, AND MR. KEMA "TRIED" TO KISS [REDACTED] OKOLE, THEN [REDACTED] KISSED MR. KEMA'S OKOLE.

STATEMENT BY [REDACTED] THAT MR. KEMA'S PENIS CHANGED IN APPEARANCE, "IT GOT LONGER."

DISCLOSURE BY [REDACTED] THAT "UNCLE BOLO" THOMAS KEMA TOOK OFF HIS CLOTHES AND WAS KISSING MRS. KEMA'S OKOLE.

DEMONSTRATION WITH ANATOMICALLY CORRECT DOLLS SEXUAL RELATIONS BETWEEN [REDACTED], MR. KEMA, MRS. KEMA, AND THOMAS KEMA...MRS. KEMA KISSING THOMAS KEMA'S PENIS, MR. KEMA KISSING MRS. KEMA'S OKOLE AND LATER HER NIPPLES.

STATEMENT BY [REDACTED] THAT THOMAS KEMA TOUCHED [REDACTED] PIPET WITH HIS TONGUE.

STATEMENT BY [REDACTED] THAT [REDACTED] AND [REDACTED] WERE NOT HOME AT THE TIME [REDACTED] HAD THE PRIVATE TOUCHING.

STATEMENT BY [REDACTED] THAT PETER BOY NEVER LIVED AT THE KAUMANA HOUSE.

CAC INTERVIEW OF [REDACTED], [REDACTED] MADE NO DISCLOSURE OF PRIVATE TOUCHING TO [REDACTED] BY ANYONE

DISCLOSURE OF [REDACTED] BEING HIT AND PUNCHED ALL OVER WITH A BROOM, AND A STICK BY MR. KEMA.

CAC INTERVIEW OF [REDACTED], [REDACTED] MADE NO DISCLOSURE OF PRIVATE TOUCHING TO [REDACTED] BY ANYONE.

DISCLOSURE BY [REDACTED] OF BEING "WHACKED" WITH A STICK, HAND, AND KICKED AND THERE WERE BRUISES ALL OVER [REDACTED] BODY FROM MR. KEMA.

STATEMENT BY [REDACTED] THAT MRS. KEMA SOMETIMES DID NOT DO ANYTHING.

STATEMENT BY [REDACTED] THAT [REDACTED] DID NOT LIKE HOW PETER BOY WAS TREATED. PETER BOY WAS "STARVED AND MADE TO SLEEP OUTSIDE."

MEDICAL EXAMINATION OF [REDACTED] BY DR. WESLEY SUGAI SHOWED EVERYTHING WAS WITHIN NORMAL LIMITS. [REDACTED] NO SIGN OF A STD.

SEVERAL ATTEMPTS WERE MADE TO GAIN STATEMENTS FROM MR. AND MRS. KEMA TO NO AVAIL.

04/21/05  
10:37:05.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KPHCR6:R

\*\*\*THE ALLEGATIONS OF THREAT OF HARM SEXUAL ABUSE OF [REDACTED] AND [REDACTED] BY MR. AND/OR MRS. KEMA OR ANOTHER PERSON WERE UNSUBSTANTIATED.

\*\*\*CONFIRMATION OF SEXUAL ABUSE OF [REDACTED] IS SUBSTANTIATED BY HRS 587-42(C) ANY STATEMENT MADE BY THE CHILD TO ANY PERSON RELATING TO ANY ALLEGATION OF IMMINENT HARM, HARM, OR THREATENED HARM SHALL BE ADMISSIBLE IN EVIDENCE.

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 02 02 1999 11 41

NEEDED SERVICES IDENTIFIED	X	NEEDED SERVICES INITIATED	X
CASE TRANSFERRED FOR CASE MANAGEMENT	X	CASE CLOSED	

REASONS FOR ACTION [REDACTED] WILL CONTINUE TO IN COUNSELING/THERAPY WITH DR. TERRY ANN FUJIOKA, WHO IS QUALIFIED IN PROVIDING SEX ABUSE TREATMENT SERVICES. [REDACTED] AND [REDACTED] ARE BEING PROVIDED SERVICES AS ARRANGED BY THEIR SW IN HONOLULU.

SIGN OFF WORKER NO [REDACTED] WORKER NAME [REDACTED]

04/21/05  
10:35:25.4

INTAKES PER CASE SUMMARY

KFHCS06N

CASE NO 00010780 CASE NAME KEMA, JAYLIN

	INTAKE	DATE	TIME	ALLEGED VICTIMS	CLIENT NUMBER
1	69462	01/10/2000	10:49	[REDACTED]	0000219581
2	62404	12/17/1998	09:35	[REDACTED]	0000033871
3	62404	12/17/1998	09:35	[REDACTED]	0000033872
4	62404	12/17/1998	09:35	[REDACTED]	0000114577
5	58418	04/23/1998	16:05	[REDACTED]	0000033871
6	58418	04/23/1998	16:05	[REDACTED]	0000033872
7	58418	04/23/1998	16:05	KEMA JR., PETER	0000033873
8	58418	04/23/1998	16:05	[REDACTED]	0000114577
9	51657	04/04/1997	15:50	KEMA JR., PETER	0000033873
10	07065	08/12/1991	08:45	KEMA JR., PETER	0000033873
11	06471	05/08/1991	15:30	[REDACTED]	0000033871
12	06471	05/08/1991	15:30	[REDACTED]	0000033872

NEXT CR10 KEY \_\_\_\_\_

SEL NO \_\_\_\_\_

END DATA



04/21/05  
10:41:41.3

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KFHC R10R

CPS INTAKE DOCUMENT

INTAKE NO 58418

TAKEN BY \_\_\_\_\_  
COMPLETE BY \_\_\_\_\_  
ASSIGNED BY \_\_\_\_\_  
ASSIGN TO \_\_\_\_\_

DATE/TIME \_\_\_\_\_  
DATE/TIME \_\_\_\_\_  
DATE \_\_\_\_\_

CASE NAME KEMA, JAYLIN  
CASE NO 00010780 STATUS G  
UNIT NO 70 WORKER NO [REDACTED]

INITIAL REFERRAL BY [REDACTED]  
PHONE 000 000-0000

COMPLAINANT NO 01

CHILDREN:

FMN	NO	NAME	SEX	RACE	CARETAKE	FMN	NO	SCH/EMP	DOB	V/P/B	V
FMN 20		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FMN 21		[REDACTED]	[REDACTED]	RACE H	CARETAKE	FMN 02		SCH/EMP	[REDACTED]	V/P/B	V
FMN 22		[REDACTED]	[REDACTED]	RACE H	CARETAKE	FMN 02		SCH/EMP	[REDACTED]	V/P/B	V
FMN 22		KEMA JR., PETER	[REDACTED]	RACE H	CARETAKE	FMN 01		SCH/EMP	05/01/91	V/P/B	V
FMN 23		[REDACTED]	[REDACTED]	RACE H	CARETAKE	FMN 02		SCH/EMP	[REDACTED]	V/P/B	V
FMN 24		[REDACTED]	[REDACTED]	RACE H	CARETAKE	FMN 02		SCH/EMP	[REDACTED]	V/P/B	V
FMN 25		[REDACTED]	[REDACTED]	RACE H	CARETAKE	FMN 02		SCH/EMP	[REDACTED]	V/P/B	V
FMN 25		[REDACTED]	[REDACTED]	RACE	CARETAKE	FMN 02		SCH/EMP	[REDACTED]	V/P/B	V

ADULTS:

FMN	NO	NAME	ADDRESS	DOB	CITY	STATE	PH	ALLEGED PERP
FMN 01		KEMA SR., PETER	P.O. BOX 1945	08/17/70	PAHOA	HI	000-0000	Y
FMN 02		KEMA, JAYLIN M	P.O. BOX 1945	04/10/70	PAHOA	HI	000-0000	Y
FMN 03		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N
FMN 50		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N

PROBLEMS FOR WHICH REFERRED:

FMN	NO	PROBLEM	THRN	THREATENED NEGL	DATE	TIME
FMN 20		MEDN MEDICAL NEGLECT	THRN	THREATENED NEGL	00/00/00	00:00
FMN 21		SEXA SEX ABUSE	THRN	THREATENED NEGL	00/00/00	00:00

LOC OF INC IN HOME OF JAYLIN & PETER SR. KEMA

04/21/05  
10:41:41.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KPHCR1CR

	ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
	HOSPITAL	DATE	00/00/00	TIME	00:00
FMN 22	THRN THREATENED NEGL				

	LOC OF INC IN HOME OF JAYLIN/PETER SR. KEMA				
	ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
	HOSPITAL	DATE	00/00/00	TIME	00:00
FMN 23	THRN THREATENED NEGL				

	LOC OF INC HOME OF JAYLIN & PETER KEMA SR.				
	ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
	HOSPITAL	DATE	00/00/00	TIME	00:00

COMPLAINANTS ACCOUNT(S):

COMP NO 01	COMPLAINT DATE/TIME	04/23/98	16:05	
	NAME	[REDACTED]		PHONE 000 000-0000
	ADDRESS	[REDACTED]		

CITY/ST/ZIP HILO, HI, 96720 0

SHARE ID N PRT REQ N NOTIFY N REL TO CHILD OTH OTHER

NARRATIVE ACCOUNT:

[REDACTED] WHO SAID THAT THEY ARE PREPARED TO SEE [REDACTED] AT [REDACTED] TODAY. (SW [REDACTED] HAD REQUESTED MEDICAL EXAM AT PAHOA, WHERE SW [REDACTED] WAS TOLD ABOUT 9 AM, ON THIS DAY, THAT IF THE [REDACTED] WERE TAKEN TO PAHOA HEALTH CENTER, THEY WOULD BE SEEN BY DOCTOR/NURSE PRACTITIONER. HOWEVER, THEY THEY WERE ALL SENT TO [REDACTED]

SPOKE OF EACH CHILD'S MEDICAL PROBLEMS.

A) [REDACTED] (SO) HAS A NEBULIZER BUT NEEDS IT WITH HER DUE TO FREQUENT FLAREUPS OF ASTHMA; SHE HAD A NEW INFECTION AND ANTIBIOTIC WAS RX FOR HER (AMOXICATEN).

[REDACTED] STATED AT THIS POINT, "I DID BRING UP PETER JR'S NAME; THEY ALL SHOWED FEAR. I FEEL THEY DO KNOW SOMETHING ABOUT HIM".

[REDACTED] "I WANT COMPLETE PSYCHIATRIC EVALUATIONS FOR ALL THREE OF THESE CHILDREN." [REDACTED] REQUESTED THAT SHE MAKE A REFERRAL TO CHILD PSYCHIATRIST, LANE MATSUMURA; SHE SAID SHE WOULD.

[REDACTED] GENITALIA WAS A [REDACTED] BUT DID NOT LOOK [REDACTED] (SHE SAID THAT SHE MENTIONED THIS BECAUSE IT DEVIATED FROM THE NORMAL [REDACTED] YR. OLD.)

[REDACTED] HAS SEVERAL TOOTH ACHES. HE HAS HAD THIS FOR AWHILE. HE HAS ONE CROWN ON THE LEFT INCISOR. HE NEEDS TO BE REFERRED TO A DENTIST.

[REDACTED] HAD AN EAR INFECTION; MOTHER WAS GIVEN AN RX. [REDACTED] SAID THAT MOTHER NEVER GAVE IT TO [REDACTED]. [REDACTED] STILL HAS THE INFECTION. IT WAS ALSO NOTED THAT [REDACTED] GENITALIA [REDACTED] AND DID NOT LOOK NORMAL. IT IS SUSPICIOUS FOR SEX ABUSE. THE [REDACTED] [REDACTED], NORMALLY A [REDACTED] YR OLD [REDACTED] BECAUSE WITHOUT SEX, THERE IS NO [REDACTED]

RECOMMENDATION IS FOR A FULL SEX ABUSE EXAM. [REDACTED] WILL NOT TOLERATE A [REDACTED] EXAM [REDACTED] ...AND WILL NEED ANESTHESIA.

04/21/05  
10:41:41.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KPHCR1(R

██████████ DID MAKE THE COMMENT, THAT PETER JR. WAS SICK A LOT (OF THE TIME). THE PARENTS KEPT HIM HOME FROM SCHOOL AND WOULDN'T LET HIM PLAY WITH THE KIDS. I ASKED THEM "WHERE DO YOU THINK PETER JR IS?"....THEY GOT FEARFUL, REAL FEARFULL....

REFERRALS:

- 1- SEX ABUSE EXAM FOR ██████████ ASAP;
- 2- PSYCHIATRIC EVAL FOR ALL ██████████
- 3-DENTAL REFERRAL FOR ██████████ (POSS. OTHER TWO MAY BE CHECKED ALSO)

04/21/05  
10:41:50.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFH(R36R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
CLIENT NO 0000033871 FMN 20 NAME [REDACTED]  
INTAKE NO 58418 CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM STP STEPPARENT  
PERP 2 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT IN HOME OF JAYLIN & PETER SR.KEMA

POLICE BKG DATE TIME BOOKING NO  
HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SERVICE ACT G103 CHILD PLACEMENT DATE 04/22/1998 TIME 14:00  
VOLUNTARY CONSENT (Y/N)

PROBLEMS FOR MEDN MEDICAL NEGLECT THRN THREATENED NEGL  
WHICH REFERRED

DATE OF PERSONAL CONTACT 07/07/1997 TIME OF PERSONAL CONTACT 14:30

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION  
R PHYSICAL NEGLECT  
T MEDICAL NEGLECT

FACTORS PRECIPITATING INCIDENT 01 BROKEN FAMILY  
05 HEAVY CONTINUOUS CHILD CARE RESPONSIBI  
11 LOSS OF CONTROL DURING DISCIPLINE  
12 LACK OF TOLERANCE TO CHILD'S BEHAVIOR  
22 UNACCEPTABLE CHILD REARING METHOD

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF ABUSE/NEGLECT	DETERMINATION DATE
1 MEDN MEDICAL NEGLECT	N		04/22/1998
2 THRN THREATENED NEGL	Y		04/22/1998
3			
4			
5			
5			

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 58418

04/21/05  
10:41:59.3

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFH R36R

CASE NO 00010780  
CLIENT NO 0000033872 FMN 21  
INTAKE NO 58418  
CASE NAME KEMA, JAYLIN  
NAME [REDACTED]  
CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM STP STEPPARENT  
PERP 2 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT IN HOME OF JAYLIN & PETER SR. KEMA

POLICE BKG DATE  
HOSPITALIZED DATE TIME TIME BOOKING NO HOSP NAME

PLACEMENT SERVICE ACT G103 CHILD PLACEMENT DATE 04/22/1998 TIME 11:00  
VOLUNTARY CONSENT (Y/N)

PROBLEMS FOR SEXA SEX ABUSE THRN THREATENED NEGL  
WHICH REFERRED

DATE OF PERSONAL CONTACT 04/23/1998 TIME OF PERSONAL CONTACT 15:00

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION  
I SEXUAL EXPLOITATION B MOLESTATION  
T MEDICAL NEGLECT

FACTORS PRECIPITATING INCIDENT 01 BROKEN FAMILY  
05 HEAVY CONTINUOUS CHILD CARE RESPONSIBI  
11 LOSS OF CONTROL DURING DISCIPLINE  
12 LACK OF TOLERANCE TO CHILD'S BEHAVIOR  
22 UNACCEPTABLE CHILD REARING METHOD

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF	DETERMINATION
CODE DESCRIPTION		ABUSE/NEGLECT	DATE
1 SEXA SEX ABUSE	N		04/24/1998
2 THRN THREATENED NEGL	Y		04/22/1998
3			
4			
5			
5			

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 58418

04/21/05  
10:42:08.2

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFHC R36R

CASE NO 00010780  
CLIENT NO 0000033873 FMN 22  
INTAKE NO 58418  
CASE NAME KEMA, JAYLIN  
NAME KEMA JR., PETER  
CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
PERP 2 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT IN HOME OF JAYLIN/PETER SR.KEMA

POLICE BKG DATE  
HOSPITALIZED DATE TIME TIME BOOKING NO HOSP NAME

PLACEMENT SERVICE ACT  
VOLUNTARY CONSENT (Y/N) DATE TIME

PROBLEMS FOR THRN THREATENED NEGL  
WHICH REFERRED

DATE OF PERSONAL CONTACT TIME OF PERSONAL CONTACT

NATURE OF HARM  
L THREAT OF ABUSE TYPE OF SEXUAL EXPLOITATION

FACTORS PRECIPITATING INCIDENT 01 BROKEN FAMILY  
05 HEAVY CONTINUOUS CHILD CARE RESPONSIBI  
11 LOSS OF CONTROL DURING DISCIPLINE  
12 LACK OF TOLERANCE TO CHILD'S BEHAVIOR  
22 UNACCEPTABLE CHILD REARING METHOD

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF	DETERMINATION
CODE DESCRIPTION		ABUSE/NEGLECT	DATE
1 THRN THREATENED NEGL	Y		01/09/1998
2			
3			
4			
5			
6			

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 58418

04/21/05  
10:42:14.5

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFH R36R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
CLIENT NO 0000114577 FMN 23 NAME [REDACTED]  
INTAKE NO 58418 CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
PERP 2 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT HOME OF JAYLIN & PETER KEMA SR.

POLICE BKG DATE TIME BOOKING NO  
HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SERVICE ACT DATE TIME  
VOLUNTARY CONSENT (Y/N)

PROBLEMS FOR THRN THREATENED NEGL  
WHICH REFERRED

DATE OF PERSONAL CONTACT 04/23/1998 TIME OF PERSONAL CONTACT 14:30

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION  
L THREAT OF ABUSE

FACTORS PRECIPITATING INCIDENT 01 BROKEN FAMILY  
20 INABILITY TO COPE WITH PARENTAL RESP  
22 UNACCEPTABLE CHILD REARING METHOD

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF	DETERMINATION
CODE DESCRIPTION		ABUSE/NEGLECT	DATE
1 THRN THREATENED NEGL	Y		04/22/1998
2			
3			
4			
5			
6			

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 58418

04/21/05  
10:42:34.0STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KFH(R62R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
INTAKE NO 58418  
WORKER [REDACTED]

UNIT 70

## ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 04 30 1998 14 50

SEX ABUSE ALLEGATIONS OF [REDACTED] UNKNOWN PERPETRATOR. BY MEDICAL DR. [REDACTED] ON APRIL 23, 1998, WHEN [REDACTED] CHN WERE EXAMINED. APRIL 24, 1998 EXAMINATED BY SEX ABUSE NURSE EXAMINER AT HILO MED CTR, WAS "UNCONFIRMED SEX ABUSE."

CHILD WAS PLACED WITH BRO, [REDACTED], AND HALF-SIB, [REDACTED] WITH FORSTER PARENT.

SINCE AT THIS TIME, THIRD CHILD, PETER BOY JR., REMAINS MISSING, THE OTHER THREE SIBLINGS REMAIN IN FOSTER CARE, IN THE SAME HOME. DUE TO THREATENED HARM

ACCORDING TO THE ONLY TREATING PSYCHOLOGIST, DR. BARTHEL, PETER SR. HAS A SELF-CONCEPT WHICH IS BOUND WITH ANGER, DEPRESSION AND POTENTIAL TO EXPLODE AT CRISIS, GIVEN HISTORY OF HIS UPBRINGING WITH ABUSE, NEGLECT AND "HEAVY USE OF DOPE", MARIJUANA, ACCORDING TO DR. BARTHEL. INTERVIEWS WITH THE PARENTS AND CHILDREN, SEPARATELY AND TOGETHER, YIELD A INFORMATION WHICH SHOWS MOTHER'S DEPENDENCY WITHOUT QUESTIONING PETER SR., EVEN WHERE THE LIFE OF ONE OF HER CHILDREN WAS THE PRIMARY CONCERN. THE . . . RELATIONSHIP APPEARS UNHEALTHY AND UNPROTECTIVE FOR THE CHILDREN. MEDICAL NEGLECT OF [REDACTED]; WHERE HE HAS HAD DENTAL PROBLEM AND CAN NOT RECALL WHEN HE WENT TO THE DENTIST. IN THE LAST WEEK, HIS CROWNED TOOTH FELL OUT & HE CLAIMS TO BE MORE COMFORTABLE. CONFIRMED. SEX ABUSE OF [REDACTED], WAS REPORTED ON APRIL 23, 1998; ON APRIL 24/98, UNCONFIRMED BY THE SEX ABUSE NURSE EXAMINER, [REDACTED], AT THE HILO MEDICAL CENTER, WITH DET. RANDY MEDEIROS OVERSEEING THE INVESTIGATION; INTERVIEW WAS AT CAC BY [REDACTED] PRIOR TO THE MEDICAL EXAMINATION. CONFIRMED . . . THREAT OF HARM, RELATED TO PARENTS' DOM. VIOLENCE HX & MANNER OF PARENTING PETER JR. . . . PETER JR, HAS BEEN MISSING FROM THE FAMILY SINCE APPROXIMATELY, JAN/97; ALTHOUGH THE PARENTS DID NOT DESCRIBE HIM TO BE MISSING, UNTIL CONCLUSION BY CPS THAT THE PARENTS WERE WITHHOLDING THE CHILD AND INFORMATION ABOUT HIM. WHEN FAMILY MEMBERS EXPRESSED UNIFORM LACK OF INFORMATION & INABILITY TO COMMUNICATE WITH JAYLIN AND PETER SR., NEW MEANS OF INVESTIGATION WERE REQUIRED SO THAT HPD WAS ASKED TO ASSUME ACTIVE ROLE; INITIAL INFO IN FORM OF REPORT OF 4/97 WAS GIVEN TO HPD ON OR ABOUT 6/18/97, ACCRDRG TO [REDACTED]. . . . CONFIRMED THREAT OF HARM TO NOW SIX YR OLD PETER JR. . . . THE YOUNGEST CHILD JUST TURNED FIVE YRS OLD; SHE HAS ATTENDED HOLY APOSTLES DAYCARE. MOTHER SEEMS TO HAVE CLUNG ONTO HER YOUNGEST CHILD FOR EMOTIONAL SUPPORT, ESPECIALLY, WHEN HER HUSBAND LEFT IN JUNE/97 & AFTER A SHORT VISIT OF APPROX. 48 YRS, HE RETURNED TO HONOLULU, DEC., 97 OR JAN, 98. SHE REPEATED THAT BECAUSE THEY WERE "SEPARATED" THEY WERE NOT COMMUNICATING OR NOT RELYING UPON EACH OTHER, ALTHOUGH HER REFERENCE WAS IN TERMS OF "BUT WE WERE SEPARATED" & SO THEY DID NOT TALK OR SHARE INFORMATION.



04/21/05  
10:42:34.0

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KFHCR6: R

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 04 30 1998 15 18

NEEDED SERVICES IDENTIFIED X NEEDED SERVICES INITIATED X

CASE TRANSFERRED FOR CASE MANAGEMENT X CASE CLOSED

REASONS FOR ACTION :SERVICES FOR FAMILY MEMBERS INCLUDE: REFERRAL THRU CPS  
TEAM FOR PSYCHOLOGICAL OR PSYCHIATRIC EVALUATIONS OF JAYLIN & PETER KEMA SR.,  
AND THE THREE CHN: [REDACTED] AND [REDACTED]. CFS HAS BEEN CONTRACTED  
TO BE A BONDING LINK BETWEEN PARENTS AND THE THREE CHN DURING PERIOD OF NO  
INFO ABOUT WHEREABOUTS OF THE THIRD CHILD, PETER JR. THE THREE CHN WILL BE  
TAKEN TO DENTIST FOR EXAMINATIONS; THEY HAD MED. EXAMS AT BAY CLINIC, 4/23/93.  
BY DR. NATALIE DELUE. MEDICAL NEEDS WERE LISTED. W RX FOR [REDACTED]  
& NEBULIZER FOR ASTHMA BROUGHT BY MO. INVESTIGATIONS CONTINUE FOR MISSING SIB.

SIGN OFF WORKER NO [REDACTED] WORKER NAME [REDACTED]

04/21/05 11:24 FAX 808 58 906

DHS/SSD/CWSB

→ DIR

024

0050 NO RECORDS FOUND

04/21/05

10:51:28.2

DOCUMENTS ADD/UPDATE/DISPLAY  
PROMPT

KFHCP60N

ENTER THE FOLLOWING FIELDS:

CASE NO 00010780

INTAKE NO 58418

INSTRUCTIONS: ENTER THE CASE NUMBER AND INTAKE NUMBER OF THE INVESTIGATION  
SUMMARY DOCUMENTS YOU WISH TO ADD, UPDATE, OR DISPLAY.

NEXT CD60 KEY \_\_\_\_\_

MORE DATA

04/21/05  
10:35:25.4

INTAKES PER CASE SUMMARY

KFHCS06N

CASE NO 00010780 CASE NAME KEMA, JAYLIN

	INTAKE	DATE	TIME	ALLEGED VICTIMS	CLIENT NUMBER
1	69462	01/10/2000	10:49	[REDACTED]	0000219581
2	62404	12/17/1998	09:35	[REDACTED]	0000033871
3	62404	12/17/1998	09:35	[REDACTED]	0000033872
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10	07065	08/12/1991	08:45	KEMA JR., PETER	0000033873
11	06471	05/08/1991	15:30	[REDACTED]	0000033871
12	06471	05/08/1991	15:30	[REDACTED]	0000033872

NEXT CR10 KEY \_\_\_\_\_

SEL NO \_\_\_\_\_

END DATA

04/21/05  
10:47:48.0

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KFH010R

CPS INTAKE DOCUMENT

INTAKE NO 51657

TAKEN BY \_\_\_\_\_  
COMPLETE BY \_\_\_\_\_  
ASSIGNED BY \_\_\_\_\_  
ASSIGN TO \_\_\_\_\_

DATE/TIME \_\_\_\_\_  
DATE/TIME \_\_\_\_\_  
DATE \_\_\_\_\_

CASE NAME KEMA, JAYLIN  
CASE NO 00010780 STATUS G  
UNIT NO 70 WORKER NO \_\_\_\_\_

INITIAL REFERRAL BY \_\_\_\_\_  
PHONE 000 000-0000

COMPLAINANT NO 01

CHILDREN:

FMN 20	NAME	_____	DOB	_____	V/P/B	V
	SEX	M RACE H	CARETAKE	FMN 02	SCH/EMP	
FMN 21	NAME	_____	DOB	_____	V/P/B	V
	SEX	F RACE H	CARETAKE	FMN 02	SCH/EMP	
FMN 22	NAME	KEMA JR., PETER	DOB	05/01/91	V/P/B	V
	SEX	M RACE H	CARETAKE	FMN 01	SCH/EMP	
FMN 23	NAME	_____	DOB	_____	V/P/B	V
	SEX	F RACE H	CARETAKE	FMN 02	SCH/EMP	
FMN 24	NAME	_____	DOB	_____	V/P/B	O
	SEX	M RACE H	CARETAKE	FMN 02	SCH/EMP	
FMN 25	NAME	_____	DOB	_____	V/P/B	V
	SEX	RACE	CARETAKE	FMN 02	SCH/EMP	

ADULTS:

FMN 01	NAME	KEMA SR., PETER	DOB	08/17/70	ALLEGED PERP	Y
	ADDRESS	P.O. BOX 1945	CITY	PAHOA	ST	HI
			ZIP	96778 0	PH	000-0000
FMN 02	NAME	KEMA, JAYLIN M	DOB	04/10/70	ALLEGED PERP	N
	ADDRESS	P.O. BOX 1945	CITY	PAHOA	ST	HI
			ZIP	96778 0	PH	000-0000
FMN 03	NAME	_____	DOB	_____	ALLEGED PERP	N
	ADDRESS	_____	CITY	_____	ST	_____
			ZIP	_____	PH	_____
FMN 50	NAME	_____	DOB	_____	ALLEGED PERP	N
	ADDRESS	_____	CITY	_____	ST	HI
			ZIP	_____	PH	_____

PROBLEMS FOR WHICH REFERRED:

FMN 22 PHYA PHYSICAL ABUSE

LOC OF INC FAMILY HOME: EARLIER ON NIIHAU STREET, NANAWALI, E. HI.  
ACTION BOOKING NO \_\_\_\_\_ DATE 00/00/00 TIME 00:00  
HOSPITAL \_\_\_\_\_ DATE 00/00/00 TIME 00:00

COMPLAINANTS ACCOUNT(S):

COMP NO 01 COMPLAINT DATE/TIME 04/04/97 15:50  
NAME \_\_\_\_\_

PHONE 000 000-0000

04/21/05  
10:47:48.1

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KFHCR10R

ADDRESS DHS

CITY/ST/ZIP HILO, HI, 96720 0

SHARE ID N PRT REQ N NOTIFY N REL TO CHILD OTH OTHER

NARRATIVE ACCOUNT:

THE CALLER STATED THAT SHE MET WITH HER [REDACTED] AND CHILD MENTIONED THAT SHE THINKS "PETER BOY'S" ARM IS BROKEN. CALLER EXPLAINED THAT CHILD WAS CLOSE TO JAYLIN, BUT NOW DOES NOT WISH TO HAVE ANYTHING TO DO WITH THE FAMILY. CHILD ALSO TOLD CALLER THAT SHE THINKS IT WAS FATHER WHO MAY HAVE ABUSED THE CHILD AND NOT MOTHER AND THAT CHILD IS ALSO DRESSED IN LONG-SLEEVED SHIRTS ALL THE TIME.

CALLER THEN SAID THAT [REDACTED] THINKS FAMILY MAY BE MOVING AND [REDACTED] ALSO STATED THAT IN THE PAST, SHE HAS SEEN PETER BOY HAVE TO EAT "PUPPY SHIT" AND IS MADE TO SIT ON THE FLOOR. CALLER ALSO QUESTIONED [REDACTED] JUST SHOOK HER HEAD AND SAID, "THINGS ARE PRETTY BAD IN THAT HOUSEHOLD." MS. SIMON DECLINED TO SAY ANYTHING MORE.

OTHER INFORMATION GIVEN: OLDEST CHILD [REDACTED] IS HOME-SCHOOLED. FATHER IS [REDACTED] MATERNAL UNCLE.

REPORT ACCEPTED FOR PHYSICAL ABUSE TO PETER JR. BY HIS FATHER.

04/21/05  
10:47:59.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFH R36R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
CLIENT NO 0000033873 FMN 22 NAME KEMA JR., PETER  
INTAKE NO 51657 CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
PERP 2 FMN RELATIONSHIP TO VICTIM  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT FAMILY HOME: EARLIER ON NIIHAU STREET, NANAWALI, E. HI.

POLICE BKG DATE TIME BOOKING NO  
HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SERVICE ACT DATE TIME  
VOLUNTARY CONSENT (Y/N)

PROBLEMS FOR PHYA PHYSICAL ABUSE  
WHICH REFERRED

DATE OF PERSONAL CONTACT TIME OF PERSONAL CONTACT

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION  
H CUTS, BRUISES, WELTS  
J PHYSICAL ABUSE

FACTORS PRECIPITATING INCIDENT 10 SOCIAL ISOLATION  
11 LOSS OF CONTROL DURING DISCIPLINE  
12 LACK OF TOLERANCE TO CHILD'S BEHAVIOR  
21 CHRONIC FAMILY VIOLENCE  
22 UNACCEPTABLE CHILD REARING METHOD

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF ABUSE/NEGLECT	DETERMINATION DATE
1 PHYA PHYSICAL ABUSE	N		01/09/1998
2 THRA THREAT OF ABUSE	Y		01/09/1998
3			
4			
5			
6			

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 51657

04/21/05  
10:48:08.5

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KFH R62R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
INTAKE NO 51657  
WORKER [REDACTED]

UNIT 70

DOCUMENTATION AND RELATED EVIDENCE

	REPORT/DOCUMENT	OBTAINED FROM	DATE
1	CRIM. DATA SHEET: PETER K. SR.	DAG; HI. CR. J. DATA C.	07 21 1997
2	CRIM. DATA SHEET: JAYLIN K.	DAG; HI. CR. J. DATA C.	07 21 1997
3	BAY CLINIC: MEDICAL CARE	BAY CLINIC - HILO	02 25 1998
4	INQUIRY FROM KAUMANA SCHOOL	CSLR: 974-4192	02 25 1998
5	ACADEMIC INFO: [REDACTED]	CSLR: 974-4192	02 25 1998
6	ATV: INFORMATION SHEET.	ATV	02 26 1998
7	MEDIA RELEASE FROM HPD	DET. GLEN NOJIRI	03 04 1998
8	PICTURE OF PETER JR.	DET. GLEN NOJIRI	03 04 1998
9	DOB: 2/27/92; DOD: 3/7/92: GIRL	DOH	04 09 1998

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 12 22 1997 18 20

UNCONFIRMED PHYSICAL ABUSE; CONFIRMED LACK OF SUPERVISION IN ALLOWING THE CHN TO PLAY IN TREE HOUSE, HAVING AN INCREASED RISK OF INJURY BY FALLING. [REDACTED] AND [REDACTED] WERE INTERVIEWED ALONE AND WERE SPECIFIC IN BOTH HAD BASICALLY SAME STORY. THE PARENTS ALSO DID NOT TAKE THE BOY TO THE EMERGENCY ROOM IMMEDIATELY WHEN PETER EXPRESSED SEVERE PAIN, ACCORDING TO THE SIBLING'S DESCRIPTION OF HIS CRYING.

WHEN INTERVIEWED AT OFFICE, THEY EXPRESSED THEIR FEAR, INSECURITY IN RELATION TO COMMUNICATING WITH PROTECTIVE SERVICES. BOTH PARENT SEEM TO BE AVERAGE INTELLIGENCE AT BEST.

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 05 04 1998 10 50

NEEDED SERVICES IDENTIFIED	X	NEEDED SERVICES INITIATED	X
CASE TRANSFERRED FOR CASE MANAGEMENT	X	CASE CLOSED	

REASONS FOR ACTION : DUE TO MISSING CHILD WHERE PARENTS DID NOT BRING PETER JR. WHO WAS SUBJECT OF THE REPORT OF ALLEGATIONS OF PHYSICAL HARM, WHERE MOTHER FAILED TO SHOW ALARM, ANXIOUSNESS OR REASONABLE CONCERN FOR THE CHILD'S WELFARE WHICH WAS FOLLOWED IN FALL, 1997 WITH BOTH PARENTS NOT SHOWING PETER JR TO ANY RELATIVES, NOT BRINGING CHILD TO DHS OFFICE WITH FINAL DETERMINATION THAT NEITHER PARENT WOULD GIVE INFORMATION ABOUT THE CHILD. MOTHER WAS COMPLACENT & AGREED WITH FATHER OF THE CHILD. IN LAST MOS OF 1997. THREATENED HARM FOR ALL CHN. POST CPS TEAM ON 4/15/98, REMOVAL OF 3 CHN, ALTHO NO PHYS. HARM, ON 4/22/98.

04/21/05 11:26 FAX 808 586 76

DHS/SSD/CWSB

→ DIR

029

04/21/05  
10:48:08.5

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KPHCR6:R

SIGN OFF WORKER NO

[REDACTED]

WORKER NAME

[REDACTED]



04/21/05  
10:35:25.4

INTAKES PER CASE SUMMARY

KFHCS06N

CASE NO 00010780 CASE NAME KEMA, JAYLIN

	INTAKE	DATE	TIME	ALLEGED VICTIMS	CLIENT NUMBER
1	69462	01/10/2000	10:49	[REDACTED]	0000219581
2	62404	12/17/1998	09:35	[REDACTED]	0000033871
3	62404	12/17/1998	09:35	[REDACTED]	0000033872
4	62404	12/17/1998	09:35	[REDACTED]	0000114577
5	58418	04/23/1998	16:05	[REDACTED]	0000033871
6	58418	04/23/1998	16:05	[REDACTED]	0000033872
7	58418	04/23/1998	16:05	KEMA JR., PETER	0000033873
8	58418	04/23/1998	16:05	[REDACTED]	0000114577
9	51657	04/04/1997	15:50	KEMA JR., PETER	0000033873
10	07065	08/12/1991	08:45	KEMA JR., PETER	0000033873
11	06471	05/08/1991	15:30	[REDACTED]	0000033871
12	06471	05/08/1991	15:30	[REDACTED]	0000033872

NEXT CR10 KEY \_\_\_\_\_

SEL NO \_\_\_\_\_

END DATA

04/21/05  
10:48:31.6

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KFHCR10R

CPS INTAKE DOCUMENT

INTAKE NO 07065

TAKEN BY \_\_\_\_\_  
COMPLETE BY \_\_\_\_\_  
ASSIGNED BY \_\_\_\_\_  
ASSIGN TO \_\_\_\_\_

DATE/TIME \_\_\_\_\_  
DATE/TIME \_\_\_\_\_  
DATE \_\_\_\_\_

CASE NAME KEMA, JAYLIN  
CASE NO 00010780  
UNIT NO 70  
STATUS G  
WORKER NO [REDACTED]

INITIAL REFERRAL BY [REDACTED]  
PHONE [REDACTED]

COMPLAINANT NO 01

CHILDREN:

FMN 20	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	M	RACE	H	CARETAKE	FMN 02
	SCH/EMP	[REDACTED]	DOB	[REDACTED]	V/P/B	V
FMN 21	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	F	RACE	H	CARETAKE	FMN 02
	SCH/EMP	[REDACTED]	DOB	[REDACTED]	V/P/B	V
FMN 22	NAME	KEMA JR., PETER	DOB	05/01/91	V/P/B	V
	SEX	M	RACE	H	CARETAKE	FMN 01
	SCH/EMP	[REDACTED]	DOB	[REDACTED]	V/P/B	V
FMN 23	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	F	RACE	H	CARETAKE	FMN 02
	SCH/EMP	[REDACTED]	DOB	[REDACTED]	V/P/B	V
FMN 24	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	M	RACE	H	CARETAKE	FMN 02
	SCH/EMP	[REDACTED]	DOB	[REDACTED]	V/P/B	V
FMN 25	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	[REDACTED]	RACE	[REDACTED]	CARETAKE	FMN 02
	SCH/EMP	[REDACTED]	DOB	[REDACTED]	V/P/B	V

ADULTS:

FMN 01	NAME	KEMA SR., PETER	DOB	08/17/70	ALLEGED PERP	Y
	ADDRESS	P.O. BOX 1945	CITY	PAHOA	ST	HI
			ZIP	96778 0	PH	000-0000
FMN 02	NAME	KEMA, JAYLIN M	DOB	04/10/70	ALLEGED PERP	Y
	ADDRESS	P.O. BOX 1945	CITY	PAHOA	ST	HI
			ZIP	96778 0	PH	000-0000
FMN 03	NAME	[REDACTED]	DOB	[REDACTED]	ALLEGED PERP	N
	ADDRESS	[REDACTED]	CITY	[REDACTED]	ST	[REDACTED]
			ZIP	[REDACTED]	PH	[REDACTED]
FMN 50	NAME	[REDACTED]	DOB	[REDACTED]	ALLEGED PERP	N
	ADDRESS	[REDACTED]	CITY	[REDACTED]	ST	HI
			ZIP	[REDACTED]	PH	[REDACTED]

PROBLEMS FOR WHICH REFERRED:

FMN 22 PHYA PHYSICAL ABUSE  
LOC OF INC HOME  
ACTION BOOKING NO  
HOSPITAL HILO HOSPITAL

DATE 00/00/00 TIME 00:00  
DATE 08/11/91 TIME 17:00

COMPLAINANTS ACCOUNT(S):

OMP NO 01 COMPLAINT DATE/TIME 08/12/91 08:45  
NAME [REDACTED] PHONE [REDACTED]

04/21/05  
10:48:31.7

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KFHCRIR

ADDRESS HILO HOSPITAL

CITY/ST/ZIP HILO, HI, 96720 0

SHARE ID Y PRT REQ Y NOTIFY Y

REL TO CHILD OTH OTHER

NARRATIVE ACCOUNT:

CALL FROM [REDACTED] HILO HOSPITAL WHO STATED THAT [REDACTED] REQUESTED THAT A REPORT BE MADE TO DHS REGARDING THE NATURE OF PETER, KEMA JR.'S INJURIES.

CALLER STATED THAT PETER KEMA JR WAS BROUGHT TO THE EMERGENCY ROOM ON AUG. 11 1991 AT ABOUT 16:55 BY HIS MOTHER, JAYLIN ACOL. SHE REPORTED TO EMERGENCY ROOM PHYSICIANS THAT SHE NOTICED HIS LEFT KNEE WAS SWOLLEN AND RED AND FELT HE MAY BE IN NEED OF MEDICAL TREATMENT. SHE ALSO STATED THAT THE PREVIOUS NIGHT, AUGUST 10, 1991, PETER, JR. WAS VERY FUSSY. SHE DID NOT OFFER ANY EXPLANATION TO PHYSICIANS HOW PETER, JR. RECEIVED INJURIES.

ACCORDING TO CALLER THE CHILD HAS OLD MULTIPLE FRACTURES BUT SHE DOES NOT KNOW WHERE THEY ARE LOCATED AND THE REPORTS/X-RAYS HAVE NOT COME BACK YET. THE NEW INJURIES INCLUDE A FRACTURE TO THE LEFT KNEE. THE LEFT KNEE IS RED AND SWOLLEN.

CALLER ADDED THAT [REDACTED] CONSULTED WITH DR. RICHARD LANE WHO IS CONFIRMING THAT THE CHILD HAS OLD FRACTURES (LOCATION NOT RECORDED ON FORM THAT CALLER WAS READING FROM) AS WELL AS A NEW INJURY TO THE LEFT KNEE.

CALLER WAS INFORMED THAT THIS WORKER WILL CALL THE ACTIVE SOCIAL WORKER THAT IS INVOLVED IN THE CASE AND HE WILL PROBABLY CONTACT PEDIATRICS. CALLER WAS ASKED IF SHE KNEW WHETHER STAND-BY SOCIAL WORKER WAS CONTACTED WHEN CHILD WAS ADMITTED, SHE STATED THAT SHE ASSUMES SO AS EMERGENCY PHYSICIAN NOTED ON REPORT THAT INJURIES APPEARED SUSPICIOUS.

CALLER WAS INFORMED THAT REPORT WAS ACCEPTED DUE TO THE ALLEGED PHYSICAL ABUSE OF PETER, KEMA, JR. AT THIS POINT IT CANNOT BE DETERMINED WHO ALLEGED PERPETRATORS ARE BUT THE MOST LIKELY SUSPECTS ARE HIS PARENTS, JAYLIN ACOL AND/OR PETER KEMA, SR.

04/21/05  
10:48:38.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFHCR36R

CASE NO 00010780  
CLIENT NO 0000033873 FMN 22  
INTAKE NO 07065  
CASE NAME KEMA, JAYLIN  
NAME KEMA JR., PETER  
CASE STATUS ACTIVE

PERP 1 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
PERP 2 FMN 01 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT HOME

POLICE BKG DATE  
HOSPITALIZED DATE 08/11/1991 TIME 17:00  
BOOKING NO  
HOSP NAME HILO HOSPITAL

PLACEMENT SERVICE ACT 0701 TITLE XX FOSTER  
VOLUNTARY CONSENT (Y/N) N DATE 08/16/1991 TIME 12:00

PROBLEMS FOR WHICH REFERRED PHYA PHYSICAL ABUSE

DATE OF PERSONAL CONTACT 08/12/1991 TIME OF PERSONAL CONTACT 09:30

NATURE OF HARM C BONE FRACTURE (OTHER THAN SKULL)  
TYPE OF SEXUAL EXPLOITATION

FACTORS PRECIPITATING INCIDENT 04 NEW BABY IN HOME/PREGNANCY  
12 LACK OF TOLERANCE TO CHILD'S BEHAVIOR

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF ABUSE/NEGLECT	DETERMINATION DATE
1 PHYA PHYSICAL ABUSE	Y	C	08/16/1991
2			
3			
4			
5			
6			

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 07065

04/21/05  
10:48:49.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KFH062R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
INTAKE NO 07065  
WORKER [REDACTED]

UNIT 70

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 09 03 1991 09 27

CHILD WAS ADMITTED TO HILO HOSPITAL ON 8/11/91 AS THE RESULT OF X RAYS SHOWING MULTIPLE NEW AND HEALING SKELETAL FRACTURES. PARENTS REPORT TAKING INFANT TO HOSPITAL BECAUSE HIS LEFT KNEE WAS SWOLLEN.

SW INTERVIEWED FATHER, PETER KEMA SR, THEN MOTHER, JAYLIN ACOL SEPARATELY. BOTH OFFERED THAT CHILD'S LEFT LEG WAS INJURED AS THE RESULT OF [REDACTED] SISTER JUMPING ON HIM WHILE HE WAS IN HIS CAR SEAT IN THE CAR, UNATTENDED ABOUT 5 DAYS AGO. NEITHER PARENT HAD ANY EXPLANATION FOR THE EXTENSIVE METAPHYSEAL DAMAGE, DAMAGE TO THE PERIOSTEUM, OR HEALED FRACTURES TO THE RIBS.

PARENTS WERE ADVISED THAT [REDACTED] AND [REDACTED] WERE BEING TAKEN INTO FOSTER CARE DUE TO THE INCREASED RISK OF ABUSE CAUSED BY THE HARM TO PETER JR., AND THAT PETER JR. WOULD BE PLACED IN FOSTER CARE UPON HIS DISCHARGE. THE PARENTS WERE ALSO ADVISED THAT THEY WERE NOT PERMITTED ANY UNSUPERVISED CONTACT WITH PETER JR. WHETHER HE WAS HOSPITALIZED OR NOT, AND THAT THEY MUST CHECK IN WITH THE NURSES STATION EACH TIME THEY VISIT.

X RAYS SHOWED METAPHYSEAL DAMAGE, OLD AND NEW, TO EACH SHOULDER, ELBOW, HIP AND KNEE. DAMAGE TO THE PERIOSTEUM GENERALLY COINCIDED WITH THIS, BUT WAS MOST EXTENSIVE AROUND THE CURRENT INJURY TO THE LEFT KNEE AREA. THERE WERE 3 HEALING FRACTURES TO THE LEFT LATERAL RIBS # 6, 7 & 8. CT SCAN SHOWED NO VISIBLE SKULL DAMAGE OR INTRACRANIAL BLEEDING.

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 09 03 1991 09 40

NEEDED SERVICES IDENTIFIED X NEEDED SERVICES INITIATED X  
CASE TRANSFERRED FOR CASE MANAGEMENT X CASE CLOSED

REASONS FOR ACTION ACTIVE FAMILY SUPERVISION CASE, INVESTIGATION COMPLETED BY ONGOING WORKER. EXTENSIVE SKELETAL DAMAGE, PRIMARILY TO THE METAPHYSEAL AREAS, CAUSED BY TWISTING OF LIMBS, WHICH WAS COMPLETELY UNEXPLAINED BY EITHER PARENT. PARENTS HAD BEEN THE ONLY CARETAKERS FOR THE INFANT.

IGN OFF WORKER NO [REDACTED] WORKER NAME [REDACTED]

04/21/05 11:27 FAX 808 586 J6

DHS/SSD/CWSB

→ DIR

034

0050 NO RECORDS FOUND

04/21/05

10:55:45.5

DOCUMENTS ADD/UPDATE/DISPLAY  
PROMPT

KFHCP60N

ENTER THE FOLLOWING FIELDS:

CASE NO 00010780

INTAKE NO 07065

INSTRUCTIONS: ENTER THE CASE NUMBER AND INTAKE NUMBER OF THE INVESTIGATION  
SUMMARY DOCUMENTS YOU WISH TO ADD, UPDATE, OR DISPLAY.

NEXT CD60 KEY \_\_\_\_\_

MCRE DATA

04/21/05  
10:35:25.4

INTAKES PER CASE SUMMARY

KFHCS06N

CASE NO 00010780 CASE NAME KEMA, JAYLIN

	INTAKE	DATE	TIME	ALLEGED VICTIMS	CLIENT NUMBER
1	69462	01/10/2000	10:49	[REDACTED]	0000219581
2	62404	12/17/1998	09:35	[REDACTED]	0000033871
3	62404	12/17/1998	09:35	[REDACTED]	0000033872
4	62404	12/17/1998	09:35	[REDACTED]	0000114577
5	58418	04/23/1998	16:05	[REDACTED]	0000033871
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7	58418	04/23/1998	16:05	KEMA JR., PETER	0000033873
8	58418	04/23/1998	16:05	[REDACTED]	0000114577
9	51657	04/04/1997	15:50	KEMA JR., PETER	0000033873
10	07065	08/12/1991	08:45	KEMA JR., PETER	0000033873
11	06471	05/08/1991	15:30	[REDACTED]	0000033871
12	06471	05/08/1991	15:30	[REDACTED]	0000033872

NEXT CR10 KEY \_\_\_\_\_

SEL NO \_\_\_\_\_

END DATA

04/21/05  
10:49:03.9

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KFHC R10R

CPS INTAKE DOCUMENT

INTAKE NO 06471

TAKEN BY \_\_\_\_\_  
COMPLETE BY \_\_\_\_\_  
ASSIGNED BY \_\_\_\_\_  
ASSIGN TO \_\_\_\_\_

DATE/TIME \_\_\_\_\_  
DATE/TIME \_\_\_\_\_  
DATE \_\_\_\_\_

CASE NAME KEMA, JAYLIN  
CASE NO 00010780 STATUS G  
UNIT NO 70 WORKER NO [REDACTED]

INITIAL REFERRAL BY [REDACTED]  
PHONE [REDACTED]

COMPLAINANT NO (1

CHILDREN:

FMN 20	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	M RACE H	CARETAKE FMN 02	SCH/EMP		
FMN 21	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	F RACE H	CARETAKE FMN 02	SCH/EMP		
FMN 22	NAME	KEMA JR., PETER	DOB	05/01/91	V/P/B	V
	SEX	M RACE H	CARETAKE FMN 01	SCH/EMP		
FMN 23	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	F RACE H	CARETAKE FMN 02	SCH/EMP		
FMN 24	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	M RACE H	CARETAKE FMN 02	SCH/EMP		
FMN 25	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	V
	SEX	RACE	CARETAKE FMN 02	SCH/EMP		

ADULTS:

FMN 01	NAME	KEMA SR., PETER	DOB	08/17/70	ALLEGED PERP	Y
	ADDRESS	P.O. BOX 1945	CITY	PAHOA	ST	HI
FMN 02	NAME	KEMA, JAYLIN M	DOB	04/10/70	ALLEGED PERP	N
	ADDRESS	P.O. BOX 1945	CITY	PAHOA	ST	HI
FMN 03	NAME	[REDACTED]	DOB	[REDACTED]	ALLEGED PERP	N
	ADDRESS	[REDACTED]	CITY	[REDACTED]	ST	[REDACTED]
FMN 50	NAME	[REDACTED]	DOB	[REDACTED]	ALLEGED PERP	N
	ADDRESS	[REDACTED]	CITY	[REDACTED]	ST	HI
			ZIP	[REDACTED]	PH	[REDACTED]

PROBLEMS FOR WHICH REFERRED:

FMN 20 PHYA PHYSICAL ABUSE

LOC OF INC FAMILY HOME  
ACTION BOOKING NO D-57634  
HOSPITAL

DATE 05/08/91 TIME 20:30  
DATE 00/00/00 TIME 00:00

FMN 21 PHYA PHYSICAL ABUSE

LOC OF INC FAMILY HOME



04/21/05  
10:49:03.9

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

KPHCR102

ACTION BOOKING NO D-57634  
HOSPITAL

DATE	05/08/91	TIME	20:30
DATE	00/00/00	TIME	00:00

COMPLAINANTS ACCOUNT(S) :

COMP NO 01 COMPLAINT DATE/TIME 05/08/91 15:30

NAME [REDACTED]  
ADDRESS [REDACTED]

PHONE [REDACTED]

CITY/ST/ZIP

SHARE ID

PRT REQ

NOTIFY

REL TO CHILD [REDACTED]

NARRATIVE ACCOUNT:

[REDACTED] CAME FROM POLICE, REFERRED TO DHS BY SGT T HING. SGT HING TOLD [REDACTED] HE RECEIVED CALL FROM JAYLIN REQUESTING POLICE ASSISTANCE IN RETURNING [REDACTED] TO HER. JAYLIN DIDN'T WANT THE [REDACTED] TO KEEP [REDACTED] RETURNED TO MOTHER. [REDACTED] TOLD SW THAT SHE DOESN'T WANT TAKING THE [REDACTED] AWAY FROM THEM. SW TOLD [REDACTED] THAT SHE WASN'T AUTHORIZED TO DO THIS. [REDACTED] TOLD SW THAT JAYLIN HAD SIGNED A PAPER DESIGNATING PETER'S SISTER (DOROTHY KEPANO) TO HAVE TEMP CUSTODY OF [REDACTED] AND [REDACTED] BECAUSE JAYLIN WAS GOING TO SEE HER NEWBORN BABY AT KAPIOLANI HOSP ON OAHU. ACCORDING TO [REDACTED] DOROTHY BROUGHT [REDACTED] TO SEE [REDACTED] IN KONA AFTER [REDACTED] HAD ASKED TO SEE THEM. [REDACTED] TOLD SW THAT SHE NOTICED MARKS ON BOT [REDACTED] WHEN SHE ASKED [REDACTED] HOW [REDACTED] GOT THE MARKS [REDACTED] TOLD HER "PETER DID IT" AND THEN SHE ASKED [REDACTED] ABOUT THE MARK ON [REDACTED] AND [REDACTED] TOLD HER "PETER". AT THIS TIME WORKER WENT TO SEE THE [REDACTED] IN THE DHS WAITING

ROOM. NEIVBEA [REDACTED] WAS WATCHING THE [REDACTED] SW NOTICED A SLIGHT BROWNISH/YELLOWISH DISCOLORATION ON [REDACTED] CHEEK. ON [REDACTED] LOWER CHEEK A DARK PINK DISCOLORATION WAS SEEN. AS SW ATTEMPTED TO TALK TO [REDACTED] NEIVBEA TOLD [REDACTED] "TELL THE LADY WHO GAVE YOU THAT MARK, TELL HER". [REDACTED] WOULD NOT SPEAK WITH SW ABOUT THE MARKS OR ANYTHING ELSE; [REDACTED] COVERED [REDACTED] FACE WITH [REDACTED] HANDS AND TURNED AND FACED THE WALL. AT THIS TIME SW SPOKE TO SUPERVISOR, [REDACTED] SW RETURNED TO SPEAK WITH [REDACTED] AND INFORMED THEM THAT BECAUSE JAYLIN'S RESIDENCE IS IN EAST HAWAII THEY WOULD NEED TO CONTACT THE HILO CPS OFFICE TO MAKE A REPORT. SW GAVE HER NAME AND PHONE # AS WELL AS THE HILO CPS OFFICE PH ONE # TO THE [REDACTED]

04/21/05  
10:49:09.6

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

KFHC R36R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
CLIENT NO 0000033871 FMN 20 NAME [REDACTED]  
INTAKE NO 06471 CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM OTH OTHER  
PERP 2 FMN RELATIONSHIP TO VICTIM  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT FAMILY HOME

POLICE BKG DATE 05/08/1991 TIME 20:30 BOOKING NO D-57634  
HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SERVICE ACT 1103 PROTECTIVE OUT- DATE 05/08/1991 TIME 20:30  
VOLUNTARY CONSENT (Y/N) N

PROBLEMS FOR PHYA PHYSICAL ABUSE  
WHICH REFERRED

DATE OF PERSONAL CONTACT 05/08/1991 TIME OF PERSONAL CONTACT 20:00

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION  
H CUTS, BRUISES, WELTS

- FACTORS PRECIPITATING INCIDENT 01 BROKEN FAMILY
- 12 LACK OF TOLERANCE TO CHILD'S BEHAVIOR
- 04 NEW BABY IN HOME/PREGNANCY
- 20 INABILITY TO COPE WITH PARENTAL RESP
- 22 UNACCEPTABLE CHILD REARING METHOD

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF	DETERMINATION
CODE DESCRIPTION		ABUSE/NEGLECT	DATE
1 PHYA PHYSICAL ABUSE	Y	A	05/09/1991
2			
3			
4			
5			
5			

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 06471

04/21/05  
10:49:20.2

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
CASE VICTIM CHARACTERISTICS

RFHC 236R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
CLIENT NO 0000033872 FMN 21 NAME [REDACTED]  
INTAKE NO 06471 CASE STATUS ACTIVE

PERP 1 FMN 01 RELATIONSHIP TO VICTIM OTH OTHER  
PERP 2 FMN RELATIONSHIP TO VICTIM  
MORE THAN 2 PERPS? (Y/N) N  
LOCATION OF INCIDENT FAMILY HOME

POLICE BKG DATE 05/08/1991 TIME 20:30 BOOKING NO D-57634  
HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SERVICE ACT 1103 PROTECTIVE OUT- DATE 05/08/1991 TIME 20:30  
VOLUNTARY CONSENT (Y/N) N

PROBLEMS FOR PHYA PHYSICAL ABUSE  
WHICH REFERRED

DATE OF PERSONAL CONTACT 05/08/1991 TIME OF PERSONAL CONTACT 20:00

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION  
H CUTS, BRUISES, WELTS

FACTORS PRECIPITATING INCIDENT 01 BROKEN FAMILY  
04 NEW BABY IN HOME/PREGNANCY  
12 LACK OF TOLERANCE TO CHILD'S BEHAVIOR  
20 INABILITY TO COPE WITH PARENTAL RESP  
22 UNACCEPTABLE CHILD REARING METHOD

CASE STATUS/DISPOSITION:

ALLEGED CAN	CONFIRMED?	SEVERITY OF	DETERMINATION
CODE DESCRIPTION		ABUSE/NEGLECT	DATE
1 PHYA PHYSICAL ABUSE	Y	A	05/09/1991
2			
3			
4			
5			
6			

SERVICES NEEDED? Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 06471

04/21/05  
10:49:29.1

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
WORKER'S FINDINGS REPORT

KFHC R62R

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
INTAKE NO 06471  
WORKER [REDACTED] UNIT 70

DOCUMENTATION AND RELATED EVIDENCE

	REPORT/DOCUMENT	OBTAINED FROM	DATE
1	INTERVIEW/STAND-BY SW [REDACTED]	JAYLIN ACOL	05 08 1991
2	INTERVIEW/STAND-BY SW [REDACTED]	PETER KEMA SR	05 08 1991
3	INTERVIEW/STAND-BY SW [REDACTED]	[REDACTED]	05 08 1991
4	INTERVIEW (CAC)	[REDACTED]	05 09 1991
5	SKELETAL SUR 91-1658 [REDACTED]	W.H. IMAGING	05 10 1991
6	SKELETAL SURV 91-1657 [REDACTED]	W.H. IMAGING	05 10 1991

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 05 09 1991 15 00

PHYSICAL ABUSE OF [REDACTED] & [REDACTED] BY PETER KEMA SR CONFIRMED BASED ON:  
 \*\*\*\*STATEMENTS BY [REDACTED] THAT HIS MOTHER'S BOYFRIEND (PETER KEMA SR)  
 HIT HIM ON THE ARMS, LEGS AND "OKOLE" AND PULLS HIS HAIR;  
 \*\*\*\*STATEMENTS BY [REDACTED] THAT [REDACTED] OBSERVED PETER HIT [REDACTED]  
 \*\*\*\*OBSERVATIONS BY SW ON 5/9/91 OF FACIAL MARKS/DISCOLORATIONS ON  
 [REDACTED] & [REDACTED]  
 \*\*\*\*STATEMENTS MADE BY [REDACTED] TO [REDACTED] THAT  
 PETER HAD HIT [REDACTED]  
 \*\*\*\*NO JUSTIFICABLE EXPLANATION OF THE FACIAL INJURIES BY THE MOTHER OR  
 HER BOYFRIEND, PETER KEMA SR.

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 05 28 1991 15 26

NEEDED SERVICES IDENTIFIED X NEEDED SERVICES INITIATED X

CASE TRANSFERRED FOR CASE MANAGEMENT X CASE CLOSED

REASONS FOR ACTION PHYSICAL ABUSE OF [REDACTED] AND [REDACTED] BY MOTHER'S LIVE-IN  
 BOYFRIEND, PETER KEMA SR., CONFIRMED. [REDACTED] WERE TAKEN INTO PROTECTIVE  
 CUSTODY AND PLACED WITH [REDACTED] TFC  
 WAS AWARDED TO THE THE DHS WITH CONTINUED PLACEMENT [REDACTED]  
 BECAUSE THE MOTHER'S RESIDENCE IS IN EAST HI THE SERVICE PLAN HEARING WILL BE  
 IN HILO & THE CASE IS BEING TRANSFERRED TO HILO FOR CASE MANAGEMENT SERVICES.

SIGN OFF WORKER NO [REDACTED] WORKER NAME [REDACTED]

**NSACTION CLUSTERS FOR CASE MANAGE**

Case Name: Herna, Jylian Case No. 10780 Worker: [REDACTED]

**Upon Receipt of Case Transfer (to review CPSS record)**

NS02/NS10	NAME SEARCHES (OPTIONAL)
WS12	CASELOAD SUMMARY
CS04	CASE FAMILY MEMBER SUMMARY
CS08	FAMILY DATA SUMMARY
CS70	CASE GOAL SUMMARY
CS06	INTAKES PER CASE SUMMARY
CS26	CRITICAL DATES BY CHILD
CD26	CRITICAL DATES BY CHILD
CS52	LOG OF CONTACTS SUMMARY
CD52	LOG OF CONTACTS (Display)
CS62	WORKER'S FINDINGS SUMMARY
CD62	WORKER'S FINDINGS (Display)
CD64	INVESTIGATIVE SUMMARY - CASE ACTION
CS51	SERVICE DATA SUMMARY - ALL SERVICES

**To Review Investigation in Detail (Need case, intake and PM numbers)**

CD18	COMPLAINANT INFORMATION
CD20	COMPLAINANT NARRATIVE
CS36	VICTIM SUMMARY
CD36	VICTIM DATA
CD39	VICTIM STATUS/DISPOSITION
CS48	RISK ASSESSMENT SUMMARY
CS52	LOG OF CONTACT SUMMARY
CD60	INVESTIGATIVE SUMMARY - DOCUMENTS
CD62	INVESTIGATIVE SUMMARY - NARRATIVE
CD64	INVESTIGATIVE SUMMARY - CASE ACTION

**Placements/Court Information**

CU22	CHILD DATA (Add placement information; date of medical examination)
CA50	SERVICE DATA
CA28	COURT LEGAL STATUS
CA30	PERIODIC/JUDICIAL REVIEW DATES
CA34	VISITOR PLAN
CA52	LOG OF CONTACT

**To Input Courtesy Supervision/Homestudy Requests and Case Transfers-Non-CPSS Branches**

NS02/NS04/NS10/NS14

CA14	GENERAL CASE DATA
CA40	ADULT DATA
CA22	CHILD DATA
CA50	SERVICE DATA
CA52	LOG OF CONTACT

**To Input Data on Active CPSS Cases:**

(e.g. standby/OD calls, courtesy supervision and homestudy requests, etc)

CA22	CHILD DATA
CA50	SERVICE DATA
CA52	LOG OF CONTACT (Print and log copy to active worker)

\* Refer to Placement Cluster if applicable

**Case Closures**

<input checked="" type="checkbox"/>	HA10	NAME CHANGE/ALIAS
<input checked="" type="checkbox"/>	HA12	ADDRESS CHANGE ("y" = current address; changes-CU40)
<input checked="" type="checkbox"/>	HA14	MARRIAGE HISTORY
<input checked="" type="checkbox"/>	CA52	LOG OF CONTACT (Use manual numbers for closing summaries)
<input checked="" type="checkbox"/>	CA48	RISK ASSESSMENT
<input checked="" type="checkbox"/>	CU28	COURT LEGAL STATUS
<input checked="" type="checkbox"/>	CU30	PERIODIC/JUDICIAL REVIEW DATES
<input checked="" type="checkbox"/>	CU50/51	SERVICE DATA (Close service lines)
<input checked="" type="checkbox"/>	CU40	ADULT DATA (Close adult goals)
<input checked="" type="checkbox"/>	CU22	CHILD DATA (Close child goals)

\* NOTE: Supervisors should do CA52 to document approval of case closures/transfers. Supervisors should do CU14 to close cases.

0002 RECORD SUCCESSFULLY ADDED

10/30/95

LOG OF CONTACTS (NARRATIVE) - ADD

KFHCA52N

10:48:31.3

CASE PROCESS

CASE NAME KEMA, JAYLIN

CASE NO 00010780

DATE 10/30/1995

TIME 10:40

LOG SIZE 1

-----  
TYPE OF CONTACT CON WORKER ██████ NOTATION CLOSING SUMMARY PAGE 1  
NARRATIVE ACCOUNT

SW ATTENDED OSC HRG WITH REGARD TO FC-M CASE. PARTIES WERE ABLE TO WORK  
OUT A VISITATION ARRANGEMENT PRIOR TO ENTERING THE COURT ROOM SO IT WAS  
PLACED ON THE RECORD UP THE CASE BEING CALLED.

SUBSEQUENT TO THIS MATTER BEING ATTENDED TO, CPS CASE WAS CLOSED.

NEXT CA52 KEY  
4BÜ

Aa

B0--SESSION1

R 24 C 7

END DATA

o-o01 10:42 10/30/95

NOTICE OF TERMINATION OR REDUCTION OF SERVICE

Mrs. Rose Potvin, Sr.  
P.O. Box 10742  
Hilo, HI 96721

10/30/95  
Date  
10780 4134315652  
CPSS# / PWS-5#  
\_\_\_\_\_  
Primary Recipient / Category  
\_\_\_\_\_  
Primary Recipient / Category

1. Beginning 10 31 1995 (date of action) the Department will:  
Month Day Year

- a.  Discontinue services: \_\_\_\_\_
- b.  Reduce services: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ (\$ or unit of service, e.g. hours.)
- c.  Stop paying the \$ \_\_\_\_\_ a month it has been paying for \_\_\_\_\_
- d.  Discontinue all social services. Case will be closed.

2. The Department is reducing or stopping this service because of the following regulations and reasons. Cite applicable manual sections and reasons. Current services not identified above shall continue.

Services successfully completed - children returned home.  
Home. 17-920-1-23(5)

**WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION:**

If you do not agree with the above proposed changes, you have a right to a meeting with a representative of the Department's local office to talk about the proposed action. At the meeting, you may speak for yourself or be represented by a lawyer, friend, or other person.

You also have a right to ask for a fair hearing. Your request must be written and must state that you want a hearing and why you are dissatisfied. The local office will give you the Department's form for a fair hearing or you can write your request on any other paper. The office can help you complete the form.

If you believe the above action to be wrong, social services may continue if your request for a fair hearing is received up to the day before the date of the action and will continue until the fair hearing decision has been reached. You may have to repay the cost of continued services if the fair hearing action upholds this notice. However, you still have 90 days to ask for a fair hearing. Your written request for a hearing must be received by this Department within 90 days of the date of this notice.

At the fair hearing, you have the right to be represented by a lawyer, friend, relative, or any other person you wish. If you wish, the Department can give you information about a local Legal Aid Office or community agency which will provide advice or representation at no cost.

\_\_\_\_\_  
Worker Unit Phone  
DHS 1509 (Rev. 7/94) Destroy superseded form in stock White: Recipient Copy Yellow: Case Record Copy Pink: Provider Copy

cc. \_\_\_\_\_

02/15/95  
07:42:23.3

CASE FAMILY MEMBER SUMMARY

KFHCS04N

CASE NO 00010780 CASE NAME KEMA, JAYLIN  
CASE STATUS ACTIVE

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	FMN	CLIENT NO	NAME	BIRTH DATE	V/P/B
1	01	0000034201	[REDACTED]	00/00/0000	
2	02	0000033870	KEMA, JAYLIN M	04/10/1970	P
3	03	0000033869	KEMA SR., PETER	08/20/1952	P
4	20	0000033871	[REDACTED]	[REDACTED]	V
5	21	0000033872	[REDACTED]	[REDACTED]	V
6	22	0000033873	KEMA JR., PETER	05/01/1991	V
7	23	0000114577	[REDACTED]	[REDACTED]	
8	50	0000034213	[REDACTED]	00/00/0000	

NEXT CS04 KEY  
4BÜ

Aa

B0--SESSION1 R 24 C 7

SEL NO END DATA  
0-001 11:56 2/15/95