

FACE SHEET

CASE NAME: KEMA, Jaylin M/ ~~(redacted)~~

CASE # 10780

Aliases: Jaylin Acol

Social Services Cross Reference

Date Applied	Disposition and Date	at. Closed
1 05/08/91	Approved 05/08/91 #06471	
2 08/12/91	Approved 08/12/91 #07065	10/21/91
3 04/04/97	Approved 04/04/97 #51657	3/24/00
4 04/23/98	Approved 04/23/98 #58418	
5		
6		
7		
8		

Income Maintenance Cross Reference

HAWI #10780

Date	FM#	Address and Mailing Address	Telephone	Date	FM#	Address and Mailing Address	Telephone
04/97	02	Nanawale Est., corner of Niihau & Flower	000-0000	4/98	03	Magellan Ave., #3, Honolulu	234-065
		M: P.O. Box 10742, Hilo, 96720					
	03	SAME					
09/97	02	133 Puhili St., Hilo	934-9545				
	03	Kaumana, (turn off Kaumana drive to Wilder)					
04/98	01, 02	133 Puhili St., Hilo (parallel to Wilder, Kaumana)	934-9545				

Family Members	Relationship	FM#	Ancestry	Birthdate	Date of Death	MEDICAL ALERT
Man (First Name) Peter Kema, Sr	father	01		08/17/70		
Woman (First and Maiden Name) Jaylin Kema	mother	02		04/10/70		
Minor children						
(redacted)	son	20	H	(redacted)		
(redacted)	dau	21	H	(redacted)		
Peter Kema, Jr.	son	22	H	05/01/91		
(redacted)	dau	23	H	(redacted)		
(redacted)	son	24	H	(redacted)		
Others in Household						

Significant Others out of Household or Other Caretakers

Name	Relationship	FM#	Address	Phone No.	Other Comments
(redacted)		01	unknown	000-0000	(redacted)
(redacted)			(redacted)		

No. 1 or 2	Legal Marriage	Date of Marriage	Date of Divorce	Date of Death
	Name of Spouse			

Directions to Home and Other Remarks

[REDACTED]

Other Information:

[REDACTED]

EHIA CHECKLIST

Case Name: Kema, Jaylin

EHIA Wkr: [REDACTED]

Intake Date: 01/10/2000 Intake No.: 69462

Case No.: 10780

HAWI No.: _____

INTAKE WORKER:		PLACEMENTS:		TRANSFER/CLOSURE/PURGE
Notify Clerical - Request Closed Case Record		Not. Of Placement & Removal	Date:	
HAWI Check Unit/Wkr: <u>534</u> Pgm: <u>SP/SA</u> Status <u>ACTIVE</u>		1458 - Notify BESSD	Date:	
Check TRO Listing FC-DA # <u>1111</u>		1607 - DOE Notice	20 21 22 23 24 25	
NS01/NS02/NS04 Name Searches		Medical Application		
NS10/NS14/WS10/WS17 Unit/Wkr: St:		Birth Certificate		
IA 14/60/62 General Case Data		Social Security Card		
IA 18 Complainant Information		Medical Exam	20 21 22 23 24 25	
IA 20 Complainant Narrative		CU 22/24	20 21 22 23 24 25	
IA 40/41 Adult Data 01 02 03 04 50 51		CA 28 Legal St. Dates	20 21 22 23 24 25	
IA 22/23 Child Data 20 21 22 23 24 25		RU 10 Review Sum.	20 21 22 23 24 25	
IA 36 Victim Data 20 21 22 23 24 25		RU 15 Episode Sum.	20 21 22 23 24 25	
IA 52 Log of Contacts		CA 50 Plcmt Svc Lines	20 21 22 23 24 25	
IU 61 Intake Disposition		PC 30 Payment Authorization		
IX 10 Review Intake		CA 52 Placement Log of Contact		
IR 10 Print Intake		CA 34 Visitation Plan		
IM 06 Case Disposition Type: <u>IU08</u>		Special License Packet	Date Submitted:	
CU 42 Goals 01 02 03 04 50 51		TRANSFER/CLOSURE:		
CU 24 Goals 20 21 22 23 24 25		CU 50/51 Close/Transfer Svc. Lines		
CU 16 Update Case			01 02 03 04 50 51	
Log Intake on Monthly Intake Record			20 21 22 23 24 25	
Send checklist, Intake + Copy(s) to Supervisor		CU 40 Update Adult	01 02 03 04 50 51	
<u>CR10</u>		CU 22 Update Child	20 21 22 23 24 25	
SUPERVISOR: <u>active</u>		PC 70 Term. Notice K509 Mailed:		
WA 10 Assign Wkr. Date: <u>1-11-00</u>		CU 14 Close Case [2 screens]		
Police Referral: <u>JAS</u> 1 CID Date: <u>1-13-00</u>		SUPERVISOR:		
Prosecutors Office Date: <u>"</u>		PS 31 Outstanding Authorization		
CAC Referral Date: <u>"</u>		CS 28 Critical Dates Summary		
CLERICAL:		CS 36 Victim Data		
Master File Card Date: <u>2/2/00</u>		CD 39 Victim Disposition		
Case Record [Open/Update] Date: <u>"</u>		RD 10 Review Summary		
Crim Check 01 02 03 04 50 51 Date:		RD 15 Episode Summary		
SOCIAL WORKER/ASSISTANT:		CD 62 Investigative Summary		
PC 70 Application Notice K504 Mailed:		CD 64 Case Action		
CA/U 52 Log of Contacts		WA10/CU68 Unit/Wkr: Date:		
CAU 50/51 Service Lines 01 02 03 04 50 51		CLERICAL: [Transfer]		
		Master File Card	Date:	
CAU 36 Victim Data 20 21 22 23 24 25		Attach Transmittal Memo to Checklist		
CU 39 Victim Dispo. 20 21 22 23 24 25		Attach Diskette		
CA 60 Case Record Document Summary		CLERICAL: [Closure]		
CA 62 Investigative Narrative		Face Sheet		
CA 64 Investigative Summary - Case Action		Master File Card		
CR 52 Print Log of Contacts		Tag Case Record for Closing/Filing		
CR 62 Print Worker's Findings				
CAC Tracking Form Mailed:				

REMARKS:

PLACEMENT FORMS	File	FP	H.M.	CWS2	BESSD	Quest	DOE
Key: C - copy O - orig. * - per child							
*Placement Request Form	C			O			
*Substitute Caretaker Agreement	O	C					
*Medical Exam Form	O	C					
*Child's Information and Visitation Form	C	O					
*Placement and Removal	C		O	C			
*Medical Application Packet	C		C			O	
a)DHS 1102 Hawaii Quest Enrollment	C		C			O	
b)DHS 1100 Application for Medical Assistance	C		C			O	
c)DHS 1631 Application for CSEA	C		o+c			C	
d)DHS 1247 Initial Notice of Reg. To Coop.-CSEA	C		o+c			C	
e)DHS 1247 A Initial Notice of Reg. To Coop.-3rd Party	C		o+c			C	
*Birth Certificate/Birth Record	O		C			C	
*DHS 1269 Request for Copy of Vital Statistics	C						
*SS-5 Application for a Social Security Card	C						
*SSA11BK Request to be Selected as Payee	C						
*DHS 1458 Notify BESSD	C		C		O		
*DHS 1607 DOE Notice	C						
Special Licensing Forms							
a)DHS 1586 Provisional Appr. of Hms. for Spe. Chld.	C	C		O			
b)DHS 1554 Ref. of Prospective of Hms. for Spe. Chld.	C	C		O			
c)DHS1583 Foster Home Application	C	C		O			
d)DHS 1585 Supplement to Foster/Adoptive	C	C		O			
e)DHS 1623 Req. for Criminal History Rec. Clearance	C	C		O			
f)DHS 1536 Medical Report	C	C		O			
* h)Foster Board Reimbursement Cover.	C	C		O			

EHIA CHECKLIST

Case Name: Kema, Jaylin

EHIA Wkr: [Redacted]

Intake Date: 1/10/00

Intake No.: 69462

Case No.: 10780

HAWI No.: _____

TRANSFER/CLOSURE/PURGE

INTAKE WORKER:	N/A	PLACEMENTS:
Notify Clerical - Request Closed Case Record		Not. Of Placement & Removal Date:
HAWI Check Unit/Wkr: Pgm: Status		1458 - Notify BESSD Date:
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*Substitute Caretaker Agreement	O	C					
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*Child's Information and Visitation Form	C	O					
*Placement and Removal	C		O	C			
*Medical Application Packet	C		C			O	
a)DHS 1102 Hawaii Quest Enrollment	C		C			O	
b)DHS 1100 Application for Medical Assistance	C		C			O	
c)DHS 1631 Application for CSEA	C		o+c			C	
d)DHS 1247 Initial Notice of Reg. To Coop.-CSEA	C		o+c			C	
e)DHS 1247 A Initial Notice of Reg. To Coop.-3rd Party	C		o+c			C	
*Birth Certificate/Birth Record	O		C			C	
*DHS 1269 Request for Copy of Vital Statistics	C						
*SS-5 Application for a Social Security Card	C						
*SSA11BK Request to be Selected as Payee	C						
*DHS 1458 Notify BESSD	C		C		O		
*DHS 1607 DOE Notice	C						O
Special Licensing Forms							
a)DHS 1586 Provisional Appr. of Hms. for Spe. Chld.	C	C		O			
b)DHS 1554 Ref. of Prospective of Hms. for Spe. Chld.	C	C		O			
c)DHS1583 Foster Home Application	C	C		O			
d)DHS 1585 Supplement to Foster/Adoptive	C	C		O			
e)DHS 1623 Req. for Criminal History Rec. Clearance	C	C		O			
f)DHS 1536 Medical Report	C	C		O			
* h)Foster Board Reimbursement Cover.	C	C		O			

01/10/00
14:40:21.5

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

FFNOR10F

Original

CPS INTAKE DOCUMENT

INTAKE NO 29462

TAKER BY [REDACTED]
COMPLETE BY [REDACTED]
ASSIGNED BY [REDACTED]
ASSIGNED TO [REDACTED]

DATE/TIME 01-10-2000 10:49
DATE/TIME 01-10-2000 14:40
DATE 1-11-00

CASE NAME KENA, JAYLIN
CASE NO 60010780 STATUS C
UNIT NO 70 WORKER NO [REDACTED]

INITIAL REFERRAL BY [REDACTED]
PHONE 000 000-0000

COMPLAINANT DO 01

CHILDREN:

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

ADULTS:

FNN	NO	NAME	DOB	ALLEGED PERP	Y
FNN 01		NAME KENA SR., PETER	DOB 08/17/70	ALLEGED PERP	Y
		ADDRESS P.O. BOX 2058	CITY KEAAU	ST HI	
			ZIP 96749 0	PH 934-9545	
FNN 02		NAME KENA, JAYLIN M	DOB 04/10/70	ALLEGED PERP	Y
		ADDRESS P.O. BOX 2058	CITY KEAAU	ST HI	
			ZIP 96749 0	PH 000-0000	
FNN 03		NAME [REDACTED]	DOB [REDACTED]	ALLEGED PERP	Y
		ADDRESS [REDACTED]	CITY [REDACTED]	ST HI	
			ZIP 96720 0	PH [REDACTED]	
FNN 50		NAME [REDACTED]	DOB [REDACTED]	ALLEGED PERP	Y
		ADDRESS [REDACTED]	CITY [REDACTED]	ST HI	
			ZIP [REDACTED]	PH [REDACTED]	

PROBLEMS FOR WHICH REFERRED:

FNN	NO	TYPE	THREAT OF ABUSE	NEGR MEDICAL NEGLECT
FNN 25		TYPE	THREAT OF ABUSE	NEGR MEDICAL NEGLECT
		LOC OF INC	UNKNOWN	
		ACTION BOOKING NO	DATE 00/00/00	TIME 00:00
		HOSPITAL	DATE 00/00/00	TIME 00:00

COMPLAINANTS ACCOUNT(S):

CONF	NO	01	COMPLAINT	DATE/TIME	01/10/00 10:49	PHONE	000 000-0000
			NAME [REDACTED]				

01/10/00
14:40:21.3

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KRM0107

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 TAKE 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 ~~MEMBORN~~ MEMBORN 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, 51637, 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.

CHILD RISK ASSESSMENT SUMMARY

CASE NAME: Kerna, Jaylin CHILD'S NAME Kerna Newborn
 CASE NUMBER (CPSS): 10780 INTAKE #: _____

WORKER NAME	UNIT	DATE
[REDACTED]	36	1/10/99

INDICATE LEVEL FOR EACH FACTOR IN THE APPROPRIATE COLUMN BASED ON DATA COLLECTED ON THE MATRICES: (I-INTAKE, A-ASSESSMENT, ETC.). (COMPLETE FOR EACH CHILD AT RISK IN THE HOME)

FACTORS FOR CHILD:

HARM	LEVEL	VULNERABILITY	LEVEL
REPORT AND DESCRIPTION OF ABUSE	S	AGE OF CHILD	S
LOCATION OF INJURY	✓	VULNERABILITY	S
FREQUENCY AND DURATION	✓	CHILD'S MENTAL FUNCTIONING	✓
MEDICAL TREATMENT REQUIRED	H	PHYSICAL FUNCTIONING	✓
EMOTIONAL INDICATORS	✓		
PHYSICAL INDICATORS	✓		
OVERALL HARM LEVEL	S	OVERALL VULNERABILITY LEVEL	S

NOTE: LEVEL = L, M, H, S

FACTORS FOR CARETAKERS:

PROTECTIVENESS/ CAPACITY	LEVEL	HISTORY/FUNCTIONING	LEVEL
PRESENCE OF PROTECTIVE ADULT IN THE HOME	S	INVOLVEMENT IN SERVICES	S
AGE	L	WILLINGNESS TO PARTICIPATE IN SERVICES	S
EXPLANATION OF HARM	H	HISTORY OF ABUSE VICTIM, CARETAKER, SIBLINGS	S
CHILD MANAGEMENT/DISCIPLINE	H	FAMILY FUNCTIONING	H
ABILITY TO PROBLEM SOLVE	S	SUBSTANCE ABUSE	✓
MENTAL CAPACITY	S	DOMESTIC VIOLENCE	H
FAMILY SUPPORT SYSTEM	H	FREQUENCY AND DURATION OF DOMESTIC VIOLENCE	H
ABILITY TO PROVIDE SHELTER	✓		
ACCESS TO VICTIM	H		
OVERALL PROTECTIVENESS LEVEL	S	OVERALL HISTORY LEVEL	S

NOTE: LEVEL = L, M, H, S

WORKER ASSESSMENT OF FACTORS:

(WORKER'S DETERMINATION OF OVERALL LEVEL FOR EACH OF THE FOUR FACTOR GROUPINGS FOR CHILD AND CARETAKERS.)

	HARM	VULNERABILITY
CHILD	S	S
CARETAKERS	S	S
	PROTECTIVENESS/CAPACITY	HISTORY/FUNCTIONING

WORKER ASSESSMENT OF OVERALL CASE LEVEL: S
 (LOW, MODERATE, HIGH, SEVERE)

FAMILY SAFETY ASSESSMENT	
CASE NAME: <i>Kema, Jaylin</i>	CHILD'S NAME: <i>newborn</i>
WORKER NAME/UNIT: 	ASSESSMENT DATE: <i>1/10/99</i>

I. FAMILY STRENGTHS (Check all that apply)

Document all family strengths and resources that would ensure the safety of the child in the home.

- 1. The child or a sibling has suffered a low or moderate level of harm or risk, as determined by the assessment matrices
- 2. The child is able to protect him/herself, or is willing to report harm.
- 3. The maltreater has been identified
- 4. The maltreater has appropriate access to the child
- 5. There is a protective adult available to, and accepted by the family.
- 6. There are no previous substantiated reports of abuse or neglect.
- 7. There is no report or evidence of domestic violence in the home.
- 8. The caregiver's method of child management does not place the child at risk.
- 9. The caregiver's have no physical, psychological, or behavioral problems which place the child at risk
- 10. Caregiver does not use substances, or uses at a level that does not place the child at risk.
- 11. The family has access to sufficient resources and uses them to meet their basic needs.
- 12. The family has a practical safety plan, which would ensure the safety of the child.
- 13. There is a social support system available to the family who is aware of the risk to the child, and is willing to assist the family, or intervene if necessary.

Other information or changes:

II. SAFETY RESPONSES THE FAMILY WILL MAKE TO MAINTAIN THE CHILD SAFELY IN THE HOME

- The caregivers are willing and able to make changes that would ensure the safety of the child in the home.
- The family will accept treatment and services to resolve the safety issues in the home.
- Extended family members can and will ensure the safety of the child.
- The family will agree to court jurisdiction and an immediate safety plan
- The Non-perpetrating caregiver and child will leave the home to a safe environment
- The maltreater will leave the home

Other:

III. CAUSE OR SOURCE OF SAFETY CONCERN - CAREGIVER OR CHILD

(Document all significant safety concerns which have resulted in harm, or pose a risk to the child)













- 1. The child or a sibling has suffered a high or severe level of harm or risk, as determined by the assessment matrices
- 2. The child is unable to care for or protect him/herself or unwilling to report harm.
- 3. The maltreater has not been identified.
- 4. The maltreater has access to the child which places the child at child.
- 5. There are no protective adults available to the child and family who are willing and able to intervene.
- 6. There have been previous substantiated reports of abuse or neglect.
- 7. There are substantiated reports of domestic violence in the home.

01/20/00
16:13:08.0

USE LOG OF CONTACT SUMMARY

KFHCS52N

CASE NO 00010780 COMPLAINT DATE 05/08/1991 TIME 15:30
CASE STATUS ACTIVE

	DATE/TIME	CONTACT TYPE	WORKER	LOG SIZE	NOTATION
1	01/10/2000 19:13	TCF		1	
2	01/11/2000 08:26	TCT		2	CONTACTS
3	01/11/2000 11:10	TCT		1	CONTACTS
4	01/11/2000 11:29	TCF		1	DET. MEDEIROS
5	01/11/2000 18:01			5	CONTACTS & HVU
6	01/12/2000 10:35			2	MTG. W/JUDGE, ETC.
7	01/13/2000 10:30	CON		1	SUSAN JOHNSON
8	01/13/2000 16:30			2	UPDATE CONTACTS
9	01/14/2000 13:32	TCF		1	SUSAN JOHNSON
10	01/20/2000 09:30	TCF		2	ANN BOWEN
11	01/20/2000 16:01			2	INVESTIGATION CLOSED

NEXT CS52 KEY _____

SEL NO _____

END DATA

01/20/00
18:39:52.9

INVESTIGATION SUMMARY
UPDATE WORKER'S FINDINGS - NARRATIVE

KFHCU62N

CASE NO 00010780 CASE NAME KEMA, JAYLIN
INTAKE NO 69462

PAGE 01

ENTERED DATE/TIME 01 20 2000 16 24

WORKER'S FINDINGS (CONFIRMED/NOT CONFIRMED BASED ON THE FOLLOWING):
THPA & MEDN TO ALLEGED NEWBORN MALE CHILD NOT CONFIRMED AS THERE IS NO
INDICATION THAT THERE IS A LIVE CHILD FROM MOTHER'S ALLEGED PREGNANCY.

INVESTIGATION TO BE CLOSED.



ERROR/EXPUNGEMENT - DELETE THE ENTIRE WORKER'S FINDINGS?
NEXT CU62 KEY _____

CONFIRM
END DATA

01/20/00
18:40:19.8

INVESTIGATION SUMMARY
UPDATE WORKER'S FINDINGS - CASE ACTION

KFHCU64N

CASE NO 00010780 CASE NAME KEMA, JAYLIN
INTAKE NO 69462 ENTERED DATE/TIME 01 20 2000 16 20

CASE ACTION SUBSEQUENT TO FINDINGS:

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, _____
_____, 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 _____ WORKER NAME _____
ERROR/EXPUNGEMENT - DELETE WORKER'S FINDINGS - CASE ACTION? _____ CONFIRM _____
NEXT CU64 KEY _____ END DATA _____

Department of Human Services
c/o Pwca Division
Hawaii Child Welfare Services Unit 1
Aupuni St., Rm. 112
Honolulu, HI 96720

- Not Registered for Address
- Invalid Zip
- Incomplete Address
- Missing Last Name Digit
- Incomplete First Name
- Missing First Name Digit
- Missing Last Name Digit
- Missing First Name Digit
- Missing Last Name Digit
- Missing First Name Digit
- Missing Last Name Digit
- Missing First Name Digit
- Missing Last Name Digit

9420 29T2 5200 0250 0002



John & Peter Kema, Sr.
P.O. Box 1945
Pahoa, HI 96778

NOV 18 2002
3 X 05402708 X 22 13
NOV 18 2002

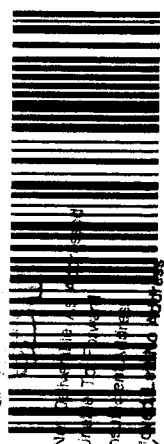


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513
NOV 18

Department of Human Services
Social Services Division
East Hawaii Child Welfare Section
760 Puunui St., Rm. 112
Honolulu 96720

CERTIFIED MAIL

HONOLULU, HAWAII 96720-4028



7000 0520 0021 1308 4791

- Registered Address
- No Such Street Number
- Recent Mailing
- No Mail Forwarding
- Box Office Not Closed
- Return to Office of Origin
- Postage Due

Jaylin & Peter Kema, Sr.
P.O. Box 10
Pahoa, HI 96748

NOV - 6



Official Business

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



Print your name, address and ZIP Code here

Department of Human Services
Social Services Division
East Hawaii Child Welfare Services Unit 1
75 Aupuni St., Rm. 112
Hilo, HI 96720

SENDER:

Peter & Jaylin Kema
P. O. Box 2058
Keaau, HI 96749

Signature: *Peter Kema*
Date: *7/17/99*
Post Office: *3811*

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

4a. Article Number
Z 153 172 706

4b. Service Type
 Registered **XX** Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
7/17/99

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1999 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

MS. JAYLIN KEMA
GENERAL DELIVERY
PAHOA, HI 96778-9999

2. Article Number (Copy from service label)
000 0600 0024 3174 4136
PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Jaylin Kema* B. Date of Delivery *7/17/99*

C. Signature *Jaylin Kema* Agent Address

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

JAYLIN & PETER KEMA
P. O. BOX 1945
PAHOA, HAWAII 96778

2. Article Number (Copy from service label)
0 0520 0025 2166 8323
PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Jaylin Kema* B. Date of Delivery *7/17/99*

C. Signature *Jaylin Kema* Agent Address

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, July 1999 Domestic Return Receipt

UNITED STATES POSTAL SERVICE
FIRST CLASS MAIL PERMIT NO. G-10
HILLO, HI 96720

• Sender: Please print your name, address, and ZIP+4 in this box •

DHS-SS CHILD WELFARE SERVICES UNIT 70
75 AUPUNI ST. RM. 112
HILO, HI 96720

ATTN: [REDACTED]

DEPT. OF HUMAN SERVICES
Social Services Division

MAY 11 2007

EH Child Welfare Services
Hilo, HI

2A

0002 RECORD SUCCESSFULLY ADDED

01/24/99

I OF CONTACTS (NARRATIVE) -)

KFHCA52N

15:34:53.9

CASE PROCESS

CASE NAME KEMA, JAYLIN

CASE NO 00010780

DATE 01/24/1999

TIME 15:34

LOG SIZE 1

TYPE OF CONTACT CON WORKER ██████ NOTATION COURT HRG/PERM CUST. PAGE 1

NARRATIVE ACCOUNT

PERMANENT PLAN HEARING WAS HELD ON 1/19/99. DHS PREVAILED AND PERMANENT CUSTODY OF ██████ WAS AWARDED TO THE DEPARTMENT. NEXT HEARING WITH REGARD TO ██████ WILL TAKE PLACE ON 4/15/99 AT 10:00 A.M.

REVIEW HEARING WITH REGARD TO PETER KEMA ("PETERBOY") JR. IS SCHEDULED FOR JULY 15, 1999 AT 10:00 A.M. DHS CONTINUES TO HAVE FOSTER CUSTODY OF PETERBOY.

NEXT CA52 KEY _____

END DATA

TRANSFER TRANSM TAL

NEXT COURT DATE/TIME: May 19, 1998 1:15 pm

Type of Hearing: TFC CTFC CRD TFS CFS SP&A

Guardian Ad Litem: Edith Kawai

Mother's Attorney: Craig Sudamoto

Father's Attorney: Steven Strauss for Peter Kema Sr.

Father's Attorney: Nathan Brennan for [REDACTED]

Case Name: Kema, Jaylin

1. Location of Children: BIO/ESH/FH Home

Name: [REDACTED] Phone: _____

Address: _____

2. Medical Appointments: _____

3. Problem Areas: _____ Drugs/Alcohol _____ Phys. Abuse/Neg.
_____ Domestic Violence _____ Sexual Abuse _____ Medical Ne
_____ Psych. Abuse/Neg. _____ other

4. Visitation Schedule:

a. None - to be arranged by CWS _____

b. Supervised/Unsupervised - Visitor Name(s): Parents
Greg Bunnscan HBAsd CFS to schedule.
Days: _____ Time: _____

0002 RECORD SUCCESSFULLY ADDED

05/12/98

ASSIGN CASE TO CURRENT BRANCH/UNIT WORKER

KFHWA10N

14:03:45.1

CASE NO 00010780 CASE NAME KEMA, JAYLIN

CURRENT CASE ASSIGNMENT:

BRANCH HC CWS - HAWAII
UNIT 36 EAST HAWAII INTAKE/ASSESS
WORKER NO [REDACTED]
WORKER NAME [REDACTED]
DATE ASSIGNED 06/17/1997

ASSIGN TO:

BRANCH HC CWS - HAWAII
UNIT 70 EAST HAWAII CHILD WELFARE
WORKER NO [REDACTED]
WORKER NAME [REDACTED]
DATE ASSIGNED 05 12 1998

NEXT WA10 KEY _____

END DATA

EHIA CHECKLIST

Case Name: Kema, Jaylin

EHIA Wkr: active

Intake Date: 4/23/98 Intake No.: 58418

Case No.: 10780 HAWI No.: 35364

TRANSFER/CLOSURE/PURGE

INTAKE WORKER:		PLACEMENTS:	
Notify Clerical - Request Closed Case Record		Not. Of Placement & Removal Date: <u>4/98</u>	
Notify Clerical - Form 1639 01 02 03 04 05 50 51		1458 - Notify BESSD	
HAWI Check Unit/Wkr:	Pgm: Date:	1607 - DOE Notice 20 21 22 23 24 25 26	
Check TRO Listing	FC-DA #	Medical Application	
NS01/NS02/NS04	Name Searches	Birth Certificate <u>20-21-22-23</u>	
NS10/NS14/NS19/WS17	Unit/Wkr: <u>7/20/98 closed</u>	Social Security Card <u>20-21-22-23</u>	
IA 14/60/62	General Case Data <u>10-31-95</u>	Medical Exam <u>20 21 22 23 24 25 26</u> Date: <u>4/23 + 4/24/98</u>	
IA 18	Complainant Information	CU 22/24 <u>20 21 22 23 24 25 26</u>	
IA 20	Complainant Narrative	CA 28 Legal Status Dates <u>20 21 22 23 24 25 26</u>	
IA 40/41 Adult Data	<u>01 02 03 04 05 50 51</u>	RU 10 Review Summary <u>20 21 22 23 24 25 26</u>	
IA 22/23 Child Data	<u>20 21 22 23 24 25 26</u>	RU 15 Episode Summary <u>20 21 22 23 24 25 26</u>	
IA 36 Victim Data	<u>20 21 22 23 24 25 26</u>	CA 50 Placement Svc. Lines <u>20 21 22 23 24 25 26</u>	
IA 52	Log of Contacts	PC 30 Payment Authorization	
IU 61	Intake Disposition <u>accepted</u>	CA 52 Placement Log of Contact <u>(A)</u>	
IX 10	Review Intake	CA 34 Visitation Plan	
IR 10	Print Intake	Special License Packet Date Submitted: <u>na</u>	
IM 06 Case Disposition	Type: <u>IU08</u>	TRANSFER/CLOSURE:	
CU 42 Goals	01 02 03 04 05 50 51	CU 50/51 Close/Transfer Svc. Lines	
CU 24 Goals	20 21 22 23 24 25 26	<u>01 02 03 04 05 50 51</u>	
CU 16	Update Case	<u>20 21 22 23 24 25 26</u>	
Log Intake on Monthly Intake Record		CU 40 Update Adult <u>01 02 03 04 05 50 52</u>	
Send checklist, Intake Copy(s) to Supervisor		CU 22 Update Child <u>20 21 22 23 24 25 27</u>	
SUPERVISOR:		PC 70 Term. Notice G509/K509 Mailed:	
WA 10 Assign Wkr:	<u>EA</u> Date: <u>4/23/98</u>	CU 14 Close Case [2 screens]	
Police Referral:	<u>JAS</u> CID Date: <u>4/21/98</u>	SUPERVISOR:	
Prosecutors Office	Date: <u>4/21/98</u>	PS 31 Outstanding Authorization	
CAC Referral	Date: <u>4/21/98</u>	CS 28 Critical Dates Summary	
CLERICAL:		CS 36 Victim Data	
Master File Card	Date: <u>4/14/98</u>	CD 39 Victim Disposition	
Case Record [Open/Update]	Date: <u>4/14/98</u>	RD 10 Review Summary	
SOCIAL WORKER/ASSISTANT:		RD 15 Episode Summary	
PC 70 Application Notice G504/K504 Mailed:		CD 62 Investigative Summary	
CA/U 52	Log of Contacts	CD 64 Case Action	
CA/U 50/51 Service Lines	<u>01 02 03 04 05 50 51</u>	WA10/OU68 Unit/Wkr: <u>7/19</u> Date: <u>5/11/98</u>	
	<u>20 21 22 23 24 25 26</u>	CLERICAL: [Transfer]	
CA/U 36 Victim Data	<u>20 21 22 23 24 25 26</u>	Master File Card Date:	
CU 39 Victim Dispo.	<u>20 21 22 23 24 25 26</u>	Attach Transmittal Memo to Checklist	
CA 60 Case Record Document Summary		Attach Diskette	
CA 62 Investigative Narrative		CLERICAL: [Closure]	
CA 64 Investigative Summary - Case Action		Face Sheet	
CR 52 Print Log of Contacts		Master File Card	
CR 62 Print Worker's Findings		Tag Case Record for Closing/Filing	
CAC Tracking Form Mailed:		<p><u>Rebun Hui: May 21/98 - 10am</u></p> <p><u>Letter sent: May 16/98</u></p> <p>REMARKS: <u>psychological eval: Kemas</u></p> <p><u>Psych eval for [redacted]</u></p> <p><u>[redacted]: 4/2/98</u></p> <p><u>st DHS - Rly - Hino</u></p> <p><u>by Steve Chow Ph.D 1.800.335.7711</u></p>	

EICI CHECKLIST

Case Name: Kennedy, Taylor

EICI Wkr: [Redacted]

Intake No.: 51657 Case No.: 10780

HAWI No.: 35904 SSA: [Redacted]

Transfer/Closure/Purge

INTAKE WORKER:

HAWI Check Unit/Wkr: Pgm: Date:

NS01/NS02/NS04 Name Searches

NS10/NS14/WS10/WS17 Prior Unit/Wkr: 7/1/97 Cl: 10/93

IA 14/60/62 General Case Data

IA 18 Complainant Information

IA 20 Complainant Narrative

IA 40/41 Adult Data 01 02 03 04 05 50 51

IA 22/23 Child Data 20 21 22 23 24 25 26

IA 36 Victim Data 20 21 22 23 24 25

IA 52 Log of Contacts

IU 61 Intake Disposition

IX 10 Review Intake

IR 10 Print Intake

IM 06 Case Disposition none

CU 40 Goals 01 02 03 04 05 50 51

CU 22 Goals 20 21 22 23 24 25 26

CU 14 Update Case

Log Intake on Monthly Intake Record

Send checklist, Intake + Copy(s) to Supervisor

PLACEMENTS:

Not. of Place. & Removal Date: 8/23/97

CU22 Child 20 21 22 23 24 25 26

Medical Exam Close Date: 8/23/97

CA 50 Placement Service Lines CA 50 8/23/97

K221/K225 20 21 22 23 24 25 26

PC30 Payment Authorization

CA 28 Court Dates 20 21 22 23 24 25 26

CA 30 Crit. Dates 20 21 22 23 24 25 26

CA 34 Visitor Plan 20 21 22 23 24 25 26

TRANSFER/CLOSURE:

CU 51 Close/Transfer 01 02 03 04 50 51

Service Lines 20 21 22 23 24 25 26

CU 40 Update Adult 01 02 03 04 50 51

CU 22 Update Child 20 21 22 23 24 25

CA 60 Case Record Document Summary

PC 70 Term. Notice G509/K509 Mailed:

CU 14 Close Case.

SUPERVISOR:

CD 18 Complainant Information Display

CD 20 Complainant Narrative Display

CS 08 Family Summary - Goals

WA 10 Assign Wkr: EA Date: 6/17/97

Police Referral Date: 6/17/97

CAC Referral (Sex Abuse Only) Date: 6/17/97

SUPERVISOR:

PS 31 Outstanding Authorization

PS 70 Notice Summary

CS 08 Family Summary

CS 28 Court Legal Status Date Summary

CS 30 Critical Date Summary

CD 36 View Victim Data

CD 39 View Victim Disposition

WA10/CU68 Date: 5/11/98 Unit: 7019

CLERICAL:

Master File Card Date: 7/1/97

Case Record (Open/Update/Request) ? Date: 5/13/97

Criminal History Check 01 02 03 04 05 50 51

Date Mailed: 5-15-97 7/1/97

Form 1458 Unit/Wkr: 536/01 Date: 5/15/97

CLERICAL: (Transfer)

Update Face Sheet/Master File Card Date:

Attach Transmittal Memo to Checklist

CLERICAL: (Closure)

Update Face Sheet/Master File Card Date:

Enter Closure Date on Face Sheet

Erase SW Initials on Master File Card

Tag Case Record for Closing/Filing

SOCIAL WORKER/ASSISTANT:

PC 70 Appl. Notice G504/K504 Mailed:

CA/U 52 Log of Contacts

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

CU 39 Victim Dispo. 20 21 22 23 24 25 26

CA 62 Investigative Narrative

CA 64 Investigative Summary - Case Action

CR 52 Print Log of Contacts/Summary

CR 62 Print Worker's Findings

CAC Tracking Form ALA Mailed:

REMARKS: (Transfers Only)

Next Hearing Date:

Report Due:

April 6/98 - 8 Am
231/98 - 130