

RETURN TO:
 CHILDREN'S ADVOCACY CENTER OF EAST HAW
 1290 Kinoole Street
 Hilo HI 96720

Post-It™ brand transmittal memo 7671 # of pages ①

| | | | |
|-------|------------|---------|-----------|
| To | [Redacted] | From | W Ann |
| Co. | [Redacted] | Co. | CAC E. Hi |
| Dist. | | Phone # | |

Child's Name [Redacted]
 Mother's Name [Redacted]
 CAC-EH # 98-0070 CPS # [Redacted]
 Social Worker [Redacted]

Interviewed at CAC w/Det. Randall Medeiros on 4/24/98.

DHS STATUS AND DISPOSITION

Sexual abuse investigation:
 Confirmed Unconfirmed Unsubstantiated

Action taken: Circle appropriate letter(s) and date of actions:

- | | | |
|----|---|--------------------------------|
| A. | No action taken, awaiting further investigation | DATE |
| B. | Case closed after investigation | <u>intake closed</u> |
| C. | Voluntary services | <u>na</u> |
| D. | Family/Victim refused services | <u>na</u> |
| E. | Family Court petition filed (current invest.) | <u>on another intake</u> |
| F. | Case transferred to _____ | <u>Case report; W/ing left</u> |
| G. | Case closed - Services completed | <u>na</u> |
| H. | Child removed from home | <u>4/22/98</u> |
| | <input type="checkbox"/> Investigation Only <input checked="" type="checkbox"/> Longer Term Placement | |
| | Placement location: check | |
| | <input type="checkbox"/> Relative | |
| | <input type="checkbox"/> Emergency Shelter | |
| | <input type="checkbox"/> Other _____ | |
| | <input checked="" type="checkbox"/> Family Friend/neighbor | |
| | <input checked="" type="checkbox"/> Foster Home | <u>from 4/22/98</u> |

I. Other _____

FAMILY COURT PROCEEDINGS

Jurisdiction granted for current case investigation (Chapter 587): Yes No

Allegation related to divorce/custody proceeding: Yes No

TREATMENT AVAILABILITY check all that apply and who it applies to:

c = child, n = non-offending parent o = offender s = sibling

- Participating in Child & Family Service: Group/ Individual/ Homebased
- Wait listed for Child & Family Service
- Participating with private therapist no
- Lack of available/appropriate treatment because _____
- Other Homebased & CPS / not from this District

OUTPATIENT - VISIT HILO MEDICAL CENTER - # 350

| | | | | | | | | | |
|-----------------|------------------|----------------------|-----|------------|-------------------|-------------------|--------------------|----|----|
| MED. NO. | CD. NO. | PL. | | STAT. | ACCOUNT NO. | | | | |
| 1001 | 101357 | N | OT | | 1078300 | | | | |
| RELIGION | SMK | SEX | MAR | RAC | SH | PATIENT NAME | FORMER NAME | FC | AC |
| UNKNOWN | N | S | P | | | [REDACTED] | | | |
| MSV | ATTENDING DOCTOR | NUMBER | AGE | BIRTH DATE | BIRTH PLACE | CPC | REG. DATE / TIME | | |
| MED | BADE, HANEST | 00032 | | [REDACTED] | KONA | | 1-4-88 100 | | |
| MAILING ADDRESS | | | | | | PATIENT PHONE NO. | | | |
| [REDACTED] | | | | | | [REDACTED] | | | |
| GOC. SEC. NO. | LAST REG. DATE | AUTHORIZATION NUMBER | | | PAT. EMPLOYER NO. | EMER. CONTACT NO. | | | |
| | | | | | | 808- | | | |
| PAT. EMP. | | | | | | | PATIENT OCCUPATION | | |
| | | | | | | | STUDENT | | |

| | | |
|---------------------|------|------------------------------------|
| EMERGENCY CONTACT | REL. | ADDRESS |
| COUNTY OF HI POLICE | OT | 349 KAPOIOLANI ST HILO HI 96720 |

PATIENT STATES
A/R RAPE

| | | |
|---------------|--------------------|-------------------|
| INJURY FR ACC | INJURY DATE / TIME | ACCIDENT LOCATION |
| YES X NO | 4-04-89 | 0800 |

| | | | |
|-------------------------------------|-------------------|-----------------|------------------|
| POWER OF ATTORNEY | NOPOW | LIVING WILL | NOPOW |
| GUARANTOR NAME | REL. | GUAR. PHONE NO. | GUAR. SSN |
| COUNTY POLICE DEPT., SEXUAL ASSAULT | OT | | |
| GUAR. ADDRESS | | | GUAR. EMP. PHONE |
| 349 KAPOIOLANI ST HILO HI | | | 808- |
| GUARANTOR EMPLOYER / ADDRESS | | | |
| COUNTY OF HI / POLICE | 349 KAPOIOLANI ST | HILO HI | 96720 |

| | | | |
|--|--------------------------|--------------------------------|------------------------------|
| INS. CO. / ADDRESS / ESC | PLAN NAME / SUBSCR. EMP. | PLAN NO. / SUBSCR. / EMP. LOC. | POLICY NO. / REL. |
| COUNTY OF HAWAII 349 KAPOIOLANI ST HILO | POLICE DEPT. HI 96720 | | COUNTY OF HAWAII, POLICE, OT |

I HEREBY AUTHORIZE THIS HOSPITAL TO DISCLOSE AND RELEASE COPIES OF MEDICAL RECORDS OR OTHER INFORMATION REGARDING MY TREATMENT, HOSPITALIZATION AND/OR OUTPATIENT CARE TO INCLUDE PSYCHOLOGICAL OR PSYCHIATRIC IMPAIRMENTS, SEXUALLY TRANSMITTED DISEASES, DRUG ABUSE AND/OR ALCOHOLISM FOR BILLING PURPOSES BY THE HOSPITAL. I UNDERSTAND THAT THIS AUTHORIZATION IS REVOCABLE BY ME AT ANY TIME.

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE HOSPITAL FROM THE INSURANCE BENEFITS HEREIN SPECIFIED AND OTHERWISE PAYABLE TO ME FOR THIS PERIOD OF TREATMENT. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR CHARGES NOT COVERED BY THE AUTHORIZATION.

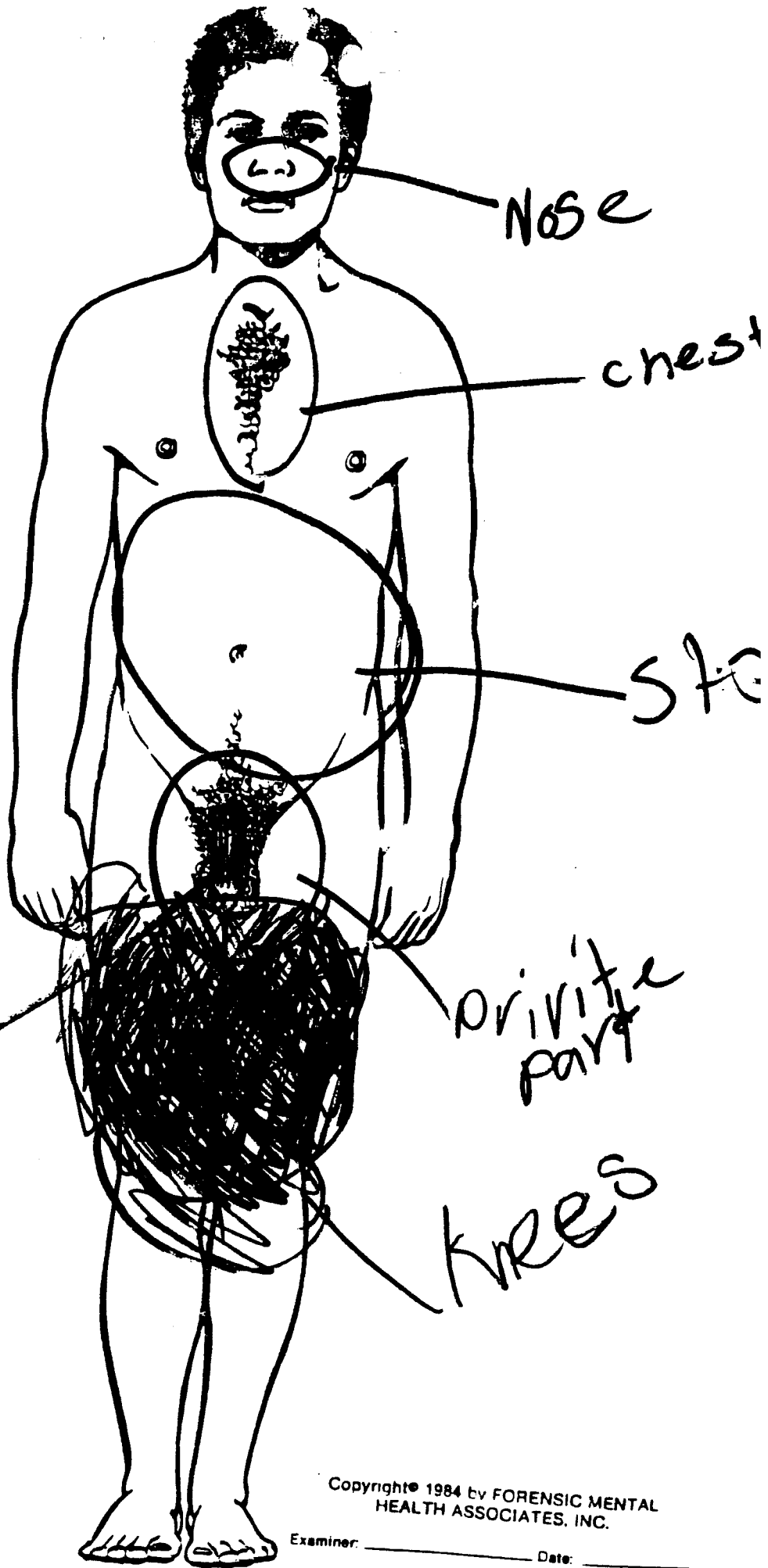
I CONSENT TO THE EXAMINATION, TREATMENT, AND PROCEDURES WHICH MAY BE PERFORMED DURING THIS VISIT, INCLUDING EMERGENCY TREATMENT DEEMED NECESSARY BY HOSPITAL STAFF OR PURSUANT TO PRIOR INSTRUCTIONS FROM MY PHYSICIAN.

IT IS UNDERSTOOD AND AGREED THAT THE HOSPITAL SHALL NOT BE LIABLE FOR THE LOSS OR DAMAGE TO ANY MONEY OR OTHER ARTICLES DURING MY VISIT, REGARDLESS OF SIZE OR VALUE.

DATE 4/24/88 PATIENT / INSURED [Signature]

WITNESS [Signature] RELATIONSHIP IF MINOR HPO-
MEDICAL RECORDS

white T-shirt
Black shorts

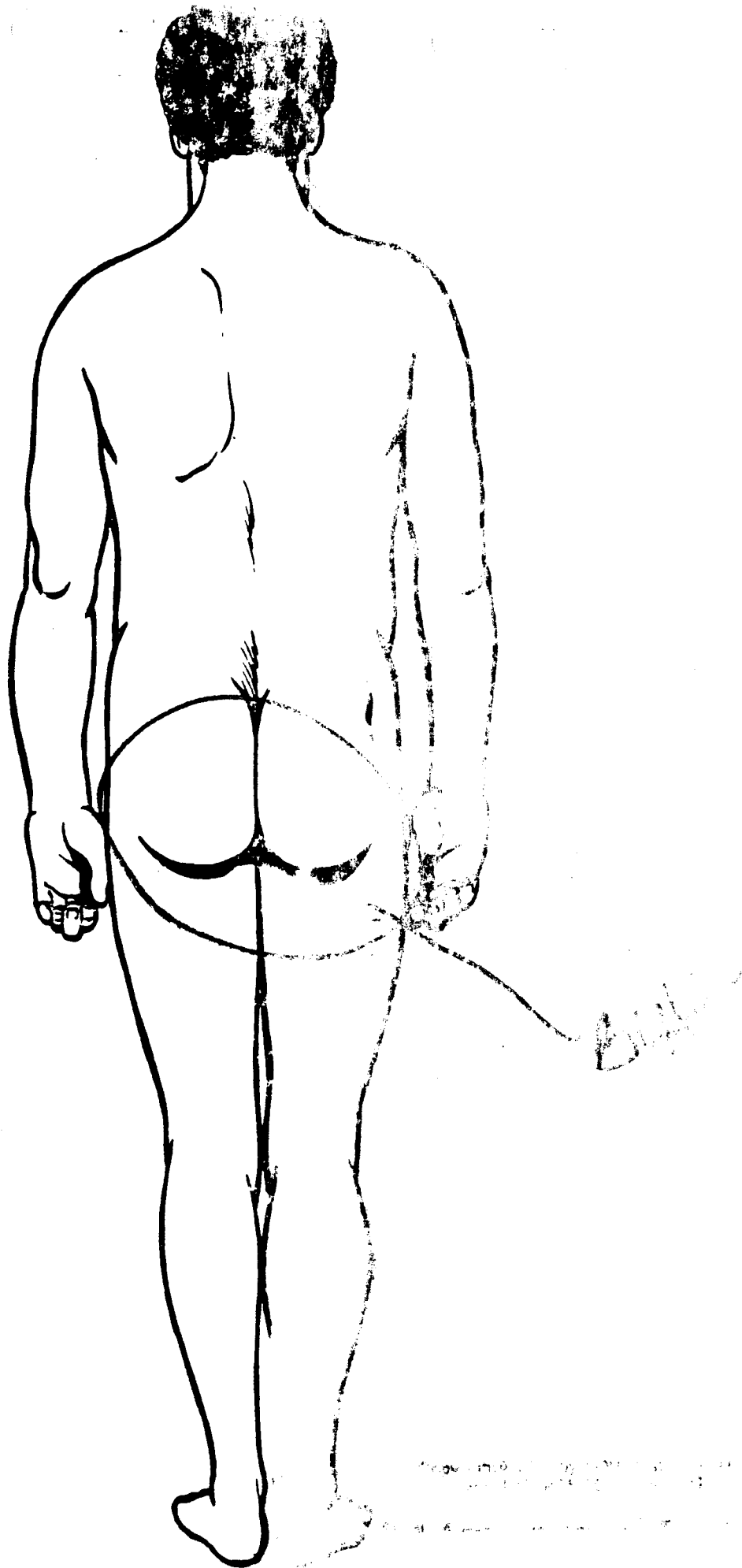


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Examiner: _____ Date: _____

Subject: _____

Figure 31: Black, adult male (front view)



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BENJAMIN J. CAYETANO
GOVERNOR



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DIRECTOR

KATHLEEN G. STANLEY
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Social Services Division
120 Pauahi Street, Suite 210
Hilo, Hawaii 96720
Telephone: (808) [REDACTED]

May 6, 1998

Mr. & Mrs. Peter Kema, Sr.
133 Puhili Street
Hilo, Hawaii 96720

Dear Mr. & Mrs. Kema:

Enclosed are consent forms for each of you to sign which allows the release of psychological evaluation reports by Dr. Steven Choi to be shared with us. We have arranged individual evaluations for each of you [REDACTED] on June 1 & June 2, 1998 at the DHS office in the State Building. Both of you are scheduled with Dr. Choi on June 1, 1998 at 9:00 AM.

These evaluations are to be completed to help us understand your parenting abilities, psychological perceptions and capabilities in providing a safe home for your children.

Please sign the enclosed consent forms and return them as soon as possible.

[REDACTED]ely, [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Social Worker IV
East Hawaii Intake/Assessment
Unit

Approved by:

[REDACTED]
[REDACTED] Supervisor
East Hawaii Intake/Assessment
Unit
[REDACTED]

05/05/98
13:52:44.6

BENEFIT AUTHORIZATION

KFKPC30N
K889666U
PAGE 1

CASE NO 00010780

CASE NAME KEMA, JAYLIN

| CLIENT SEL NAME | SERV FMN ACTN | DESCRIPTION | PROV CODE | SERVICE MONTH | BEN TYP | ISS TYP | AUTH LVL | SERVICE AMOUNT |
|--------------------|------------------|-------------|--------------|------------------|------------|------------|-------------|-------------------|
| [REDACTED] | K 23 K261 | MILEAGE/BUS | FOS0027580 | 04/1998 | RE | DA | 1 | 147.26 |
| [REDACTED] | A 21 K221 | ROOM AND BO | FOS0027580 | 05/1998 | RE | MO | 1 | 529.00 |
| [REDACTED] | A 20 K221 | ROOM AND BO | FOS0027580 | 05/1998 | RE | MO | 1 | 529.00 |
| [REDACTED] | K 23 K221 | ROOM AND BO | FOS0027580 | 05/1998 | RE | MO | 1 | 529.00 |

PAYEE NAME
ADDRESS

TOTAL SERVICE AMT

CITY/STATE/ZIP

PAYMENT AUTH LVL

PAYMENT: METHOD PO/IMPREST NO ISS TYP TOTAL AMT
 REROUTE WARRANT HOLD JUSTIFICATION NOTICE TYPE
 DENIAL DEAUTH

AUTHORIZATION: PCN1 PCN2 PCN3 PCN4 PCN5

NEXT PC30 KEY

END DATA

[REDACTED]

pls authorize mileage. 5/5/98

[REDACTED]

TRIP NO. 2

EMPLOYEE'S SIGNATURE [REDACTED]

ALLOWED BY DEPARTMENT [REDACTED]

MILEAGE ON BUSINESS AS PERSONAL USE BUSINESS USE

MILEAGE 60

METER READINGS } ON RETURN 110250
AT START 110190

PURPOSE OF TRIP AND REMARKS
Hilo
Pepeekeo
Bring [REDACTED] to school visit parents

TRIP FROM Hilo

DATE 4-30-98 A.M. P.M. CHECK

STATE OF HAWAII
PERSONAL AUTOMOBILE TRIP RECORD

TRIP NO. 2

EMPLOYEE'S SIGNATURE [REDACTED]

ALLOWED BY DEPARTMENT [REDACTED]

MILEAGE ON BUSINESS AS PERSONAL USE BUSINESS USE

MILEAGE 60

METER READINGS } ON RETURN 110125
AT START 110125

PURPOSE OF TRIP AND REMARKS
Hilo
Pepeekeo
Bring [REDACTED] to school visit their parents

TRIP FROM Hilo

DATE 4-28-98 A.M. P.M. CHECK

STATE OF HAWAII
PERSONAL AUTOMOBILE TRIP RECORD

STATE OF HAWAII
PERSONAL AUTOMOBILE TRIP RECORD

DATE 5-11-98 A.M. P.M. CHECK

TRIP FROM Pepeekeo

TO Hilo

PURPOSE OF TRIP AND REMARKS
Bring [REDACTED] to school visit parents

METER READINGS } ON RETURN 15251
AT START 16151

MILEAGE 60

PERSONAL USE BUSINESS USE

MILEAGE ON BUSINESS AS ALLOWED BY DEPARTMENT [REDACTED]

EMPLOYEE'S SIGNATURE [REDACTED]

TRIP NO. 2

Handwritten notes on the left side of the page, including a signature and the number "10".

4/23

STATE OF HAWAII
PERSONAL AUTOMOBILE TRIP RECORD

STATE OF HAWAII
PERSONAL AUTOMOBILE TRIP RECORD

DATE 4/23 1998 A.M. P.M. CHECK

DATE 4/23 1998 A.M. P.M. CHECK

TRIP FROM Pepeekeo

TRIP FROM Pepeekeo

TO Hilo

TO Hilo Admocracy

PURPOSE OF TRIP AND REMARKS Bring [redacted]

PURPOSE OF TRIP AND REMARKS Bring [redacted] to be interviewed

see HWH doctor

METER READINGS } ON RETURN 109887
AT START 109865

METER READINGS } ON RETURN 109907
AT START 109887

MILEAGE 22

MILEAGE 20

PERSONAL USE _____ BUSINESS USE

PERSONAL USE _____ BUSINESS USE

MILEAGE ON BUSINESS AS ALLOWED BY DEPARTMENT

MILEAGE ON BUSINESS AS ALLOWED BY DEPARTMENT

EMPLOYEE'S SIGNATURE [redacted]

EMPLOYEE'S SIGNATURE [redacted]

TRIP NO. 1

TRIP NO. 1

STATE ACCOUNTING FORM C-32
JULY 1, 1976 (REVISED)

STATE ACCOUNTING FORM C-32
JULY 1, 1976 (REVISED)

STATE OF HAWAII
PERSONAL AUTOMOBILE TRIP RECORD

STATE OF HAWAII
PERSONAL AUTOMOBILE TRIP RECORD

DATE 4-24 1998 A.M. P.M. CHECK

DATE 4-27 1998 A.M. P.M. CHECK

TRIP FROM Pepeekeo

TRIP FROM Pepeekeo

TO Hilo

TO Hilo

PURPOSE OF TRIP AND REMARKS Bring [redacted] to school
[redacted] to [redacted]

PURPOSE OF TRIP AND REMARKS Bring [redacted] to school
[redacted]

visit their parents

METER READINGS } ON RETURN 109964
AT START 109908

METER READINGS } ON RETURN 110101
AT START 110041

MILEAGE 56

MILEAGE 60

PERSONAL USE _____ BUSINESS USE

PERSONAL USE _____ BUSINESS USE

MILEAGE ON BUSINESS AS ALLOWED BY DEPARTMENT

MILEAGE ON BUSINESS AS ALLOWED BY DEPARTMENT

EMPLOYEE'S SIGNATURE [redacted]

EMPLOYEE'S SIGNATURE [redacted]

TRIP NO. 2

TRIP NO. 2

STATE ACCOUNTING FORM C-32
JULY 1, 1976 (REVISED)

STATE ACCOUNTING FORM C-32
JULY 1, 1976 (REVISED)

file

NOTIFICATION OF FOSTER CARE PLACEMENT AND REMOVAL

TO: [Redacted] Date: 4/23/98
FROM: Unit: 36 Worker: [Redacted] Supervisor: [Redacted]
Child's Name: [Redacted] Birthdate: [Redacted] SS #: [Redacted]

Alias Names of Child: _____

Case Name: Kennedy Taylor CPSS #: 10780

Parent(s) Name(s) Father: Peter Kennedy (Tel #) 934-9545
Mother: Taylor Kennedy (Tel #) "

Reason for Notification: bio father [Redacted]

1. Information of the Child:
Date of Removal: 4/22/98 Voluntary Placement? (Y/N) NO
Initial Placement: (Y/N) NO
Child removed from:
Name(s) Taylor / Peter Kennedy
Address 133 Puhila St. (Kearney / 11 Wilder Rd.)
Hilo Tel # _____
Relationship to the child: bio-mo & step-dad
Reason for removal: threat of harm to self of missing sibling

2. Placement of the Child: 4/22/ Send medical cards to this to this address: YES NO
Substitute Caretaker Information:
Name(s) [Redacted]
Address [Redacted] Tel # [Redacted]
Relationship to the Child: [Redacted]

Type of facility: (circle one)
CFH SLH SLR UNL IDH ADO OTH

3. Change in Case Status: Case closed effective: _____
Reason: _____

4. Other Changes: _____

OTHER INFORMATION: (Include information on other siblings in foster care - names and placed with whom)

SUBSTITUTE CARETAKER INFORMATION (For FHCU use only):
Certification/Approval Type: _____ Date of Certification/Approval: _____
General _____
Special _____
Relative _____

NOTIFICATION OF FOSTER CARE PLACEMENT AND REMOVAL

free

TO: [Redacted] Date: 4/23/98
FROM: Unit: 36 Worker: [Redacted] Supervisor: [Redacted]

Child's Name: [Redacted] Birthdate: [Redacted] SS #: [Redacted]

Alias Names of Child: _____

Case Name: Kenna Taylor CPSS #: 10780

Parent(s) Name(s) Father: Peter Kenna Sr (Tel #) 934-9545
Mother: JAYLW Kenna (Tel #) "

Reason for Notification: his Father [Redacted]

1. Information of the Child:
Date of Removal: 4/22/98 Voluntary Placement? (Y/N) No
Initial Placement: (Y/N) No
Child removed from:
Name(s) JAYLW / Peter Kenna Sr.
Address 133 Halo Pubili St (Kannan) / 11 to Wilder Rd
Relationship to the child: bio mother & step dad
Reason for removal: Threat of harm in view of missing siblings.

2. Placement of the Child:
Date of Placement: 4/22/98 Send medical cards to this address: YES NO
Substitute Caretaker Information:
Name(s) [Redacted]
Address [Redacted]
Relationship to the Child: [Redacted] Tel # [Redacted]

Type of facility: (circle one)
CFH SLH SLR UNL IDH ADO OTH

3. Change in Case Status: Case closed effective: _____
Reason: _____

4. Other Changes: _____

OTHER INFORMATION: (Include information on other siblings in foster care - names and placed with whom)

SUBSTITUTE CARETAKER INFORMATION (For FHCU use only):
Certification/Approval Type: _____ Date of Certification/Approval: _____
General _____
Special _____
Relative _____

NOTE: INSTRUCTIONS ARE ON THE BACK OF THIS FORM

NOTIFICATION OF FOSTER CARE PLACEMENT AND REMOVAL

file

TO: [Redacted] Date: 4/23/98
FROM: Unit: 36 Worker: [Redacted] Supervisor: [Redacted]
Child's Name: [Redacted] Birthdate: [Redacted] SS #: [Redacted]

Alias Names of Child: _____

Case Name: Kenna Taylor CPSS #: 10780

Parent(s) Name(s) Father: Peter Kenna Sr (Tel #) 934-9545
Mother: Joyce Kenna (Tel #) _____

Reason for Notification:

1. Information of the Child:
Date of Removal: 4/22/98 Voluntary Placement? (Y/N) No
Initial Placement: (Y/N) No
Child removed from:
Name(s) Joyce & Peter Kenna Sr
Address 133 Puhihi St
Hilo Tel # _____
Relationship to the child: Grandmother
Reason for removal: Threat of harm in lieu of
missing siblings

2. Placement of the Child: 4/22/98 Send medical cards to this
Date of Placement: 4/22/98 to this address: YES NO
Substitute Caretaker Information:
Name(s) _____
Address _____
Tel # _____
Relationship to the Child: _____

Type of facility: (circle one)

CFH SLH SLR UNL IDH ADO OTH

3. Change in Case Status: Case closed effective: _____
Reason: _____

4. Other Changes: _____

OTHER INFORMATION: (Include information on other siblings in foster care - names and placed with whom)

SUBSTITUTE CARETAKER INFORMATION (For FHCU use only):

Certification/Approval Type: _____ Date of Certification/Approval: _____
General _____
Special _____
Relative _____

NOTE: INSTRUCTIONS ARE ON THE BACK OF THIS FORM



Office of the Administrative Director - Children's Advocacy Centers of Hawai'i
THE JUDICIARY • STATE OF HAWAII • 3019 PAUL HIGHWAY • HONOLULU, HAWAII 96817-1418
TELEPHONE (808) 548-6021 • FAX (808) 595-6978

April 20, 1998

To: Meeting Participants
From: Marianne B. Okamura
Hawaii County Program Director
Re: Confirmation of Case Conference
for Peter Kema Jr.

Child's name Peter Kema Jr. CAC # 97-0174

Age 6 DOB 5/1/91 CPS 51657 HCPD _____

Meeting date Tuesday, April 21, 1998 Time 8:30 a.m.

Location Children's Advocacy Center of East Hawaii
1290 Kinoole Street, Hilo

PARTICIPANTS

DHS Social Worker(s) [REDACTED]

Police Investigator Glenn Nojiri/Lt. Ron Nakamichi

Deputy Attorney General Aley Auna

Guardian Ad Litem Edith Kawai-via speaker phone
(Ph. No. 885-0788)

Treatment provider(s) Dr. Wesley Sugai
Dr. Robert McAlister
Dr. Kit Barthel

Please come prepared to discuss your up to date involvement in this case.

Please notify the CAC (935-5437) as soon as possible if you will be unable to attend.

Fax

To: Pahoa Family Health From: [REDACTED] / DHS / CPS
Fax: 965-6240 Pages: 5
Phone: 965-9711 Date: April 23/98
Re: [REDACTED]

Urgent For Review Please Comment Please Reply Please Recycle

for medical attention this am.

• **WARNING:** This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

Both will be "walk-in" patients
this am - before 1030A.

CHILD'S MEDICAL RECORD

EXAMINATIONS AND RECOMMENDATIONS

Form Ca

Name _____

Birth Date _____

| | | | | |
|---|-----|------|-----|------|
| Any Complaint? | | | | |
| Height | | | | |
| Weight | | | | |
| Temperature | | | | |
| Head Measurement on Infant | | | | |
| Skin | | | | |
| Scalp | | | | |
| Eyes - Pupillary Reaction | | | | |
| Vision Without Glasses | Rt. | Lft. | Rt. | Lft. |
| Vision With Glasses | Rt. | Lft. | Rt. | Lft. |
| Eyegrounds | | | | |
| Other | | | | |
| Ears - Otoscopy | | | | |
| Hearing | Rt. | Lft. | Rt. | Lft. |
| Other | | | | |
| Nose | | | | |
| Teeth - Number | | | | |
| Condition | | | | |
| Occlusion | | | | |
| Other | | | | |
| Throat - Pharynx | | | | |
| Tonsils | | | | |
| Adenoids | | | | |
| Glands | | | | |
| Thyroid | | | | |
| Chest | | | | |
| Heart | | | | |
| Lungs | | | | |
| Abdomen | | | | |
| Secondary Sex Characteristics | | | | |
| Genitals | | | | |
| Deep Reflexes | | | | |
| Superficial Reflexes | | | | |
| Extremities | | | | |
| Feet | | | | |
| Spine | | | | |
| Posture | | | | |
| Nutrition | | | | |
| Menstrual History since last visit on adolescent girl | | | | |
| Signs of Endocrine Imbalance | | | | |
| Signs of Vasomotor Instability | | | | |
| Other | | | | |
| Urinalysis - Color, Reaction, Sp.G. | | | | |
| Sugar, Albumin, Micros. | | | | |
| Blood Pressure | | | | |
| Blood Hemoglobin, Count, etc. | | | | |
| Other Tests | | | | |
| Impression and Advice | | | | |
| Examining Physician | Dr. | Date | Dr. | Date |
| | Dr. | Date | Dr. | Date |

CHILD'S MEDICAL RECORD Face Sheet

Number _____

Name _____

Sex _____

Date of Birth _____

Nationality _____
Race of: { Father _____
Mother _____ *White / Irish*

Family History:

| Father | Age | Living | If dead, cause of death |
|-----------------|-----|--------|-------------------------|
| Mother | | | |
| No. of Children | | | |

(Refers to members of family and relatives)

Miscarriages _____
 Month _____ Cause _____
 Tuberculosis _____
 TBC Contacts _____
 Allergy _____
 Mental Disorder _____
 Diabetes _____
 Convulsive Disease _____

BIRTH AND DEVELOPMENT

Term _____ Delivery _____
 Condition at birth _____ Birth Weight _____
 Condition first week _____ Feeding _____
 Cyanosis _____ Sat up _____ Stood _____
 Convulsions _____ Walked _____ Words _____
 Jaundice _____ First looth _____ Short sentence _____
 Bladder _____ Bowel _____

FEEDING HISTORY

Breast _____ Formula _____
 Vitamins _____ Soft food _____
 Present diet _____ Feeding habits _____
 Appetite _____ Likes _____ Dislikes _____
 Vomiting _____ Stools _____
 Sensitivity _____ Hives _____ Hay Fever _____ Asthma _____

HABITS

Sleep adequate _____ Regular _____ Meals adequate _____
 Regular _____ Bowel movement regular _____
 Constipated _____ Urination normal _____ Euresis _____
 Nocturnal _____ Diurnal _____

NERVOUS HABITS

Nail biting? _____ Tic? _____ Masturbation? _____
 Other? _____

BEHAVIOR

Any special problems? _____

IMMUNIZATIONS AND TESTS

| Vaccine | Dates | | | Comments |
|-------------|-------|--|--|----------|
| | | | | |
| DPT | | | | |
| D T | | | | |
| Diphtheria | | | | |
| ertussis | | | | |
| elanus | | | | |
| phoid | | | | |
| olia | | | | |
| mallpox | | | | |
| ck Test | | | | |
| berculin | | | | |
| maglobin | | | | |
| S | | | | |
| sal | | | | |
| ay of Chest | | | | |

ILLNESSES

Pertussis _____ Other Operations _____
 Measles _____ Glands _____
 Rubella _____ Rheum. Fever _____
 Mumps _____ Otitis _____
 Chickenpox _____ Colds _____
 Scarlet Fever _____ Tonsillitis _____
 Diphtheria _____ Convulsions _____
 T & A _____ Constipation _____
 Appendix _____ Diarrhea _____

idents, Injuries, Operations, illnesses other than above

CHILD'S MEDICAL RECORD

EXAMINATIONS AND RECOMMENDATIONS

Form Ca

Name [REDACTED] Birth Date [REDACTED]

| | | | | |
|---|------|------|------|------|
| Any Complaint? <i>ear ache</i> | | | | |
| Height | | | | |
| Weight | | | | |
| Temperature | | | | |
| Head Measurement on Infant | | | | |
| Skin | | | | |
| Scalp | | | | |
| Eyes - Pupillary Reaction | | | | |
| Vision Without Glasses | Rt. | Lft. | Rt. | Lft. |
| Vision With Glasses | | | | |
| Eyegrounds | | | | |
| Other | | | | |
| Ears - Otoscopic | | | | |
| Hearing | Rt. | Lft. | Rt. | Lft. |
| Other | | | | |
| Nose | | | | |
| Teeth - Number | | | | |
| Condition | | | | |
| Occlusion | | | | |
| Other | | | | |
| Throat-Pharynx | | | | |
| Tonsils | | | | |
| Adenoids | | | | |
| Glands | | | | |
| Thyroid | | | | |
| Chest | | | | |
| Heart | | | | |
| Lungs | | | | |
| Abdomen | | | | |
| Secondary Sex Characteristics | | | | |
| Genitals | | | | |
| Deep Reflexes | | | | |
| Superficial Reflexes | | | | |
| Extremities | | | | |
| Feet | | | | |
| Spine | | | | |
| Posture | | | | |
| Nutrition | | | | |
| Menstrual History since last visit on adolescent girl | | | | |
| Signs of Endocrine Imbalance | | | | |
| Signs of Vasomotor Instability | | | | |
| Other | | | | |
| Urinalysis-Color, Reaction, Sp.G. Sugar, Albumin, Micros. | | | | |
| Blood Pressure | | | | |
| Blood Hemoglobin, Count, etc. | | | | |
| Other Tests | | | | |
| Impression and Advice | | | | |
| Examining Physician | Dr. | Dr. | Dr. | |
| | Date | Date | Date | |

CHILD'S MEDICAL RECORD
Face Sheet

Number _____

Name [REDACTED] Date of Birth [REDACTED] Nationality [REDACTED] Race of: { Father [REDACTED] Mother [REDACTED] *photo taken*

Family History:

| Father | Age | Living | If dead, cause of death |
|-----------------|-----|--------|-------------------------|
| Mother | | | |
| No. of Children | | | |

(Refers to members of family and relatives)
 Miscarriages _____
 Month _____ Cause _____
 Tuberculosis _____
 TBC Contacts _____
 Allergy _____
 Mental Disorder _____
 Diabetes _____
 Convulsive Disease _____

BIRTH AND DEVELOPMENT

Term _____ Delivery _____
 Condition at birth _____ Birth Weight _____
 Condition first week _____ Feeding _____
 Cyanosis _____ Sat up _____ Stood _____
 Convulsions _____ Walked _____ Words _____
 Jaundice _____ First tooth _____ Short sentence _____
 Bladder _____ Bowel _____

FEEDING HISTORY

Breast _____ Formula _____
 Vitamins _____ Soft food _____
 Present diet _____ Feeding habits _____
 Appetite _____ Likes _____ Dislikes _____
 Vomiting _____ Stools _____
 Sensitivity _____ Hives _____ Hay Fever _____ Asthma _____

HABITS

Sleep adequate _____ Regular _____ Meals adequate _____
 Regular _____ Bowel movement regular _____
 Constipated _____ Urination normal _____ Enuresis _____
 Nocturnal _____ Diurnal _____

NERVOUS HABITS

Nail biting? _____ Tic? _____ Masturbation? _____
 Other? _____

BEHAVIOR

Any special problems? _____

IMMUNIZATIONS AND TESTS

| | Dates | | | Comments |
|----------------|-------|--|--|----------|
| | | | | |
| Vaccine | | | | |
| DPT | | | | |
| D T | | | | |
| Diphtheria | | | | |
| Pertussis | | | | |
| Tetanus | | | | |
| Typhoid | | | | |
| Polio | | | | |
| Smallpox | | | | |
| Dick Test | | | | |
| Tuberculin | | | | |
| Hemaglobin | | | | |
| STS | | | | |
| Stool | | | | |
| X-ray of Chest | | | | |

ILLNESSES

Pertussis _____ Other Operations _____
 Measles _____ Glands _____
 Rubella _____ Rheum. fever _____
 Mumps _____ Otitis _____
 Chickenpox _____ Colds _____
 Scarlet Fever _____ Tonsillitis _____
 Diphtheria _____ Convulsions _____
 T & A _____ Constipation _____
 Appendix _____ Diarrhea _____

Accidents, Injuries, Operations,
or illnesses other than above

**INTERNAL
COMMUNICATION FORM
DEPARTMENT OF HUMAN SERVICES**

Suspense

June 11, 1998

Subject: Request for Homestudy

Originator: [REDACTED]

To: OCWSSI/CWSIU #81

From: EHCWSS/EHIAU

Date: 05/11/98

Memo No. 1

Case Name: **KEMA**, Jaylin

CPSS No.: 10780

Children: [REDACTED]

We are writing to request a homestudy of the legal father ("Father"). [REDACTED]

Father's resides with [REDACTED]

[REDACTED] are currently in a DHS-licensed foster home since April 22nd when they were removed from the physical custody of their mother, Jaylin Kema, and her husband, Peter Kema Sr. DHS would like to assess the safety of Father's home for the care [REDACTED]. Father's attorney in the Family Court case is Nathan Brenner and the Guardian Ad Litem is Edith Kawai.

Should you require further information or clarification, please contact us at (808) [REDACTED]

[REDACTED], Supervisor
East Hawaii Intake/Assessment Unit

Approved by:

[REDACTED]
A-EH CWS Section Administrator

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

MAY 13 1998

[REDACTED]
EHI INTAKE/ASSESSMENT UNIT
HILO, HI 96720



PETER K. KUBOTA

ATTORNEY AT LAW
A LAW CORPORATION

HILO LAGOON CENTRE SUITE 307
101 AUPUNI STREET
HILO, HAWAII 96720
PHONE: (808) 935-2422
FACSIMILE: (808) 935-5999
e-mail: pkklaw@gte.net

AREAS OF PRACTICE
BUSINESS LAW
REAL ESTATE
ESTATE PLANNING

May 8, 1998

FAX TRANSMISSION SHEET

TO: [Redacted]
Fax Number: [Redacted]

FROM: Peter K. Kubota
No. of Pages: 4

CONFIDENTIAL. This message is intended only for the use of the designated recipient named above. This message may be an attorney-client privileged communication that is confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or an agent responsible for delivering the message to the intended recipient, you are hereby notified that you have received this document in error, and that any review, distribution, copying, or use of this message is strictly prohibited. If you have received this message in error, please notify us immediately by telephone and return the original message to us at the above address by mail. Thank you.

PKK:Acot

MESSAGE

[Redacted]
Please find attached a copy of the Order Granting Visitation Rights per our telephone conversation.

5/8/98 11:00pm
[Redacted]

[Redacted] requested visitation
& on telephone contact with [Redacted] said it is his
right. Up until ~~that~~ his request two wks ago has not been address

Rec'd fax from P. Kubota - which does include [Redacted] having
visitation is (telephone & one ~~and~~ ^{with} overnights)

(sat + wednesday 8pm)
P. Kubota agreed to start w/ telephone contacts this wken
saturday 5/9/98 @ 8pm. D. Kubo contacted [Redacted] to
coordinate. One car is assigned plz have wker ~~as~~
supervised visit w/ [Redacted] & [Redacted] ICF courtm sup to Kona
for brief ✓ on [Redacted] parent situation for accommodation of overnights
Thank you.

CARL SMITH BAILI, WICHMAN
CASE & ICHIKI

ROBERT D. TRIANTOS 2549-0
PETER K. KUBOTA 5070-0
121 Waiianuenue Avenue
Hilo, Hawaii 96720

Telephone No. (808) 935-6644

Attorneys for Petitioners

THIRD CIRCUIT COURT
STATE OF HAWAII
FILED

Dec 6 9 12 AM '95
SANDRA LIA

CLERK

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

[REDACTED]

Petitioners,

vs.

PETER KEMA AND JAYLIN KEMA,

Respondents,

and

[REDACTED]

Intervenor.

) FC-M No. 95-50

) ORDER GRANTING VISITATION RIGHTS

) HEARING DATE: Monday, October 30, 1995

) HEARING TIME: 9:30 A.M.

) JUDGE: BEN H. GADDIS

ORDER GRANTING VISITATION RIGHTS

This matter came on for hearing before the Honorable Ben H. Gaddis, judge presiding, with Petitioners [REDACTED] represented by Peter K. Kubota, Respondents Peter Kema and Jaylin Kema represented by Kris A. Laguire, and [REDACTED] Intervenor, represented by John A. Wagner;

I hereby certify that this is a full, true and correct copy of the original as filed in this office.

Sandra Lia

Clerk, Third Circuit Court, State of Hawaii

The parties having entered into a stipulation on the record, and the Court having considered the position of Edith Kawai, court appointed Guardian Ad Litem in FC-S Nos. [REDACTED] and 91-48, having considered the pleadings filed herein, the records and files of this case, and having determined that visitations between the Petitioners, the Intervenor, and the subject [REDACTED] are in the best interest of the [REDACTED]

IT IS HEREBY ORDERED, ADJUDGED AND DECREED as follows:

1. Petitioners [REDACTED] and Intervenor V [REDACTED] shall be allowed visitation with [REDACTED] and Peter Kema, Jr., born on May 1, 1991 by telephone two times per week, and overnight visitation one time per month, beginning at 9:00 a.m. on Saturday morning, and ending at 5:00 p.m. on Sunday afternoon. The parties shall use their best efforts to reach mutual agreement on the days and exact terms of the visitation schedule outside of court.

2. The parties shall make arrangements with each other for visitation between the Petitioners, Intervenor, and [REDACTED] as shall be determined between the parties by mutual agreement.

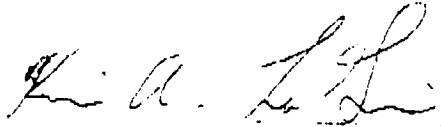
3. This Court reserves jurisdiction to enforce the orders herein, or to make such further orders as the Court determines to be in the best interest of the subject children herein.

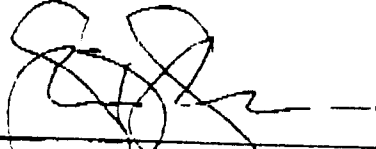
DATED: Hilo, Hawaii. DEC 6 1995



BEN H. GADDIS (Seal)

Judge of the above-entitled Court

APPROVED AS TO FORM
AND CONTENT:


KRIS A. LAGUIRE
Attorney for Jaylin Kema 11/8/95


STEVEN D. STRAUSS
Attorney for Peter Kema


JOHN A. WAGNER


 KEMA, FC-M No. 95-50
Order Granting Visitation Rights

CASE: KEMA, JAYLIN CPSS#10780.

DHS INTAKE: 4/4/97; INVESTIGATIONS: 6/17/97 [REDACTED]
TRANSFERRED TO CASE MANAGEMENT: 5/8/98 [REDACTED]

PHONE DIRECTORY:

FAMILY MEMBERS:

Jaylin Acol Kema/mo & Peter Kema, Sr: 934-9545;

[REDACTED]
[REDACTED]
Attorney for [REDACTED] Peter Kubota: 935-2422

DHS SERVICES:

Foster Parents [REDACTED]
[REDACTED]

Income Maintenance, [REDACTED]

CPS Team Consultant: Kapiolani CPS Team: Krysten Rusnek: 334-0308

HPD: Primary Detective: Glen Nojiri..961-2327

MEDical: PCP, Bay Clinic. Dr. Natalie DeLue: 969-1427
Executive Director: Stephani Lau-Niu

Orthopedic Surgeon, who had Peter Jr. as his patient prior to Nov., 1996, according to his office; in April/98, Mother was given consent form to sign & did not return to DHS.

DENTAL: PCP, Hilo Family Dental, Prince Kuhio Plaza: 959-3505

DOE PROVIDERS: Kaumana Ele., Prin. Julene Ignacio..974-4190
Kamehameha "Kulamu" Preschool at Episcopal Church: 933-9156

OTHER SERVICE PROVIDERS:

CFS: Homebased Program, Greg Brusseau pager: 326-5936.
Former Therapist: Kit Barthel: 961-2525.

To Do List:

Visits: Phone foster parents to relay that visits will be at the conference room at State Building starting Monday, May 11, 1998; the visits have been supervised, since the psychological reports have not been completed and emotional capacities of Jaylin and Peter Kema are not known. The recent visit schedule has been:

Monday: 2:30-4:00pm Jaylin & Peter K. w [REDACTED]
[REDACTED]; Tuesday, no visit; Wednesday: 1:00pm-2:30pm, same as Monday; Thursday, same as Monday: 2:30-4:00pm; Friday: 3:00-4:15, [REDACTED] with bio-dad, [REDACTED]

(Note: [REDACTED] has welcomed [REDACTED] as a sibling, even tho she is not his biological child.)

Warning: On May 4, 1998, Mother manuvered CFS SW, Greg.B, to agree to bring [REDACTED] over to their home at 133 Pihuli St. SW contacted Greg, who confirmed that this was the plan of the day; rational for not taking the [REDACTED] to the Jaylin and Peter's home, where they had lived until April 22/98, was explained, e.g. physical danger, emotional set-up of expectation of returning in near future, etc.

Medical Provider: Dr. Natalie DeLue was willing to provide physical examinations of the [REDACTED] on April 23, 1998, the day after they were placed into foster home. On the same afternoon, Dr. DeLue called DHS [REDACTED] to make a report of suspected sex abuse of [REDACTED]. This report was acted upon with CAC interview by [REDACTED] done on April 24 AM with the SANE doing the physical examination at Hilo Medical Center.

Follow-up, please: The sex abuse report by Dr. DeLue has not been received in writing as of May 8, 1998. Please contact Exec.Director of Bay Clinic, Ms. Stephanie Lau-Niu, to follow up on requests by [REDACTED], perhaps in a letter.

Medical: [REDACTED] is asthmatic and uses a nebulizer machine with medication; [REDACTED] has it with [REDACTED] at the foster home.

Follow-up: Assure that she is using it as needed, and if necessary, for her to revisit the doctor.

Dental Appointments: [REDACTED] have been seen by their dentist at Hilo Family Dental at Prince Kuhio Mall. The foster parent has been notified of the next appointment.

Follow-up: Check with foster parent on dental appointment dates.

THANK YOU FOR WORKING WITH THIS FAMILY, ESPECIALLY IN VIEW OF THE MEDIA INTEREST. [REDACTED] LSW



BAY CLINIC, INC.

A family of professionals committed to improving the health of their communities

Hilo Bay Clinic
311 Kalaniana'ole Avenue
Hilo, HI 96720
(808) 969-1427
Fax (808) 961-4795

Ka'u Family Health Center
P.O. Box 70
Na'alehu, HI 96772
(808) 929-7311
Fax (808) 929-9087

Pahoa Family Health Center
P.O. Box 1455
Pahoa, HI 96778
(808) 965-9711
Fax (808) 965-6240

FAX

Date: 5/8/98

To:  CPS

Fax: ()  Phone: () _____

From: Stephen Lavin

Fax: () _____ Phone: () 934-3206

Pages: (incl. cover) 17

RE: _____

This facsimile is intended only for the use of the person or entity named above and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. The Bay Clinic, Inc. authorizes the disclosure of this communication to such person or entity only. If you have received this communication in error, please notify us immediately by telephone and destroy or return the original communication to The Bay Clinic, Inc. at the above address via U.S. mail service.

Mahalo

'Serving You With Aloha'



BAY CLINIC, INC.

*A family of professionals committed to improving
the health of their communities*

Hilo Bay Clinic
311 Kalaniana'ole Avenue
Hilo, HI 96720
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May 8, 1998

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Fax (808) 929-9087

Pahoa Family Health Center
P.O. Box 1455
Pahoa, HI 96778
(808) 965-9711
Fax (808) 965-6240

To: [REDACTED]
From: Stephanie Launiu

Re: [REDACTED]

Thank you for explaining Chapter 350 of the Hawaii Revised Statutes to me regarding the release of confidential information from a patient's medical record.

Due to the notoriety of the "Peter Boy" Kema case, and the fact that our Pahoa health center site was mentioned in a Honolulu Advertiser story as having treated him in 1996, we have been especially cautious about releasing any information in an informal way, such as over the telephone.

All staff members at any of our sites have been instructed to refer any phone calls re: the [REDACTED] family charts to me.

You have informed me that HRS Chapter 350 allows for information to be released over the telephone regarding the initial pediatric physicals done on CPS-active children put into foster care homes. Your social worker, [REDACTED] had apparently requested confidential information over the phone that our staff members were unwilling to provide her. I apologize for any inconvenience to you during your investigation, and am faxing the physical assessment forms done by Dr. Natalie Delue on the above children.

I understand that if, in the future, medical care of these children reveals signs or symptoms of suspected child abuse or neglect, a CPS report will be made by our office.

If your office has any questions regarding anything in the medical charts of the above children, please have [REDACTED] call Jennifer YoungHu, Case Management Coordinator at 934-3216. I have assigned Jenny to handle the coordination of care for these children.

Thank you for your assistance in clearing up this matter.

*Aloha,
Stephanie*

'Serving You With Aloha'

Progress Notes

Name: [REDACTED]

Visit Date: 4/23/98

Age: [REDACTED]

DOB: [REDACTED]

LMP: 1/1/

Allergies: \emptyset

Medications: \emptyset

Chief Complaint: CPS Pa.

SitH care for v up - mCRS
protected custody

Interval History:

| HC: | Objective | | | | Supine | BMI: |
|------------|-----------------|-------|----------|---------|--------|--------------------|
| | Left | Right | Standing | Sitting | | |
| Height: 50 | Blood Pressure: | | 100/62 | | | Temp T/A/R/O: 97.7 |
| Weight: 68 | Heart Rate: | | 90 | | | Respirations: 20 |

| System | Nml | Abnl | No Exam | Refer | Comments |
|--------------------|-----|------|---------|-------|---|
| Eyes | | | | | Differ in color - cap in face - sun & reddened |
| Ears, Nose, Throat | | | | | |
| Lymph | | | | | |
| Cardiovascular | | | | | |
| Respiratory | | | | | |
| Gastrointestinal | | | | | |
| Musculoskeletal | | | | | |
| Neurological | | | | | |
| Psychiatric | | | | | |
| Reproductive | | | | | |
| Kidney/Bladder | | | | | |

| Laboratory | Results | Updrafts | # | Pre | Post | SaO2 |
|------------|---------|----------|---|-----|------|------|
| | | PFM | 1 | | | |

Procedures:

Assessment: Healthy except possible abnormal teeth

Treatment Plan: 1) refer to dentist
2) needs complete psychiatric exam

[Signature]

Provider Signature

[Redacted]

Name

4/29/98 referred pt to Hilo Counseling Center.
Joanne Cotton will be in contact with
Social worker [Redacted] to schedule pt's appts

Bay Clinic
Community Health Center

WELL-CHILD RECORD SYSTEM

9 - 11 Years

Pahoa
Family Health Center

Name: [Redacted]
 Age in years: [Redacted] Grade: [Redacted]
 Date of visit: 4/23/98

KEY:

- Addressed/WNL
- Abnormal/See Comments
- Not Addressed

Interval History

- 1. Concerns
- 2. Illnesses
- 3. Accidents
- 4. Physical activity
- 5. Problem habits
- 6. Menses
- 7. Sleeping
- 8. Other

Key Family Checks (Continued)

- 22. Family interactions
- 23. Sibling problems
- 24. After school care No
- 25. Tobacco use; alcohol/drug abuse

Temperament

48. Describe child's mood/affect

Physical Examination

- 26. WT 68 10%
- 27. HT 50 25%
- 28. BP 100/62 %
- 29. Temp 97.7
- 30. Skin
- 31. Nodes
- 32. Head
- 33. Eyes
- 34. Fundi
- 35. Ears
- 36. Nose
- 37. Oropharynx
- 38. Teeth-gums
- 39. Neck
- 40. Lungs
- 41. Heart
- 42. Abdomen
- 43. Genitalia
- 44. Tanner stage
- 45. Back/scoliosis
- 46. Musculoskeletal
- 47. Neuro /post

Assessment

49. needs complete
psychiatric
evaluation

Screening/Immunizations

50. Remain alert for vision and hearing problems

Plan/Anticipatory Guidance

- 51. Plan
- 52. Read daily
- 53. Physical/sexual abuse concerns
- 54. Sex education
- 55. TV monitoring, alert to deceptive ads
- 56. Nutrition advice, snacks, breakfast qd
- 57. Safety: bike, car, guns, outdoor, water
- 58. Dental hygiene, exams
- 59. Exercise, regular bedtimes
- 60. Parenting: rules, respect, communication
- 61. Home responsibilities, allowance

Nutrition

- 9. Diet
- 10. Body image
- 11. Eating habits
- 12. Favorite foods *hamburger*

Development

- 13. Behavior
- 14. Best friend *Spencer*
- 15. Group activities
- 16. Hobbies/sports *rockets*
- 17. Peer interaction
- 18. School work

Key Family Checks

- 19. Marital changes
- 20. Recent moves *CPS Remov*
- 21. Work changes

Detail all abnormal findings below. Use reference numbers.

#47 when asked about messy brother
invasive & fearful

#38 @ doctor visit & fearful

Physician signature

NO Blue

RTO in _____ years

See written progress note

CHILD'S MEDICAL RECORD EXAMINATIONS AND RECOMMENDATIONS

Name N-Named Birth Date [REDACTED]

| | | | | | | |
|----------------------------|----------------------|--|--------------|--|-------------------|--|
| Chief Complaint? | no CPS official exam | | | | | |
| Age | 50 | | | | | |
| Weight | 68 lb | | | | | |
| Temperature | 97.7 | | | | | |
| Head Measurement on Infnat | | | | | | |
| Head Circumference | | | | | | |
| Neck | | | | | | |
| Heart | | | | | | |
| Lungs | | | | | | |
| Gastrointestinal | | | | | | |
| Genitourinary | | | | | | |
| Neurological | | | | | | |
| Psychiatric | | | | | | |
| Other | | | | | | |
| Special Tests | | | | | | |
| Diagnosis | | | | | | |
| Prognosis | | | | | | |
| Recommendations | | | | | | |
| Physician | Dr. N. N. N. | | Date 4/23/98 | | Dr. N. N. N. Date | |

AUDIOSCOPE SCREENING RESULTS

20 DBHL

25 DBHL

40 DBHL

Y = Response

N = No response

| | 500 | 1000 | 2000 | 4000 |
|--------------|-----|------|------|------|
| Right Ear 25 | Y | Y | Y | Y |
| Left Ear 20 | Y | Y | Y | Y |

Frequency (Hz)

Patient



Date 4/23/98

Tested by J. M. Lopez SNJ

Progress Notes

Name: [REDACTED]

Visit Date: 4/23/98

Age: [REDACTED]

DOB: [REDACTED]

LMP: 1/1/

Allergies: [REDACTED]

Medications: WAS given meds on 4/17/98 left at home.

Chief Complaint: CPS Pa

S/P still has same matter never picked up meds last week

Interval History:

| HC: | Left | Right | Standing | Sitting | Supine | BMI: |
|--------------|------|-------|----------|---------|--------|--------------------|
| Height: 5'4" | | 94/56 | | | | 20.6 |
| Weight: 79 | | 102 | | | | Temp T/A/R/O: 98.6 |
| | | | | | | Respirations: 22 |

| System | Nml | Abnl | No Exam | Refer | Comments |
|--------------------|-----|------|---------|-------|----------|
| Gen | | | | | |
| Eyes | | | | | |
| Ears, Nose, Throat | | | | | (L)M |
| Lymph | | | | | |
| Cardiovascular | | | | | |
| Respiratory | | | | | |
| Gastrointestinal | | | | | |
| Musculoskeletal | | | | | |
| Neurological | | | | | |
| Psychiatric | | | | | |
| Reproductive | | | | | |
| Kidney/Bladder | | | | | |

fax 933-0364

She is a mother of 4 children

| Laboratory | Results | Updrafts | # | Pre | Post | SaO2 |
|------------|---------|----------|---|-----|------|------|
| | | PFM | 1 | | | |

Procedures: VISION 20/20 BILAT

[REDACTED] (Natariki)

Assessment:

- 1) (L)M
- 2) abnl genitalia
- (SAS) No sexual abuse
- schedule exam thru Hilo Hospital + HPO

Treatment Plan:

- 1) amoxicillin 250mg po. qd x 7d
- 2) may need full genital exam under anesthesia in Oahu at Kapiolani Hospital
- 3) needs full psychiatric exam

N. [Signature]

CHILD'S MEDICAL RECORD

EXAMINATIONS AND RECOMMENDATIONS

Name

Birth Date

N=Normal

| | | | | | | |
|---|------------------------|--|-----------------|-----------------|-----------------|-----------------|
| Chief Complaint? <i>10 CPS official physical exam</i> | | | | | | |
| Weight | <i>51 1/2</i> | | | | | |
| Height | <i>79 1/2</i> | | | | | |
| Temperature | <i>98.6</i> | | | | | |
| Head Measurement on Infant | <i>N/A</i> | | | | | |
| Heart | <i>N</i> | | | | | |
| Lungs | <i>N</i> | | | | | |
| Abdomen | <i>N</i> | | | | | |
| Genitalia | <i>N</i> | | | | | |
| Neurological | <i>N</i> | | | | | |
| Other | | | | | | |
| Special Exams | | | | | | |
| - Pupillary Reaction | <i>N</i> | | | | | |
| - Vision Without Glasses | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> |
| - Vision With Glasses | | | | | | |
| - Eyegrounds | <i>N</i> | <i>N</i> | | | | |
| - Other | | | | | | |
| - Ophthalmic | <i>N</i> | <i>Abnormal</i> | | | | |
| - Hearing | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> | <i>Rt. Lft.</i> |
| - Other | | | | | | |
| - Nose | <i>N</i> | | | | | |
| - Mouth | <i>N</i> | | | | | |
| - Throat | <i>N</i> | | | | | |
| - Tonsils | <i>N</i> | | | | | |
| - Adenoids | <i>N</i> | | | | | |
| - Thyroid | <i>N</i> | | | | | |
| - Trachea | <i>N</i> | | | | | |
| - Lungs | <i>N</i> | | | | | |
| - Heart | <i>N</i> | | | | | |
| - Abdomen | <i>N</i> | | | | | |
| - Secondary Sex Characteristics | <i>aa</i> | | | | | |
| - Genitals | <i>Abnormal</i> | <i>appearing reddened, irritability, labia majora appear chronically irritated</i> | | | | |
| - Deep Reflexes | <i>N</i> | | | | | |
| - Superficial Reflexes | <i>N</i> | | | | | |
| - Permitties | <i>N</i> | | | | | |
| - T | <i>N</i> | | | | | |
| - R | <i>N</i> | | | | | |
| - L | <i>N</i> | | | | | |
| - T | <i>N</i> | | | | | |
| - R | <i>N</i> | | | | | |
| - L | <i>N</i> | | | | | |
| - Menstrual History since last visit on adolescent girl | <i>N/A</i> | | | | | |
| - Signs of Endocrine Imbalance | <i>no</i> | | | | | |
| - Signs of Vasomotor Instability | <i>no</i> | | | | | |
| - Urinalysis - Color, Reaction, Sp. G., Sugar, Albumin, Micros. | | | | | | |
| - Blood Pressure | <i>99/58</i> | | | | | |
| - Blood Hemoglobin, Count, etc. | | | | | | |
| - Other Tests | | | | | | |
| - Discussion and Advice | <i>ADOM</i> | <i>Abnormal genitalia - needs more complete exam to rule out sexual abuse</i> | | | | |
| - Attending Physician | <i>Dr. N. Deane MD</i> | <i>Dr.</i> | <i>Dr.</i> | <i>Dr.</i> | <i>Dr.</i> | <i>Dr.</i> |
| - Date | <i>5/23/98</i> | <i>Date</i> | <i>Date</i> | <i>Date</i> | <i>Date</i> | <i>Date</i> |



GIRLS: 2 TO 18 YEAR PHYSICAL GROWTH NCHS PERCENTILES*

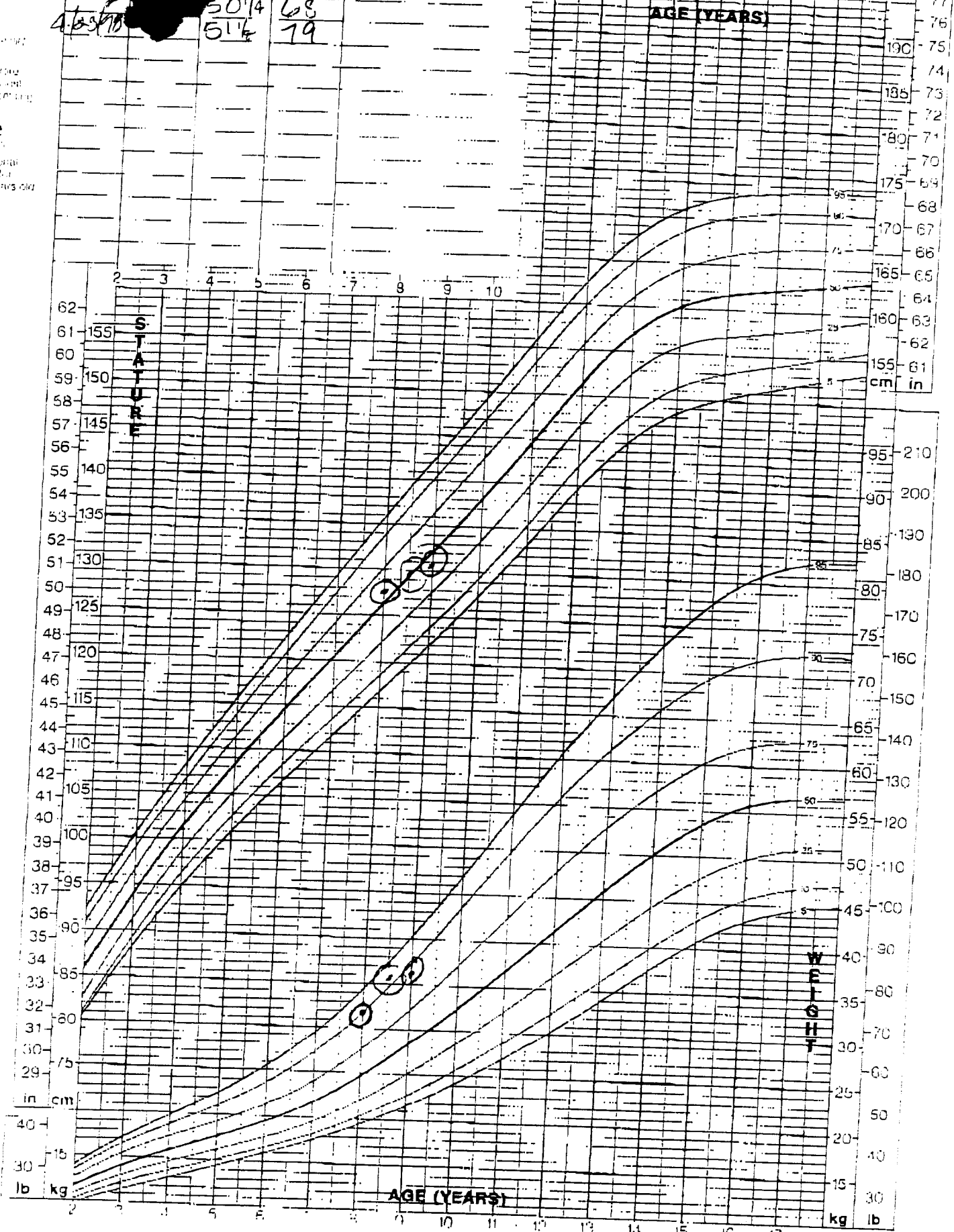
ROSS
LABORATORIES

Medialyte
Vitamin D₃ 400 IU
Calcium 100 mg
Iron 10 mg
Zinc 5 mg
Copper 0.5 mg
Manganese 0.5 mg
Selenium 10 mcg
Iodine 150 mcg
Fluoride 0.25 mg

Mediasure
Vitamin A 5000 IU
Vitamin C 100 mg
Vitamin E 10 IU
Vitamin K 10 mcg
Vitamin B₁ 1 mg
Vitamin B₂ 1 mg
Vitamin B₆ 1 mg
Vitamin B₁₂ 1 mcg
Folic Acid 100 mcg
Biotin 10 mcg
Inositol 10 mg
Choline 100 mg
Calcium 100 mg
Iron 10 mg
Zinc 5 mg
Copper 0.5 mg
Manganese 0.5 mg
Selenium 10 mcg
Iodine 150 mcg
Fluoride 0.25 mg

MOTHER'S STATURE: _____ FATHER'S STATURE: _____ Record # _____

| DATE | AGE | STATURE | WEIGHT | COMMENT |
|---------|-----|---------|--------|---------|
| 4-13-99 | 10 | 51 1/2 | 79 | |



© 1982 Ross Laboratories, Columbus, Ohio
 *Based on data from the National Center for Health Statistics (NCHS), Hyattsville, Maryland
 All rights reserved. No part of this publication may be reproduced without the written permission of Ross Laboratories.

AUDIOSCOPE SCREENING RESULTS

20 dBHL

25 dBHL

40 dBHL

Y = Response

N = No response

| | | | | | |
|-----------|----|----------------|------|------|------|
| Right Ear | 25 | Y | N | Y | Y |
| Left Ear | | Y | Y | Y | Y |
| | | 500 | 1000 | 2000 | 4000 |
| | | Frequency (Hz) | | | |

Patient

[Redacted Patient Name]

Date 4/23/98

Tested by J. M. Raps

Progress Notes

Name: [REDACTED]

Visit Date: 4/23/98

Age: [REDACTED]

LMP: 1/1/

Allergies: D

Medications: D

Chief Complaint: UPS PR

Interval History:

S: H has hx of RAD
uses prozac & fash pants
w/ he not c her

| HC: | Left | Right | Standing | Sitting | Supine | BMI: |
|------------|------|-------|----------|---------|--------|--------------------|
| Height: 40 | | 12/60 | | | | 98.8 |
| Weight: 52 | | 100 | | | | Temp T/A/R/O: 98.8 |
| | | | | | | Respirations: 24 |

| System | Nml | Abnl | No Exam | Refer | Comments |
|--------------------|-----|------|---------|-------|-------------------|
| General | | | | | Looks well |
| Eyes | | | | | |
| Ears, Nose, Throat | | | | | (EOM) |
| Lymph | | | | | |
| Cardiovascular | | | | | |
| Respiratory | | | | | rest of bilat |
| Gastrointestinal | | | | | |
| Musculoskeletal | | | | | |
| Neurological | | | | | |
| Psychiatric | | | | | at med. [unclear] |
| Reproductive | | | | | |
| Kidney/Bladder | | | | | |

| Laboratory | Results | Updrafts | # | Pre | Post | SaO2 |
|------------|---------|----------|---|-----|------|------|
| | | PFM | 1 | | | |

Procedures: [REDACTED] - CSP

Assessment:
1) (EOM)
2) RAD

Treatment Plan:
1) Prozac 250mg po.
2) continue prozac
3) albuterol + cromolyn
needs complete psychiatric
evaluation - Dr. Lore
Mastamura
(935-9988)

Provider Signature
N. Kue M.D.

Bay Clinic
Community Health Center

WELL-CHILD RECORD SYSTEM

5 Years

Pahoa
Family Health Center

Name: [Redacted]
Age in years: [Redacted]
Date of visit: 4/23/98

KEY: Addressed/WNL Abnormal/See Comments Not Addressed

Interval History

- 1. Illnesses/accidents
- 2. School readiness:
 - Feels good about self
 - Attention span
 - Separates easily
 - Gets along well with others
 - Can follow directions
- 3. Other

Physical Examination

- 19. WT 52 95 %
- 20. HT 40 70 %
- 21. BP 92/60 %
- 22. Temp 98.0
- 23. Skin
- 24. Nodes
- 25. Head
- 26. Eyes
- 27. Fundl
- 28. Ears *(DOM)*
- 29. Nose
- 30. Oropharynx
- 31. Teeth-gums
- 32. Neck
- 33. Lungs *sl crackles*
- 34. Heart
- 35. Abdomen
- 36. Genitalia
- 37. Musculoskeletal
- 38. Neuro *psych*

Assessment

40. *(DOM)*
(RAD)

Screening/Immunizations

- 41. Once between 4-6 years:
 - Visual acuity R 20 L 20
 - Hearing R ___ L ___
- 42. DPT #5
- 43. OPV #4
- 44. MMR #2, if indicated

Nutrition

- 4. Diet, eating habits
- 5. Vitamins *YES*
- 6. Fluoride *YES*

Development

- 7. Dresses alone
- 8. Understands opposites (2 of 3)
- 9. Copies square, triangle
- 10. Draws man (3-6 parts)
- 11. Heel-to-toe walk

Plan/Anticipatory Guidance

- 45. Plan *ref for complete physical*
- 46. Daily exercise/fun
- 47. Discipline, TV limits
- 48. School readiness, routines
- 49. Telephone number, address
- 50. Nutrition advice, snacks
- 51. Safety: bike, car, fire, guns, outdoor, water
- 52. Strangers, caution
- 53. Dental care
- 54. Home responsibilities

Key Family Checks

- 12. Mom's work/school
- 13. Dad's work/school
- Family changes
- 15. Family happy
- 16. Family history additions
- 17. Child care
- 18. Tobacco use; alcohol/drug abuse

Temperament

39. How does parent describe child?

Detail all abnormal findings below. Use reference numbers.

#38 - asked about messy brother Peter became confused & fearful

#33 - needs more motor-ability work

Physician signature

(Signature)

RTO in _____ years

See written progress note

CHILD'S MEDICAL RECORD

EXAMINATIONS AND RECOMMENDATIONS

Name

[REDACTED]

Birth Date

[REDACTED]

N-Normal

| | | | | | | |
|---|--|--|--|--|--|--|
| Chief Complaint? <i>40# CPS official physical exam</i> | | | | | | |
| Weight <i>40#</i> | | | | | | |
| Height <i>52#</i> | | | | | | |
| Temperature <i>98.8</i> | | | | | | |
| Head Measurement on Infant | | | | | | |
| Ears | | | | | | |
| Pupillary Reaction <i>N</i> | | | | | | |
| Vision Without Glasses <i>N</i> | | | | | | |
| Vision With Glasses | | | | | | |
| Eyegrounds <i>N</i> | | | | | | |
| Other | | | | | | |
| Eyes - Ophthalmoscopic <i>N</i> <i>Abnormal - ②OM</i> | | | | | | |
| Hearing <i>N</i> | | | | | | |
| Other | | | | | | |
| Nose | | | | | | |
| Number | | | | | | |
| Condition | | | | | | |
| Occlusion | | | | | | |
| Other | | | | | | |
| Throat - Pharynx <i>N</i> | | | | | | |
| Tonsils <i>N</i> | | | | | | |
| Adenoids <i>N</i> | | | | | | |
| Cervical Lymph Nodes <i>N</i> | | | | | | |
| Thyroid <i>N</i> | | | | | | |
| Chest <i>N</i> <i>Normal - ② resp BS - evidence of RAO</i> | | | | | | |
| Heart <i>N</i> | | | | | | |
| Lungs <i>N</i> | | | | | | |
| Genitalia | | | | | | |
| Primary Sex Characteristics <i>N</i> | | | | | | |
| Secondary Sex Characteristics <i>N</i> <i>Normal - ② red intravaginal</i> | | | | | | |
| Reflexes | | | | | | |
| Superficial Reflexes | | | | | | |
| Tendon Reflexes | | | | | | |
| Plantar | | | | | | |
| Babinski | | | | | | |
| Tendon Reflexes | | | | | | |
| Plantar | | | | | | |
| Menstrual History since last visit on adolescent girl <i>N/A</i> | | | | | | |
| Signs of Endocrine Imbalance <i>No</i> | | | | | | |
| Signs of Vasomotor Instability <i>No</i> | | | | | | |
| Laboratory Tests | | | | | | |
| Analysis - Color, Reaction, Sp.G. | | | | | | |
| Sugar, Albumin, Micros. | | | | | | |
| Blood Pressure <i>92/60</i> | | | | | | |
| Blood Hemoglobin, Count, etc. | | | | | | |
| Other Tests | | | | | | |
| Assessment and Advice <i>②OM ②RAO - needs home rob machine</i> | | | | | | |
| Referring Physician <i>Dr. N. [Signature]</i> | | | | | | |
| Date <i>4/23/98</i> | | | | | | |



GIRLS: 2 TO 18 YEAR PHYSICAL GROWTH NCHS PERCENTILES

DAY CLINIC BLDG

016

Name [REDACTED]

Record # [REDACTED]

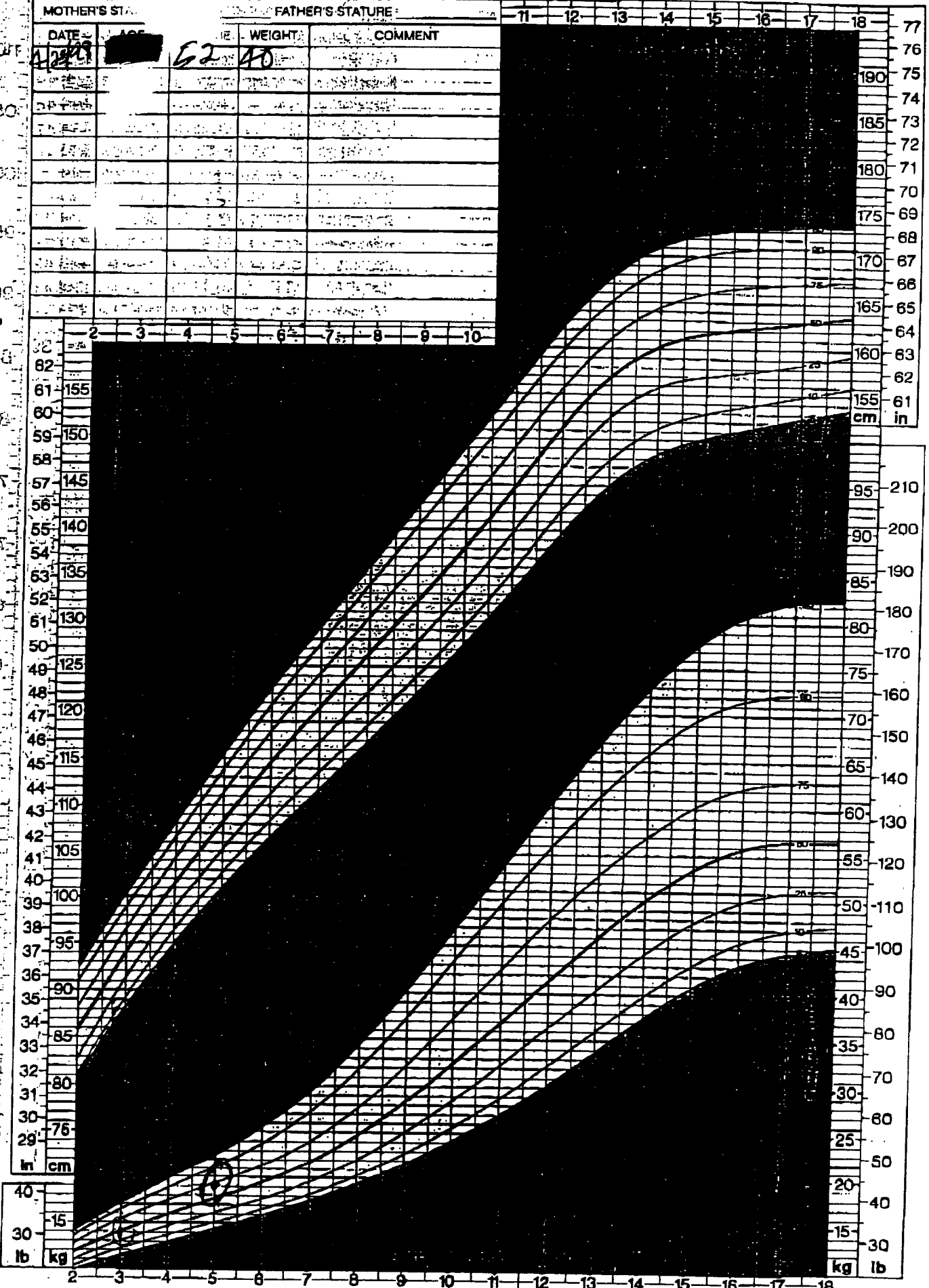
| MOTHER'S STATURE | | FATHER'S STATURE | | DATE | AGE | WEIGHT | COMMENT |
|------------------|----|------------------|----|---------|-----|--------|---------|
| HT | WT | HT | WT | | | | |
| | | | | 4/22/79 | | 62.40 | |

ROSS
PEDIATRICS

PediaSure
Complete Liquid Nutrition
The only complete nutritional formula designed for children 1 to 10 years old

Pedialyte
Oral Electrolyte Maintenance Solution
Quickly restores fluids and minerals lost in diarrhea and vomiting

VI-DAYLIN
Vitamin
Good-tasting vitamins for infants and children



*Adapted from: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the National Center for Health Statistics (NCHS), Hyattsville, Maryland.
© 1982 Ross Products Division, Abbott Laboratories

AUDIOSCOPE SCREENING RESULTS

 20 dBHL

 25 dBHL

40 dBHL

Y = Response

N = No response

Right
Ear

| | | | |
|---|---|---|---|
| N | N | > | N |
| N | N | N | N |

Left
Ear


500

1000

2000

4000

Frequency (Hz)

Patient 

Date

4/23/98

Tested by _____

Bay Clinic
Community Health Center

WELL-CHILD RECORD SYSTEM

9 - 11 Years

Pahoa
Family Health Center

Name: [Redacted]
 Age in years: [Redacted] Grade: [Redacted]
 Date of visit: 4/23/98

KEY: Addressed/NA Abnormal/See Comments Not Addressed

- Interval History** ✓
- 1. Concerns
 - 2. Illnesses
 - 3. Accidents
 - 4. Physical activity
 - 5. Problem habits
 - 6. Menses No
 - 7. Sleeping No
 - 8. Other

- Key Family Checks (Continued)** ✓
- 22. Family interactions
 - 23. Sibling problems
 - 24. After school care No
 - 25. Tobacco use; alcohol/drug abuse

- Temperament** ✓
48. Describe child's mood/affect

- Physical Examination** ✓
- 26. WT: 79 90%
 - 27. HT: 51.4 50%
 - 28. BP: 94/50 %
 - 29. Temp: 98.6
 - 30. Skin
 - 31. Nodes
 - 32. Head
 - 33. Eyes
 - 34. Fundi
 - 35. Ears (DOM)
 - 36. Nose
 - 37. Oropharynx
 - 38. Teeth-gums
 - 39. Neck
 - 40. Lungs
 - 41. Heart
 - 42. Abdomen
 - 43. Genitalia
 - 44. Tanner stage
 - 45. Back/scoliosis
 - 46. Musculoskeletal
 - 47. Neuro/psych

- Assessment** ✓
49. _____

- Nutrition** ✓
- 9. Diet
 - 10. Body image
 - 11. Eating habits
 - 12. Favorite foods Poi

- Screening/Immunizations** ✓
50. Remain alert for vision and hearing problems

- Development** ✓
- 13. Behavior
 - 14. Best friend No
 - 15. Group activities
 - 16. Hobbies/sports Volleyball
 - 17. Peer interaction
 - 18. School work

- Plan/Anticipatory Guidance** ✓

- Key Family Checks** ✓
- 19. Marital changes
 - 20. Recent move CPS Remove
 - 21. Work changes

- 51. Plan _____
- 52. Read daily
- 53. Physical/sexual abuse concerns
- 54. Sex education
- 55. TV monitoring, alert to deceptive ads
- 56. Nutrition advice, snacks, breakfast qd
- 57. Safety: bike, car, guns, outdoor, water
- 58. Dental hygiene, exams
- 59. Exercise, regular bedtimes
- 60. Parenting: rules, respect, communication
- 61. Home responsibilities, allowance

7 can't sleep @ night feels sick / ear ringing
 # 7 when asked about Peter (meaning) very evasive & fearful

Physician signature: ND Kueh RTO in _____ years See written progress note

- 10. Body image
- 11. Eating habits
- 12. Favorite foods *Poi*
- Development**
- 13. Behavior
- 14. Best friend *No*
- 15. Group activities
- 16. Hobbies/sports *volleyball*
- 17. Peer interaction
- 18. School work
- Key Family Checks**
- 19. Marital changes
- 20. Recent move *Cps Remove*
- 21. Work changes

- 34. *20M*
- 35. *15*
- 36. nose
- 37. Oropharynx
- 38. Teeth-gums
- 39. Neck
- 40. Lungs
- 41. Heart
- 42. Abdomen
- 43. Genitalia
- 44. Tanner stage *1*
- 45. Back/scoliosis
- 46. Musculoskeletal
- 47. Neuro *psych*

- 52. daily
- 53. Physical/sexual abuse concerns
- 54. Sex education
- 55. TV monitoring, alert to deceptive ads
- 56. Nutrillon advice, snacks, breakfast qd
- 57. Safety: bike, car, guns, outdoor, water
- 58. Dental hygiene, exams
- 59. Exercise, regular bedtimes
- 60. Parenting: rules, respect, communication
- 61. Home responsibilities, allowance

Detail all abnormal findings below. Use reference numbers.

7 cant sleep @ night feels sick / ear ringing
 # 47 when asked about *PTSD* (meaning) very
 evasive & fearful

Physician signature *N. K. Kuehl* RTO in _____ years See written progress note

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Peter Kema Sr., hereby give my permission to
(1) Name of applicant/recipient/legal guardian

Steven Choy, PhD, to give the following information
(2) Individual/agency or organization

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) Psychological Evaluation

This information is to be used for CPS Assessment
(4) State purpose

(5) Check one of the following:

This consent is good until Aug. 8, 1998 (not to exceed 90 days from date signed); OR
(6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

Peter S. Kema Sr.
(7) Signature of applicant/recipient/legal guardian

5-8-98
Date

P.O. 10742 Hilo HI 96721
(8) Address of applicant/recipient

Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:

Original - Individual/agency, Copy - Case record

DHS 1466 (6/94)

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Jaylin Acol Kema, hereby give my permission to
(1) Name of applicant/recipient/legal guardian

Steven Choy, PhD, to give the following information
(2) Individual/agency or organization

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

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I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

J. Acol Kema

(7) Signature of applicant/recipient/legal guardian

5/8/98
Date

P.O. Box 10742, Hilo HI 96721-5742

(8) Address of applicant/recipient



Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:

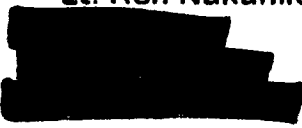
Original - Individual/agency, Copy - Case record

DHS 1466 (6/94)

Children's Advocacy Center of East Hawaii
1290 Kinole Street
Hilo, Hawaii 96720
Ph. (808)935-5437 Fax (808)935-4684



April 17, 1998

To: Det. Glenn Nojiri
Lt. Ron Nakamichi

Aley Auna
Edith Kawai
Dr. Christopher Barthel
Dr. Wesley Sugai-via speaker
phone
Dr. Robert McAlister

From: Marianne B. Okamura
Hawaii County Program Director

Re: Emergency Case Conference for Peter Kema Jr.

We have a request for an emergency case conference for Peter Kema Jr. Please let us know your available times. We will then schedule a time for a one hour meeting. We would appreciate your response by today, April 17th at 4:00 p.m.

| | | Yes | No |
|-------------------|--------------|-------|-------|
| Monday, April 20 | 8:30-11:30 | _____ | _____ |
| | 1:30-4:30 | _____ | _____ |
| Tuesday, April 21 | 8:30-12 noon | _____ | _____ |
| | 3:30-4:30 | _____ | _____ |

You may contact Jo Ann by calling 935-5437 or faxing 935-4684. Thank you.

STATE OF HAWAII
Department of Human Services
Family and Adult Services Division

AGREEMENT BETWEEN THE
DEPARTMENT OF HUMAN SERVICES
and SUBSTITUTE CARETAKER

A. DEPARTMENT OF HUMAN SERVICES

The Department, in placing [REDACTED] (child's name)
[REDACTED] (birthdate) in your home, agrees to:

1. Pay for the child's care according to the board rate currently paid by the Department;
2. Pay for medical and dental care, clothing and other needs according to standards set by the Department;
3. Visit the child and advise you regarding the child's care and supervision;
4. Give you at least two weeks' notice before removing the child from your home except in an emergency requiring immediate removal.

B. SUBSTITUTE CARETAKER

We, [REDACTED] (substitute caretakers' full names) accept [REDACTED] (child's full name) into our home for temporary care and not for the purpose of adoption.

We understand that the Department has responsibility to plan for the child and will visit our home to assist us with the child's care while the child lives with us. We also understand that the Department has the authority to remove the child from our home.

We agree to:

1. Provide care and training to the child to the best of our ability;
2. Cooperate with the Department in planning and working for the child's best interests;
3. Immediately notify the Department in case of any illness or serious difficulty with the child;
4. Consult the Department before allowing the child to leave our home overnight or for any period of time;

STATE OF HAWAII
Department of Human Services
Family and Adult Services Division

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and SUBSTITUTE CARETAKER

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STATE OF HAWAII
Department of Human Services
Family and Adult Services Division

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3. Immediately notify the Department in case of any illness or serious difficulty with the child;
4. Consult the Department before allowing the child to leave our home overnight or for any period of time;

Kenna D. 0780

Orthopedic Surgeons — Specialist

Ortho pod - tet 4/29/11:15

Irvine, Robert MD
670 Poma Hawaii Suits, 100
935-5465 Hilo

→ NO - Peter Kenna

April 28/ 1250

+ at Lora child see -
you thru Nov 96 - mid 97?
Bellotti, John MD

322-8866 / PO Box 248

Kealahou
Need meeting 9:30

~~Blum Barry MD~~
~~Office Central~~
Kona Cycle
Suits C

(5-8-98)

↑ Home not been
found body JDHS

⊙ Informal case
has not been returned

Orthoped:

~~Kaan Kenneth MD~~
~~329 Lisitara~~

Matsunaga, Peter MD
670 Poma Hawaii # 214

→ NO - Peter Kenna

~~HEP~~ - ORTHOPEDICS

Edward Gutteling MD

Jean. Marine, MD

45 Mohouli St
Hilo. — 961-2609

4.28.98 - tet / 1:10

→ NO - Kenna child

4/28/ — 1:05

Blum, Barry M.D.

orthoped

79-7540 H. Mualahoa
322-8866 Hg.

message: phone only. 4/28/98
1:05

9/11/97

To Whom it may concern,

I Peter Kema Sr. do give up all Parental Rights for my son Peter Kema Jr. to my ainty Rose Makua Kane. I am seeking the best care for my son at this time. I am unable to care for his welfare and I will know his needs will be met.

Peter J. Kema Sr.



NOTE THAT
PETER KEMA SR.
GAVE ROSE M.
WHEN HE GAVE
HER PETER-BOY.

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

MAR 23 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720

Mother : Jaylin^M Acol Kema
DOB: 4/10/70 SSN [REDACTED]

133 Puhili Street
Hilo, HI 96720 — 934-9545

Father : Peter Kema Sr
DOB: 8/07/70 SSN [REDACTED]

133 Puhili St.
Hilo, HI 96720

Father [REDACTED]
DOB [REDACTED] SSN [REDACTED]
address: [REDACTED]
[REDACTED]
@business...
[REDACTED]
[REDACTED]
[REDACTED]

Kenan J #10782 of [unclear] project

FAX COVER

April 24, 1998

To:
Your Fax No.:

[REDACTED]

Your Phone No.

[REDACTED]

From:

Hom. Phone No.:
Wk. Phone No.:

[REDACTED]

medical card

Re:

Dear [REDACTED]

Per your request regarding the phone conversation today (4/24/98), please see copy of my medical plan which includes [REDACTED] Should you have any questions please contact me at the numbers listed above.

Thank you for assistance.

Sincerely,

[REDACTED]

cc: Nathan Brenner/Atty.

[REDACTED]

ELIGIBILITY, BENEFIT OR CLAIMS INFORMATION, CALL:

| | |
|----------------------------------|---|
| Customer Service 808/948-6121 | Toll-free from Neighbor Islands 1-800-651-4672 |
| Provider Service 808/948-6218 | Toll-free from Neighbor Islands 1-800-577-4672 |

All medical care must be provided or arranged by your Primary Care Physician (PCP).

Possession of this card confers no right to medical benefits unless the holder is a beneficiary complying with all provisions of the Plan Certificate.

Providers: Payment of benefits will be based on the patient's eligibility at the time services are rendered. Beneficiaries in the Premier Plan health plans are also members of HMSA.

REFERRALS AND PREAUTHORIZATION, CALL: Oahu 808/522-7549
Neighbor Islands 1-800-562-6907

In Hawaii, mail claim forms to: HMSA - CLAIMS, P.O. Box 860, Honolulu, HI 96808-0860
Out of State, mail claim forms to: HMSA-CLAIMS, P.O. Box 2970, Honolulu, HI 96802-2970

HMSA



QUEEN'S/HMSA
Premier Plan
Partners with Physicians for Hawaii's Health

222 Vineyard St., Suite 703
Honolulu, HI 96813

By accepting this card and any benefits to which this card entitles the holder, the holder acknowledges that the agreement pursuant to which this card is issued constitutes a contract solely between the member and HMSA, and that HMSA is an independent plan operating under a license with the Blue Cross and Blue Shield Association, which permits HMSA to use the Blue Cross and Blue Shield names and service marks in the State of Hawaii.

BENEFITS SHOWN ARE EFFECTIVE 08/97

FOR INTERNAL USE ONLY:

| | | | |
|---------|----------|-------|----------|
| HOLD | BROCHURE | MAIL | ROSTER |
| M | N | G | N |
| 24905-1 | | 27004 | 01/10/98 |

| | | |
|------------------------|------------------|-------------------|
| SUBSCRIBER NAME | | BC PLAN |
| [REDACTED] | | 471 |
| SUBSCRIBER NO | GROUP NO | DOB |
| [REDACTED] | 24905 | 12/31/1968 |
| | | BS PLAN |
| | | 971 |
| COVERAGE: | PLAN A | Q-N |
| ADD'L BENEFITS: | DRUG 192 | VISION 0AV |
| | CHIRO 00A | |

MEMBER
MARIAN A COLLIER

PHYS GRP/PCP
QUEEN'S PHYSICIANS GROUP
DR MANUEL J DIZON

[REDACTED]
[REDACTED]

QUEEN'S PHYSICIANS GROUP
DR MANUEL J DIZON

QUEEN'S PHYSICIANS GROUP
DR MANUEL J DIZON

①
April 21, 1997 8:30-10:00 pm } Carter, Mafiri, Nakamichi
CAC c/c Kema } [redacted] Phamua,
Case conference } [redacted]

- no said in 6/26/97 or 7/7/97 to [redacted]
- no took Peter fr. to Dr. McAllister, told her to wrap it up. No formal exam done.
- [redacted] got consent, went to Palua Health Ctr. + nurse said child last seen 1995.
- no agreed to take child to [redacted] office 8/15/97.

→ [redacted] later found out 8/15/97 = admissions day. ofc. not why.

→ [redacted] spoke up [redacted] + later, [redacted] [redacted] wanted visit (had [redacted] until 6/95). they were concerned = don't know where son was.

→ 10/2/97 = [redacted] went to school + int. [redacted] gain.

• [redacted] = phys. healthy, happy.

• where's brother? [redacted] = clear Peter of aunty in Kma, don't know aunty. dad in contact of aunty in Kma.

• [redacted] say - Peter wanted to be there. was very acceptable to [redacted] for bro. to be there.

→ other thr's made - no one home but cars there. windows closed tightly. no phone.

→ [redacted] called { 1/2 sis. Rachael who lives

→ " { 1/2 " Lee Kobayashi.

* both said "worried", don't know where child is.

- [redacted] called no's brother Reid → no info.

2.

- spoke of Jaylin's younger sister = Nei "Bong" who lives [REDACTED]
- [REDACTED] - went police 01/8/97. Hilo Station. Window down stairs. ofc. ~~Fragiao~~ Fragiao ~~the~~ met at house on
- [REDACTED] - went police in Hilo (01/09/97 -)
 - desk said same officer will meet you there.
 - ofc. Fragiao met [REDACTED] at house.
 - Mo skinned up. Int. → last time seen by.
 - ↳ said she + husb separated in 8/97.
 - officer called for back-up (Ikeda?). 2 officers + Mo. went inside, said they would open up every door.

(*)

8/21/97 → [REDACTED] spoke abt making missing person report to [REDACTED]. [REDACTED] understanding = she needed to be relative to make missing person report.

→ [REDACTED] had no make missing person report at station.

3

GLEN:

1/9/97 - officer Fragiacio initiated missing person report

1/20/97 - glen was assigned to follow-up -
parent acting suspicious.

- fa at station waiting for interview.

- Ikeda said = par. not concerned.

- glen int. fa = gone to Rose Maluakane
in HWC to look for job. Bng = Company.
Stayed tent in aala park. ret Hilo 8/15/97
for interview.

van not money
couldn't feed
assume
Rose took care
him when
Dyring br.
wrote not
to go

went HWC
6/97 -

Laulala weana

* today 4/21/98 -> glen got note
3 tickets issued HWC to Hilo. 3 initials, Kema.
Police in process of getting warrant.

* fa. stayed Hilo for few days; ret. to HWC + ret. 10/97.

-> glen did ✓ on Rose -> driver's license, Mahe
maluakane's obituary = none.

glen -> spoke of Peter + Jaylin. got name info. to ID.
Rose's home. (went 2x at night 1x of Peter by 1x in 12/97)

* said went back HWC 12/97 bec. CPS wanted to
see bng. Rose not living at home in Oahu.

-> Rose said = enroll in private school
= go to Florida.

-> nothing on Peter
as Maluakane or Kema.
-> Kam Schroll = none.

slut m.
no info. not avail
no registry in
Laulala weana.

For Follow-up

Rox Maluakane - birth cert?

7-11 near aala park?

Handwriting analysis
Institute for Human Services

Weapons?

([REDACTED] notes)

Tracey Repanto

7 mos. ago -

⊙ invest. case -

⊙ who called police?

⊙ which officer?

(4)

Peter = said photo = street near Rose's house.
= agreed to go to the

calls Glen = she hired Billy Lyman as
private investigator.

- Peter was sup. to go to the on day of F.C. by.
- Fred = if sm show up → turn over to CPS.
- Peter assigned Steven Straum, atty = don't tell statements

* Billie told Glen = last time child seen by
fam. member in Kona → 2/97.

3/28/98 - Glen in Nanawale try locate
"Uncle Charlie"

note = dated 9/11/97. signed by Peter ^{to} for Rose

① Will Straum allow fa. to go to the?



Office of the Administrative Director – Children’s Advocacy Centers of Hawai’i
THE JUDICIARY • STATE OF HAWAI’I • 3019 PALI HIGHWAY • HONOLULU, HAWAI’I 96817-1418
TELEPHONE (808) 548-6021 • FAX (808) 595-6978

Michael Broderick
ADMINISTRATIVE DIRECTOR
Clyde W. Namu’o
DEPUTY ADMINISTRATIVE DIRECTOR

Judy Lind
DIRECTOR

April 23, 1998

To: Captain Morton Carter
Lt. Ron Nakamichi
Det. Glenn Nojiri
[REDACTED]
Ms. Edith Kawai
From: Marianne B. Okamura
Re: Kema Case Conference

This is to confirm that the May 1st case conference regarding the above named child is being cancelled.

EAST HAWAI’I CENTER
1290 Koolole Street
Hilo, HI 96720
Phone: (808) 935-5437
Fax: (808) 935-4084

WEST HAWAI’I CENTER
77-6403 Nalani Street
Kailua Kona, HI 96740
Phone: (808) 326-2828
Fax: (808) 326-2819

MAU’I CENTER
1773 A Wili Pa Loop
Waiuku, HI 96793
Phone: (808) 244-1024
Fax: (808) 242-2865

KAUAI CENTER
4473 Paha’e St., Suite M
Lihue, HI 96766
Phone: (808) 241-3590
Fax: (808) 241-3593

BENJAMIN J. CAYETANO
GOVERNOR



SUSAN M. CHANDLER
DIRECTOR

KATHLEEN G. STANLEY
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
FACSIMILE COVER SHEET

Today's
Date: 4/23/98

Total No. of Pages
Including fax memo: 4

To: _____
Address: EHCWSS
Phone Number: _____ Fax Number: _____

From: _____

Address: _____

Phone Number: _____ Fax Number: _____

REMARKS: Urgent & Reply By Info Only Review and Comment By

Here is the synopsis I sent to _____ yesterday
I gave it by best shot given the information I had on hand. Please share with _____

I see from today's Advertiser that the question of timing is still paramount. I was not aware
that _____ attempted to file missing person report in June and were told they could
not as parents were aware of boys whereabouts.

I guess the police were aware in June of the possibility he was missing!

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4/22/98

TO: [REDACTED]

FR: [REDACTED]

Subj: Synopsis of Kema Case

An Intake report was taken on 4/4/97, and within a week's time it was accepted for investigation. Given the fact that the unit was chronically short of staff and receives 20-40 intakes per month, investigations had to be assigned on a priority basis, based on the immediate safety needs of the child.

The information received did not warrant a high safety factor, given that there was no indication of actual harm, and at that time, there was no suspicion of the child being missing. The intake was accepted solely on the perceived concerns of a 15 yo, coupled with a prior CPS history (Case closed in 1995)

On 6/17/1997 the intake was assigned to an investigative worker and a copy of the intake was sent to the Hilo police.

The efforts to investigate the complaint and locate the child by CPS investigator since 6/17/97 are as follows:

A. Home visits

Worker made several visits to various addresses tracking the family but was unable to talk to or interview the parents as they were not at home, or refused to answer the door.

B: Telephone to parents

Worker was successful in making telephone contact in late June and set up an office visit with the parents; they were to bring [REDACTED]

C. Face to face meeting with parents

The office visit scheduled for 6/26 was changed to 6/27 at the request of the mother who later canceled the 6/27 appointment.

D. Telephone call to extended family

Between 6/97 through 1/98 worker had phone calls with various family members in efforts to locate Peter, Jr. These efforts included questions

regarding distant relatives that he was supposedly living with. All these efforts did not produce the child.

On Aug 21, 1997 [REDACTED] was advised to make a missing person's report to the police. She did not follow through

E. Visits to [REDACTED] at school

Worker was able to speak [REDACTED] alone at school in 10/97. According to [REDACTED] [REDACTED] had not seen Peter, Jr. for several months and did not know his exact whereabouts. [REDACTED] related a story that peter was with relatives. These stories were pursued and all relatives mentioned were contacted to no avail.

F. Contacts with police

Per agency policy, the intake report was sent in 6/97.

Made contact with the police approx. 8/97 regarding making missing person's report and finally police accompanied worker to family home in Jan 98 to help locate the child.

G. Collateral contacts

In following up with information received, investigator spoke with Pahoia Health Clinic in July, 97 to determine if child was seen for the injury (broken arm). They noted he was last seen in Dec. 1995 and they thought Peter was with a relative on Oahu.

Worker obtained more information from the reporter of the intake regarding family situation and possible location of Peter, Jr.

Contacted welfare office to help locate family.

Checked with several schools to determine if Peter Jr. ever registered at school.

Given the information received by the department in August that the police would be unable to accept a missing person's report from a non-family source (including CPS), efforts were made to encourage the family to make their own report. Those efforts were not successful until January, 1998.

Regardless of the fact that the worker could not locate the child, she never stopped efforts to find the truth about Peter, Jr. whereabouts.

Her efforts went beyond normal duties of a CPS worker in that she became a detective trying to check every possible lead given for the whereabouts the child.

The department is extremely concerned about the child's safety and current whereabouts and has not given up their efforts to find the truth.

In regards to [REDACTED] the department is taking a conservative approach and is in the process of removing the children from the home. Before the safety of this home can be determined Mr. & Mrs. Kema must reveal what happen to Peter Jr. or he must be located.

MEMORANDUM/ROUTE FORM

State of Hawaii
Department of Human Services

To:

[Redacted]

From:

[Redacted]

Date:

4/21/98

Subject:

KEMA, Jaylin

REMARKS:

I reviewed Intake logs 1994 thru 1997, and Jan.-March 1998, and find only one (1) entry related to abuse:
4/4/97 15:50 Report accepted for physical abuse to Peter Te. by his father.
Intake # 51657
Case # 10780
(Assigned to [Redacted] on 4/17/97)

- Approval
- Comments
- Discussion
- Information
- Action
- See me
- Signature
- Circulate
- Return
- File

EAST HAWAII INTAKE/ASSESSMENT UNIT
120 Pauahi St., Ste. 210, Hilo, HI 96720
Telephone: (808)933-0350; FAX: (808)933-0364

**DEPARTMENT OF
HUMAN SERVICES**

Fax

To: [REDACTED] From: [REDACTED]
Fax: [REDACTED] Pages: 2
Phone: [REDACTED] Date: 4/21/98
Re: *Kema Checklist*

Urgent For Review Please Comment Please Reply Please Recycle

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EICI CHECKLIST

Case Name: Kenn, Jaylin

EICI Wkr: [Redacted]

Intake No.: 51657 Case No.: 10760

HAWI No.: 35344 SSA: _____

Transfer/Closure/Purge

| | |
|--|--|
| INTAKE WORKER: | PLACEMENTS: |
| HAWI Check Unit/Wkr: Pgm: Date: | Not. of Place. & Removal Date: |
| NS01/NS02/NS04 Name Searches | CU22 Child 20 21 22 23 24 25 26 |
| NS10/NS14/WS10/WS17 Prior Unit/Wkr: 72/607 Cl: 10/95 | Medical Exam Date: |
| IA 14(60/62) General Case Data | CA 50 Placement Service Lines |
| IA 18 Complainant Information | K221/K225 20 21 22 23 24 25 26 |
| IA 20 Complainant Narrative | PC30 Payment Authorization |
| IA 40(41) Adult Data 01 (02) (03) 04 05 50 51 | CA 28 Court Dates 20 21 22 23 24 25 26 |
| IA 22(23) Child Data 20 (21) (22) (23) (24) 25 26 | CA 30 Crit. Dates 20 21 22 23 24 25 26 |
| IA 36 Victim Data 20 21 22 23 24 25 | CA 34 Visitor Plan 20 21 22 23 24 25 26 |
| IA 52 Log of Contacts | |
| TU 61 Intake Disposition | TRANSFER/CLOSURE: |
| IX 10 Review Intake | CU 51 Close/Transfer 01 02 03 04 50 51 |
| IR 10 Print Intake | Service Lines 20 21 22 23 24 25 26 |
| IM 06 Case Disposition 10760 | CU 40 Update Adult 01 02 03 04 50 51 |
| CU 40 Goals 01 (02) (03) 04 05 50 51 | CU 22 Update Child 20 21 22 23 24 25 |
| CU 22 Goals 20 (21) (22) (23) (24) 25 26 | CA 60 Case Record Document Summary |
| CU 14 Update Case | PC 70 Term. Notice G509/K509 Mailed: |
| Log Intake on Monthly Intake Record | CU 14 Close Case. |
| Send checklist, Intake + Copy(s) to Supervisor | |
| SUPERVISOR: | SUPERVISOR: |
| CD 18 Complainant Information Display | PS 31 Outstanding Authorization |
| CD 20 Complainant Narrative Display | PS 70 Notice Summary |
| CS 08 Family Summary - Goals | CS 08 Family Summary |
| WA 10 Assign Wkr: EA Date: 6/17/97 | CS 28 Court Legal Status Date Summary |
| Police Referral Date: 6/17/97 | CS 30 Critical Date Summary |
| CAC Referral (Sex Abuse Only) Date: 6/17/97 | CD 36 View Victim Data |
| | CD 39 View Victim Disposition |
| | WA10/CU68 Date: Unit: |
| CLERICAL: | CLERICAL: (Transfer) |
| Master File Card Date: 7/11/97 | Update Face Sheet/Master File Card Date: |
| Case Record (Open) Update/Request Date: 5/13/97 | Attach Transmittal Memo to Checklist |
| Criminal History Check 01 02 03 04 05 50 51 | |
| Date Mailed: 5-15 & 7/11/97 | CLERICAL: (Closure) |
| Form 1458 Unit/Wkr: 536/01 Date: 5/15/97 & 7/11/97 | Update Face Sheet/Master File Card Date: |
| SOCIAL WORKER/ASSISTANT: | Enter Closure Date on Face Sheet |
| PC 70 Appl. Notice G504/K504 Mailed: | Erase SW Initials on Master File Card |
| CA/U 52 Log of Contacts | Tag Case Record for Closing/Filing |
| CA/U 50/51 Service 01 02 03 04 05 50 51 | |
| Lines 20 21 22 23 24 25 26 27 | |
| CA/U 36 Victim Data 20 21 22 23 24 25 26 | REMARKS: (Transfers Only) |
| CU 39 Victim Dispo. 20 21 22 23 24 25 26 | |
| CA 62 Investigative Narrative | |
| CA 64 Investigative Summary - Case Action | Next Hearing Date: |
| CR 52 Print Log of Contacts/Summary | |
| CR 62 Print Worker's Findings | |
| CAC Tracking Form Mailed: | Report Due: |
| | April 6/98 - 8 AM |
| | April 23/98 - 1:30 |
| | |
| | |
| Revised 10/07/96 (HB-EICI) | |

1/Cont-



Alternatives To Violence: East Hawaii

P.O. Box 10448 • Hilo, Hawaii 96721-5448 • (808) 969-7798 • Fax 961-3202

TO: CPS DATE: 2-26-98

ATTN: [REDACTED] FAX: [REDACTED]

FROM: Karen- ATU

PHONE: 969-7798

FAX #: _____

NUMBER OF PAGES (including this cover sheet) 3

COMMENTS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> For information/files | <input type="checkbox"/> For your action |
| <input type="checkbox"/> For signature and distribution | <input type="checkbox"/> For your request |
| <input type="checkbox"/> For your review and comments | <input type="checkbox"/> For our conversation |
| <input type="checkbox"/> For distribution | <input type="checkbox"/> For your approval |
| <input type="checkbox"/> For recording/filing | <input type="checkbox"/> Approved as noted |
| <input type="checkbox"/> For filing | <input type="checkbox"/> Disapproved |
| <input type="checkbox"/> For signature and return | <input type="checkbox"/> For correction |
| <input type="checkbox"/> See above remarks | |

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CSR ABUSE INDEX

FOR EACH QUESTION, FILL IN THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP

3=FREQUENTLY 2=SOMETIMES 1=RARELY 0=NEVER

- 0 1. DOES HE CONSTANTLY CHECK ON YOU AND MAKE YOU ACCOUNT FOR EVERY MINUTE YOU'RE NOT WITH HIM (ERRANDS, VISITS FRIENDS, GOES TO WORK, GOES OUT, ETC.)
- 0 2. DOES HE EVER ACCUSE YOU OF HAVING AFFAIRS WITH OTHER MEN OR ACT SUSPICIOUS OF YOU?
- 1-00 3. IS HE EVER RUDE TO YOUR FRIENDS?
- 0 4. HAS HE EVER DISCOURAGED YOU FROM STARTING FRIENDSHIPS WITH OTHER WOMEN BY CALLING THEM NAMES, TELLING YOU HE DOESNT WANT YOU TO HANG AROUND THEM--BAD INFLUENCE
- 0 5. IS HE EVER CRITICAL OF THINGS SUCH AS YOUR COOKING, YOUR CLOTHES, OR YOUR APPEARANCE
- 0 6. DOES HE DEMAND A STRICT ACCOUNT OF HOW YOU SPEND MONEY?
- 0 7. DOES HIS MOODS CHANGE FROM VERY CALM TO VERY ANGRY OR VICE VERSA?
- 0 8. IS HE DISTURBED BY YOUR WORKING OR THE THOUGHT OF YOU GETTING A JOB?
- 0 9. DOES HE BECOME ANGRY MORE EASILY WHEN HE DRINKS?
- 0 10. DOES HE PRESSURE YOU FOR SEX MUCH MORE OFTEN THAN YOU LIKE
- 0 11. DOES HE BECOME ANGRY IF YOU DO NOT WANT TO GO ALONG WITH HIS REQUESTS FOR SEX?
- 0 12. DO YOU AND YOUR PARTNER QUARREL MUCH OVER FINANCIAL MATTERS
- 0 13. DO YOU AND YOUR PARTNER QUARREL MUCH ABOUT HAVING CHILDREN OR HOW TO RAISE THEM
- 0 14. DOES HE EVER STRIKE YOU WITH HIS HANDS OR FEET (SLAP, PUNCH, KICK, ETC.)

6=FREQUENTLY 5=SOMETIMES 4=RARELY 3=NEVER

- 0 15. DOES HE EVER STRIKE YOU WITH OBJECTS
- 0 16. DOES HE EVER THREATEN YOU WITH AN OBJECT OR WEAPON
- 0 17. HAS HE EVER THREATENED TO KILL EITHER YOU OR HIMSELF
- 0 18. HAS HE EVER GIVEN YOU VISIBLE INJURIES (SUCH AS WELTS, BRUISES, CUTS, ETC.)
- 0 19. HAVE YOU EVER HAD TO TREAT ANY INJURIES FROM HIS VIOLENCE WITH FIRST AID
- 0 20. HAVE YOU EVER HAD TO SEEK PROFESSIONAL AID FOR ANY INJURY AT A MEDICAL CLINIC, DOCTOR'S OFFICE, HOSPITAL, OR EMERGENCY ROOM
- 0 21. HAS HE EVER HURT YOU SEXUALLY OR MADE YOU HAVE SEX AGAINST YOUR WILL
- 0 22. IS HE EVER VIOLENT TOWARD CHILDREN
- 0 23. IS HE EVER VIOLENT TOWARD OTHER PEOPLE OUTSIDE YOUR HOME AND FAMILY
- 0 24. DOES HE EVER THROW OBJECTS OR BREAK THINGS WHEN HE IS ANGRY
- 0 25. HAS HE EVER BEEN IN TROUBLE WITH THE POLICE
- 0 26. HAVE YOU EVER CALLED THE POLICE OR TRIED TO CALL THEM BECAUSE YOU FELT YOU OR MEMBERS OF YOUR FAMILY WERE IN DANGER

ABUSE INDEX SCORE

TO SCORE CSR ABUSE INDEX FORM RESPONSES, SIMPLY ADD UP THE POINTS FOR EACH QUESTION.
THIS SUM IS THE ABUSE INDEX SCORE.

COMPARE INDEX SCORE WITH THE FOLLOWING CHART:

120-92 DANGEROUSLY ABUSIVE

91-35 SERIOUSLY ABUSIVE

34-13 MODERATELY ABUSIVE

12-0 NONABUSIVE

19



KAPI'OLANI CHILD PROTECTION CENTER

794 A Kilauea Avenue, Hilo, Hawaii 96720 808 / 934-9875

04/28/98

Enclosed please find an updated cover page from the Kema CPS Multidisciplinary Team Report dated 04/15/98. Please note that Mr. Aley Auna, Esq. from the Attorney General's Office did not attend this meeting. I am sorry for any inconvenience this may have caused.

Thank You,

Nancy J. Higa
Team Coordinator



United Way