

01/17/08
15:35:23.5

CASE FAMILY MEMBER SUMMARY

KFHCS04N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CASE STATUS ACTIVE

	FMN	CLIENT NO	NAME	BIRTH DATE	V/P/B
1	01	0000260714	[REDACTED]		
2	02	0000260715	CHANCO, NANCY V	05/30/1974	P
3	03	0000267233	[REDACTED]		P
4	04	0000181728	[REDACTED]		P
5	20	0000260718	[REDACTED]		V
6	21	0000267136	[REDACTED]		V
7	22	0000311364	BELT, CYRUS N	02/07/2006	V

NEXT CS04 KEY _____ SEL NO ___ END DATA

01/17/08
15:35:27.7

INTAKES PER CASE SUMMARY

KFHCS06N

CASE NO 00068058 CASE NAME CHANCO, NANCY

	INTAKE	DATE	TIME	ALLEGED VICTIMS	CLIENT NUMBER
1	C9539	01/11/2008	13:03		
2	B9527	06/16/2006	12:43	BELT, CYRUS N	0000311364
3	B7360	02/08/2006	10:32		0000260718
4	B7360	02/08/2006	10:32		0000267136
5	B7360	02/08/2006	10:32	BELT, CYRUS N	0000311364
6	92583	01/09/2003	08:46		0000260718
7	92583	01/09/2003	08:46		0000267136

NEXT CS06 KEY _____ SEL NO ____ END DATA

01/18/08
17:03:34.7

CASE COMPLAINANT SUMMARY

KFHCS18N

CASE NUMBER 00068058 CASE NAME CHANCO, NANCY
CASE STATUS ACTIVE

						COMPLAINT	
	INTAKE NO	COMP NO	COMPLAINANT NAME	DATE	TIME		
1	B7360	01		02/08/2006	10:32		
2	B9527	01		06/16/2006	12:43		
3	C9539	01		01/11/2008	13:03		
4	C9539	02		01/17/2008	14:40	C	
5	92583	01	WRITTEN REPORT,	01/09/2003	08:46		

***** END OF DATA *****

NEXT CS18 KEY _____ SEL NO _____ END DATA

01/18/08
17:06:49.4

CASE ASSIGNMENT HISTORY

KFHWS10N

CASE NO 00068058 CASE NAME CHANCO, NANCY

DATE ASSIGNED	BRANCH	UNIT	WORKER NO	WORKER NAME
CASE ACTIVE PERIOD: OPENED 01/11/2008 CLOSED 00/00/0000				
1 01/18/2008	OC		77	
2 01/17/2008	OC		61	
3 01/11/2008	OC		V3	
CASE ACTIVE PERIOD: OPENED 02/08/2006 CLOSED 07/14/2007				
4 02/08/2006	OC		77	
CASE ACTIVE PERIOD: OPENED 01/09/2003 CLOSED 06/19/2003				
5 01/14/2003	OC		79	
6 01/09/2003	OC		81	

NEXT WS10 KEY _____ SEL NO ____ END DATA

01/18/08
16:41:10.0

FAMILY DATA SUMMARY

KFHCS08N

CASE NO 00068058 CASE NAME CHANCO, NANCY

	FMN	CLIENT NO	NAME	CAT	TG	GOAL	LGL ST	LIV ARR
1	04	0000181728		Y	CPS	3G		COR
2	01	0000260714		N	CPS			COR
3	02	0000260715	CHANCO, NANCY V	Y	CPS	3G		OWN
4	20	0000260718		Y	CPS	3E		REL
5	21	0000267136		Y	CPS	3E		OWN
6	03	0000267233		Y	CPS	3G		OWN
7	22	0000311364	BELT, CYRUS N	Y	CPS	3E	NN	OWN
8	05	0000337339		Y	CPS			OWN
9	50	0000337340		Y	CPS			OWN

NEXT CS08 KEY _____

SEL NO ____

END DATA

01/18/08
16:41:32.7

GENERAL CASE DATA - DISPLAY
CASE PROCESS

KFHCD14N

CASE NO 00068058

STATUS G ACTIVE APPLICATION DATE 01/11/2008 14:13
ELIGIBILITY REVIEW DATE 01/11/2009 APPROVAL DATE 01/11/2008
PROGRAM CODE C

CASE NAME CHANCO, NANCY FAMILY SIZE 03
MONTHLY GROSS INCOME

STREET ADDRESS

CITY/ST/ZIP

PHONE

MAILING ADDRESS

CITY/ST/ZIP

CENSUS TRACT 038 BRANCH OF SERVICE
AREA 02 RANK

NEXT CD14 KEY _____

MORE DATA

01/18/08
16:41:37.4

GENERAL CASE DATA - DISPLAY
CASE PROCESS

KFHCD16N

CASE NO 00068058
CASE NAME CHANCO, NANCY
CASE STATUS G ACTIVE

BRANCH OC CWS - OAHU TARGET GROUP CODE CPS
UNIT 77 DIAMOND HEAD CWS UNIT 3 (TARGET GROUP DATE 01/11/2008
WORKER -

TERMINATION TYPE
TERMINATION REASON
TERMINATION DATE

NEXT CD14 KEY _____

END DATA

01/18/08
16:41:58.6

ADULT DATA - DISPLAY

KFHCD40N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY

CLIENT NO 0000181728 FMN 04 VICTIM? SSIS XREF
NAME PERP? P
SEX M

DOB DOD

RACE 4 ETHNIC MI MIXED (NOT PART HAWAIIAN/

RELIGION

SCHOOL/EMPLOYMENT UNKNOWN

LIVING ARRANGEMENT COR JAIL/PRISON/CORRECTIONAL FACILITY NO/TIMES 002

EDUCATION 11 ELEVENTH GRADE

MARITAL STATUS UN UNKNOWN

SPOUSE

MARRIAGE DATE ESTIMATE?

DIVORCE DATE

NEXT CD40 KEY _____

MORE DATA

01/18/08
16:42:02.0

ADULT DATA - DISPLAY

KFHCD42N

CASE NO 00068058 CASE STATUS ACTIVE
CASE NAME CHANCO, NANCY
CLIENT NO 0000181728 FMN 04 NAME

ELIGIBILITY CODE Y DATE 02/08/2006 PROBLEM AREAS ADA
GOAL CODE 3G DATE 02/08/2006 DVL
GOAL STATUS CODE T DATE 07/06/2007
TARGET GROUP CPS DATE 02/08/2006 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE

REMOVE FROM CASE

REMOVE FROM CASE DATE

CRIMINAL HISTORY CHECK? (Y/N) Y PRIOR CRIMINAL HISTORY? (Y/N) Y

ADDRESS INCARCER ATED PHONE - HOME
OTHER

CITY/ST/ZIP

COMMENTS

NEXT CD40 KEY _____

END DATA

01/18/08
16:42:09.3

ADULT DATA - DISPLAY

KFHCD40N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY

CLIENT NO 0000260714 FMN 01 VICTIM? SSIS XREF
NAME PERP?
SEX M SSN
DOB DOD
RACE ETHNIC
RELIGION
SCHOOL/EMPLOYMENT
LIVING ARRANGEMENT COR JAIL/PRISON/CORRECTIONAL FACILITY NO/TIMES 001
EDUCATION
MARITAL STATUS
SPOUSE
MARRIAGE DATE ESTIMATE?
DIVORCE DATE

NEXT CD40 KEY _____

MORE DATA

01/18/08
16:42:12.1

ADULT DATA - DISPLAY

KFHCD42N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260714 FMN 01 NAME

ELIGIBILITY CODE N DATE 01/09/2003 PROBLEM AREAS
GOAL CODE DATE
GOAL STATUS CODE DATE
TARGET GROUP CPS DATE 01/09/2003 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE

REMOVE FROM CASE
REMOVE FROM CASE DATE
CRIMINAL HISTORY CHECK? (Y/N) Y PRIOR CRIMINAL HISTORY? (Y/N) Y

ADDRESS INCARCERATED PHONE - HOME
MAINLAND OTHER
CITY/ST/ZIP

COMMENTS INCARCERATED ON THE MAINLAND (UNKNOWN WHERE)

NEXT CD40 KEY _____

END DATA

01/18/08
16:42:20.7

ADULT DATA - DISPLAY

KFHCD40N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY

CLIENT NO 0000260715 FMN 02 VICTIM? SSIS XREF
NAME CHANCO, NANCY V PERP? P
SEX F SSN

DOB DOD

RACE 4 ETHNIC MI MIXED (NOT PART HAWAIIAN/
RELIGION UNKNOWN
SCHOOL/EMPLOYMENT HI FAMILY DENTAL CTR
LIVING ARRANGEMENT OWN LIVING IN OWN/PARENT'S HOME NO/TIMES 001
EDUCATION 12 TWELFTH GRADE

MARITAL STATUS UN UNKNOWN

SPOUSE

MARRIAGE DATE ESTIMATE?

DIVORCE DATE

NEXT CD40 KEY _____

MORE DATA

01/18/08
16:42:23.8

ADULT DATA - DISPLAY

KFHCD42N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260715 FMN 02 NAME CHANCO, NANCY V

ELIGIBILITY CODE Y DATE 01/11/2008 PROBLEM AREAS IPS
GOAL CODE 3G DATE 02/08/2006 ADA
GOAL STATUS CODE A DATE 07/06/2007
TARGET GROUP CPS DATE 01/11/2008 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE

REMOVE FROM CASE

REMOVE FROM CASE DATE

CRIMINAL HISTORY CHECK? (Y/N) Y PRIOR CRIMINAL HISTORY? (Y/N) Y

ADDRESS PHONE - HOME
OTHER

CITY/ST/ZIP

COMMENTS

NEXT CD40 KEY _____

END DATA

01/18/08
16:43:04.5

CHILD DATA - DISPLAY

KFHCD22N

CASE STATUS ACTIVE

CASE NO 00068058 CASE NAME CHANCO, NANCY

CLIENT NO 0000260718 FMN 20 VICTIM? V SSIS XREF
NAME K PERP?
DOB DOD SEX M

RACE 4 ETHNIC MI MIXED (NOT PART H RELIGION UNKNOWN
SCHOOL/EMP UNKNOWN EDUCATION 06 SIXTH GRADE
EMPLOYMENT START DATE EMPLOYMENT END DATE
LIVING ARRANGEMENT REL OTHER RELATIVE'S HOME NO/TIMES 002
LEGAL STATUS CODE
REMOVED FROM CASE
REMOVED FROM CASE DATE

LEGAL PARENT	CARETAKER	FMN	NAME	REL
X		02	CHANCO, NANCY V	BIO
	X	99	ASIATA, NANCY V	REL

NEXT CD22 KEY _____

MORE DATA

01/18/08
16:43:08.1

CHILD DATA - DISPLAY

KFHCD24N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260718 FMN 20 NAME

ELIGIBILITY CODE Y DATE 02 08 2006 PROBLEM AREAS OTH
GOAL CODE 3E DATE 02 08 2006
GOAL STATUS CODE T DATE 07 06 2007
TARGET GROUP CPS DATE 02 08 2006 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE
FAMILY DOCTOR DR. LAST PHYSICAL EXAM
MEDICAL PROBLEM

SPECIAL INSTRUCT

PATERNAL AUNT

C/O NAME ASIATA NANCY V PAYMENT OPTION
ADDRESS AFDC AMOUNT

CITY/ST/ZIP PHONE ()

NEXT CD22 KEY _____

END DATA

01/18/08
16:43:34.4

CHILD DATA - DISPLAY

KFHCD22N

CASE STATUS ACTIVE

CASE NO 00068058 CASE NAME CHANCO, NANCY

CLIENT NO 0000267136 FMN 21 VICTIM? V SSIS XREF
NAME CHANCO / PERP?
DOB DOD SEX M SSN

RACE 4 ETHNIC MI MIXED (NOT PART H RELIGION UNKNOWN
SCHOOL/EMP EDUCATION

EMPLOYMENT START DATE EMPLOYMENT END DATE

LIVING ARRANGEMENT OWN LIVING IN OWN/PARENT'S HOME NO/TIMES 001

LEGAL STATUS CODE

REMOVED FROM CASE

REMOVED FROM CASE DATE

LEGAL PARENT CARETAKER FMN NAME REL
X X 02 CHANCO, NANCY V BIO

NEXT CD22 KEY _____

MORE DATA

01/18/08
16:43:37.7

CHILD DATA - DISPLAY

KFHCD24N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000267136 FMN 21 NAME

ELIGIBILITY CODE Y DATE 02 08 2006 PROBLEM AREAS
GOAL CODE 3E DATE 02 08 2006
GOAL STATUS CODE T DATE 07 06 2007
TARGET GROUP CPS DATE 02 08 2006 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE
FAMILY DOCTOR LAST PHYSICAL EXAM
MEDICAL PROBLEM

SPECIAL INSTRUCT

C/O NAME CHANCO NANCY V PAYMENT OPTION
ADDRESS

CITY/ST/ZIP PHONE ()

NEXT CD22 KEY _____

END DATA

01/18/08
16:44:22.3

ADULT DATA - DISPLAY

KFHCD40N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY

CLIENT NO 0000267233 FMN 03 VICTIM? SSIS XREF
NAME E PERP? P
SEX M

DOB DOD

RACE 4 ETHNIC MI MIXED (NOT PART HAWAIIAN/
RELIGION UNKNOWN
SCHOOL/EMPLOYMENT SELF
LIVING ARRANGEMENT OWN LIVING IN OWN/PARENT'S HOME NO/TIMES 001
EDUCATION 12 TWELFTH GRADE

MARITAL STATUS NM SINGLE, NEVER MARRIED
SPOUSE
MARRIAGE DATE ESTIMATE?
DIVORCE DATE

NEXT CD40 KEY _____

MORE DATA

01/18/08
16:44:24.9

ADULT DATA - DISPLAY

KFHCD42N

CASE NO 00068058 CASE STATUS ACTIVE
CASE NAME CHANCO, NANCY
CLIENT NO 0000267233 FMN 03 NAME

ELIGIBILITY CODE Y DATE 01/09/2003 PROBLEM AREAS OTH
GOAL CODE 3G DATE 01/09/2003
GOAL STATUS CODE A DATE 05/06/2003
TARGET GROUP CPS DATE 01/09/2003 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE

REMOVE FROM CASE

REMOVE FROM CASE DATE

CRIMINAL HISTORY CHECK? (Y/N)

PRIOR CRIMINAL HISTORY? (Y/N)

ADDRESS

PHONE - HOME
OTHER

CITY/ST/ZIP

COMMENTS NOT BIO FATHER OF RICHARD CHANCO

NEXT CD40 KEY _____

END DATA

01/18/08
16:44:33.3

CHILD DATA - DISPLAY

KFHCD22N

CASE STATUS ACTIVE
CASE NAME CHANCO, NANCY

CASE NO 00068058

CLIENT NO 0000311364 FMN 22 VICTIM? V SSIS XREF
NAME BELT CYRUS N PERP?
DOB DOD 01 17 2008 SEX M SSN

RACE 4 ETHNIC MI MIXED (NOT PART H RELIGION
SCHOOL/EMP DECEASED EDUCATION
EMPLOYMENT START DATE EMPLOYMENT END DATE
LIVING ARRANGEMENT OWN LIVING IN OWN/PARENT'S HOME NO/TIMES 003
LEGAL STATUS CODE NN NO LEGAL STATUS/COURT JURISDICTION IN
REMOVED FROM CASE
REMOVED FROM CASE DATE

LEGAL PARENT	CARETAKER	FMN	NAME	REL
X	X	02	<u>CHANCO, NANCY V</u>	BIO
X		04		BIO
	X	05		GRT
	X	50		OTH

NEXT CD22 KEY

MORE DATA

01/18/08
16:44:37.3

CHILD DATA - DISPLAY

KFHCD24N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N

ELIGIBILITY CODE Y DATE 01 11 2008 PROBLEM AREAS
GOAL CODE 3E DATE 06 23 2006
GOAL STATUS CODE A DATE 07 06 2007
TARGET GROUP CPS DATE 01 11 2008 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE
FAMILY DOCTOR DR. LAST PHYSICAL EXAM
MEDICAL PROBLEM

SPECIAL INSTRUCT IN UTERO EXPOSED TO MARIJUANA, ICE AND BENZOS

C/O NAME DECEASED PAYMENT OPTION
ADDRESS AMOUNT
CITY/ST/ZIP HONOLULU HI PHONE

NEXT CD22 KEY _____

END DATA

01/18/08
16:44:51.8

ADULT DATA - DISPLAY

KFHCD40N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY

CLIENT NO 0000337339 FMN 05 VICTIM? SSIS XREF
NAME PERP? P
SEX M

DOB DOD

RACE ETHNIC

RELIGION

SCHOOL/EMPLOYMENT

LIVING ARRANGEMENT OWN LIVING IN OWN/PARENT'S HOME NO/TIMES 001

EDUCATION

MARITAL STATUS UN UNKNOWN

SPOUSE

MARRIAGE DATE ESTIMATE?

DIVORCE DATE

NEXT CD40 KEY _____

MORE DATA

01/18/08
16:44:54.7

ADULT DATA - DISPLAY

KFHCD42N

CASE NO 00068058 CASE STATUS ACTIVE
CASE NAME CHANCO, NANCY
CLIENT NO 0000337339 FMN 05 NAME

ELIGIBILITY CODE Y DATE 01/17/2008 PROBLEM AREAS
GOAL CODE DATE
GOAL STATUS CODE DATE
TARGET GROUP CPS DATE 01/17/2008 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE

REMOVE FROM CASE

REMOVE FROM CASE DATE

CRIMINAL HISTORY CHECK? (Y/N) Y PRIOR CRIMINAL HISTORY? (Y/N) Y

ADDRESS PHONE - HOME
OTHER

CITY/ST/ZIP

COMMENTS

NEXT CD40 KEY _____

END DATA

01/18/08
16:45:05.1

ADULT DATA - DISPLAY

KFHCD40N

CASE STATUS ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY

CLIENT NO 0000337340 FMN 50 VICTIM? SSIS XREF
NAME PERP? Y
SEX M

DOB DOD

RACE ETHNIC

RELIGION

SCHOOL/EMPLOYMENT

LIVING ARRANGEMENT OWN LIVING IN OWN/PARENT'S HOME NO/TIMES 001

EDUCATION

MARITAL STATUS UN UNKNOWN

SPOUSE

MARRIAGE DATE ESTIMATE?

DIVORCE DATE

NEXT CD40 KEY _____

MORE DATA

01/18/08
16:45:08.1

ADULT DATA - DISPLAY

KFHCD42N

CASE NO 00068058 CASE STATUS ACTIVE
CASE NAME CHANCO, NANCY
CLIENT NO 0000337340 FMN 50 NAME

ELIGIBILITY CODE Y DATE 01/17/2008 PROBLEM AREAS
GOAL CODE DATE
GOAL STATUS CODE DATE
TARGET GROUP CPS DATE 01/17/2008 OVERRIDE ELIG CODE/DATE
IV-A AUTH CODE

REMOVE FROM CASE

REMOVE FROM CASE DATE

CRIMINAL HISTORY CHECK? (Y/N) Y PRIOR CRIMINAL HISTORY? (Y/N) Y

ADDRESS

PHONE - HOME
OTHER

CITY/ST/ZIP

COMMENTS

NEXT CD40 KEY _____

END DATA

CPS INTAKE DOCUMENT

INTAKE NO 89337

TAKEN BY _____
COMPLETE BY _____
ASSIGNED BY _____
ASSIGN TO _____

DATE/TIME _____
DATE/TIME _____
DATE _____

CASE NAME ASIATA, NANCY V
UNIT NO 81 WORKER NO .

INITIAL REFERRAL BY _____
PHONE 808

COMPLAINANT NO 01

CHILDREN:

FMN 20 NAME _____ DOB _____ V/P/B _____
SEX M RACE _____ CARETAKE FMN 02 SCH/EMP _____

ADULTS:

FMN 01 NAME _____ DOB _____ ALLEGED PERP _____
ADDRESS _____ CITY _____ ST HI _____
ZIP _____ PH _____
FMN 02 NAME ASIATA, NANCY V DOB _____ ALLEGED PERP _____
ADDRESS _____ CITY _____ ST HI _____
ZIP _____ PH _____
FMN 50 NAME _____ DOB _____ ALLEGED PERP _____
ADDRESS _____ CITY _____ ST HI _____
ZIP _____ PH _____

PROBLEMS FOR WHICH REFERRED:

COMPLAINANTS ACCOUNT(S):

COMP NO 01 COMPLAINT DATE/TIME 08/13/02 09:12
NAME _____ PHONE _____
ADDRESS _____
CITY/ST/ZIP _____
SHARE ID Y PRT REQ N NOTIFY N REL TO CHILD OTH OTHER

NARRATIVE ACCOUNT:

REPORT:
THREAT OF NEGLECT AND THREAT OF ABUSE OF 11 Y.O. MALE- BY
MOTHER- NANCY ASIATA

PREFACE:

-COMPLAINANT CONTACTED CWI, AS MOTHER LEFT CHILD IN HER CARE, WITH NO PROVISIONS FOR HIS CARE
-COMPLAINANT WAS ABLE TO CARE FOR CHILD, AND WILLING TO CONTINUE, BUT REQUESTED A POWER OF ATTORNEY FROM MOTHER
-MOTHER'S TELEPHONE NUMBER WAS DISCONNECTED, AND COMPLAINANT COULD NOT REACH HER
-AFTER CALLING CWI, COMPLAINANT WAS ABLE TO MAKE CONTACT WITH MOTHER, WHO GAVE HER A NEW TELEPHONE NUMBER

02/08/06
12:35:01.7

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFH1R10R

-MOTHER IS WILLING TO GIVE POWER OF ATTORNEY TO COMPLAINANT AT THIS TIME

HARM:

THREAT OF NEGLECT:

- MOTHER DROPPED CHILD OFF IN 6/02, WITH PATERNAL GRANDMOTHER- , TO CARE FOR HIM WHILE MOTHER SECURED HOUSING
- PATERNAL GRANDMOTHER REPORTEDLY HAS OTHER CHILDREN TO CARE FOR, AND AS SUCH AGREED TO LEAVE CHILD WITH "HANAI" AUNTIE- HAS BEEN CARING FOR CHILD FOR THE LAST MONTH, WAITING FOR MOTHER TO RESUME CARETAKING RESPONSIBILITY FOR CHILD
- MOTHER HAS NOT PROVIDED ANY FINANCIAL ASSISTANCE TO , TO HELP CARE FOR CHILD

DRUG USE:

- MOTHER REPORTEDLY HAS A HISTORY OF POLYSUBSTANCE ABUSE, INCLUDING MARIJUANA, CRYSTAL METHAMPHETAMINE "ICE" AND COCAINE "CRACK"
- COMPLAINANT FIRST ALLEGED THAT MOTHER MAY BE USING CURRENTLY
- AFTER SPEAKING WITH MOTHER ON THE TELEPHONE, COMPLAINANT NOW FEELS THAT MOTHER IS NOT USING DRUGS

DOMESTIC VIOLENCE:

- MOTHER HAS A HISTORY OF VIOLENT RELATIONSHIPS WITH AT LEAST THREE DIFFERENT MEN

COLLATERAL CONTACTS:

*8/13/02 09:32 TELEPHONE CALL TO MOTHER- NANCY ASIATA (732-6616) AT LAST KNOWN PHONE NUMBER (PER CALLER AND HAWI). NUMBER IS DISCONNECTED.

*8/13/02 09:45 TELEPHONE CALL TO VERIFIED ADDRESS AND TELEPHONE NUMBER

*8/13/02 10:46 TELEPHONE CALL TO HAS SPOKEN WITH MOTHER. MOTHER IS WILLING TO GIVE POWER OF ATTORNEY. MOTHER NO LONGER BELIEVED TO BE USING DRUGS.

PRIOR CPS INTERVENTION:

-NONE

INVOLVEMENT OF SERVICE/TREATMENT PROVIDERS:

-UNKNOWN

FAMILY/CARETAKER INFORMATION:

- SINGLE MOTHER OF ONE CHILD, AGE 11
- MOTHER IS APPROXIMATELY 5 MONTHS PREGNANT
- MOTHER IS RECEIVING WELFARE BENEFITS FOR 11 YEAR OLD AND UNBORN CHILD
- MOTHER IS CURRENTLY UNEMPLOYED AND ATTENDS WEEKEND CLASSES AT CHAMINADE, PURSUING HER EDUCATION FOR PARALEGAL WORK
- FATHER OF IS REPORTED TO BE INCARCERATED ON THE MAINLAND (UNKNOWN WHERE)
- FATHER OF UNBORN CHILD- (LAST NAME UNKNOWN) FROM WAIMANALO
- CURRENT LIVE-IN BOYFRIEND- (LAST NAME UNKNOWN) RECENTLY RELEASED FROM PRISON
- MOTHER HAS A HISTORY OF POLYSUBSTANCE ABUSE, WITH CURRENT USE UNKNOWN

02/08/06
12:35:01.7

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFH10R

- MOTHER HAS A HISTORY OF DOMESTIC VIOLENCE WITH MULTIPLE PARTNERS
- MENTAL HEALTH STATUS UNKNOWN
- MOTHER'S SUPPORT SYSTEM APPEARS TO INCLUDE CHILD'S PATERNAL GRANDMOTHER-

_____ AND MOTHER'S BROTHER'S EX-GIRLFRIEND- _____, WHO IS CURRENTLY
CARING FOR CHILD

- LAST KNOWN ADDRESS FOR MOTHER, PER HAWI IS:
3768 NOEAU STREET, HONOLULU HI 96816
TELEPHONE NUMBER 732-6616

SPECIAL CONSIDERATIONS FOR VICTIMS:

- NO KNOWN SPECIAL NEEDS

OTHER CHILDREN:

- NONE (MOTHER IS CURRENTLY PREGNANT)

NEED FOR OUT OF HOME PLACEMENT:

- NONE IDENTIFIED AT THIS TIME

ASSESSMENT:

PROTECTIVE SERVICES INVESTIGATION IS NOT WARRANTED BASED ON:

- 1) MAGNITUDE OF HARM IS IDENTIFIED AS MODERATE. CHILD HAS BEEN LEFT WITH A PROTECTIVE SUBSTITUTE CARETAKER, AS ARRANGED AND AGREED TO BY MOTHER AND CARETAKER, HOWEVER NO LEGAL ARRANGEMENT HAS BEEN MADE AT THIS TIME.
- 2) PRESENTING CONCERNS OF THREAT OF ABUSE BASED ON MOTHER'S DRUG USE ARE VAGUE, AND INFORMATION IS INSUFFICIENT TO WARRANT FORMAL CPS INVESTIGATION.
- 3) MOTHER'S LIVING ARRANGEMENT AND PERMANENT PLANS FOR THE CHILD MUST BE FURTHER EXPLORED.
- 4) CURRENT CARETAKER AND PATERNAL GRANDMOTHER SHOULD BE ASSESSED AS TO RISK OR RESOURCE FOR CHILD.

RECOMMEND DIVERSION SERVICES:

- CONDUCT FURTHER ASSESSMENT REGARDING LEGAL ARRANGEMENT FOR CHILD, AND LINK FAMILY TO APPROPRIATE SERVICES, IF NEEDED
- IF MOTHER ASSUMES CARETAKING RESPONSIBILITY FOR CHILD, FURTHER ASSESSMENT OF MOTHER'S HOME FOR SAFETY IS NEEDED
- DETERMINE WHETHER MOTHER IS OPEN TO OTHER SERVICES OR REFERRAL LINKAGES FOR ASSISTANCE WITH PREGNANCY/PLANNING FOR NEWBORN

DISPOSITION:

- R/NA. REFERRAL TO CFS DIVERSION.
- CHILD RISK ASSESSMENT: MODERATE
- FAMILY SAFETY ASSESSMENT: THE HOME IS SAFE WITHOUT CPS INTERVENTION, AND WILL BE DIVERTED TO COMMUNITY RESOURCES
- IDENTITY OF COMPLAINANT MAY BE RELEASED TO HPD-CA/N DETAIL

CC:

CPS TEAM
HPD-CA/N DETAIL
CA/N DIVERSION

01/18/08
17:04:45.4

COMPLAINANT INFORMATION - DISPLAY

KFHCD18N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CASE STATUS ACTIVE
INTAKE NO 92583 COMPLAINANT NO 01

COMPLAINT DATE/TIME 01/09/2003 08:46 INTAKE RETURNED FROM VCM? (Y/N)

CALLER NAME WRITTEN REPORT,

PHONE - OTHER

ADDRESS

CITY STATE ZIP

RELATIONSHIP TO CHILD PRO SERVICE PROVIDER
SHARE ID? (Y/N) N NOTIFY? (Y/N) N

RPT REQ? (Y/N) Y SOURCE OF REPORT

NEXT CD18 KEY _____

END DATA

01/18/08
16:46:41.5

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

01/18/03

CPS INTAKE DOCUMENT

INTAKE NO 92583

TAKEN BY _____	DATE/TIME _____
COMPLETE BY _____	DATE/TIME _____
ASSIGNED BY _____	DATE _____
ASSIGN TO _____	

CASE NAME CHANCO, NANCY
CASE NO 00068058 STATUS G
UNIT NO 77 WORKER NO

INITIAL REFERRAL BY _____ COMPLAINT NO 01
PHONE 000 000-0000

CHILDREN:

FMN 20	NAME _____	DOB _____	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP UNKNOWN		
FMN 21	NAME _____	DOB _____	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP _____		
FMN 22	NAME BELT, CYRUS N	DOB _____	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP DECEASED		

ADULTS:

FMN 01	NAME _____	DOB _____	ALLEGED PERP N
	ADDRESS INCARCERATED	CITY _____	ST _____
	MAINLAND	ZIP 0 0	PH 000-0000
FMN 02	NAME CHANCO, NANCY V	DOB _____	ALLEGED PERP Y
	ADDRESS _____	CITY _____	ST HI
		ZIP 0 0	PH _____
FMN 03	NAME _____	DOB _____	ALLEGED PERP Y
	ADDRESS _____	CITY _____	ST HI
			PH _____
FMN 04	NAME _____	DOB _____	ALLEGED PERP N
	ADDRESS INCARCERATED	CITY _____	ST _____
		ZIP 0 0	PH 000-0000
FMN 05	NAME _____	DOB _____	ALLEGED PERP N
	ADDRESS _____	CITY _____	ST HI
		ZIP 0 0	PH 000-0000
FMN 50	NAME _____	DOB _____	ALLEGED PERP N
	ADDRESS _____	CITY _____	ST _____
		ZIP 0 0	PH 000-0000

PROBLEMS FOR WHICH REFERRED:

FMN 20	THRA THREAT OF ABUSE	THRN THREATENED NEGL
	LOC OF INC FAMILY HOME:	
	ACTION BOOKING NO	DATE 00/00/00 TIME 00:00
	HOSPITAL	DATE 00/00/00 TIME 00:00
FMN 21	THRA THREAT OF ABUSE	THRN THREATENED NEGL
	LOC OF INC FAMILY HOME:	

01/18/08
16:46:41.6

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
HOSPITAL	DATE	00/00/00	TIME	00:00

COMPLAINANTS ACCOUNT(S):

COMP NO 01 COMPLAINT DATE/TIME 01/09/03 08:46 RETURNED FROM VCM?
NAME ' PHONE 000 000-0000
ADDRESS
CITY/ST/ZIP
SHARE ID N PRT REQ Y NOTIFY N REL TO CHILD PRO SERVICE PROVID

NARRATIVE ACCOUNT:

REPORT:

WRITTEN REPORT OF THREAT OF NEGLECT/ABUSE OF _____ (11Y.O.) AND
NEWBORN ' _____ BY MOTHER NANCY ASIATA (28Y.O.) AND STEP-FATHER,

HARM:

THREAT OF HARM TO THE _____ MINORS BY PARENTS IS BASED ON THE
FOLLOWING:

SUBSTANCE ABUSE AND INAPPROPRIATE CARETAKER ARRANGEMENTS

- ON 12/28/02, DURING A ROUTINE HPD TRAFFIC STOP, POLICE FOUND 11Y.O. IN THE CARE OF AN UNRELATED ADULT MALE, IDENTIFIED AS _____ SUBSEQUENTLY, THE POLICE FOUND _____ WITH DRUGS (TYPE OF DRUGS UNIDENTIFIED IN HPD REPORT) IN HIS POSSESSION.
- HPD GENERATED AN INCIDENT REPORT NUMBER 02-510342 WITH DISPOSITION PENDING.
- HPD RELEASED _____ TO THE CUSTODY OF HANAI AUNTY, _____ ON 12/28/02.
- _____ RETURNED TO THE CARE OF MOTHER ON 12/30/02.
- IT REMAINS UNKNOWN AS TO MOTHER'S INVOLVEMENT WITH _____ WHO IS IDENTIFIED ONLY AS A FRIEND. PREVIOUS ALLEGATIONS REGARDING MOTHER ALLUDE TO SUBSTANCE BY MOTHER IN 08/02.
- BOTH MOTHER AND CURRENT PARTNER, _____ HAVE A SIGNIFICANT HISTORY FOR DRUG RELATED OFFENSES AS WELL. _____ IS ALLEGEDLY KNOWN AS A "DRUG DEALER".

PARENTING AND BONDING ISSUES:

- MOTHER DESCRIBED AS NOT BONDED WITH NEWBORN AND EXHIBITING INAPPROPRIATE PARENTING SKILLS. (I.E. ALMOST DROPPING INFANT, HOLDING INFANT INCORRECTLY AND BABY'S HEAD WAS "FLOPPING ALL AROUND".)
- MOTHER TRIED TO FEED INFANT HEATED FORMULA AND WHEN AUNTY FELT IT, "IT WAS WAY TOO HOT".
- MOTHER MAKING STATEMENTS THAT "I JUST WANT TO GET HOME AND GIVE HIM TO _____"
- MOTHER VERBALIZED THAT SHE WANTS TO GIVE CARETAKER RESPONSIBILITIES TO NEW HUSBAND, _____
- MOTHER REPORTEDLY DID NOT RAISE 11Y.O. _____ WHO WAS HANAI TOT FOR THE MAJORITY OF HIS LIFE.
- MOTHER AND INFANT APPARENTLY DISCHARGED FROM KAISER HOSPITAL, MOANALUA WITHOUT A SOCIAL/RISK ASSESSMENT.

EXTENSIVE CRIMINAL HISTORY (PER CJIS SEARCH)

- NANCY ASIATA:

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CONVICTED ON ONLY TWO COUNTS OF CRIMINAL CONTEMPT
OF COURT. (FULL RAP SHEET ATTACHED)

CONVICTIONS PRIMARILY FOR PROMOTION OF DANGEROUS DRUGS,
FORGERY, AND THEFT. (FULL RAP SHEET ATTACHED)

PRIOR CPS HISTORY/INVOLVEMENT:

UNDER CN: ASIATA, NANCY V.:

- 08/13/02, R/NA INTAKE #89337. ALLEGATIONS OF THREAT OF NEGLECT AND ABUSE
BASED ON MOTHER'S LEAVING CHILD WITH HANAI AUNTY WITH NO PROVISIONS FOR HIS
CARE. THREAT OF ABUSE DUE TO ALLEGATIONS OF MOTHER'S DRUG USE. MAGNITUDE OF
HARM IDENTIFIED AS MODERATE AND FAMILY REFERRED TO DIVERSION SERVICES.

UNDER CN:

CPSS#39240:

*2/24/00 INTAKE #70406 CONFIRMED PHYSICAL ABUSE OF THEN 7Y.O.
BY HIS MOTHER (CLOSED 3/00,

*11/19/01 INTAKE #83696 UNCONFIRMED THREAT OF ABUSE/NEGLECT OF THE
MINORS BY THEIR MOTHER, (CL #43 2/25/02

INVOLVEMENT OF TREATMENT PROVIDERS/SERVICES:

- IMMEDIATE HPD RESPONSE VIA REPORT #02-510342
- MOTHER REFERRED TO CFS DIVERSION SERVICES IN 08/02 FOR:
- ASSESSMENT REGARDING LEGAL ARRANGEMENT FOR
- SAFETY ASSESSMENT OF MOTHER'S HOME IF SHE RESUMES CARETAKER RESPONSIBILITY
- SERVICES FOR ASSISTANCE WITH PREGNANCY
- PARTICIPATION UNKNOWN
- NO OTHER SERVICES IDENTIFIED

FAMILY/CARETAKER HISTORY:

MOTHER, NANCY ASIATA:

- MARRIED MOTHER OF TWO CHILDREN, AGES 11 AND NEWBORN
- MOTHER RECENTLY MARRIED (12/02) TO (REPORTEDLY NOT THE FATHER
OF EITHER CHILD)
- MOTHER'S () STOPPED 12/31/02
- MOTHER HAS HISTORY OF POLYSUBSTANCE ABUSE, CURRENT USE UNKNOWN
- MOTHER'S FATHER AND SIBLINGS KNOWN IN COMMUNITY AS HEAVY DRUG USERS/ADDICTS
- MOTHER HAS HISTORY OF DOMESTIC VIOLENCE WITH VARIOUS PARTNERS
- MOTHER'S MENTAL HEALTH STATUS UNKNOWN
- MOTHER'S SUPPORT SYSTEM APPEARS TO BE CHILD'S HANAI AUNTY (MOTHER'S
BROTHER'S EX-GIRLFRIEND),

FATHER,

- FATHER OF () INCARCERATED ON THE MAINLAND (UNKNOWN WHERE)

STEPFATHER,

- STEP-FATHER, ()

- STEP-FATHER CURRENTLY ON PAROLE WITH MULTIPLE CONVICTIONS FOR FORGERY AND
PROMOTING DANGEROUS DRUGS

- STEP-FATHER'S MENTAL HEALTH STATUS UNKNOWN

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-ACCORDING TO CPSS RECORDS, _____ HAD THREE CHILDREN WITH
_____ IS BELIEVED TO BE THE BROTHER OF
CHILDREN ARE THEREFORE BELIEVED TO BE BIOLOGICAL COUSINS TO 11Y.O.

CARE OF _____ IS UNFORMALIZED AND "HANAI" IN NATURE, BUT THERE IS A
FAMILY RELATIONSHIP.

_____ HAS A PRIOR CPS HISTORY AS A CONFIRMED PERPETRATOR TO HER OWN CHILDREN.

SPECIAL CONSIDERATIONS FOR VICTIMS:

- NO HANDICAPS OR LIMITATIONS IDENTIFIED AT THIS TIME.

OTHER CHILDREN:

- NONE IDENTIFIED AT THIS TIME.

COLLATERAL CONTACTS:

* 01/09/03 0912HOURS TCT

_____ HANAI AUNTY, _____

REGARDING HANAI CARE OF _____

- AUNTY HAS BEEN _____ CARETAKER OFF AND ON FOR MOST OF HIS LIFE. WHEN MOTHER APPEARS STABLE, AUNTY RETURNS _____ TO HER. AUNTY HAS NO LEGAL ACCESS TO _____
- MOST RECENTLY, AUNTY RETURNED _____ TO MOTHER ON 12/26/02.

REGARDING INCIDENT WITH _____

- ON 12/28/02, MOTHER GAVE _____ TO FRIEND _____ BECAUSE SHE WAS GIVING BIRTH IN THE HOSPITAL. _____ WAS SUPPOSED TO BE TAKING _____ TO DAVE AND BUSTER'S TO PLAY VIDEO GAMES.
- ON 12/28/02, AUNTY WAS CONTACTED BY HPD AND _____ WAS RELEASED TO HER CUSTODY FOLLOWING PRESENTING INCIDENT

INFORMAITON ON _____

- MOTHER MARRIED _____ AROUND CHRISTMAS 2002. _____ IS NOT NEWBORN'S FATHER, ALTHOUGH INFANT CARRIES HIS NAME
- STEP-FATHER IS KNOWN TO BE A DRUG DEALER
- SOME TIME BETWEEN 12/28/02 AND 12/30/02, MOTHER AND STEP-FATHER MOVED TO KAPAHULU, NEAR KC DRIVE-IN. PHONE NUMBER UNKNOWN, BUT AUNTY PLANNING TO VISIT TODAY AND WILL CALL BACK WITH MOTHER'S NEW ADDRESS.

SUBSTANCE ABUSE:

- AUNTY UNSURE IF MOTHER IS CURRENTLY USING DRUGS. AUNTY IS SURE THAT MOTHER USED DRUGS IN THE PAST. MOTHER'S FAMILY (FATHER AND SIBLINGS) ARE ALL DRUG ADDICTS, "LIVING IN BUSHES".

PARENTING SKILLS:

- MOTHER CAME TO AUNTY'S HOME ON 01/07/03. AUNTY OBSERVED MOTHER ALMOST DROP THE NEWBORN BABY. MOTHER WAS OBSERVED HOLDING INFANT INCORRECTLY AND BABY'S HEAD WAS "FLOPPING ALL AROUND".
- MOTHER TRIED TO FEED INFANT HEATED FORMULA AND WHEN AUNTY FELT IT, "IT WAS WAY TOO HOT".
- MOTHER SAID TO AUNTY "I JUST WANT TO GET HOME AND GIVE HIM TO _____"
- AUNTY FEELS THAT NEWBORN IS NOT SAFE WITH MOTHER AND WAS PLANNING ON REPORTING THIS TODAY.
- _____ STILL ENROLLED AT HEEIA ELEMENTARY IN KANEOHE

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* 01/10/03 1105HOURS TCT
- NO ANSWER

* 01/10/03 1330HOURS TCT
- DID NOT VISIT NANCY'S HOME YESTERDAY BECAUSE OF FAMILY EMERGENCY
- POSSIBLE CELL PHONE NUMBER

* 01/10/03 1345HOURS TCT (IMW PAWAA UNIT)

* 01/10/03 1355HOURS TCT

* 01/10/03 1415HOURS TCT (CFS DIVERSION) #681-1440:
- MOTHER DID NOT PARTICIPATE IN ANY SERVICES
- CFS COUNSELED HER ON HER EXPECTED CHILD
- CFS PROVIDED MOTHER WITH A POWER OF ATTORNEY FORM FOR
- MOTHER WAS ELUSIVE ABOUT EXACT ADDRESS; LAST ADDRESS GIVEN:
- NO MAJOR CONCERNS ABOUT MOTHER; SHE APPEARED TO BE "ON IT"
- CFS CLOSED THE CASE IN 09/02

* 01/10/03 1455HOURS TCT
- NON-WORKING NUMBER

* 01/10/03 1455HOURS TCT
- NO ANSWER, NO NAME ON VOICEMAIL

* 01/10/03 1500HOURS TCT
- ASSIGNED TO

1/13/03 CWI SUPV FOLLOW UP FOR SW WHO IS ATTENDING CORE TRAINING.
EFFORT TO OBTAIN A CURRENT ADDRESS FOR FAMILY.

*1/13/03 1205 HOURS TCT DOE LOCATOR. STILL REGISTERED WITH HEEIA,
DESPITE REPORTED RETURN TO MOTHER. HEEIA HAS NO ADDRESS FOR MOTHER, BUT TWO
PHONE LISTINGS FOR MOTHER AT

1/13/03 1210 HOURS TCT STUDENT COORDINATOR WITH HEEIA'
WILL RESEARCH FOR MOTHER'S ADDRESS.

1/13/03 1420 HOURS TCF HEEIA PRINCIPAL SHARING THE FOLLOWING:
-CHILD REMAINS ENROLLED IN SCHOOL, AND HAS ATTENDED SCHOOL, SINCE RETURN FROM
XMAS BREAK.
-CHILD REPORTS THAT HE IS BACK WITH MOTHER, BUT CONTINUES TO ATTEND HEEIA
DAILY AND IS DOING WELL IN SCHOOL.
-HEEIA ADMITS THAT CHILD'S CARE UNDER AUNT WAS NEVER FORMALIZED,
AND THAT CHILD WAS LITERALLY IN AUNT'S CARE FROM BIRTH.
-THE SCHOOL HAS RECEIVED NO NOTICE THAT MOTHER INTENDS TO WITHDRAW CHILD.

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-WILL TRY TO OBTAIN ADDRESS FOR MOTHER.

1/14/03 TCT KAISER HOSPITAL, CWI INQUIRING ABOUT
MOTHER'S DELIVERY ON ANY CONCERNS AND ADDRESS LISTING.
-NO CONCERNS, MOTHER NEVER REFERRED FOR SW ASSESSMENT.
-ADDRESS FOR MOTHER:

✓CWI

NEED FOR OUT OF HOME PLACEMENT:

- PENDING INVESTIGATION

ASSESSMENT:

PROTECTIVE SERVICES INVESTIGATION IS WARRANTED AT THIS TIME BASED ON:

- 1) NEWBORN IS VULNERABLE, OF THE HIGHEST RISK AGE GROUP FOR SERIOUS/FATAL HARM, TOTALLY DEPENDENT ON MOTHER AND STEP-FATHER FOR HIS SAFETY AND CARE.
- 2) THREE ADULTS IN THE ROLE OF CARETAKER/PARENT HAVE SIGNIFICANT HISTORIES OF SUBSTANCE AND DRUG-RELATED OFFENSES INVOLVING POLICE INTERVENTION. NO TREATMENT FOR MOTHER, STEPFATHER IDENTIFIED. DRUG DEPENDENCE EVALUATION RECOMMENDED. IMPAIRED FUNCTIONING AS A RESULT OF DRUG ABUSE IS ALSO INDICATED. NEED TO ASSESS CHILDREN FOR IN UTERO AND ENVIRONMENTAL DRUG EXPOSURE BASED ON PARENT/CARETAKERS' HISTORY.
- 3) NEED TO ASSESS MOTHER AND STEPFATHER FOR PARENTING SKILLS AND PSYCHOLOGICAL BOND TO CHILDREN. MOTHER HAS NOT ASSUMED A PRIMARY CARETAKER ROLE OF HER NOW 11Y.O. SON RELEGATING HIS CARE IN INFORMAL HANAI ARRANGEMENT, OR POOR CHOICE CARETAKER SUCH AS MOTHER ALREADY EXHIBITING ATTACHMENT ISSUES WITH NEWBORN
- 4) NEED TO ASSESS STEPFATHER; AS A RISK OR RESOURCE FOR THE CHILDREN. DEPENDING ON WHETHER MARRIAGE OCCURRED BEFORE BIRTH OF CHILD, MAY BE LEGAL FATHER, BUT NOT BIOLOGICAL FATHER. STEP-FATHER HAS EXTENSIVE CRIMINAL HISTORY INCLUDING CONVICTIONS FOR PROMOTION OF DANGEROUS DRUGS.
- 5) MOTHER'S CHOICE OF PARTNERS IS QUESTIONABLE WITH HISTORY OF DOMESTIC VIOLENCE WITH VARIOUS PARTNERS AND CRIMINAL INVOLVEMENT, INCARCERATION.
- 6) FURTHER ASSESSMENT OF AUNT, IS IDENTIFIED. SHE IS THE LONG TERM INFORMAL CARETAKER OF VIA HANAI ARRANGEMENT WITH A CONFIRMED CPS HISTORY.

DISPOSITION:

- INTAKE IS ASSIGNED FOR INVESTIGATION TO UNIT #79 BASED ON CT: 13.
- CHILD RISK ASSESSMENT: HIGH
- FAMILY SAFETY ASSESSMENT: HOME CANNOT BE DEEMED SAFE. INVESTIGATION AND ASSESSMENT IS REQUIRED.
- IDENTITY OF COMPLAINANT MAY NOT BE RELEASED TO HPD-CAN DETAIL

COMPLETED FOR

✓CWI

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STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

CC:
CPS TEAM
HPD-CAN DETAIL
CFS DIVERSION (RECIDIVISM)

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16:57:30.0

VICTIM DATA - DISPLAY

KFHCD36N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000267136 FMN 21 NAME
INTAKE NO 92583

PERP 1 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT
PERP 2 FMN 03 RELATIONSHIP TO VICTIM STP STEPPARENT

MORE THAN 2 PERPS (Y/N) N

LOCATION OF INCIDENT FAMILY HOME: _

POLICE BKG DATE TIME BOOKING NO
HOSPITALIZED DATE TIME HOSP NAME

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

PROBLEMS FOR THRA THREAT OF ABUSE THRN THREATENED NEGL
WHICH REFERRED

DATE OF PERSONAL CONTACT 01/17/2003 TIME OF PERSONAL CONTACT 14:05

NEXT CD36 KEY _____

MORE DATA

01/18/08
16:57:57.4

VICTIM DATA - DISPLAY

KFHCD38N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000267136 FMN 21 NAME
INTAKE NO 92583

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION
L THREAT OF ABUSE
R PHYSICAL NEGLECT

FACTORS PRECIPITATING INCIDENT 15 DRUG ABUSE
18 POLICE/COURT RECORD (EXCLUDING TRAFFIC)
20 INABILITY TO COPE WITH PARENTAL RESP
22 UNACCEPTABLE CHILD REARING METHOD

NEXT CD36 KEY _____

END DATA

01/18/08
16:58:09.3

VICTIM DATA - DISPLAY

KFHCD36N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260718 FMN 20 NAME
INTAKE NO 92583

PERP 1 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT
PERP 2 FMN 03 RELATIONSHIP TO VICTIM STP STEPPARENT

MORE THAN 2 PERPS (Y/N) N

LOCATION OF INCIDENT FAMILY HOME:

POLICE BKG DATE TIME BOOKING NO
HOSPITALIZED DATE TIME HOSP NAME

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

PROBLEMS FOR THRA THREAT OF ABUSE THRN THREATENED NEGL
WHICH REFERRED

DATE OF PERSONAL CONTACT 01/17/2003 TIME OF PERSONAL CONTACT 13:01

NEXT CD36 KEY _____

MORE DATA

01/18/08
16:58:12.9

VICTIM DATA - DISPLAY

KFHCD38N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260718 FMN 20 NAME
INTAKE NO 92583

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION
L THREAT OF ABUSE
R PHYSICAL NEGLECT

FACTORS PRECIPITATING INCIDENT 15 DRUG ABUSE
20 INABILITY TO COPE WITH PARENTAL RESP
22 UNACCEPTABLE CHILD REARING METHOD
18 POLICE/COURT RECORD (EXCLUDING TRAFFIC)

NEXT CD36 KEY _____

END DATA

01/18/08
16:47:05.4

VICTIM DATA - DISPLAY
CASE STATUS/DISPOSITION

KFHCD39N

ACTIVE

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260718 FMN 20 NAME
INTAKE NO 92583

	ALLEGED CAN	CONFIRMED	SEVERITY OF	DETERMINATION
	CODE DESCRIPTION		ABUSE/NEGLECT	DATE
1	THRA THREAT OF ABUSE	N		01/17/2003
2	THRN THREATENED NEGL	N		01/17/2003
3				
4				
5				
6				

SERVICES NEEDED N

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 92583

NEXT CD39 KEY _____

END DATA

01/18/08
16:46:53.6

VICTIM DATA - DISPLAY
CASE STATUS/DISPOSITION
ACTIVE

KFHCD39N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000267136 FMN 21 NAME
INTAKE NO 92583

	ALLEGED CAN	CONFIRMED	SEVERITY OF	DETERMINATION
	CODE		ABUSE/NEGLECT	DATE
1	THRA THREAT OF ABUSE	N		01/17/2003
2	THRN THREATENED NEGL	N		01/17/2003
3				
4				
5				
6				

SERVICES NEEDED N

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO 92583

NEXT CD39 KEY _____

END DATA

01/18/08
16:47:14.8

INVESTIGATION SUMMARY
WORKER'S FINDINGS DISPLAY - NARRATIVE

KFHCD62N
K356245U

CASE NO 00068058 CASE NAME CHANCO, NANCY
INTAKE NO 92583 CASE STATUS ACTIVE

ENTERED DATE/TIME 05 05 2003 12 00 PAGE 01

WORKER'S FINDINGS (CONFIRMED/NOT CONFIRMED BASED ON THE FOLLOWING):

CASE ASSIGNED TO DHS S.W. FOR INVESTIGATION OF
THREAT OF HARM OF (11 Y.O.) AND NEWBORN,
BY MOTHER, NANCY ASIATA AND STEPFATHER,
SAFETY CONCERNS:

SUBSTANCE ABUSE AND INAPPROPRIATE CARETAKER.

MOTHER'S WHEREABOUTS UNKNOWN AT TIME CHILD TAKEN INTO CUSTODY.

MOTHER AND STEPFATHER HAVE SIGNIFICANT ARREST RECORDS.

FATHER, KNOWN AS DRUG DEALER.

DHS S.W. INTERVIEWED MOTHER ON 01/17/03 WHO DENIED DRUG USE AND REPORTED THAT

FATHER IS IN OCCC FOR PAST DRUG INVOLVEMENT. MOTHER ADMITTED

THAT SHE HAD ALLOWED TO BE IN THE COMPANY OF WHILE

SHE WENT ON AN ERRAND WITH YOUNGEST CHILD. SHE DID NOT KNOW HE HAD DRUG

IN CAR. CHILD WAS PLACED WITH HIS HANAI AUNTY, WHO

NEXT CD62 KEY _____

MORE DATA

01/18/08
16:47:18.4

INVESTIGATION SUMMARY
WORKER'S FINDINGS DISPLAY - NARRATIVE

KFHCD62N
K356245U

CASE NO 00068058 CASE NAME CHANCO, NANCY
INTAKE NO 92583 CASE STATUS ACTIVE

ENTERED DATE/TIME 05 05 2003 12 00 PAGE 02

WORKER'S FINDINGS (CONFIRMED/NOT CONFIRMED BASED ON THE FOLLOWING):
CALLED HER WHEN IT BECAME KNOWN. INTERVIEW WITH ON THE SAME DAY
CONFIRMED MOTHER'S STATEMENTS. DESPITE PAST HISTORY OF SUBSTANCE ABUSE MOTHER
IS CLEAN AND SOBER. MOTHER WILL MAKE APPROPRIATE CHILD CARE ARRANGEMENTS IN
THE FUTURE. ALL CHILDREN ARE CURRENT WITH DR. FOR PEDIATRIC CARE.
FATHER HAS P.O. WHO REVOKED FATHER'S PROBATION FOR DRUG
INVOLVEMENT. MOTHER WARNED THAT FURTHER REPORTS TO THE DHS MAY CAUSE DHS
INTERVENTION WITH FAMILY ACTION TO FAMILY CT. SHE UNDERSTANDS.
ALLEGATIONS OF THREAT OF ABUSE AND NEGLECT WERE NOT CONFIRMED BASED ON
STATEMENTS FROM MS. ASIATA, AND HANAI AUNTY
HOME SAFE; CHILDREN SAFE WITH CURRENT PEDIATRIC CARE WITH DR.
CASE CLOSED. , DHCW-1 UNIT.
CASE APPROVED FOR CLOSING.

DHCW-1 UNIT (79) SUPERVISOR.

NEXT CD62 KEY _____

END DATA

01/18/08
16:47:26.7

INVESTIGATION SUMMARY
WORKER'S FINDINGS DISPLAY - CASE ACTION

KFHCD64N
K356245U

CASE NO 00068058 CASE NAME CHANCO, NANCY
INTAKE NO 92583 CASE STATUS ACTIVE

CASE ACTION SUBSEQUENT TO FINDINGS: ENTERED DATE/TIME 05 05 2003 12 52

NEEDED SERVICES IDENTIFIED _ NEEDED SERVICES INITIATED _
REFERRED FOR FAMILY STRENGTHENING SERVICES, DIFFERENTIAL RESPONSE _
REFERRED FOR VOLUNTARY CASE MANAGEMENT SERVICES, DIFFERENTIAL RESPONSE _
CASE TRANSFERRED FOR CASE MANAGEMENT _ CASE CLOSED X
REASONS FOR ACTION CASE CLOSED AS NOT CONFIRMED. MOTHER WARNED THAT IF _____
FUTURE REPORTS ARE MADE TO THE DHS INTERVENTION WITH FAMILY COURT ACTION MAY _____
OCCUR. MOTHER UNDERSTANDS. FATHER IN PRISON AT OCCC FOR DRUG INVOLVEMENT. _____
CHILDREN SAFE; HOME SAFE. MOTHER WILL MAKE BETTER CHILD CARE ARRANGEMENTS _____
IN THE FUTURE. _____

SIGN OFF WORKER NO , WORKER NAME _____

NEXT CD64 KEY _____

END DATA

01/18/08
17:06:32.1

COMPLAINANT INFORMATION - DISPLAY

KFHCD18N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CASE STATUS ACTIVE
INTAKE NO B7360 COMPLAINANT NO 01

COMPLAINT DATE/TIME 02/08/2006 10:32 INTAKE RETURNED FROM VCM? (Y/N)

CALLER NAME

PHONE - HOME

OTHER

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO CHILD PRO SERVICE PROVIDER
SHARE ID? (Y/N) N NOTIFY? (Y/N) Y

RPT REQ? (Y/N) N SOURCE OF REPORT

NEXT CD18 KEY _____

END DATA

01/18/08
16:49:29.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

02/06

CPS INTAKE DOCUMENT

INTAKE NO B7360

TAKEN BY _____	DATE/TIME _____
COMPLETE BY _____	DATE/TIME _____
ASSIGNED BY _____	DATE _____
ASSIGN TO _____	

CASE NAME CHANCO, NANCY
CASE NO 00068058 STATUS G
UNIT NO WORKER NO

INITIAL REFERRAL BY _____ COMPLAINT NO 01
PHONE 808

CHILDREN:

FMN 20	NAME	DOB	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP UNKNOWN		
FMN 21	NAME	DOB	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP		
FMN 22	NAME BELT, CYRUS N	DOB	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP DECEASED		

ADULTS:

FMN 01	NAME	DOB	ALLEGED PERP N
	ADDRESS INCARCERATED	CITY	ST
	MAINLAND	ZIP 0 0	PH 000-0000
FMN 02	NAME CHANCO, NANCY V	DOB	ALLEGED PERP Y
	ADDRESS	ZIP 0 0	ST HI
FMN 03	NAME	DOB	ALLEGED PERP N
	ADDRESS	ZIP 0 0	ST HI
FMN 04	NAME	DOB	ALLEGED PERP Y
	ADDRESS INCARCERATED	CITY	ST
		ZIP 0 0	PH 000-0000
FMN 05	NAME	DOB	ALLEGED PERP N
	ADDRESS	CITY HONOLULU	ST HI
		ZIP 0 0	PH 000-0000
FMN 50	NAME	DOB	ALLEGED PERP N
	ADDRESS	CITY	ST
		ZIP 0 0	PH 000-0000

PROBLEMS FOR WHICH REFERRED:

FMN 20	THRA THREAT OF ABUSE	THRN THREATENED NEGL
	LOC OF INC	
	ACTION BOOKING NO	DATE 00/00/00 TIME 00:00
	HOSPITAL	DATE 00/00/00 TIME 00:00
FMN 21	THRA THREAT OF ABUSE	THRN THREATENED NEGL
	LOC OF INC	FAMILY HOME

01/18/08
16:49:29.5

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

	ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
	HOSPITAL	DATE	00/00/00	TIME	00:00
FMN 22	THRA THREAT OF ABUSE	THRN	THREATENED NEGL		
	LOC OF INC	FAMILY HOME			
	ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
	HOSPITAL	DATE	00/00/00	TIME	00:00

COMPLAINANTS ACCOUNT(S) :

COMP NO 01 COMPLAINT DATE/TIME 02/08/06 10:32 RETURNED FROM VCM?
 NAME PHONE
 ADDRESS
 CITY/ST/ZIP
 SHARE ID N PRT REQ N NOTIFY Y REL TO CHILD PRO SERVICE PROVID

NARRATIVE ACCOUNT:

REPORT:

THREAT OF ABUSE AND NEGLECT OF CHILDREN- 14 Y.O. 3 Y.O.
 AND NEWBORN CYRUS BELT BY MOTHER- 31 Y.O. NANCY V. CHANCO AND
 FATHER-

PREFACE:

- BABY BORN AT QUEENS MEDICAL CENTER AND MOTHER IS IN ROOM,
- APGARS, WEIGHT,
- GESTATIONAL AGE IS ESTIMATED AT
- ANTICIPATED DISCHARGE IS TOMORROW,
- MOTHER REPORTS THAT ONE OF HER OTHER CHILDREN IS LIVING IN TURKEY WITH
 MATERNAL GRANDMOTHER (POSSIBLY AS HE IS NOT LISTED IN MOTHER'S
 WELFARE CASE)

HARM:

PRENATAL CARE:

- MOTHER HAD LATE PRENATAL CARE BEGINNING ON 8/09/06
- MOTHER HAD A TOTAL OF 6 PRENATAL CARE VISITS
- MOTHER STOPPED HER PRENATAL CARE BETWEEN 9/05 AND 11/05, PER SELF REPORT
 BECAUSE OF RELAPSE ON CRYSTAL METHAMPHETAMINE "ICE"

DRUG USE:

- MOTHER ADMITTED TO MARIJUANA USE DURING THE PREGNANCY, STATING THAT SHE
 SMOKED MARIJUANA WITH
- MOTHER REPORTED THAT

- MOTHER ADMITTED TO SMOKING ICE AT APPROXIMATELY 5-6 MONTHS PREGNANT, SAYING
 THAT SHE RELAPSED
- MOTHER DOES NOT BELIEVE SHE HAS A DRUG PROBLEM

COLLATERAL CONTACTS:

01/18/08
16:49:29.6

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
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*02/08/06 12:35 TELEPHONE CALL TO/FROM QUEENS' _____
(578-8029). NEED DATE OF BIRTH FOR _____ TO VERIFY IDENTITY VIA CPSS AND
CJIS. WILL CALL BACK.

*02/08/06 12:46 TELEPHONE CALL FROM QUEENS
FATHER'S DATE OF BIRTH MATCHES CPSS AND CJIS AND IS _____

PRIOR CPS INTERVENTION:

-UNDER CN: NANCY V. ASIATA CPSS #68058

*8/13/02 INFORMATION ONLY INTAKE #89337 ALLEGED THREAT OF NEGLECT OF CHILD-
THEN 11 Y.O. _____ BY MOTHER- NANCY ASIATA. ALLEGATIONS THAT MOTHER
LEFT CHILD IN THE CARE OF _____ GRANDMOTHER- _____, WITH NO
PROVISIONS FOR HIS CARE. CWI CONTACTED MOTHER WHO AGREED TO PROVIDE A POWER
OF ATTORNEY TO _____ GRANDMOTHER TO CARE FOR CHILD. MOTHER HAD AN ALLEGED
HISTORY OF POLYSUBSTANCE ABUSE INCLUDING MARIJUANA, ICE AND CRACK COCAINE.
MOTHER HAD A HISTORY OF VIOLENT RELATIONSHIPS WITH AT LEAST THREE DIFFERENT
MEN. R/NA. SEE ATTACHED.

*1/09/03-6/19/03 INTAKE #92583 UNCONFIRMED THREAT OF ABUSE AND NEGLECT TO
CHILDREN- THEN 11 Y.O. _____ AND THEN NEWBORN _____ BY
MOTHER- THEN 28 Y.O. NANCY ASIATA AND FATHER/STEP FATHER- THEN _____
DURING A ROUTINE TRAFFIC STOP, POLICE FOUND 11 Y.O. CHILD WITH AN
UNRELATED ADULT MALE WHO HAD DRUGS ON HIS PERSON. MOTHER AND HER PARTNER-
_____ WITH SIGNIFICANT _____ RELATED TO DRUGS AND
ALLEGED TO BE A DRUG DEALER. POOR PARENTING SKILLS AND BONDING WITH NEWBORN,
AND MOTHER REPORTEDLY DID NOT CARE FOR 11 Y.O. CHILD FOR MOST OF HIS LIFE.
DISPOSITION INDICATED THAT MOTHER DENIED ANY DRUG USE AND REPORTED THAT FATHER
WAS INCARCERATED AT OCCC FOR PAST DRUG INVOLVEMENT. MOTHER DENIED KNOWING
THAT HER FRIEND HAD DRUGS IN HIS CAR WHILE HE WAS CARING FOR 11 Y.O. CHILD.
MOTHER WAS WARNED THAT IF FUTURE REPORTS RECEIVED BY CPS THAT FAMILY COURT
ACTION MAY OCCUR. CASE INVESTIGATED AND CLOSED BY UNIT #79 SOCIAL WORKER _____

-FOR MOTHER AS A MINOR UNDER CN: _____ CPSS#39240

*2/24/00 INTAKE #70406 CONFIRMED PHYSICAL ABUSE OF THEN 7Y.O.
BY HIS MOTHER, _____ (CLOSED 3/00, _____)

*11/19/01 INTAKE #83696 UNCONFIRMED THREAT OF ABUSE/NEGLECT OF THE
_____ BY THEIR MOTHER, _____ (CL #43 2/25/02

-FOR FATHER AS A MINOR UNDER CN: _____ CPSS #47093

*4/14/97 INTAKE #51696 UNCONFIRMED PHYSICAL ABUSE TO CHILD- THEN 17 Y.O. _____
BY HIS MOTHER- _____ ALLEGATIONS VIA POLICE REPORT THAT ON THE
EVENING OF 4/13/97, MOTHER AND CHILD HAD AN ARGUMENT AND MOTHER PUT A ROPE
AROUND CHILD'S NECK AND ALLEGEDLY TRIED TO KILL HIM. DISPOSITION INDICATED
THAT THE ARGUMENT WAS BETWEEN CHILD AND MOTHER'S BOYFRIEND, WHICH RESULTED IN
A BRIEF STRUGGLE AND CHILD SUSTAINING MINOR SCRATCHES. CHILD IDENTIFIED AS
INCORRIGIBLE AND BEYOND PARENTAL CONTROL. PROTECTIVE SERVICES NOT WARRANTED
AND CASE WAS ACTIVE WITH UNIT #18 SOCIAL WORKER _____ WHEN THE FOLLOWING
REPORT WAS RECEIVED:

*6/05/97-7/31/98 INTAKE #52653 CONFIRMED ABANDONMENT AND THREAT OF NEGLECT
TO THE _____ CHILDREN- THEN 17 Y.O. _____ AND THEN 15 Y.O. _____, BY THEIR

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STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
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MOTHER- CHILDREN LEFT IN THE CARE OF A WOMAN NAMED
WITH NO PROVISIONS FOR THEIR CARE. MOTHER'S WHEREABOUTS WERE UNKNOWN.
DISPOSITION INDICATED CPS WAS UNSUCCESSFUL IN LOCATING MOTHER. CHILDREN WERE
TAKEN INTO FOSTER CUSTODY AND THE HOME OF THEIR CARETAKER- WAS
LICENSED BY THE DHS. CASE WAS INVESTIGATED BY UNIT #18 SOCIAL WORKER
AND TRANSFERRED FOR CASE MANAGEMENT SERVICES. CASE CLOSED BY UNIT #77 SOCIAL
WORKER

CJIS SEARCH:

-FOR MOTHER: NANCY ASIATA (A.K.A. NANCY CHANCO)
1 CONVICTION
-CONVICTION FOR CRIMINAL CONTEMPT OF COURT

-INCARCERATED AT OCCC FROM 12/05/03 UNTIL 12/06/03
-SEE ATTACHED CJIS FULL RAP SHEET AND TRO INFORMATION

-FOR FATHER:

-CONVICTIONS FOR CRIMINAL PROPERTY DAMAGE 2, CRIMINAL TRESPASS 1 (2 TIMES),
ABUSE OF
FAMILY HOUSEHOLD MEMBER (2 TIMES), TERRORISTIC THREATENING 2 (2 TIMES), AND
PROMOTING A DETRIMENTAL DRUG 3

-CONVICTED FELON AS OF 02/09/05
-SEE ATTACHED CJIS FULL RAP SHEET

INVOLVEMENT OF SERVICE/TREATMENT PROVIDERS:

-DR. OB/GYN

-MOTHER AGREED TO HEALTHY START SERVICES

FAMILY/CARETAKER INFORMATION:

-MOTHER OF THREE CHILDREN- AGES 14, 3 AND NEWBORN
-UNKNOWN MARITAL STATUS
-MOTHER'S CURRENT BOYFRIEND IS ALLEGED FATHER OF NEWBORN-
-UNKNOWN IF ALL OF CHILDREN ARE IN MOTHER'S CARE
-MOTHER IS EMPLOYED BY HAWAII FAMILY DENTAL CENTER
-FATHER'S EMPLOYMENT IS UNKNOWN

-MOTHER HAS A HISTORY OF POLYSUBSTANCE ABUSE, DOMESTIC VIOLENCE WITH MULTIPLE
PARTNERS, PRIOR REPORTS TO CPS
-PARENTS HAVE AN EXTENSIVE CRIMINAL HISTORY, PER CJIS

SPECIAL CONSIDERATIONS FOR VICTIMS:

-CHILDREN ARE OF A SEVERE RISK AGE GROUP FOR SERIOUS/FATAL HARM.

NEED FOR OUT OF HOME PLACEMENT:

-PENDING INVESTIGATION

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16:49:29.6

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

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ASSESSMENT:

FORMAL CWS INVESTIGATION IS WARRANTED BASED ON THE FOLLOWING TOOL AND INTAKE SOCIAL WORKER ASSESSMENT:

1) REPORT MEETS THE STATUTORY DEFINITION OF HARM INCLUDING:

*THREAT OF ABUSE AND NEGLECT BASED ON SIGNIFICANT SUBSTANCE ABUSE ISSUES.

2) IMMEDIATE AND/OR SUBSTANTIAL SAFETY ISSUES ARE IDENTIFIED AS FOLLOWS:

* HOSPITAL CASE WITH DISCHARGE DATE OF, _____

*"CAREGIVER'S IMPAIRMENT DUE TO DRUG OR ALCOHOL ABUSE IS SERIOUSLY AFFECTING HIS/HER ABILITY TO SUPERVISE, PROTECT, OR CARE FOR THE CHILD"

"SUBSTANCE ABUSE PREVENTS CAREGIVER FROM PROTECTING OR PROVIDING FOR THE CHILD." "OTHER SAFETY FACTORS ARE DIRECTLY RELATED TO THE USE OF DRUGS OR ALCOHOL"

3) ADDITIONAL RISK/SAFETY FACTORS:

-CHILD VULNERABILITY- NEWBORN CHILD AND 3 Y.O. SIBLING ARE OF THE SEVERE RISK AGE GROUP FOR SERIOUS/FATAL HARM AND ARE TOTALLY DEPENDENT ON MOTHER AND FATHER FOR THEIR SAFETY AND CARE.

-SUBSTANCE ABUSE- MOTHER AND FATHER HAVE SIGNIFICANT DRUG USE BY HISTORY.

_____ FATHER'S CRIMINAL HISTORY IS SUGGESTIVE OF SUBSTANCE ABUSE ISSUES.

-CRIMINAL HISTORY- BOTH MOTHER AND FATHER HAVE _____ AND CONVICTIONS FURTHER INDICATING RISK OF HARM

-CWS HISTORY- THERE IS CPS HISTORY FOR MOTHER AND FOR BOTH MOTHER AND FATHER

-DOMESTIC VIOLENCE ISSUES- MOTHER HAS A HISTORY OF VIOLENCE IN HER INTERPERSONAL RELATIONSHIPS AND FATHER HAS 2 CONVICTIONS FOR ABUSE OF A FAMILY MEMBER.

-LACK OF SUPPORT SYSTEM- MOTHER AND FATHER LIVE WITH _____ GRANDFATHER AND HIS WIFE, BOTH OF WHOM MOTHER ALLEGES TO USE DRUGS- PRESCRIPTION AND MARIJUANA.

-HOUSING ISSUES- WELFARE SYSTEM IDENTIFIES MOTHER AND CHILD AS HOMELESS

DISPOSITION:

-(IU06) ASSIGNED TO UNIT #61 FOR ROTATIONAL ASSIGNMENT WITHIN THE SECTION

- CT #3.01

-COMPLAINANT IDENTITY MAY BE RELEASED TO HPD-CID FAMILY ABUSE DETAIL

»CWI

CC: UNIT 61 (LEAD UNIT)

CPS TEAM

HPD-CA/N DETAIL

SCWSA AND DHWSA (HISTORY/HOSPITAL)

01/18/08
16:59:48.6

VICTIM DATA - DISPLAY

KFHCD36N

ACTIVE

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260718 FMN 20 NAME
INTAKE NO B7360

PERP 1 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT
PERP 2 FMN 04 RELATIONSHIP TO VICTIM OTH OTHER
MORE THAN 2 PERPS (Y/N) N

LOCATION OF INCIDENT

POLICE BKG DATE TIME BOOKING NO
HOSPITALIZED DATE TIME HOSP NAME

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

PROBLEMS FOR THRA THREAT OF ABUSE THRN THREATENED NEGL
WHICH REFERRED

DATE OF PERSONAL CONTACT 02/09/2006 TIME OF PERSONAL CONTACT 10:00

NEXT CD36 KEY

MORE DATA

01/18/08
16:59:51.6

VICTIM DATA - DISPLAY

KFHCD38N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260718 FMN 20 NAME
INTAKE NO B7360

NATURE OF HARM

TYPE OF SEXUAL EXPLOITATION

L THREAT OF ABUSE
Z OTHER
Z OTHER

FACTORS PRECIPITATING INCIDENT 06 PHYSICAL ABUSE OF SPOUSE/FIGHTING
09 INADEQUATE HOUSING
15 DRUG ABUSE
18 POLICE/COURT RECORD (EXCLUDING TRAFFIC)

NEXT CD36 KEY _____

END DATA

01/18/08
16:59:35.5

VICTIM DATA - DISPLAY

KFHCD36N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000267136 FMN 21 NAME _____
INTAKE NO B7360

PERP 1 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT
PERP 2 FMN 04 RELATIONSHIP TO VICTIM OTH OTHER

MORE THAN 2 PERPS (Y/N) N

LOCATION OF INCIDENT FAMILY HOME

POLICE BKG DATE TIME BOOKING NO

HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SVC ACT DATE TIME

VOLUNTARY CONSENT (Y/N)

PROBLEMS FOR THRA THREAT OF ABUSE THRN THREATENED NEGL
WHICH REFERRED

DATE OF PERSONAL CONTACT 02/09/2006 TIME OF PERSONAL CONTACT 10:00

NEXT CD36 KEY _____

MORE DATA

01/18/08
16:59:38.3

VICTIM DATA - DISPLAY

KFHCD38N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000267136 FMN 21 NAME
INTAKE NO B7360

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION
L THREAT OF ABUSE
Z OTHER

FACTORS PRECIPITATING INCIDENT 06 PHYSICAL ABUSE OF SPOUSE/FIGHTING
09 INADEQUATE HOUSING
15 DRUG ABUSE
18 POLICE/COURT RECORD (EXCLUDING TRAFFIC)

NEXT CD36 KEY _____

END DATA

01/18/08
16:59:18.4

VICTIM DATA - DISPLAY

KFHCD36N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO B7360

PERP 1 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT
PERP 2 FMN 04 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT

MORE THAN 2 PERPS (Y/N) Y

LOCATION OF INCIDENT FAMILY HOME

POLICE BKG DATE TIME BOOKING NO

HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SVC ACT DATE TIME

VOLUNTARY CONSENT (Y/N)

PROBLEMS FOR THRA THREAT OF ABUSE THRN THREATENED NEGL
WHICH REFERRED

DATE OF PERSONAL CONTACT 02/09/2006 TIME OF PERSONAL CONTACT 10:00

NEXT CD36 KEY _____

MORE DATA

01/18/08
16:59:21.7

VICTIM DATA - DISPLAY

KFHCD38N

ACTIVE

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO B7360

NATURE OF HARM

TYPE OF SEXUAL EXPLOITATION

L THREAT OF ABUSE
Z OTHER
Q CONGENITAL DRUG ADDICTION

FACTORS PRECIPITATING INCIDENT 04 NEW BABY IN HOME/PREGNANCY
06 PHYSICAL ABUSE OF SPOUSE/FIGHTING
09 INADEQUATE HOUSING
15 DRUG ABUSE
18 POLICE/COURT RECORD (EXCLUDING TRAFFIC)

NEXT CD36 KEY _____

END DATA

01/18/08
16:49:44.2

VICTIM DATA - DISPLAY
CASE STATUS/DISPOSITION

KFHCD39N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO B7360

	ALLEGED CAN	CONFIRMED	SEVERITY OF	DETERMINATION
	CODE		ABUSE/NEGLECT	DATE
1	THRA THREAT OF ABUSE	Y	F	02/09/2006
2	THRN THREATENED NEGL	Y	F	02/09/2006
3				
4				
5				
6				

SERVICES NEEDED Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO B7360

NEXT CD39 KEY _____

END DATA

01/18/08
16:49:55.5

VICTIM DATA - DISPLAY
CASE STATUS/DISPOSITION

KFHCD39N

ACTIVE

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000267136 FMN 21 NAME
INTAKE NO B7360

	ALLEGED CAN	CONFIRMED	SEVERITY OF	DETERMINATION
	CODE		ABUSE/NEGLECT	DATE
1	THRA			02/09/2006
2	THRN			02/09/2006
3				
4				
5				
6				

SERVICES NEEDED N

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO B7360

NEXT CD39 KEY _____

END DATA

01/18/08
16:50:08.6

VICTIM DATA - DISPLAY
CASE STATUS/DISPOSITION

KFHCD39N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000260718 FMN 20 NAME
INTAKE NO B7360

	ALLEGED CAN	CONFIRMED	SEVERITY OF	DETERMINATION
	CODE		ABUSE/NEGLECT	DATE
1	THRA THREAT OF ABUSE	N		02/09/2006
2	THRN THREATENED NEGL	Y	F	02/09/2006
3				
4				
5				
6				

SERVICES NEEDED Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO B7360

NEXT CD39 KEY _____

END DATA

01/18/08
16:50:14.8

INVESTIGATION SUMMARY
WORKER'S FINDINGS DISPLAY - NARRATIVE

KFHCD62N
K356245U

CASE NO 00068058 CASE NAME CHANCO, NANCY
INTAKE NO B7360 CASE STATUS ACTIVE

ENTERED DATE/TIME 08 10 2006 17 06 PAGE 01

WORKER'S FINDINGS (CONFIRMED/NOT CONFIRMED BASED ON THE FOLLOWING):

CONFIRMED THREAT OF ABUSE AND THREAT OF NEGLECT TO CYRUS BELT BY HIS MOTHER NA
NCY CHANCO

CONFIRMED THREAT OF NEGLECT TO _____) BY HIS MOTHER NANCY CHANCO

UNCONFIRMED THREAT OF ABUSE/NEGLECT TO (_____ ' BY HIS MOTHER NANCY CHANC
O

NEXT CD62 KEY _____

END DATA

01/18/08
16:50:22.5

INVESTIGATION SUMMARY
WORKER'S FINDINGS DISPLAY - CASE ACTION

KFHCD64N
K356245U

CASE NO 00068058 CASE NAME CHANCO, NANCY
INTAKE NO B7360 CASE STATUS ACTIVE

CASE ACTION SUBSEQUENT TO FINDINGS: ENTERED DATE/TIME 08 10 2006 17 09

NEEDED SERVICES IDENTIFIED X NEEDED SERVICES INITIATED X
REFERRED FOR FAMILY STRENGTHENING SERVICES, DIFFERENTIAL RESPONSE -
REFERRED FOR VOLUNTARY CASE MANAGEMENT SERVICES, DIFFERENTIAL RESPONSE -
CASE TRANSFERRED FOR CASE MANAGEMENT CASE CLOSED X
REASONS FOR ACTION MOTHER HAS BEEN INVOLVED WITH HOME-BASED SUPPORT SERVICES_
THROUGH DHS AND HAS BEEN CONSISTENT IN MEETING WITH FAMILY SERVICES ASSISSTANT
BABY APPEARS HEALTHY AND THRIVING. _____

SIGN OFF WORKER NO ! _____ WORKER NAME

NEXT CD64 KEY _____

END DATA



Department of Human Services Child Welfare Services

Intake Assessment Tool

Intake Assessment Summary

Intake Name	Chanco, Nancy	Intake Number	B7360
Social Worker		Section Code	Oahu - Diamond Head

History

Prior CPS Involvement - Yes

Criminal History - Yes

Involvement of Treatment Providers/Services (Past and Present) - Yes

Collateral Contacts - Yes

Narrative

Sufficiency

- | | |
|--|-----|
| 1. Is there sufficient information available to locate the family? | yes |
| 2. Is the alleged maltreater the parent/caregiver of the child? | yes |

Harm

- | | |
|--|----|
| 3. Is there an allegation of child abuse and neglect meeting the legal definition of harm? | no |
|--|----|

Safety

- | | |
|---|-----|
| 4. Do safety factors exist that place the child at risk of substantial and imminent harm? | yes |
|---|-----|

Appropriate Safety Factors relevant to case:

- Caregiver's impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect or care for the child.

No records in risk assessment table.

Refer to CWS for Investigation - Only choice based on answers to sufficiency questions.

Submit for Supervisor Review

Return to form

State of Hawaii
Department of Human Services

CHILD SAFETY ASSESSMENT

Part 1. Case Information:

Case Name: <u>Chance, D</u>	CPSS#: <u>68058</u>	Intake Number: <u>B7360</u>
Worker Name: _____	Date: _____	Time: _____
Reason for Safety Assessment:		
<input type="checkbox"/> New Intake	<input type="checkbox"/> Reunification Assessment	<input checked="" type="checkbox"/> Case Closure
<input type="checkbox"/> Other: _____		

Part 2. Child Safety Assessment:

The following is a list of behaviors or conditions that may be associated with a child being in danger of serious harm. Identify the presence of each factor by checking "Yes". For all safety concerns marked "yes", describe the specific behaviors, conditions, and circumstances associated with that safety concern. Complete assessment within seven days of first contact- but continue to document observations as the assessment proceeds.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1. Behavior of caregiver or others the caregiver has allowed access to the child is violent or threatening violence and/or out of control.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Caregivers has not, will not, or cannot provide sufficient supervision to protect the child from substantial or imminent harm.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Death of a sibling or other child in the household has occurred due to abuse/neglect or uncertain circumstances.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Child sexual abuse is suspected and circumstances suggest that there may be substantial and imminent harm to the child.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. The current abuse or neglect is severe and suggests that there may be substantial and/or imminent harm to the child.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. Caregiver's impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect or care for the child
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Methamphetamine lab exists in a home with the children.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Caregiver is impaired by victimization for family violence and lacks the capacity to protect the child and is without supports.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. There have been reports of harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee or refuses access to the child.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. Child is fearful of being harmed by people living in or frequenting the home.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Caregiver has not or is unable to meet the child's immediate needs for food, clothing, shelter, or medical care where the absence of these necessities is creating substantial or imminent harm to the child.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. The child's physical living conditions are hazardous and present a situation of substantial or imminent harm.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13. Caregiver has a severe or chronic mental or physical illness or disability and current protective factors are not in place to ensure child safety.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Child is vulnerable due to lack of self-protection skills or the presence of special needs that caregivers are unable to meet, and these are presenting the threat of substantial & imminent harm.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Caregiver describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations given the child's age or developmental level, and this presents substantial or imminent harm to the child.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Caregiver lacks the knowledge, skill or motivation to parent and this presents a threat of substantial or imminent harm.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. Caregiver and others with access to the child has made credible threats which could result in substantial or imminent harm to the child.

Describe safety factors checked Yes:

6- mother's drug history has been a concerning issue for DHS.

+ child has been adequately cared for by herself and grandmother to child

1a. child is an infant and requires his primary caregivers to meet his needs. Per home visit by DHS HBSS SW and SW case mgr. home has been deemed safe + mother/child has a strong, secure & happy bond.

STRENGTHS AND RISKS ASSESSMENT TOOL

Case Name: Chance, Nancy CHILDS Case ID: _____ Assessment Date: _____
 Re-Assessment Date: _____

I. CHILD CHARACTERISTICS: Rates apply to the most vulnerable child when children remain in the home. If children are placed, each child should be rated separately. (Note: Numbers in parentheses refer to the specific Safe Home Guideline listed in Chapter 587-25, HRS.)

RISK FACTOR	Child Name	Child Name	Child Name
1. Vulnerability/Self Protective Skills (1)	<u>CYRUS</u>		
2. Special Needs/Behavior Problems (1,5)	<u>1</u>		

II. BASELINE LEVEL OF RISK:

RISK FACTOR	
3. Prior History Severity/Chronicity (2)	<u>2</u>
4. Current CA/N (2)	
Physical Abuse (Injury)	
Exploitation (Non-Sexual)	
Neglect	<u>0</u>
Sexual Abuse	
Psychological Abuse	
Dangerous Acts	

III. CAREGIVER CHARACTERISTICS

RISK FACTOR	Primary Caregiver Name	Caregiver Name	Caregiver Name	Caregiver Name
5. History of CA/N as Child (4)	<u>Nancy</u>	<u>3</u>		
6. Mental/Emotional, Intellectual, or Physical Impairments (4,5,13)	<u>0</u>	<u>0</u>		
7. History of Violence or Sexual Assault of Caregivers (towards peers, and/or children) (6)	<u>0</u>	<u>1</u>		
8. Substance abuse (7)	<u>2</u>	<u>2</u>		
9. Recognition of Problem/Motivation to Change (8,11,12)	<u>1</u>	<u>0</u>		
10. Protection of Child by Non-Abusive Caregiver (9)	<u>2</u>	<u>2</u>		
11. Level of Cooperation (11)	<u>1</u>	<u>2</u>		
12. Parenting Skills/Expectations of Child (13)	<u>0</u>	<u>0</u>		
13. Empathy/Nurturance/Bonding (13)	<u>0</u>	<u>0</u>		

IV. FAMILIAL SOCIAL, AND ECONOMIC FACTORS

RISK FACTOR	
14. Domestic Violence (6)	<u>2</u>
15. Economic Resources for Family (10)	<u>2</u>
16. Social Support for Family (10)	<u>1</u>
17. Stress on Family (13)	<u>2</u>

total
 Nancy's factors = 21
 - father = 23

V. OVERALL LEVEL OF RISK: Incorporate information in all sections of this assessment. Discuss the risk factors and protective factors that led to the overall level of risk.

No (0-17)
 Low/Moderately Low (18-34)
 Moderate (35-51)
 Moderately High/High (52-60)

Social Worker's Signature: _____ dated: _____

Supervisor's Signature: _____ date: _____

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Social Services Division
Child Welfare Services Branch

NOTICE

mailed 07/19/07

Date: 07/02/07

To: Dancy Chung

Re: Cross Belt Ictaka B7360

The Department of Human Services (DHS) received a report alleging you were the perpetrator of child abuse and/or neglect. DHS has completed an investigation and assessment pursuant to chapter 350 and 587, Hawaii Revised Statutes (HRS), and Hawaii Administrative Rule 17-920.1-11. This letter is to inform you of the disposition.

"C" means that the allegation was confirmed. This information will be entered into the DHS database to assist in future risk and safety assessments. The information may be used in the future with your informed consent, or as provided by Federal and State laws and DHS Rules, for a background check for employment or if you apply for licensure as a foster parent or child care provider.

"N" means that the allegation was not confirmed (unconfirmed). The information regarding the report of abuse and/or neglect will be entered into the DHS database to assist in future risk and safety assessments only. The information cannot be used in the future as part of a background check for employment, or if you apply for licensure as a foster parent or childcare provider.

"U" means that the allegation was unsubstantiated. The information regarding the report of abuse and/or neglect will be expunged from the DHS database.

- Physical Harm/Abuse
- Threatened Physical Harm/Abuse
- Physical Neglect:
 - Abandonment
 - Lack of Supervision
 - Medical Neglect
 - Failure To Thrive
- Threatened Physical Neglect

- Sex Abuse
- Threatened Sex Abuse
- Psychological Harm:
 - Abuse
 - Neglect
- Threatened Psychological Harm

Providing a child with dangerous, harmful, or detrimental drugs.

WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION: You have a right to a meeting with a representative of the DHS Child Welfare Services Unit to discuss the disposition. At the meeting, you may speak for yourself or be represented by an attorney, friend, or other person. You also have a right to ask for an administrative hearing. Your request for an administrative hearing must be in writing. Please use the attached form and send your request for an administrative hearing to the address at the top of the page. The Department must receive your written request for an administrative hearing within 90 days of the date of this notice in order for you to receive a hearing. If you have questions, contact us at the number below.

D & C 44/27
Unit

Phone

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Social Services Division
Child Welfare Services Branch

NOTICE

Date: 07/02/07

To: Waney Chan

Re: Cyrus Belt (89527 Intake)

The Department of Human Services (DHS) received a report alleging you were the perpetrator of child abuse and/or neglect. DHS has completed an investigation and assessment pursuant to chapter 350 and 587, Hawaii Revised Statutes (HRS), and Hawaii Administrative Rule 17-920.1-11. This letter is to inform you of the disposition.

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Physical Harm/Abuse

Threatened Physical Harm/Abuse

Physical Neglect: Abandonment

Lack of Supervision

Medical Neglect

Failure To Thrive

Threatened Physical Neglect

Providing a child with dangerous, harmful, or detrimental drugs.

Sex Abuse

Threatened Sex Abuse

Psychological Harm: Abuse

Neglect

Threatened Psychological Harm

WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION: You have a right to a meeting with a representative of the DHS Child Welfare Services Unit to discuss the disposition. At the meeting, you may speak for yourself or be represented by an attorney, friend, or other person. You also have a right to ask for an administrative hearing. Your request for an administrative hearing must be in writing. Please use the attached form and send your request for an administrative hearing to the address at the top of the page. The Department must receive your written request for an administrative hearing within 90 days of the date of this notice in order for you to receive a hearing. If you have questions, contact us at the number below.

Dhanu (77)
Unit

Phone

FOR DEPARTMENT USE ONLY

STATE OF HAWAII
Department of Human Services, Social Services Division
CHILD WELFARE SERVICES BRANCH

Date Request was Received: _____

Name of Worker and Phone Number: _____

CWS Unit Name and Address: _____

REQUEST FOR ADMINISTRATIVE HEARING

Print your name and mailing address: Ms. Nancy Chanco

I would like an Administrative Hearing because I do not agree with the decision of the Child Welfare Services (CWS) child abuse and/or neglect investigation.

You have the right to identify someone to be your Authorized Representative to represent you in the Administrative Hearing. If this is what you want, complete the sentence below.

I want _____ as my
print the individual's name and mailing address

Authorized Representative to represent and act for me in the Administrative Hearing.

You must sign this form to complete your request for an Administrative Hearing and you must return this form to the CWS unit that is listed above within 90 days of the date you received the Notice informing you of your being a confirmed perpetrator if you want an administrative hearing.

Your Signature

Date

- 1 copy to AAO
- 1 copy to the Client
- 1 copy for the Case Record

FOR DEPARTMENT USE ONLY

STATE OF HAWAII

Date Request was Received: _____

Department of Human Services, Social Services Division

CHILD WELFARE SERVICES BRANCH

Name of Worker and Phone Number: _____

CWS Unit Name and Address: _____

REQUEST FOR ADMINISTRATIVE HEARING

Print your name and mailing address: Mr. _____

I would like an Administrative Hearing because I do not agree with the decision of the Child Welfare Services (CWS) child abuse and/or neglect investigation.

You have the right to identify someone to be your Authorized Representative to represent you in the Administrative Hearing. If this is what you want, complete the sentence below.

I want _____ as my
print the individual's name and mailing address

Authorized Representative to represent and act for me in the Administrative Hearing.

You must sign this form to complete your request for an Administrative Hearing and you must return this form to the CWS unit that is listed above within 90 days of the date you received the Notice informing you of your being a confirmed perpetrator if you want an administrative hearing.

Your Signature

Date

- 1 copy to AAO
- 1 copy to the Client
- 1 copy for the Case Record

01/18/08
17:06:25.4

COMPLAINANT INFORMATION - DISPLAY

KFHCD18N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CASE STATUS ACTIVE
INTAKE NO B9527 COMPLAINANT NO 01

COMPLAINT DATE/TIME 06/16/2006 12:43 INTAKE RETURNED FROM VCM? (Y/N)

CALLER NAME ██████████

PHONE - HOME ██████████ OTHER ██████████

ADDRESS

CITY STATE ZIP

RELATIONSHIP TO CHILD OTH OTHER
SHARE ID? (Y/N) N NOTIFY? (Y/N) N

RPT REQ? (Y/N) Y SOURCE OF REPORT ██████████

NEXT CD18 KEY _____

END DATA

JUN 16 2006
2:55pm

06/16/06
14:02:21.3

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

CF 3 INTAKE DOCUMENT

INTAKE NO B9527
TAKEN BY
COMPLETE BY
ASSIGNED BY
ASSIGN TO
Active
DHCWS
Unit # 1177

DATE/TIME 6-16-06 12:43
DATE/TIME // 14:00
DATE //

CASE NAME CHANCO, NANCY
CASE NO 00068058 STATUS G
UNIT NO 77 WORKER NO

INITIAL REFERRAL BY _____ COMPLAINT NO 01
PHONE ' _____

CHILDREN:

FMN	NO	NAME	SEX	RACE	CARETAKE	FMN	NO	SCH/EMP	DOB	V/P/B	V
FMN 20		NAME									
		SEX	M	RACE M	CARETAKE	FMN 02		SCH/EMP	UNKNOWN		
FMN 21		NAME									
		SEX	M	RACE M	CARETAKE	FMN 02		SCH/EMP		V/P/B	V
FMN 22		NAME	BELT, CYRUS								
		SEX		RACE	CARETAKE	FMN 02		SCH/EMP		V/P/B	V

ADULTS:

FMN	NO	NAME	ADDRESS	CITY	DOB	PH	ALLEGED PERP	N
FMN 01		NAME	INCARCERATED					
		ADDRESS	MAINLAND					
				ZIP 0 0		PH 000-0000		
FMN 02		NAME	CHANCO, NANCY V					
		ADDRESS						
				ZIP 0 0		PH		
FMN 03		NAME						
		ADDRESS						
				ZIP 0 0		PH		
FMN 04		NAME						
		ADDRESS						
				ZIP 0 0		PH		

PROBLEMS FOR WHICH REFERRED:

FMN 22

LOC OF INC	FAMILY HOME	ACTION BOOKING NO	DATE	00/00/00	TIME	00:00
HOSPITAL			DATE	00/00/00	TIME	00:00

COMPLAINANTS ACCOUNT(S):

COMP NO 01 COMPLAINT DATE/TIME 06/16/06 12:43
NAME _____ PHONE _____
ADDRESS _____

CITY/ST/ZIP
SHARE ID N PRT REQ Y NOTIFY N REL TO CHILD OTH OTHER

NARRATIVE ACCOUNT:

06/16/06
14:02:21.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

2

REPORT:

ALLEGED PHYSICAL NEGLECT AND THREAT OF NEGLECT TO CYRUS BELT (4 M.O.) BY HIS MOTHER, NANCY CHANCO (32 Y.O.)

HARM:

*SUBSTANCE ABUSE:

-ACCORDING TO THE COMPLAINANT, MS. CHANCO LEAVES THE BABY IN THE CARE OF THE PATERNAL GRANDFATHER, WHILE SHE LEAVES THE HOME TO ABUSE DRUGS.
-MOTHER COMES BACK TO THE RESIDENCE UNDER THE INFLUENCE OF DRUGS.
-MOTHER USES HER GOVERNMENT ASSISTANCE TO PURCHASE DRUGS; FAMILY HAS LIMITED RESOURCES TO PURCHASE FOOD ITEMS AND KEEPING THE BASIC HOUSEHOLD UTILITIES RUNNING

*HOUSING CONCERNS:

-FAMILY HOME IS WITHOUT ELECTRICITY; FAMILY HAS BORROWED A FLASHLIGHT FROM FROM NEIGHBORS. THE HOME HAS BEEN WITHOUT ELECTRICITY FOR THE LAST TWO DAYS.

*DOMESTIC DISPUTES:

-FAMILY MEMBERS REPORTEDLY FIGHT/ARGUE A LOT; PRESUMPTION IS THAT 4 MONTH OLD IS PRESENT DURING THE ARGUMENTS

*NOTE - CWI HAS DOCUMENTED NUMEROUS REPORTS FROM THE COMMUNITY REGARDING MOTHER'S ALLEGED SUBSTANCE ABUSE AND NEGLECT OF HER CHILD DURING ACTIVE PERIOD OF CWS SERVICES.

COLLATERAL CONTACT: NONE

PRIOR CWS INVOLVEMENT:

PRIOR CPS INTERVENTION:

02/09/06 - INTAKE NO. B7360

THREAT OF NEGLECT OF NEWBORN BY MOTHER, NANCY CHANCO.

CHILD LIVES WITH MOTHER UNDER VOLUNTARY FAMILY SUPERVISION. CASE IS ACTIVE WITH SOCIAL WORKER

-UNDER CN: NANCY V. ASIATA CPSS #68058

*8/13/02 INFORMATION ONLY INTAKE #89337 ALLEGED THREAT OF NEGLECT OF CHILD THEN 11 Y.O. BY MOTHER- NANCY ASIATA. ALLEGATIONS THAT MOTHER LEFT CHILD IN THE CARE OF PATERNAL GRANDMOTHER- WITH NO PROVISIONS FOR HIS CARE. CWI CONTACTED MOTHER WHO AGREED TO PROVIDE A POWER OF ATTORNEY TO MATERNAL GRANDMOTHER TO CARE FOR CHILD.

MOTHER HAD A HISTORY OF VIOLENT RELATIONSHIPS WITH AT LEAST THREE DIFFERENT MEN. R/NA.

*1/09/03-6/19/03 INTAKE #92583 UNCONFIRMED THREAT OF ABUSE AND NEGLECT TO CHILDREN- THEN AND THEN NEWBORN BY MOTHER- THEN 28 Y.O. NANCY ASIATA AND FATHER/STEP FATHER- THEN 35 Y.O.

DURING A ROUTINE TRAFFIC STOP, POLICE FOUND 11 Y.O. CHILD WITH AN UNRELATED ADULT MALE WHO HAD DRUGS ON HIS PERSON. MOTHER AND HER PARTNER WITH SIGNIFICANT ARREST HISTORY RELATED TO DRUGS AND ALLEGED TO BE A DRUG DEALER. POOR PARENTING SKILLS AND BONDING WITH NEWBORN, AND MOTHER REPORTEDLY DID NOT CARE FOR 11 Y.O. CHILD FOR MOST OF HIS LIFE. DISPOSITION INDICATED THAT MOTHER DENIED ANY DRUG USE AND REPORTED THAT FATHER WAS INCARCERATED AT OCCC FOR PAST DRUG INVOLVEMENT. MOTHER DENIED KNOWING THAT HER FRIEND HAD DRUGS IN HIS CAR WHILE HE WAS CARING FOR 11 Y.O. CHILD. MOTHER WAS WARNED THAT IF FUTURE REPORTS RECEIVED BY CPS THAT FAMILY COURT

06/16/06
14:02:21.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

ACTION MAY OCCUR. CASE INVESTIGATED AND CLOSED BY UNIT #79 SOCIAL WORKER

FOR MOTHER AS A MINOR UNDER CN: CPSS#39240
*2/24/00 INTAKE #70406 CONFIRMED PHYSICAL ABUSE OF THEN 7Y.O.
BY HIS MOTHER, (CLOSED 3/00,

*11/19/01 INTAKE #83696 UNCONFIRMED THREAT OF ABUSE/NEGLECT OF THE
MINORS BY THEIR MOTHER,
(CL #43 2/25/02

FOR FATHER AS A MINOR UNDER CN: CPSS #47093
*4/14/97 INTAKE #51696 UNCONFIRMED PHYSICAL ABUSE TO CHILD- THEN 17 Y.O.
BY HIS MOTHER- ALLEGATIONS VIA POLICE REPORT THAT ON THE
EVENING OF 4/13/97, MOTHER AND CHILD HAD AN ARGUMENT AND MOTHER PUT A ROPE

AROUND CHILD'S NECK AND ALLEGEDLY TRIED TO KILL HIM. DISPOSITION INDICATED
THAT THE ARGUMENT WAS BETWEEN CHILD AND MOTHER'S BOYFRIEND, WHICH RESULTED IN
RESULTED IN A BRIEF STRUGGLE AND CHILD SUSTAINING MINOR
SCRATCHES. CHILD DESCRIBED AS
INCORRIGIBLE AND BEYOND PARENTAL CONTROL. PROTECTIVE SERVICES NOT WARRANTED
AND CASE WAS ACTIVE WITH UNIT #18 SOCIAL WORKER WHEN THE FOLLOWING
REPORT WAS RECEIVED:

*6/05/97-7/31/98 INTAKE #52653 CONFIRMED ABANDONMENT AND THREAT OF NEGLECT
TO THE CHILDREN- THEN 17 Y.O. AND THEN 15 Y.O. BY THEIR
MOTHER- CHILDREN LEFT IN THE CARE OF A WOMAN NAMED
WITH NO PROVISIONS FOR THEIR CARE. MOTHER'S WHEREABOUTS WERE UNKNOWN.
DISPOSITION INDICATED CPS WAS UNSUCCESSFUL IN LOCATING MOTHER. CHILDREN WERE
TAKEN INTO FOSTER CUSTODY AND THE HOME OF THEIR CARETAKER- WAS
LICENSED BY THE DHS. CASE WAS INVESTIGATED BY UNIT #18 SOCIAL WORKER.
AND TRANSFERRED FOR CASE MANAGEMENT SERVICES. CASE CLOSED BY UNIT #77 SOCIAL
WORKER

INVOLVEMENT OF TREATMENT PROVIDERS/SERVICES (PAST/PRESENT):
HOME-BASED SUPPORT SERVICES
HEALTHY START

CJIS/CRIMINAL HISTORY CHECK: YES
-FOR MOTHER: NANCY ASIATA (A.K.A. NANCY CHANCO)
WITH 1 CONVICTION AND
-CONVICTION FOR CRIMINAL CONTEMPT OF COURT
-SIGNIFICANT

-INCARCERATED AT OCC FROM 12/05/03 UNTIL 12/06/03

-FOR FATHER:
WITH 8 CONVICTIONS AND
-CONVICTIONS FOR CRIMINAL PROPERTY DAMAGE 2, CRIMINAL TRESPASS 1 (2 TIMES),
ABUSE OF FAMILY HOUSEHOLD MEMBER (2 TIMES), TERRORISTIC THREATENING 2 (2
TIMES), AND PROMOTING A DETRIMENTAL DRUG 3.

06/16/06
14:02:21.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

-CONVICTED FELON AS OF 02/09/05

FAMILY/CARETAKER INFORMATION:

RELATIONSHIP OF CAREGIVERS: UNWED PARENTS OF 4 M.O. MALE.

SUBSTANCE ABUSE: ALLEGED ONGOING SUBSTANCE ABUSE PROBLEM. HISTORY OF SUBSTANCE ABUSE FOR BOTH PARENTS.

DOMESTIC VIOLENCE: YES

EMPLOYMENT: UNEMPLOYED

SUPPORT SYSTEM: UNKNOWN

MENTAL HEALTH: [REDACTED]

HAWI/WELFARE BENEFITS: YES

SPECIAL CONSIDERATIONS FOR VICTIM(S): NONE IDENTIFIED

OTHER CHILDREN: NON IDENTIFIED .

NEED FOR OUT-OF-HOME PLACEMENT: PENDING INVESTIGATION

ASSESSMENT:

- 1) CHILD IS VULNERABLE BASED ON HIGHEST RISK AGE GROUP CATEGORY FOR SERIOUS/FATAL HARM. CHILDREN ARE COMPLETELY DEPENDENT ON PARENT/ALLEGED PERPETRATOR FOR SAFETY AND CARE.
- 2) ACTIVE, UNTREATED, SEVERAL YEAR HISTORY OF DOMESTIC VIOLENCE AND SEVERE SUBSTANCE ABUSE BY MOTHER
- 3) NEED TO ASSESS HOME SAFETY FOR 4 M.O. CYRUS BELT WHO REMAINS IN THE HOME.
- 4) NEED TO ASSESS GRANDFATHER AND GIRLFRIEND AS RISK/RESOURCE TO THE CHILD. [REDACTED]
FURTHER ASSESSMENT IS NEEDED. [REDACTED]
- 5) PRIOR CONFIRMED CPS HISTORY

DISPOSITION:

ASSIGN FOR INVESTIGATION, TO ACTIVE CWS UNIT #77.

CENSUS TRACT: 003.01

IDENTITY OF COMPLAINANT MAY NOT BE RELEASED TO HPD-CID CAN DETAIL.

/CW12

CC:

CPS TEAM

HPD-CID FAMILY ABUSE DETAIL

SCWSSA/DHCWSSA (HISTORY

01/18/08
17:00:02.1

VICTIM DATA - DISPLAY

KFHCD36N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO B9527

PERP 1 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT
PERP 2 FMN RELATIONSHIP TO VICTIM

MORE THAN 2 PERPS (Y/N)

LOCATION OF INCIDENT FAMILY HOME

POLICE BKG DATE TIME BOOKING NO

HOSPITALIZED DATE TIME HOSP NAME

PLACEMENT SVC ACT DATE TIME

VOLUNTARY CONSENT (Y/N)

PROBLEMS FOR THRA THREAT OF ABUSE THRN THREATENED NEGL
WHICH REFERRED

DATE OF PERSONAL CONTACT 06/16/2006 TIME OF PERSONAL CONTACT 16:00

NEXT CD36 KEY _____

MORE DATA

01/18/08
17:00:15.9

VICTIM DATA - DISPLAY

KFHCD38N

ACTIVE
CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO B9527

NATURE OF HARM TYPE OF SEXUAL EXPLOITATION
R PHYSICAL NEGLECT
W LACK OF SUPERVISION

FACTORS PRECIPITATING INCIDENT 02 FAMILY DISCORD
15 DRUG ABUSE
20 INABILITY TO COPE WITH PARENTAL RESP

NEXT CD36 KEY _____

END DATA

01/18/08
16:51:48.2

VICTIM DATA - DISPLAY
CASE STATUS/DISPOSITION
ACTIVE

KFHCD39N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO B9527

ALLEGED CAN CONFIRMED SEVERITY OF DETERMINATION
CODE DESCRIPTION ABUSE/NEGLECT DATE
1 THRA THREAT OF ABUSE N 06/19/2006
2 THRN THREATENED NEGL Y F 06/19/2006
3
4
5
6

SERVICES NEEDED Y

REFER TO WORKER'S FINDINGS AND CASE ACTIONS FOR INTAKE NO B9527

NEXT CD39 KEY _____

END DATA

01/18/08
16:51:53.4

INVESTIGATION SUMMARY
WORKER'S FINDINGS DISPLAY - NARRATIVE

KFHCD62N
K356245U

CASE NO 00068058 CASE NAME CHANCO, NANCY
INTAKE NO B9527 CASE STATUS ACTIVE

ENTERED DATE/TIME 08 10 2006 16 59

PAGE 01

WORKER'S FINDINGS (CONFIRMED/NOT CONFIRMED BASED ON THE FOLLOWING):
CONFIRMED THREAT OF NEGLECT TO CYRUS BELT BY HIS MOTHER NANCY CHANCO

NEXT CD62 KEY _____

END DATA

01/18/08
16:52:00.1

INVESTIGATION SUMMARY
WORKER'S FINDINGS DISPLAY - CASE ACTION

KFHCD64N
K356245U

CASE NO 00068058 CASE NAME CHANCO, NANCY
INTAKE NO B9527 CASE STATUS ACTIVE

CASE ACTION SUBSEQUENT TO FINDINGS: ENTERED DATE/TIME 08 10 2006 16 59

NEEDED SERVICES IDENTIFIED X NEEDED SERVICES INITIATED X
REFERRED FOR FAMILY STRENGTHENING SERVICES, DIFFERENTIAL RESPONSE _
REFERRED FOR VOLUNTARY CASE MANAGEMENT SERVICES, DIFFERENTIAL RESPONSE X
CASE TRANSFERRED FOR CASE MANAGEMENT _ CASE CLOSED _
REASONS FOR ACTION MOTHER WILL NEED TO MONTORED TO MAKE SURE SHE FOLLWOS THRO
UGH ON PROVIDING A SAFE AND NURTURING PLACE FOR CYRUS. WORK EMPLOYMEENT, CONSI
STENT HOUSING, AND DAY CARE (WHILE SHE WORKS) ARE ONGOING ISSUES FOR THIS MOTH
ER. SHE IS HIGHLY FUNCTIONAL BUT NEEDS TO APPLY HERSELF. ALSO PLANNING FOR HER
OLDER BOY, _____ NEEDS TO BE DONE WHO IS STAYING WITH AN AUNITE AT TH
E PRESENT TIME AND HAS BEEN THERE FOR MANY YEARS NOW THROUGH INFORMAL FAMILY A
RRANGEMENTS. _BABY CYRUS ALWAYS APPEARS TO BE HAPPY AND HEALTHY. _____

SIGN OFF WORKER NO WORKER NAME

NEXT CD64 KEY _____

END DATA



Department of Human Services Child Welfare Services

Intake Assessment Tool

Intake Assessment Summary

Intake Name	CHANCO, NANCY	Intake Number	B9527
Social Worker		Section Code	Statewide CWS Section

History

Prior CPS Involvement - Yes

Criminal History - Yes

Involvement of Treatment Providers/Services (Past and Present) - Yes

Collateral Contacts - No

Narrative

Sufficiency

- | | |
|--|-----|
| 1. Is there sufficient information available to locate the family? | yes |
| 2. Is the alleged maltreater the parent/caregiver of the child? | yes |

Harm

- | | |
|--|-----|
| 3. Is there an allegation of child abuse and neglect meeting the legal definition of harm? | yes |
|--|-----|

(4) Any case where the child is not provided in a timely manner with adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision; or

Safety

- | | |
|---|-----|
| 4. Do safety factors exist that place the child at risk of substantial and imminent harm? | yes |
|---|-----|

Appropriate Safety Factors relevant to case:

- Behavior of caregiver or others the caregiver has allowed access to the child is violent or threatening violence and/or out of control.
- Caregiver's impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect or care for the child.
- Caregiver has not or is unable to meet the child's immediate needs for food, clothing, shelter or medical care where the absence of these necessities is creating substantial or imminent harm to the child.

No records in risk assessment table.

- Refer to CWS for Investigation** - Only choice based on answers to sufficiency questions.

Submit for Supervisor Review

Return to form

06/16/06
09:55:39.0

CASE FAMILY MEMBER SUMMARY

KFHCS04N

CASE NO 00068058 CASE NAME CHANCO, NANCY V
CASE STATUS ACTIVE

	FMN	CLIENT NO	NAME	BIRTH DATE	V/P/B
1	01	0000260714			
2	02	0000260715	CHANCO, NANCY V		P
3	03	0000267233			P
4	04	0000181728			P
5	20	0000260718			V
6	21	0000267136			V
7	22	0000311364	BELT, CYRUS		V

NEXT CS04 KEY _____ SEL NO _____ END DATA

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVIA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Social Services Division
Child Welfare Services Branch
Diamond Head Child Welfare Services Section
Diamond Head Child Welfare Services 3
420 Waiakamilo Road, Suite 300B
Honolulu, Hawaii 96817

Date: 6/19/06

Cyrus Belt, a minor, 4 1/2 mos
(Minor's Name) (birthdate/approximate age)

was taken into protective custody by the Honolulu Police Department, pursuant to
Section 587-22, of the Hawaii Revised Statutes, at 4:41 pm, 19th (Monday)
(hour) (day)

of 2006, while at 846 Kanaa St, #2, by Officer
(date) (Location)

T. Miyamoto, Badge No. 3675, who transferred custody of
(Police Officer)

said minor to the temporary custody of the Department of Human Services.

The Police Case No. is 06-243499.

[Signature]
Police Officer

[Signature]
Department of Human Services

Medical Staff
(SSS1 - 7/93)

State of Hawaii
Department of Human Services

CHILD SAFETY ASSESSMENT

Part 1. Case Information:

Case Name: <u>Chanelle N...</u>	CPSS#: <u>68058</u>	Intake Number: <u>89527</u>
Worker Name: _____	Date: _____	Time: _____
Reason for Safety Assessment:		
<input type="checkbox"/> New Intake <input type="checkbox"/> Reunification Assessment <input checked="" type="checkbox"/> Case Closure		
<input type="checkbox"/> Other: _____		

Part 2. Child Safety Assessment:

The following is a list of behaviors or conditions that may be associated with a child being in danger of serious harm. Identify the presence of each factor by checking "Yes". For all safety concerns marked "yes", describe the specific behaviors, conditions, and circumstances associated with that safety concern. Complete assessment within seven days of first contact- but continue to document observations as the assessment proceeds.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1. Behavior of caregiver or others the caregiver has allowed access to the child is violent or threatening violence and/or out of control.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Caregivers has not, will not, or cannot provide sufficient supervision to protect the child from substantial or imminent harm.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Death of a sibling or other child in the household has occurred due to abuse/neglect or uncertain circumstances.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Child sexual abuse is suspected and circumstances suggest that there may be substantial and imminent harm to the child.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. The current abuse or neglect is severe and suggests that there may be substantial and/or imminent harm to the child.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. Caregiver's impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect or care for the child
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Methamphetamine lab exists in a home with the children.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Caregiver is impaired by victimization for family violence and lacks the capacity to protect the child and is without supports.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. There have been reports of harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee or refuses access to the child.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. Child is fearful of being harmed by people living in or frequenting the home.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. Caregiver has not or is unable to meet the child's immediate needs for food, clothing, shelter, or medical care where the absence of these necessities is creating substantial or imminent harm to the child.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. The child's physical living conditions are hazardous and present a situation of substantial or imminent harm.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13. Caregiver has a severe or chronic mental or physical illness or disability and current protective factors are not in place to ensure child safety.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Child is vulnerable due to lack of self-protection skills or the presence of special needs that caregivers are unable to meet, and these are presenting the threat of substantial & imminent harm.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Caregiver describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations given the child's age or developmental level, and this presents substantial or imminent harm to the child.
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Caregiver lacks the knowledge, skill or motivation to parent and this presents a threat of substantial or imminent harm.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. Caregiver and others with access to the child has made credible threats which could result in substantial or imminent harm to the child.

Describe safety factors checked Yes:

2. Concerns for mother's lack of supervision, though she made arrangements for alternative supervision by father and his girlfriend. Apparently, lack of electricity prompted Mv. Asiaty to call paternal aunt - to help. After not hearing from Nancy in 2 days she called D.H.S. Nutzer. Thought child was with.

b. Allegations of drug use.

ii. Mother's residence lost electricity for the past couple days. However she has a new residence (Apartment in Salt Lake. Background on new roommate cleared.

iii. Child is still dependent on mother for all primary needs. She states once electricity is turned back on @ father's house she will still use them for babysitting. She will remain in better contact w/ father.

STATE OF HAWAII
Department of Human Services
Social Services Division
Child Welfare Services Branch

VOLUNTARY FOSTER CUSTODY AGREEMENT

Part A. Legal Agreement

This is a legal agreement between me and the Department of Human Services ("the Department") regarding my child.

My name is: Nancy V. Chanco

I am the legal and physical custodian of:

Cyrus Belt _____
Child's Name (first, middle, last) Date of Birth

I have legal and physical custody of the above-named child and I voluntarily agree to place the child in the foster custody of the Department of Human Services, pursuant to HRS §587-21.

This agreement shall be in effect for 90 days from the date I agree to voluntarily place my child with the Department, unless I cancel it sooner.

The 90-day period begins on 6 / 22 / 06 and ends on 8 / 20 / 06.

Part B. What happens if I do not want to sign this agreement?

1. I understand that I do not have to sign this agreement.
2. I understand that I should not sign this agreement if I do not understand it, or if I do not want my child in foster custody, or if I want to talk to a lawyer first.
3. I understand that if I do not want to sign this agreement and the Department believes my child should remain in foster custody, the Department must contact the police and the police will make a decision whether to take my child into protective custody.
4. I understand that if the police decide to take my child into protective custody, the police will release my child to the Department for placement into foster care.

STATE OF HAWAII
Department of Human Services
Social Services Division
Child Welfare Services Branch

VOLUNTARY FOSTER CUSTODY AGREEMENT

5. NA I understand the Department must then file a Temporary Foster Custody petition with the Family Court within 3 working days and there will be a Family Court hearing within 2 working days from the date the petition is filed. At the Family Court hearing, the judge will decide if my child should be returned to me or stay in foster care.
6. NA I understand that I have a right to be represented by a lawyer in the Family Court hearing and if I cannot afford a lawyer, I can apply for a court appointed lawyer.
-

Part C. What happens if I sign this agreement but later change my mind and revoke or cancel this agreement?

1. NA I understand that if I decide to sign this agreement, I can change my mind at any time and verbally ask for my child to be returned to me.
2. NA I understand that if the Department does not agree to return my child to me when I ask, the Department must contact the police and the police will make a decision whether to take my child into protective custody.
3. NA I understand that if the police decide to take my child into protective custody, the police will then release my child to the Department for placement into foster care.
4. NA I understand that the Department must then file a Temporary Foster Custody petition with the Family Court within 3 working days and there will be a Family Court hearing within 2 working days from the date the petition is filed. At the Family Court hearing, the judge will decide if my child should be returned to me or stay in foster care.
5. NA I understand that I have a right to be represented by a lawyer in the Family Court hearing and if I cannot afford a lawyer, I can apply for a court appointed lawyer.
-

STATE OF HAWAII
Department of Human Services
Social Services Division
Child Welfare Services Branch

VOLUNTARY FOSTER CUSTODY AGREEMENT

Part D. What happens if I sign this agreement and my child is not returned to me within 90 days?

1. I understand that that if the Department is unable to return my child to me after 90 days, the Department must then file a Temporary Foster Custody petition with the Family Court within 3 working days and there will be a Family Court hearing within 2 working days from the date the petition is filed. At the Family Court hearing, the judge will decide if my child should be returned to me or stay in foster care.
 2. I understand that I have a right to be represented by a lawyer in the Family Court hearing and if I cannot afford a lawyer, I can apply for a court appointed lawyer.
-

Part E. What am I agreeing to do?

1. I agree to do each of the following:
 - a. Place my child in the foster custody of the Department;
 - b. Provide documentation that I have legal and physical custody of the child;
 - c. Work together with the Department in making and carrying out a case plan with the goal of my child being returned home;
 - d. Visit with my child and follow the visitation plan developed by the Department;
 - e. Let the Department know about any change in my address, phone, or family situation;
 - f. Allow the Department to provide consents that are required for my child's physical or psychological health or welfare: including but not limited to, ordinary medical, dental, psychiatric, psychological, educational, employment, recreational or social needs; and to provide all consents for any other medical care or treatment, including but not limited to surgery, if such care or treatment is deemed by two physicians licensed or authorized to practice in this state to be necessary for my child's health or welfare, and I cannot be contacted or have refused to consent to such care or treatment. I understand that whenever possible, the Department will notify me before it

STATE OF HAWAII
Department of Human Services
Social Services Division
Child Welfare Services Branch

VOLUNTARY FOSTER CUSTODY AGREEMENT

carries out medical plans. I understand that I still have the right to consent to such things as major medical care, adoption, family planning, marriage, and joining the military.

- g. Cooperate with the Child Support Enforcement Agency to establish the amount of support I may need to pay and to pay that amount as long as my child remains in placement, even past the child's 18th birthday.
-

Part F. What is the Department agreeing to do?

1. The Department agrees to accept the child and place the child into voluntary foster custody, as permitted by HRS §587-21.

2. I understand that the Department will have the authority and responsibility to:

- a. To determine where and with whom your child shall be placed in a licensed foster home or facility;
 - b. To provide your child with food, clothing, shelter, and consents which are required for the child's physical or psychological health or welfare, including but not limited to, ordinary medical, dental, psychiatric, psychological educational, employment, recreational or social needs; and to provide all consents for other medical care or treatment, including but not limited to surgery, if such care or treatment is deemed by two physicians licensed or authorized to practice in this state to be necessary for your child's health or welfare, and you cannot be contacted or have refused to consent to such care or treatment. Whenever possible, the Department will notify you before it carries out medical plans;
 - c. Develop with you and give you a copy of the case plan;
 - d. The Department is authorized to apply as the representative payee for any benefits, such as SSI (Supplemental Security Income) or Social Security, that my child is eligible for while in the Department's voluntary foster custody. Any benefits are to be used to cover the costs of foster care services provided.
-

STATE OF HAWAII
Department of Human Services
Social Services Division
Child Welfare Services Branch

VOLUNTARY FOSTER CUSTODY AGREEMENT

Part G. Summary and Signatures

1. By signing this agreement, I voluntarily agree to place my child in the foster custody of the Department of Human Services.
2. I have reviewed and understand every part of this agreement.
3. I understand that I do not have to sign this agreement.
4. I understand that I can revoke or cancel this agreement at any time.
5. I understand what will happen if I do not sign this agreement, or if I later revoke or cancel this agreement.
6. I am signing this agreement voluntarily.

Cyrus N. Belt
Child's Name (first, middle, last)

Date of Birth

[Signature]
Signature of the Legal and Physical Custodian

6/22/06
Date

Signature of the Legal and Physical Custodian

Date

[Signature]
Signature of the Social Worker
Department of Human Services

6/22/06
Date

Reviewed by: _____
Signature of the Supervisor
Department of Human Services

Date

Copy for the Legal and Physical Custodian
Original filed in Part 1 of the Case Record

01/18/08
17:09:24.8

CRITICAL DATES BY CHILD SUMMARY

KFHCS28N

CLIENT NO 0000311364

CLIENT NAME BELT, CYRUS N

PLACEMENT RESPONSIBILITY AGENT

PLACEMENT RESPONSIBILITY START DATE

END DATE

	LEGAL EVENT/ ACTION	LEGAL EVT/ACT DATE	LEGAL STATUS	EFFECTIVE DATES OF LEGAL STATUS		REVIEW TYPE	CASE NUMBER
				FROM	TO		
1	WA	07/13/2007	NN	07/13/2007			00068058

NEXT CS28 KEY _____

SEL NO _____

MORE DATA

NOTIFICATION OF FOSTER CARE PLACEMENT / REMOVAL

TO: FC-IM Worker: _____	Date: 06/23/06
FROM: Unit: DHCW3 Worker: _____	Sup: _____
Case Name: Chanco, Nancy	CPSS #: 68058

Father: _____ *06/26/06 FC IM* Tele #: _____
 Mother: **Nancy Chanco** *FHC 2* Tele #: _____

#	Child	Alias	DOB	Soc Sec Num
1.	Belt, Cyrus			/ /
2.				/ /
3.				/ /
4.				/ /

REASON FOR NOTIFICATION

- Initial Removal** Date: **06/19/06** Voluntary placement? (Y N) Initial Placement? (Y N
 Family Supervision to Foster Custody? (Y N
 Change in Placement Date
 Move from legal non-custodial parent? (Y N) Moved to legal non-custodial parent (Y N

Child removed from: Nancy Chanco	
Address: _____	
Relationship to child: Mother	Tele #: _____
Reason for removal: Neglect	
Placed with: _____	
Address: _____	
Relationship to child: CFH	Tele #: _____
Legal/biological parent (Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	

TYPE OF FACILITY ESH CFH SLH SLR UNL IDH ADO OTH ICPC CCI CPO

- Change of Case, Client Name or Assignment**
 New Client name (legal/legitimate alias): _____
 New Case name: _____ Case #: _____
 Case transferred to: _____ Effective: _____
 Change in venue from: _____ To: _____ Effective: _____
- Child being adopted – request to Determine Title IV-E Adoption Assistance Eligibility attached.**
 Petition filed: _____ Adoption finalized: _____ AA paym'ts Y N Deferred Y N
 Medical assistance: Terminate Continue because _____
- Legal Guardianship/sole Permanent Custody to:** _____ On: _____
 Permanency Assistance payments are being issued Y N Effective: _____
- Child attained age of majority on** _____ In high school, continue payments
 Youth to attend higher education. Name of institution: _____
 Child no longer eligible for foster care effective: _____
 Youth's residence: _____
 Youth's mailing address: _____ Tele #: _____

- Supplemental:**
 Parent: Name: _____ Absent parent returned home on: _____
 Employed parent now unemployed, eff: _____ Unemployed parent now employed eff: _____
 Parent disabled effective: _____ Parent died on: _____

Please rescind Foster Care Medical Application !! Thanks [REDACTED]

NOTIFICATION OF FOSTER CARE PLACEMENT / REMOVAL

TO: FC-IM Worker: _____	Date: 06/23/06
FROM: Unit: DHCW3 Worker: _____	Sup: _____
Case Name: Chanco, Nancy	CPSS #: 68058

Father: _____ *06/26/06 FCIM* Tele #: _____
 Mother: **Nancy Chanco** *FHC2* Tele #: _____

Child	Alias	DOB	Soc Sec Num
1. Belt, Cyrus			/ /
2.			/ /
3.			/ /
4.			/ /

REASON FOR NOTIFICATION

Initial Removal Date: _____ Voluntary placement?(Y N Initial Placement?(Y N

Family Supervision to Foster Custody? (Y N

Change in Placement Date 06/23/06

Move from legal non-custodial parent? (Y N N

Child removed from: Address: _____ Relationship to child: CFH	Tele #: _____ Reason for removal: Reunited w/mother
Placed with: Nancy Chanco Address: _____ Relationship to child: Mother	Tele #: cell [REDACTED] Legal/biological parent (Y <input checked="" type="checkbox"/> N <input 525="" 543"="" 78="" 909="" data-label="Text" type="checkbox/>)</td> </tr> </table> </div> <div data-bbox="/> <p>TYPE OF FACILITY ESH <input type="checkbox"/> CFH <input type="checkbox"/> SLH <input type="checkbox"> SLR <input type="checkbox"/> UNL <input type="checkbox"> IDH <input type="checkbox"/> ADO <input type="checkbox"/> OTH <input type="checkbox"/> ICPC <input type="checkbox"/> CCI <input type="checkbox"/> CPO <input type="checkbox"/></input></input></p>

Change of Case, Client Name or Assignment

- New Client name (legal/legitimate alias): _____
- New Case name: _____ Case #: _____
- Case transferred to: _____ Effective: _____
- Change in venue from: _____ To: _____ Effective: _____

Child being adopted – request to Determine Title IV-E Adoption Assistance Eligibility attached.

Petition filed: _____ Adoption finalized: _____ AA paym'ts Y N Deferred Y N

Medical assistance: Terminate Continue because

Legal Guardianship/sole Permanent Custody to: _____ On: _____

Permanency Assistance payments are being issued Y N Effective: _____

Child attained age of majority on _____ In high school, continue payments

Youth to attend higher education. Name of institution: _____

Child no longer eligible for foster care effective: _____

Youth's residence: _____

Tele #: _____

Youth's mailing address: _____

Supplemental:

Parent: Name: _____ Absent parent returned home on: _____

Employed parent now unemployed, eff: _____ Unemployed parent now employed eff: _____

Parent disabled effective: _____ Parent died on: _____

For Cyrus Bell

JUN 30 2006

TERMINAL 139



THANK YOU FOR SHOPPING AT
MACY*S, WINDWARD MALL

TERMINAL 139 CUSTOMER COPY PURCHASE
S164 ASSC 227784 TR6190 06/20/06 734P

P LBL LAYETTE	QTY 1	9.98
732995347135		
LAYETTE	QTY 1	11.00
096413394539	Orig 22.00	
LAYETTE	QTY 1	9.98
098713934408		
LAYETTE	QTY 1	9.98
023188032618		

SUBTOTAL	40.94
HI 4.166% TAX	1.70

TOTAL AMOUNT DUE STORE 42.64

GIFT CARD # _____
 GIFT CARD TENDERED 30.00
 GIFT CARD REMAINING VALUE \$0.00
 VALID THROUGH: 06/30/08

APPROVED 00
 20 REVOLVING
 MACY*S
 MACY*S 12.64

TOTAL SAVINGS
\$11.00



KEEP THIS RECEIPT FOR RETURN/EXCHANGE

See Reverse Side

THANK YOU!
Macy's Red Star Rewards Card

Outstanding Service is our goal.
Please tell Macy*s how our service was
today at www.macys.com/tellus

Sales Associate _____

LONGS DRUGS

KANEQHE



2011 10 0075 062 008

ISOMIL ADVNCE PWDR 1B	14.99
TLCARE BBY MITTENS 1T	2.49
SPENCERS DPR SHIRT 1T	2.59
LUVS DIAPR JMBO PK 1T	10.79
SUBTOTAL	30.86

4.166% TAX	.66
TOTAL	31.52

FOOD STAMPS 14.99

EBT FOOD BALANCE:	91.96
EBT CASH BALANCE:	.00

LONGS DRUGS STORE
 46-047 KAMEHAMEHA HIGHWAY
 KANEQHE HI 96744
 12/2049 PAD

PURCHASE FROM PRIMARY
 06/20/2006 17:18
 SEQ#: 5325
 EFS

AUTH: 015006
 RESP: 00

00 APPROVED
 AMOUNT: \$ 14.99
 0062 008 00002011 75

DEBIT	16.53
CHANGE	.00

LONGS DRUGS STORE
 46-047 KAMEHAMEHA HIGHWAY
 KANEQHE HI 96744
 11/2007 PAD

PURCHASE FROM PRIMARY
 06/20/2006 17:18
 SEQ#: 5328
 DB

AUTH: 012108
 RESP: 00

00 APPROVED
 AMOUNT: \$ 16.53
 0062 008 00002011 75

THANK YOU FOR SHOPPING AT LONGS
 Live healthy. Live happy. Live Longs.
 OPEN UNTIL MIDNIGHT



(06) JUNE 20, 2006

5:18 PM

Foster Child Bell, Cyrus

AUG 2 2006

91-1841 Fort Weaver Road
Ewa Beach, Hawaii 96706
Phone 808.681.3500
Fax 808.681.5280
Email cfs@cfs-hawaii.org
www.childandfamily.org



Child & Family
SERVICE

Private, nonprofit since 1899

BOARD OF DIRECTORS

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Howard Garval
PRESIDENT & CEO

Date: July 21, 2006

CPS Worker:

Address: Diamond Head CCS 3
420 Waiakamilo Rd, Ste 300B
Honolulu, HI 96817

RE: CHANCE, NANCY
CPSS: 68058

Stephanie Ackerman
John L. Arizumi
Kyle Chock
Robert Fujioka
Michael Goshi
Paul Higo
Stanley Hong
Tim Johns
General (Ret.) Dwight Kealoha
Lorrie Lee Stone
Stephen MacMillan
Lynn McCrory
Steve Metter
Arlene Nakamoto
Aimee Ogata
Michael Ruley
Shelley B. Thompson
Neal Yokota
Hoyt Zia

Please be advised that, per our agreement with the Department of Human Services, case referrals received by Comprehensive Counseling & Support Services will be returned if **missing required documents** are not received.

We are returning the above-mentioned referral for that reason. Please feel free to re-refer the case once you have had the opportunity to gather and submit all the necessary documents.

If you have any questions, please feel free to contact [redacted] CCSS Program Secretary at [redacted] or my direct line at [redacted]

Sincerely,

[redacted signature], LSW/ACSW
Program Director II
CCSS Central & Leeward
Child & Family Service

Enclosures

ACCREDITATION

Council on Accreditation

AFFILIATIONS

Child Welfare
League of America

Alliance for Children
and Families

International Forum for
Child Welfare

Hawaii Island
United Way

Maui United Way

Kauai United Way



Aloha United Way

To DHS Social Worker: _____

Fax No.: 832-5668

CCSS: Referral Date: _____
Verbal Consent rec'd _____ (date) **By:** _____
Start Date: _____
Assignment Date: _____

2nd Request due date

CHILD & FAMILY SERVICE COMPREHENSIVE COUNSELING & SUPPORT SERVICE (CRR) CONFIRMATION OF RECEIPT OF REFERRAL

WINDWARD CENTRAL LEEWARD

Date Received: 6/30/06 by fax by mail hand-delivered

*From / To _____

Case Name: CHANCO, NANCY

CPSS#: 68058

SERVICES	RQ'ed by DHS	Date Referral Processed	Referral Pending
Visitation (PACT)			
Parenting Class (PARENTS)	✓		✓
Outreach			
Homebased Counseling			
Long-term Clinical Counseling			
Crisis Intervention			
Assessment <input checked="" type="checkbox"/> comprehensive <input type="checkbox"/> program specific	✓		✓
Transportation			

This client will be placed on a Wait List for additional services. You will be notified when space becomes available.

<input type="checkbox"/> All documentation received (services will be referred pending review by program director/supervisor) <input checked="" type="checkbox"/> Missing documentation: (see note below) <input type="checkbox"/> Form 1504 <input type="checkbox"/> Intake Form <input checked="" type="checkbox"/> Safe Family Home Report <input checked="" type="checkbox"/> Service Plan	For CCSS office use only	
	Rec'd	Comments

Process of this referral will begin upon receipt of all missing documents noted above. *If required missing documents are not received within three (3) weeks, this referral may be returned to you for re-submittal.

NOTE: _____

Received/registered by: _____ Date: 6/30/06 Phone: _____ Fax: _____

Referral completed by: Suzanne Burkett, Program Director Date: _____ Phone: 356-2515 Fax: 485-1820

WorkCentre Pro 123 Transmission Report

AUG 2 2006

G3 ID

808 485 1820

Date/Time: 07/13/2006; 05:06AM

Page: 1 (Last Page)

Local Name
Logo

CCSS Area

Document has been sent.

Document Size 8.5X11"SEF

To DHS Social Worker: _____
Fax No.: 822-5618

CCSS: Referral Date: _____
Verbal Consent rec'd _____ (date) By: _____
Start Date: _____
Assignment Date: _____

CHILD & FAMILY SERVICE COMPREHENSIVE COUNSELING & SUPPORT SERVICE (CRR) CONFIRMATION OF RECEIPT OF REFERRAL

WINDWARD CENTRAL LEEWARD

Date Received: 6/20/06 by fax by mail hand-delivered

*From / To _____

Case Name: CHANCO, NANCY CPSS#: 68058

SERVICES	RQ'd by DHS	Date Referral Processed	Referral Pending
Visitation (PACT)			
Parenting Class (PARENTS)	✓		✓
Outreach			
Homebased Counseling			
Long-term Clinical Counseling			
Crisis Intervention			
Assessment <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Program specific	✓		✓
Transportation			

This client will be placed on a Wait List for additional services. You will be notified when space becomes available.

All documentation received (services will be referred pending review by program director/supervisor)

Missing documentation: (see note below)	For CCSS office use only	
	Rec'd	Comments
<input type="checkbox"/> Form 1504		
<input type="checkbox"/> Intake Form		
<input checked="" type="checkbox"/> Safe Family Home Report		
<input type="checkbox"/> Service Plan		

Process of this referral will begin upon receipt of all missing documents noted above. *If required missing documents are not received within three (3) weeks, this referral may be returned to you for re-submittal.

NOTE: _____

Received/registered by: _____ Date: 6/20/06 Phone: _____

Referral completed by: Suzanne Burkett, Program Director Date: _____ Phone: 358-2515 Fax: 485-1820

Rev. 03/15/2006 mt

Total Pages Scanned: 1 Total Pages Sent : 1

No.	Doc.	Remote Station	Start Time	Duration	Pages	Mode	Contents	Status
1	4034	8088325668	7-13; 5:06AM	16s	1/ 1	SG3		CP

Note:
 RE: Resend MB: Send to Mailbox BC: Broadcast MP: Multi Polling RV: Remote Service
 PG: Polling RB: Relay Broadcast RS: Relay Send BF: Box Fax Forward CP: Completed
 SA: Send Again EN: Engaged AS: Auto Send TM: Terminated

COMPREHENSIVE COUNSELING AND SUPPORT SERVICES (CCSS)-OAHU 11/0 2 2005 INTAKE FORM

(To be completed by DHS Social Worker/CCSS-VCMU Worker and faxed and/or phoned to the CCSS Program Supervisor)

Parents' Location:

Waianae
(Wahiawa to Waianae)
Suzanne Burkett
Phone: 356-2515, ext. 215
Fax: 485-1820

Central
(Ewa to Salt Lake)
Suzanne Burkett
Phone: 356-2515, ext. 215
Fax: 485-1820

Windward
(Waimanalo to Wailua Incl: Ilawali Kal- Kalhli)
Lynda Viattas
Phone: 535-0172
Fax: 526-4605

CLIENT INFORMATION	WORKER INFORMATION
Date of Referral: 06/30/06	DHS Social Worker/CCSS-VCMU Worker:
Case Name: Chanco, Nancy	Telephone #: (808) / Pager #:
CPSS #: 68058	DHS S.W. Assistant: (Optional)
Court Report Due Date to CPS: 08/23/06	Telephone #: (Assistant's)

Type of maltreatment (check all that apply): Physical Abuse Neglect Sex Abuse Threatened Harm

Prior CPS Involvement: Yes No

Describe reason for referral: Resolve Safety Issues: Threatened Harm & Threatened Neglect

Parents:	NAME	DOB	ADDRESS	TELEPHONE
Mother or Caretaker	Nancy Y Chanco			
Father or Caretaker			Incarcerated OCCC	
Significant Other				
Significant Other				

AUG 2 2006

History of substance abuse? Yes No

Active Substance Abuse? Yes No

History of family violence? Yes No

Current TRO? Yes No

History of suicidal threats and/or attempts? Yes No If yes, please provide a brief description.

History of Services

Where?

When?

Describe:

Other services currently being provided to family: Yes No

What?

By ?

CHILDREN: (NAMES)	DOB	Felix Class Child (Yes/No)	ADDRESS	TELEPHONE	CARETAKER/ RELATIONSHIP
Cyrus Belt		No			Mother
			Unknown		

AUG 2 2006

Medical concerns (special needs, medication):

- Type of case: Family Maintenance (children never removed)
- Family Maintenance (children returned)
- Family reunification (children out-of-home)

Services Requested:

Visitation: N/A

- Location: visitation center family home
- community-based visitation site

Frequency and length of visits:

- 3 hours CCSS to do entire 3 hours
- 1 1/2 hours - CCSS to do 1 X/Week

Level of supervision: Fully supervised Partially supervised

Parenting class (please indicate for which adults)
Nancy Chanco

Crisis intervention

A program-specific assessment will be completed for all clients. Would you prefer a comprehensive assessment be done and sent to you? Yes No

If yes, please list specific areas you would like addressed in the assessment:
Parenting Issues/ Employment Parenting Responsibility, Child Care, Single Mother

Transportation:

Dr. Appointment Ongoing One-time
Date _____
Time _____
Place _____

TX Appointment Ongoing One-time
Date _____
Time _____
Place _____

Working with Foster Families (To prevent removal of child(ren), what specifically do you want addressed with the Foster Family:

Homebased (Master's level) Counseling to address issues of: Independent Living & Responsible Parenting, Single Mother Hood.

Long-term clinical counseling: N/A

Signature of DHS/VCMU Unit Supervisor:

Date: 6/30/06

For CCSS use only:

Assigned to: Worker name:
(CCSS Staff Only) Worker Code:

State of Hawaii
Department of Human Services

Social Services Division

AUG 2 2006

NOTICE OF DISPOSITION OF APPLICATION/REFERRAL

Ms. Nancy Chanco

6/30/06
Date Mailed
68058
CPSS #
Primary Recipient/Category
Primary Recipient/Category

Dear _____:

1. You have been determined: _____ Eligible Presumptively (temporarily) eligible for services effective _____ Application Date. The services and their effective dates are as follows:

SERVICE	START DATE	NOT TO EXCEED DATE	PAYMENT TO
a) <u>Parenting Issues</u>	<u>TBD</u>	<u>TBD</u>	<u>Catholic Charities</u>
b) <u>Employment</u>	<u>"</u>	<u>"</u>	<u>"</u>
c) <u>Child Care</u>	<u>"</u>	<u>"</u>	<u>"</u>

Services will be provided by _____ Unit _____ Phone _____

2. _____ You have been placed on a waiting list _____ Service (ACCSB ONLY: Manual §17-1416-12)

3. _____ You have been determined ineligible for services because: _____
Cite specific reason and applicable manual section(s)

4. _____ You requested withdrawal of your application on _____ Date _____ for _____
Service (CWSB: cite applicable CWS manual section(s); ACCSB: Manual §17-1416-12)

WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION:
You may request an informal review, or you have the right to ask for a fair hearing – a chance to tell the Fair Hearing Officer your side of the story. Your request for a fair hearing must be in writing and received by the Department within 90 days of this notice.

NON-DISCRIMINATION IN SERVICE:
We provide access to our programs and activities without regard to race, color, national origin (including language), age, sex, religion, or disability. If you feel you have been discriminated against, write to: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, Hawaii 96809-0339 or call 586-4955 (voice) or 586-4959 (TDD) within 180 days of a problem.

Worker _____ Unit Dlt-c-ws-ul/77 Phone _____

DHS 1504 (Rev. 5/02) Destroy superseded form in stock

White: Recipient Copy Yellow: Case Record Copy Pink: Provider Copy

AUG 2 2006

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

**SOCIAL SERVICES DIVISION
FACSIMILE COVER SHEET**

Today's Date: 06/29/06 Total No. of Pages including Cover Sheet: 05

To: CCSS

Address: _____

Phone Number: 356-2515 ext. 215 Fax Number: 485-1820

From: _____

Address: DHCW3, 420 Waikamilo Rd., Suite 300B, Honolulu, HI 96817

Phone Number: _____ Fax Number: (808) _____

Subject: _____

REMARKS:
 Urgent & Reply By _____ Info only Review & Comment By _____

NOTICE: This information and attachments are intended only for the use of the individual or entity to whom it is addressed, and may contain information that is privileged and/or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited and may be punishable under state and federal law. If you have received this communication and/or attachments in error, please destroy all copies and notify the sender immediately at the number listed above.

To DHS Social Worker: _____

Fax No.: 832-5668

CCSS: Referral Date: _____
Verbal Consent rec'd _____ (date) **By:** _____
Start Date: _____
Assignment Date: _____

2nd Request

**CHILD & FAMILY SERVICE
 COMPREHENSIVE COUNSELING & SUPPORT SERVICE
 (CRR) CONFIRMATION OF RECEIPT OF REFERRAL**

WINDWARD **CENTRAL** LEEWARD

Date Received: 6/30/06 by fax by mail hand-delivered

*From / To _____

Case Name: CHANCO, NANCY

CPSS#: 68058

SERVICES	RQ'ed by DHS	Date Referral Processed	Referral Pending
Visitation (PACT)			
Parenting Class (PARENTS)	✓		✓
Outreach			
Homebased Counseling			
Long-term Clinical Counseling			
Crisis Intervention			
Assessment <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> program specific	✓		✓
Transportation			

This client will be placed on a Wait List for additional services. You will be notified when space becomes available.

All documentation received (services will be referred pending review by program director/supervisor)

Missing documentation: (see note below)

Form 1504

Intake Form

Safe Family Home Report

Service Plan

For CCSS office use only

Rec'd	Comments

Process of this referral will begin upon receipt of all missing documents noted above. *If required missing documents are not received within three (3) weeks, this referral may be returned to you for re-submittal.

NOTE: _____

Received/registered by: _____

6/30/06
Date

Phone: _____ Fax: _____

Referral completed by: Suzanne Burkett, Program Director

_____ Date

Phone: 356-2515 Fax: 485-1820

Message Confirmation Report

JUN-30-2006 10:28 AM FRI

WorkCentre M20 Series

Machine ID : CWSS
Serial Number : RYU411997.....
Fax Number : 8088325668

Name/Number : 94851820
Page : 5
Start Time : JUN-30-2006 10:27AM FRI
Elapsed Time : 00'42"
Mode : STD ECM
Results : O.K

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR
HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

SOCIAL SERVICES DIVISION
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REMARKS:
Urgent & Reply By Info only Review & Comment By

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COMPREHENSIVE COUNSELING AND SUPPORT SERVICES (CCSS)-OAHU INTAKE FORM

(To be completed by DHS Social Worker/CCSS-VCMU Worker and faxed and/or phoned to the CCSS Program Supervisor)

Parents'
Location:

Waianae
(Wahiawa to
Waianae)
Suzanne Burkett
Phone: 356-2515, ext. 215
Fax: 485-1820

Central
(Ewa to
Salt Lake)
Suzanne Burkett
Phone: 356-2515, ext. 215
Fax: 485-1820

Windward
(Waimanalo to Wailua
incl: Hawaii Kai- Kalihi)
Lynda Vlattas
Phone: 535-0172
Fax: 526-4605

CLIENT INFORMATION	WORKER INFORMATION
Date of Referral: 06 30 /06	DHS Social Worker/CCSS-VCMU Worker:
Case Name: Chanco, Nancy	Telephone #: Pager #:
CPSS #: 68058	DHS S.W. Assistant: (Optional)
Court Report Due Date to CPS: 08/23/06	Telephone #: (Assistant's)

Type of maltreatment (check all that apply): Physical Abuse Neglect Sex Abuse Threatened Harm

Prior CPS Involvement: Yes No

Describe reason for referral: Resolve Safety Issues: Threatened Harm & Threatened Neglect

Parents:	NAME	DOB	ADDRESS	TELEPHONE
Mother or Caretaker	Nancy Y Chanco			
Father or Caretaker			Incarcerated OCCC	
Significant Other				
Significant Other				

History of substance abuse? Yes No Active Substance Abuse? Yes No

History of family violence? Yes No Current TRO? Yes No

History of suicidal threats and/or attempts? Yes No If yes, please provide a brief description.

History of Services Where? _____ When? _____

Other services currently being provided to family: Yes No
 What?
 By ?

CHILDREN: (NAMES)	DOB	Felix Class Child (Yes/No)	ADDRESS	TELEPHONE	CARETAKER/ RELATIONSHIP
Cyrus Belt		No			Mother
			Unknown		

Medical concerns (special needs, medication):

- Type of case: Family Maintenance (children never removed)
Family Maintenance (children returned)
Family reunification (children out-of-home)

Services Requested:

Visitation: N/A

- Location: visitation center family home
 community-based visitation site

Frequency and length of visits:

- 3 hours – CCSS to do entire 3 hours
 1 ½ hours – CCSS to do 1 X/Week

Level of supervision: Fully supervised Partially supervised

Working with Foster Families (To prevent removal of child(ren), what specifically do you want addressed with the Foster Family:

Parenting class (please indicate for which adults)
Nancy Chanco

Crisis intervention

A program-specific assessment will be completed for all clients. Would you prefer a comprehensive assessment be done and sent to you? Yes No

If yes, please list specific areas you would like addressed in the assessment:
Parenting Issues/ Employment Parenting Responsibility, Child Care, Single Mother

Transportation:

Dr. Appointment Ongoing One-time
Date _____
Time _____
Place _____

TX Appointment Ongoing One-time
Date _____
Time _____
Place _____

Homebased (Master's level) Counseling to address issues of: Independent Living & Responsible Parenting, Single Mother Hood.

Long-term clinical counseling: N/A

Signature of DHS/VCMU Unit Supervisor:

Date: 6/30/06

For CCSS use only:

Assigned to: Worker name:
(CCSS Staff
Only) Worker Code:

MUST BE ACCOMPANIED BY 1504 NAMING CATHOLIC CHARITIES HAWAII (CCH) AS THE PROVIDER AGENCY, SAFE HOME GUIDELINES AND SERVICE PLAN

NOTICE OF DISPOSITION OF APPLICATION/REFERRAL

Ms. Nancy Chanco

6/30/06

Date Mailed
68058

CPSS #
Y

Primary Recipient/Category

Primary Recipient/Category

Dear _____:

1. You have been determined: _____ Eligible Presumptively (temporarily) eligible for services effective _____. The services and their effective dates are as follows:

Application Date
06/20/06

	<u>SERVICE</u>	<u>START DATE</u>	<u>NOT TO EXCEED DATE</u>	<u>PAYMENT TO</u>
a)	<u>Parenting Issues</u>	<u>TBD</u>	<u>TBD</u>	<u>Catholic Charities</u>
b)	<u>Employment</u>	<u>"</u>	<u>"</u>	<u>"</u>
c)	<u>Child Care</u>	<u>"</u>	<u>"</u>	<u>"</u>

Services will be provided by _____ Unit _____ Phone _____

2. 68058 You have been placed on a waiting list _____ Service (ACCSB ONLY: Manual §17-1416-12)

3. _____ You have been determined ineligible for services because: _____
Cite specific reason and applicable manual section(s)

4. _____ You requested withdrawal of your application on _____ Date _____

Service (CWSB: cite applicable CWS manual section(s); ACCSB: Manual §17-1416-12)

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

You may request an informal review, or you have the right to ask for a fair hearing – a chance to tell the Fair Hearing Officer your side of the story. Your request for a fair hearing must be in writing and received by the Department within 90 days of this notice.

NON-DISCRIMINATION IN SERVICE:

We provide access to our programs and activities without regard to race, color, national origin (including language), age, sex, religion, or disability. If you feel you have been discriminated against, write to: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, Hawaii 96809-0339 or call 586-4955 (voice) or 586-4959 (TDD) within 180 days of a problem.

Worker _____ Unit DHCS/77 Phone _____

MAY 18 2006

HOME-BASED SUPPORT SERVICES
SOCIAL SERVICES DIVISION
DEPARTMENT OF HUMAN SERVICES

To: _____, DHCW 3 From: _____, HBSS Date: 05/16/06

SUBJECT: CLOSING REPORT ON NANCY CHANCO CPSS# 68058

CASE INFORMATION:

CHILD: CYRUS BELT (B.D. _____)

REFERRAL:

The Chanco case was referred to Home-Based Support Services (HBSS) on 02/10/06 by social worker (SW), _____ of Diamond Head Child Welfare Unit 3 (DHCW 3), and assigned to family services assistant (FSA) _____ on the same date.

SUMMARY OF CONTACTS:

There were a total of three scheduled home visits (2/17, 3/3 and 3/14/06) made with Ms. Chanco and her infant son, Cyrus. One visit scheduled for 2/27/06 was a No Show when Ms. Chanco was stopped for traffic violations and then incarcerated due to outstanding bench warrants. The FSA had a scheduled visit on 3/10/06 that was canceled due to Ms. Chanco claiming to be ill.

Ms. Chanco preferred the services of Healthy Start, but due to miscommunication the introduction of their services was delayed. Therefore, the FSA continued to make unannounced home visits on 3/28, 4/4 and 4/11/06, in order to keep in touch with Ms. Chanco up until the Healthy Start worker began visits on 4/6/06.

SUMMARY/OUTCOME:

When the FSA initially worked with Ms. Chanco, she had just moved into a new home she was renting along with her father, stepmother, Cyrus and Mr. _____ (Ms. Chanco's boyfriend and Cyrus' father). By the time the FSA closed Ms. Chanco's case, she said that the landlord's son and girlfriend had moved into the house also. Ms. Chanco and Cyrus had their own room, while the other tenants shared their rooms with their partners.

The home is located in an _____ neighborhood. Unfortunately, the house and surrounding yard was in disrepair when Ms. Chanco and her family began renting. She claimed that part of the "deal" in renting the home from her friend, who was the landlord, was to make repairs and clean up the yard. While the FSA made home visits with Ms. Chanco, the exterior and interior of the house continued to improve.

Ms. Chanco's room was off on the side of the house, which appeared to be an open lanai at one time, which had long since been enclosed. On one side of the room contained the queen-sized bed that Ms. Chanco slept on, Cyrus' bassinette, an entertainment center with television, recliner with footstool, etc. and there was still space to spare on the opposite end. Her room was usually clean and neat whenever the FSA visited.

Although she's the mother of three minor children, only Cyrus resides with Ms. Chanco. A newborn infant, he appeared healthy, although Ms. Chanco reported that he suffered from colic. At the time of HBSS closing, Ms. Chanco claimed that she had recently changed Cyrus from the Queen Emma Clinic and was now having him see Dr. Stephen Tenby at Kahala Mall.

Ms. Chanco is an attractive and intelligent woman. She was last employed as a surgical technician with a dental surgeon and still hopes to return to the same job sometime in the future. In the meantime, Ms. Chanco is willing to stay home until Cyrus is a little older and when she finds suitable childcare. Both mother and son appeared bonded to each other.

The FSA never had the opportunity to meet _____; as he had been arrested and incarcerated for parole violations at the same time Ms. Chanco was arrested. According to Ms. Chanco, _____ was still imprisoned and she didn't know when he would be released. She was even unsure as to whether she would continue to have a relationship with him.

During the short period the FSA worked with Ms. Chanco, child safety-proofing and nurturing lessons were covered. As stated, Ms. Chanco is an intelligent woman and she was able to answer questions about the topics the FSA discussed with her. For example, while going over child safety-proofing, Ms. Chanco knew that sleeping with Cyrus could be dangerous, as she verbalized that he could fall off the bed or she could roll over him.

There was little safety-proofing that Ms. Chanco needed to do in her room; however, prior to closing the FSA observed that there were extension cords running in the living room area of the house. The FSA mentioned to Ms. Chanco that it was a hazardous situation that needed to be remedied before Cyrus begins crawling. Ms. Chanco acknowledged the danger.

Nurturing was another topic that the FSA discussed with Ms. Chanco. Although Ms. Chanco did not take a formal parenting class, she seems to be an intuitive parent. Again, like childproofing, she was able to answer questions from the FSA and knew that self-esteem and empathy is an integral part of nurturing.

Fortunately for Ms. Chanco, she is on the wait list for Section 8, which she says should be coming up before the end of the year. A lot of issues rest on her getting a place with the help of Section 8. One issue that would be resolved is having her eldest son, _____ residing with her. Currently, he attends _____ High School and didn't want to

change schools, so for now he is with his paternal aunt that lives within [REDACTED] district.

Also, Ms. Chanco said she would just want to have her own place that is more centralized and easy to access by bus which would be a welcomed change to where she lives now. She says that her father will be residing with her as well and will help with childcare when necessary.

CLOSING STATEMENT:

In consultation with the social worker, HBSS terminated the Chanco case on April 11, 2006, due to the initiation of Healthy Start services.

Respectfully submitted by,

Approved by,

Family Services Assistant

Supervisor

Free Health Insurance for Kids!

call 211 or visit coveringkids.com

Nancy Chanco's
Healthy Start Worker

ph#:

FEB 27 2006

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Home-Based Support Services Unit
420 Waiakamilo Road, Suite 300B
Honolulu, Hawaii 96817-4941

February 24, 2006

Ms. Nancy Chanco
665a Lawelawe Street
Honolulu, Hawaii 96821

Dear Ms. Chanco,

On February 17, 2006, FSA _____ and I met with you and confirmed that I would be meeting with you for the next home visit on February 24, 2006 at 10:00 a.m. At that time, you agreed to the date and time of the visit. However, on February 24, 2006, I made the scheduled visit to your home and learned from your step-mother that you had left. Also, I did not receive a call to cancel this visit. Therefore, this visit is considered a "NO SHOW."

For all future scheduled visits, you are required to confirm 24 hours prior to the scheduled visit with FSA _____. Your next scheduled visit is on March 3, 2006 at 10:00 a.m.

If you have any questions, please call FSA _____, Monday through Friday from 8:30 a.m. to 5:15 p.m.

Sincerely,

Family Services Assistant

APPROVED BY:

✓c: DHCW3

NOTICE OF TERMINATION OR REDUCTION OF SERVICE

Ms. Nancy Chanco

1002 Prospect St. Apt. 3

Honolulu, HI 96822

07/17/07

Date Mailed
68058

CPSS#

Cyrus Belt

Primary Recipient /Category

Primary Recipient /Category

1. Beginning 07 / 06 / 07 (date of action) the Department will:

Month

Day

Year

a. Discontinue services: _____

b. Reduce services/payments: _____

From _____ To _____ (\$ or unit of service; e.g., hours)

c. Stop paying \$ _____ a month that has been paid for _____

d. Discontinue services. Case will be closed.

2. The Department of Human Services (DHS) is reducing or stopping this service because of the following regulation(s) and reason(s). Cite applicable rule(s) and reason(s). Current services not identified above shall continue.

Per rule/procedure 17920.1-23(5) Child protective services
are no longer needed, case closed

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

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

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

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

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

DHS Representative

DHAW3/77

Unit

832-5330

Phone

INVESTIGATION - ADULT

Date: _____ Time: _____ Where: _____

Person Interviewed: Dancy Relationship to child: _____

DOB: _____ Birthplace: _____ Moved to Hawaii: _____ SSN: _____

Address: _____ How long? Twenty

Previous Address? _____ 2 yrs

Phone Number: _____ Cell Number: _____ Work Number: _____

CHILDREN (1)

NAME: _____ Sex: M F DOB: _____

School: _____ Grade: 5th PCP: _____ Immunizations up-to-date? Y

Mother: Ann Roll Father: _____

Place of birth: Legal / Adjudicated / Alleged [On birth certificate Y/N]

Description of Child: _____ Emotional/Medical Problems? _____ Relationship? Alleged

NAME: only 16 yo Sex: M F DOB: _____

School: _____ Grade: _____ PCP: _____ Immunizations up-to-date? _____

Mother: _____ Father: _____

Place of birth: _____ Emotional/Medical Problems? _____

Description of Child _____ Relationship? _____

NAME _____ Sex: M F DOB: _____

School: _____ Grade: _____ PCP: _____ Immunizations up-to-date? _____

Mother: _____ Father: _____

Place of birth: _____ Emotional/Medical Problems? _____

Description of Child _____ Relationship? _____

PARENT'S BACKGROUND (A)

Mother: [Redacted] Address: [Redacted] Phone: [Redacted]

Father: [Redacted] Address: [Redacted] Phone: [Redacted]

Primary caregiver? Divorced - 10/4/15 old 6140

Where grew up? Palo Alto How disciplined? Call, man

Did parents have DV? Verbal + Physical Did parents use drugs? No

Describe childhood? Good Fun, Spported Swedes Post

Nationality: Swedish/American Religion: Catholic Language at home: No

Siblings: 3 Brothers

Name: [Redacted] DOB: [Redacted] Step/Half/Bio: Bio Where: [Redacted]

Name: [Redacted] DOB: [Redacted] Step/Half/Bio: [Redacted] Where: [Redacted]

Name: [Redacted] DOB: various Step/Half/Bio: [Redacted] Where: [Redacted]

Name: [Redacted] DOB: [Redacted] Step/Half/Bio: [Redacted] Where: [Redacted]

High School: Sacred Heart Year graduated: Raiser H.S '91 GED: [Redacted]

College or Trade School: Surgery Tech Year graduated: W.A.A. @ Heald

Employer: Amnic Family Dental Medical Administration How long? 17 years

Job Title: [Redacted] Where: center Phone: [Redacted]

Wage: [Redacted] Full Time Part Time

Prior Employer: Amnic Family Dental

Single Married Divorced Separated Living Together Widowed

Significant Other: [Redacted] 1/2 met through

How long married: [Redacted] How did meet? met through

Prior Marriages: [Redacted] McDelly Shopt Ctr Divorce Date: [Redacted]

He went to jail when baby was 4 mos

Welfare? ~~_____~~ How much? ~~_____~~
Food Stamps? ~~_____~~ Housing? ~~_____~~
PCP? ~~_____~~ Phone: see 801st

Medications? ~~_____~~ Hospitalizations/Medical Problems? ~~_____~~

COUNSELING (5)? Who? DA When? _____

Hospitalizations? _____ When? _____

Evaluations? _____ Medications? _____

DOMESTIC VIOLENCE (6)? DA Arrests? _____

Relationships? DA

DRUG OR ALCOHOL HX (7)? First use? _____ What? _____

Current use? 4 1/2 yrs prior (3 1/2 blw) weeks How often? 5-6 mos 2 1/2

Last time? _____ Services: _____

SUPPORT SYSTEM (10) Church/Religion: _____

Family / Extended family members: Sister-in-law 1 mos

Friends / Church Members / Others: (from college) (AF) 1-1/2 mos

PARENTING (13) Language at home? English Daily Routine? _____

Discipline? _____

Communication (talk, show love & appreciation)? _____

Chores? _____ Development? _____

NOTES old Confirmed

Alma Harris
Bi Dad

4 bedrooms (Dad (AF
2 step mother)

INCIDENT? (2)

What happened? 23 separate times Dec 93: Tried

Where did it happen? _____

Who was there? _____

Time of incident? _____ Has happened before? Y N When _____

Force used? Type of force? _____

Alcohol or drugs involved? _____

ADMIT / DENY? APOLOGETIC (8)? _____

Prior CPS history? _____

Prior services? _____

PROTECTIVE NON-PERPETRATOR (9)? _____

Maltreater or non-perpetrating parent and child willing to leave home? _____

Placement options? Name: _____ Phone: _____

SERVICE RECOMMENDATIONS (11): *Foster Custody* *Family Supervision* *Voluntary*

- | | | |
|-------------------|---------------------|---------------------------|
| Parenting | Anger Management | Individual Therapy |
| <u>Home-Based</u> | Substance Abuse | Psychological Evaluation |
| Outreach | Random Drug Screens | Intensive In-Home Therapy |

Willing to participate in services (12)? _____

*** Consent forms signed?
*** Reminded parents to call SW?

*** Attorney forms given to parents?

Next appointment? _____

INVESTIGATION - ADULT

Date: _____ Time: _____ Where: _____

Person Interviewed: _____ Relationship to child: _____

DOB: _____ Birthplace: _____ Moved to Hawaii: _____ SSN: _____

Address: _____ How long? _____

Previous Address? _____

Phone Number: _____ Cell Number: _____ Work Number: _____

CHILDREN (1)

NAME _____ Sex: M F DOB: _____

School: _____ Grade: _____ PCP: _____ Immunizations up-to-date? _____

Mother: _____ Father: _____
Legal / Adjudicated / Alleged [On birth certificate Y/N]

Place of birth: Coming soon Emotional/Medical Problems? _____
I don't feel worthy. Section 8 will be

Description of Child ↳ the girls A's or B's Relationship? _____

NAME ↳ Section 8 Sex: M F DOB: _____

School: _____ Grade: _____ PCP: _____ Immunizations up-to-date? _____

Mother: ↳ Father: U.S. ([])
Legal / Adjudicated / Alleged [On birth certificate Y/N]

Place of birth: _____ Emotional/Medical Problems? _____
10th grade JV Football

Description of Child _____ Relationship? _____

NAME _____ Sex: M F DOB: _____

School: _____ Grade: _____ PCP: _____ Immunizations up-to-date? _____

Mother: _____ Father: _____
Legal / Adjudicated / Alleged [On birth certificate Y/N]

Place of birth: _____ Emotional/Medical Problems? _____

Description of Child _____ Relationship? _____

PARENT'S BACKGROUND (4)

Mother: _____ Address: _____ Phone: _____

Father: _____ Address: _____ Phone: _____

Primary caregiver? _____

Where grew up? _____ How disciplined? _____

Did parents have DV? NO " " Did parents use drugs? _____

Describe childhood: _____

Nationality: _____ Religion: _____ Language at home: _____

Siblings:

Name: [redacted] → DOB: _____ Step/Half/Bio Where? _____

Name: _____ DOB: _____ Step/Half/Bio Where? _____

Name: _____ DOB: _____ Step/Half/Bio Where? _____

Name: _____ DOB: _____ Step/Half/Bio Where? _____

High School: _____ Year graduated: _____ GED: _____

College or Trade School: _____ Year graduated: _____

Employer: Unemploy How long? _____

Job Title: _____ Where: _____ Phone: _____

Wage: _____ Full Time / Part Time

Prior Employer: _____

Single Married Divorced Separated Living Together Widowed

Significant Other: → Sentencing ()

How long married: 1 How did meet? incarcerated []

Prior Marriages: 5 Consist ordered Divorce Date: _____

Module 19 kit des

Welfare?

SSI? Y N

How much?

Food Stamps

Med Quest

Housing?

PCP:

Phone:

Medications?

Hospitalizations/Medical Problems?

COUNSELING (5)? Who?

When?

needs help well check up

Hospitalizations?

When?

Evaluations?

Medications?

DOMESTIC VIOLENCE (6)?

Arrests?

Relationships?

*Has had 4 checks
2 more shots*

DRUG OR ALCOHOL HX (7)? First use?

What?

Current use?

How often?

Last time?

Services:

*Drinks (weekends) -> Girlfriends
Clubby weekends -> 2 girlfriends
Services: " "*

SUPPORT SYSTEM (10) Church/Religion:

Family / Extended family members:

Friends / Church Members / Others:

PARENTING (13) Language at home?

Daily Routine?

Discipline?

Communication (talk, show love & appreciation)?

Chores?

Development?

NOTES

*Just being careless
- Jos' having too much fun
I thought it was
just being young!*

our bar

INCIDENT? (2)

What happened? Boyfriend (Tyr) Thurs Tuesday

Where did it happen? Solar (with) (work at)

Who was there? Makilo Bar

Time of incident? _____ Has happened before? Y N When _____

Force used? Type of force? _____

Alcohol or drugs involved? _____

ADMIT / DENY? APOLOGETIC (8)? _____

Prior CPS history? _____

Prior services? _____

PROTECTIVE NON-PERPETRATOR (9)? _____

Maltreater or non-perpetrating parent and child willing to leave home? _____

Placement options? Name: _____ Phone: _____

SERVICE RECOMMENDATIONS (11): Foster Custody Family Supervision Voluntary?

Parenting

Home-Based

Outreach

Anger Management

Substance Abuse

Random Drug Screens

Individual Therapy

Psychological Evaluation

Intensive In-Home Therapy

Willing to participate in services (12)? YES

*** Consent forms signed?
*** Reminded parents to call SW?

*** Attorney forms given to parents?

Next appointment? _____

INVESTIGATION - ADULT

Date: _____ Time: _____ Where: _____

Person Interviewed: _____ Relationship to child: _____

DOB: _____ Birthplace: _____ Moved to Hawaii: 85 SSN: _____

Address: _____ How long? _____

Previous Address? _____

Phone Number: _____ Cell Number: _____ Work Number: _____

CHILDREN (1)

NAME _____ Sex: M F DOB: _____

School: _____ Grade: _____ PCP: _____ Immunizations up-to-date? _____

Mother: _____ Father: _____
Legal / Adjudicated / Alleged [On birth certificate Y/N]

Place of birth: _____ Emotional/Medical Problems? _____

Description of Child _____ Relationship? _____

NAME _____ Sex: M F DOB: _____

School: _____ Grade: _____ PCP: _____ Immunizations up-to-date? _____

Mother: _____ Father: _____
Legal / Adjudicated / Alleged [On birth certificate Y/N]

Place of birth: _____ Emotional/Medical Problems? _____

Description of Child _____ Relationship? _____

NAME _____ Sex: M F DOB: _____

School: _____ Grade: _____ PCP: _____ Immunizations up-to-date? _____

Mother: _____ Father: _____
Legal / Adjudicated / Alleged [On birth certificate Y/N]

Place of birth: _____ Emotional/Medical Problems? _____

Description of Child _____ Relationship? _____

PARENT'S BACKGROUND (4)

Mother: [Redacted] Address: McCluer Area Phone: _____

Father: _____ Address: _____ Phone: _____

Primary caregiver? Natural up 2 years of Pili Kod/Kura

Where grew up? Campton Area - Estouville How disciplined? _____

Did parents have DV? Yes Did parents use drugs? None

Describe childhood: Single parent 5 Grand (1st Born child of doctor (1st born))

Nationality: _____ Religion: _____ Language at home: _____

Siblings: 1 S 2 half-sister

Name: [Redacted] DOB: _____ Step/Half/Bio Bio Where? R/2/2002

Name: _____ DOB: _____ Step/Half/Bio _____ Where? _____

Name: _____ DOB: _____ Step/Half/Bio _____ Where? _____

Name: _____ DOB: _____ Step/Half/Bio _____ Where? _____

High School: Roosevelt (W. Va) Year graduated: _____ GED: 2002

College or Trade School: None Year graduated: _____

Employer: Currently Unemployed How long? _____

Job Title: _____ Where: _____ Phone: _____

Wage: _____ Full Time / Part Time

Prior Employer: Freeman Guards (Security Guard)

May 05 - Living Together

Single Married Divorced Separated Living Together Widowed

Significant Other: _____

How long married: _____ How did meet? _____

Prior Marriages: _____ Divorce Date: _____

Very supportive mother (Aunt/uncle)
Freeman

Welfare? Y N SSI? Y N How much? _____
Food Stamps? _____ Med Quest? _____ Housing? _____
PCP: _____ Phone: _____
Medications? _____ Hospitalizations/Medical Problems? _____

COUNSELING (5)? Who? M/A When? _____
Hospitalizations? Anger management When? Cases
Evaluations? _____ Medications? _____

DOMESTIC VIOLENCE (6)? _____ Arrests? _____
Relationships? Anger management

DRUG OR ALCOHOL HX (7)? First use? _____ What? _____
Alcohol - annual marriage 2 last time (last week)
Current use? _____ How often? _____
Last time? ice - department 2005 (Dawson 2005)
Services: day/night 05

SUPPORT SYSTEM (10). Church/Religion: _____
Family / Extended family members: 1 my parent ([redacted])
Friends / Church Members / Others: _____ American Savings Bank

PARENTING (13). Language at home? Korean English Daily Routine? _____
Discipline? _____
Communication (talk, show love & appreciation)? _____
Chores? _____ Development? _____

NOTES _____

INCIDENT? (2)

What happened? _____

Where did it happen? _____

Who was there? _____

Time of incident? _____ Has happened before? Y N When _____

Force used? Type of force? _____

Alcohol or drugs involved? _____

ADMIT / DENY? APOLOGETIC (8)? _____

Prior CPS history? _____

Prior services? _____

PROTECTIVE NON-PERPETRATOR (9)? _____

Maltreater or non-perpetrating parent and child willing to leave home? _____

Placement options? Name: _____ Phone: _____

SERVICE RECOMMENDATIONS (11): Foster Custody Family Supervision Voluntary

- | | | |
|------------|---------------------|---------------------------|
| Parenting | Anger Management | Individual Therapy |
| Home-Based | Substance Abuse | Psychological Evaluation |
| Outreach | Random Drug Screens | Intensive In-Home Therapy |

Willing to participate in services (12)? _____

- *** Consent forms signed?
- *** Reminded parents to call SW?

*** Attorney forms given to parents?

Next appointment? _____

01/18/08
17:06:17.7

COMPLAINANT INFORMATION - DISPLAY

KFHCD18N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CASE STATUS ACTIVE
INTAKE NO C9539 COMPLAINANT NO 01

COMPLAINT DATE/TIME 01/11/2008 13:03 INTAKE RETURNED FROM VCM? (Y/N)

CALLER NAME

PHONE - HOME _____ OTHER

ADDRESS

CITY _____ STATE ZIP

RELATIONSHIP TO CHILD PRO SERVICE PROVIDER
SHARE ID? (Y/N) N NOTIFY? (Y/N) N

RPT REQ? (Y/N) Y SOURCE OF REPORT _____

NEXT CD18 KEY _____

END DATA

01/17/08
15:35:32.3

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCX10R

CPS INTAKE DOCUMENT

INTAKE NO C9539

TAKEN BY	_____	DATE/TIME	_____
COMPLETED BY	_____	DATE/TIME	_____
ASSIGNED BY	_____	DATE	_____
ASSIGNED TO	_____		

CASE NAME CHANCO, NANCY

CASE NO 00068058 STATUS G
UNIT NO V3 WORKER NO _____

INITIAL REFERRAL BY _____
PHONE 808 _____

COMPLAINANT NO 01

CHILDREN:

FMN 20 _____ DOB: _____ V/P/B: V
MALE MIXED (NO CARETAKER FMN: 02 SCH/EMP: UNKNOWN

FMN 21 M MALE MIXED (NO CARETAKER FMN: 02 DOB: [REDACTED] V/P/B: V SCH/EMP:

FMN 22 BELT, CYRUS N MALE MIXED (NO CARETAKER FMN: 02 DOB: [REDACTED] V/P/B: V SCH/EMP:

ADULTS:

FMN 01 [REDACTED] INCARCERATED MAINLAND DOB: [REDACTED] 0 0 PH: 000 000-0000

FMN 02 CHANCO, NANCY V [REDACTED] HONOLULU HI 96813 0 PH: [REDACTED]

FMN 03 [REDACTED] [REDACTED] HI 0 PH: [REDACTED]

FMN 04
INCARCER ATED

DOB: 03/26/80

0 0 PH: 000 000-0000

COMPLAINANT ACCOUNT(S) :

COMP NO 01 COMPLAINT DATE/TIME 01/11/08 13:03 RETURNED FROM VCM?

NAME ' [REDACTED] PHONE' [REDACTED]

ADDRESS [REDACTED]

CITY/ST/ZIP

SHARE ID N RPT REQ Y NOTIFY N REL TO CHILD PRO SERVICE PROVIDER

NARRATIVE ACCOUNT:

PREFACE:

- COMPLAINANT PROVIDED MOTHER'S ADDRESS AS [REDACTED]
[REDACTED] (CASE WILL BE REGISTERED/ASSIGNED VIA THIS ADDRESS)
- ACTIVE HAWI LISTS MOTHER'S ADDRESS AS [REDACTED]

REPORT;

THREAT OF ABUSE AND NEGLECT OF ALMOST 2 Y.O. CYRUS BELT BY HIS MOTHER, NANCY CHANCO

NOTE: MOTHER HAS TWO OTHER CHILDREN, 16 Y.O. [REDACTED] AND 5 Y.O. [REDACTED]

_____ BUT COMPLAINANT STATED ONLY 2 Y.O. CYRUS IS IN MOTHER'S CARE--CALLER ALSO STATED THERE WAS "FATHER" IN THE HOME/NAME UNKNOWN

HARM:

THREAT OF ABUSE AND NEGLECT IS BASED ON THE FOLLOWING;

- ON 01/11/08, MOTHER PRESENTED TO QUEENS EMERGENCY ROOM FOR A SORE EYE (COMPLAINANT DOES NOT KNOW IF THERE IS ANY MEDICAL PROBLEM WITH MOTHER'S EYE); _____
- MOTHER ADMITTED SHE HAD CPS HISTORY--CHILD WITH MOTHER'S STEP-MOTHER--CHILD AND MOTHER REPORTEDLY LIVE WITH _____ GRANDFATHER AND HIS WIFE

PRIOR CPS HISTORY:

CASE NAME: NANCY CHANCO/CPSS #68058

INTAKE #89337 08/13/02 R/NA INFORMATION ONLY REPORT (CN: NANCY ASIATA)

THREAT OF NEGLECT ALLEGATIONS OF THEN 11 Y.O. _____ BY HIS MOTHER, NANCY ASIATA. CHILD IN THE CARE OF _____ GRANDMOTHER, _____, WITH NO PROVISIONS FOR HIS CARE--MOTHER WITH _____

_____ GAVE POWER OF ATTY

INTAKE #92583 01/09/03

UNCONFIRMED THREAT OF ABUSE AND NEGLECT OF THEN 11 Y.O. [REDACTED] AND THEN NEWBORN, [REDACTED] BY THEIR MOTHER, NANCY ASIATA AND FATHER/STEP-FATHER [REDACTED]. 11 Y.O. [REDACTED] WAS WITH UNRELATED MALE AND DURING ROUTINE POLICE TRAFFIC STOP, THIS MALE FOUND TO HAVE DRUGS; BOTH PARENTS WITH THEIR OWN SIGNIFICANT DRUG HISTORIES AND MOTHER DID NOT CARE FOR [REDACTED] FOR MOST OF HER LIFE--POOR BONDING AND PARENTING SKILLS. FAMILY WARNED, CASE CLOSED 06/19/03 BY [REDACTED] #79

INTAKE #B7360 2/8/2006

CONFIRMED THREAT OF NEGLECT/UNCONFIRMED THREAT OF ABUSE OF THEN NEWBORN, CYRUS BELT, [REDACTED] AND [REDACTED] BY THEIR MOTHER, NANCY CHANCO. MOTHER ADMITTED TO ICE USE DURING PREGNANCY AND HAD POOR PRENATAL CARE. MOTHER COMPLIED WITH SERVICES. CASE REMAINED ACTIVE WHEN THE FOLLOWING INTAKE RECEIVED--

INTAKE #B9527 06/16/06

CONFIRMED THREAT OF NEGLECT OF CYRUS BELT BY HIS MOTHER, NANCY CHANCO. THAT MOTHER LEAVES THE ARE OF UNIDENTIFIED [REDACTED] GRANDMOTHER AND USES DRUGS, RETURNING TO THE RESIDENCE UNDER THE INFLUENCE. FAMILY LIMITED RESOURCES FOR FOOD AND HOME WITHOUT ELECTRICITY. FAMILY FREQUENTLY FIGHTING, IN THE PRESENCE OF 4 MONTH OLD. ACTIVE CASE, NUMEROUS CALLS REGARDING CONCERNS FOR

MOTHER'S DRUG USE. [REDACTED]

CASE CLOSED 07/14/07

FOR MOTHER AS A MINOR;

CASE NAME: [REDACTED] /CPSS #39240

INTAKE #70406 02/24/00

CONFIRMED PHYSICAL ABUSE OF THEN 7 Y.O.

BY HIS MOTHER,

CLOSED 03/00 BY [REDACTED]

FOR FATHER, [REDACTED] AS A MINOR;

CASE NAME: [REDACTED] /CPSS #47093

INTAKE #51696 04/14/97

UNCONFIRMED PHYSICAL ABUSE OF THEN 17 Y.O.

BY HIS MOTHER, [REDACTED]

[REDACTED] POLICE REPORT THAT MOTHER/CHILD HAD ARGUMENT, MOTHER PUT ROPE AROUND CHILD'S NECK AND TRIED TO KILL HIM, CHILD DESCRIBED AS INCORRIGIBLE AND BEYOND PARENTAL CONTROL. CASE ACTIVE WHEN THE FOLLOWING REPORT RECEIVED....

INTAKE #52653 06/05/97

CONFIRMED ABANDONMENT AND THREAT OF NEGLECT OF THEN 17 Y.O. [REDACTED] AND 15 Y.O.

[REDACTED] BY THEIR MOTHER, [REDACTED]

CHILDREN LEFT WITH WOMAN NAMED [REDACTED]

AND NO PROVISIONS FOR THEIR CARE/WHEREABOUTS OF MOTHER UNKNOWN. CASE MANAGEMENT SERVICES PROVIDED, CHILDREN WERE IN FOSTER CARE. CASE CLOSED #77\...

CRIMINAL HISTORY:

- MOTHER, NANCY ASIATA;
CONVICTIONS FOR CRIMINAL CONTEMPT; [REDACTED]

- FATHER, [REDACTED]
CONVICTIONS FOR BURGLARY 1 (3 COUNTS), DRUG PARAPHENALIA, PROMOTING DANGEROUS DRUG 3, ABUSE FAMILY (2 COUNTS), TERRORISTIC THREATENING (2 COUNTS), PROMOTING DETRIMENTAL DRUG 3, REVO/MOD PROBATION--CONVICTED FELON 02/09/05

POLICE INTERVENTION:

THIS INTAKE WILL BE CROSS REPORTED TO HPD-CID CHILD ABUSE DETAIL

SERVICE PROVIDERS:

MOTHER WITH SERVICES VIA PRIOR CPS CASE

FAMILY HISTORY:

- MARITAL/RELATIONSHIP STATUS OF MOTHER IS UNKNOWN
- HAWI IS ACTIVE/ATTACHED
- MOTHER WITH EXTENSIVE ,
- MOTHER AND CHILD RESIDE WITH UNIDENTIFIED [REDACTED] GRANDFATHER AND HIS WIFE
PRIOR INTAKE/CPS CASE INDICATES POSSIBLE CONCERNS FOR BOTH--THAT GRAND-
FATHER IS ELDERLY/ILL MAY NOT BE ABLE TO CARE FOR YOUNG CHILD AND [REDACTED]
[REDACTED]
- UNKNOWN WHETHER MOTHER'S TWO OLDER CHILDREN, [REDACTED] (5 Y.O.) AND
16 Y.O. [REDACTED] (ARE IN HER CARE

SPECIAL CONSIDERATIONS FOR VICTIMS:

NONE KNOWN

OTHER CHILDREN:

16 Y.O. [REDACTED]

5 Y.O. [REDACTED]

COLLATERAL CONTACTS:

NONE

NEED FOR OUT OF HOME PLACEMENT:

PENDING VCM ASSESSMENTM

ASSESSMENT:

VCM REFERRAL IS WARRANTED BASED ON THE FOLLOWING TOOL AND THE DEPARTMENTS DIFFERENTIAL RESPONSE SYSTEM:

- 1) THE REPORT DOES NOT MEET THE STATUTORY DEFINITION FOR HARM
- 2) THERE ARE NO IMMEDIATE SAFETY ISSUES IDENTIFIED
- 3) THE FAMILY IS FACING CHALLENGES AND NEEDS THAT MAY HAVE AN EFFECT UPON THE CARE AND SAFETY OF THE CHILDREN; HOWEVER, THE FACTORS MAY BE CONTROLLED AND INCLUDE...

- MOTHER'S _____
- EXPLORE RELATIVES/FATHER AS POSSIBLE APPROPRIATE RESOURCES
- 4) VCM TO ENGAGE THE FAMILY VOLUNTARILY TO MAKE THE NECESSARY CHANGES AND REDUCE RISK FACTORS
- 5) VCM TO RECONTACT CWI FOR SAFETY ISSUES IDENTIFIED VIA VCM SAFETY ASSESSMENT TOOL AND IN CONSULT WITH VCL

DISPOSITION:

REOPEN CLOSED CASE/VCM V3 (CT: 038) DIAMOND HEAD SECTION

✓CWI

CC: HPD-CID CHILD ABUSE DETAIL
CPC TEAM
SECTIONS 3 AND 5 HISTORY/VCM REFERRAL
DIAMOND HEAD VCM



Department of Human Services Child Welfare Services Intake Assessment Tool

Intake Assessment Summary

Current Disposition - VCM

Intake Name	chanco,nancy	Caseworker Recommendation	VCM
Status	Archived	Supervisor Decision	VCM
Intake Number	c9539	Last Updated	1/11/2008 2:22:00 PM
Opened By		Opened On	1/11/2008 2:22:00 PM
Worker		Section Code	Statewide CWS Section

History

Prior CPS Involvement - Yes

Criminal History - Yes

Involvement of Treatment Providers/Services (Past and Present) - Yes

Collateral Contacts - No

Narrative

Sufficiency

1. Is there sufficient information available to locate the family? yes
2. Is the alleged maltreater the parent/caregiver of the child? yes

Harm

3. Is there an allegation of child abuse and neglect meeting the legal definition of harm? no

Safety

4. Do safety factors exist that place the child at risk of substantial and imminent harm? no

Intake Risk Assessment Reference Table: Results

- Intermittent incidents of abuse or neglect
- Reduced effectiveness due to substance abuse
- Child is unable to protect self



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P.O. Box 339
Honolulu, Hawaii 96809
01/19/08

Ms.
Street
Honolulu, Hawaii 968

Dear Ms.,

The Department of Human Services, Child Welfare Services Branch (also known as Child Protective Services-CPS), received a child abuse or neglect report concerning your family. We have reviewed the report and determined that the situation in your home may present a risk of harm (abuse and/or neglect) to your child/children. We have referred your family for **Voluntary Case Management Services (VCM)**, which will be provided by:

Catholic Charities Program (Diamond Head), Ph# 535-0840

The above-named program will contact you or you may contact them to arrange for an appointment. The CWS Intake Social Worker, ***** may be reached at 832-5300, if you have any questions regarding your referral to the above-named program.

At this time, your participation is voluntary and there is no cost to your family. If you choose to participate and successfully resolve the risk issues in your home, there will be no further CPS investigation of this report. The above-named Program will work with your family to:

1. Complete a family assessment of your strengths and areas needing assistance;
2. Develop a plan to address problems (for example, substance abuse or family violence); and
3. Provide services (for example, parenting classes or counseling) to help you and your family so that no harm will come to your child/children.

If you choose not to participate, the above-named Program is required to notify CPS. A CPS investigation may be conducted to determine if your child/children is/are safe from abuse or neglect. If the report of abuse or neglect is confirmed, a petition may be filed in Family Court, you will be required to participate in court-ordered services, and you will be permanently listed as a perpetrator of child abuse or neglect on the State of Hawaii Child Abuse Central Registry. Being listed as a perpetrator on the Registry may affect your possibility of employment in jobs with access to children, providing childcare, and eligibility to be a foster/adoptive parent.

We encourage you to cooperate with the above-named Program and participate in recommended services to ensure a safe family home for your child/children.

Sincerely,

Lillian B. Koller
Director

Enclosure: A Guide to Child Welfare Services

01/18/08
17:06:05.3

COMPLAINANT INFORMATION - DISPLAY

KFHCD18N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CASE STATUS ACTIVE
INTAKE NO C9539 COMPLAINANT NO 02

COMPLAINT DATE/TIME 01/17/2008 14:40 INTAKE RETURNED FROM VCM? (Y/N) Y

CALLER NAME

PHONE - HOME [REDACTED] OTHER

ADDRESS

CITY STATE ZIP

RELATIONSHIP TO CHILD PRO SERVICE PROVIDER
SHARE ID? (Y/N) N NOTIFY? (Y/N) Y

RPT REQ? (Y/N) N SOURCE OF REPORT [REDACTED]

NEXT CD18 KEY _____

END DATA

JAN 18 2008

Glenn

01/17/08
15:49:51.3

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R *Death*

CPS INTAKE DOCUMENT

INTAKE NO C9539

TAKEN BY _____
COMPLETE BY _____
ASSIGNED BY Accepted for investigation
ASSIGN TO INVAI/VCM return / Death

DATE/TIME 1/17/08 14:40
DATE/TIME 1/17/08 15:49
DATE 1/17/08 14:40
thru by 1/18 905

CASE NAME CHANCO, NANCY
CASE NO 00068058 STATUS G
UNIT NO 61 WORKER NO

INITIAL REFERRAL BY _____
PHONE 808 _____

COMPLAINANT NO 01

CHILDREN:

FMN 20	NAME	DOB	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP UNKNOWN		
FMN 21	NAME	DOB	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP		
FMN 22	NAME BELT, CYRUS N	DOB	V/P/B	V
	SEX M RACE M CARETAKE FMN 02	SCH/EMP DECEASED		

ADULTS:

FMN 01	NAME	DOB	ALLEGED PERP N
	ADDRESS INCARCERATED	CITY	ST
	MAINLAND	ZIP 0 0	PH 000-0000
FMN 02	NAME CHANCO, NANCY V	DOB	ALLEGED PERP Y
	ADDRESS		HI
		ZIP 0 0	PH
FMN 03	NAME	DOB	ALLEGED PERP N
	ADDRESS	CITY HONOLULU	ST HI
		ZIP	PH
FMN 04	NAME	DOB	ALLEGED PERP N
	ADDRESS INCARCERATED	CITY	ST
		ZIP 0 0	PH 000-0000
FMN 05	NAME	DOB	ALLEGED PERP Y
	ADDRESS	CITY HONOLULU	ST HI
		ZIP 0 0	PH 000-0000
FMN 50	NAME	DOB	ALLEGED PERP N
	ADDRESS	CITY	ST
		ZIP 0 0	PH 000-0000

PROBLEMS FOR WHICH REFERRED:

FMN 22	PHYA PHYSICAL ABUSE	LACK LACK OF SUPERV
	THRA THREAT OF ABUSE	THRN THREATENED NEGL
	LOC OF INC	
	ACTION BOOKING NO	DATE 00/00/00 TIME 00:00
	HOSPITAL	DATE 00/00/00 TIME 00:00

COMPLAINANT(S) ACCOUNT(S):

COMP NO 01 COMPLAINT DATE/TIME 01/11/08 13:03 RETURNED FROM VCM?
NAME PHONE

01/17/08
15:49:51.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

ADDRESS _____

CITY/ST/ZIP

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

NARRATIVE ACCOUNT:

PREFACE:

- COMPLAINANT PROVIDED MOTHER'S ADDRESS AS _____ (CASE WILL BE REGISTERED/ASSIGNED VIA THIS ADDRESS)
- ACTIVE HAWI LISTS MOTHER'S ADDRESS AS _____

REPORT;

THREAT OF ABUSE AND NEGLECT OF ALMOST 2 Y.O. CYRUS BELT BY HIS MOTHER, NANCY CHANCO

NOTE: MOTHER HAS TWO OTHER CHILDREN, 16 Y.O. _____ AND 5 Y.O. _____ BUT COMPLAINANT STATED ONLY 2 Y.O. CYRUS IS IN MOTHER'S CARE--CALLER ALSO STATED THERE WAS "FATHER" IN THE HOME/NAME UNKNOWN

HARM:

THREAT OF ABUSE AND NEGLECT IS BASED ON THE FOLLOWING;

- ON 01/11/08, MOTHER PRESENTED TO QUEENS EMERGENCY ROOM FOR A SORE EYE (COMPLAINANT DOES NOT KNOW IF THERE IS ANY MEDICAL PROBLEM WITH MOTHER'S EYE);
- MOTHER ADMITTED SHE HAD CPS HISTORY--CHILD WITH MOTHER'S STEP-MOTHER--CHILD AND MOTHER REPORTEDLY LIVE WITH _____ GRANDFATHER AND HIS WIFE

PRIOR CPS HISTORY:

CASE NAME: NANCY CHANCO/CPSS #68058
INTAKE #89337 08/13/02 R/NA INFORMATION ONLY REPORT (CN: NANCY ASIATA)
THREAT OF NEGLECT ALLEGATIONS OF THEN 11 Y.O. _____ BY HIS MOTHER, NANCY ASIATA. CHILD IN THE CARE OF _____ GRANDMOTHER, _____, WITH NO PROVISIONS FOR HIS CARE--MOTHER WITH HISTORY OF _____ RELATIONSHIPS--MOTHER GAVE POWER OF ATTY

INTAKE #92583 01/09/03
UNCONFIRMED THREAT OF ABUSE AND NEGLECT OF THEN 11 Y.O. _____ AND THEN NEWBORN, _____ BY THEIR MOTHER, NANCY ASIATA AND FATHER/STEP-FATHER _____ 11 Y.O. _____ WAS WITH UNRELATED MALE AND DURING ROUTINE POLICE TRAFFIC STOP, THIS MALE FOUND TO HAVE DRUGS; BOTH PARENTS WITH THEIR OWN SIGNIFICANT _____ HISTORIES AND MOTHER DID NOT CARE FOR _____ FOR MOST OF HER LIFE--POOR BONDING AND PARENTING SKILLS. FAMILY WARNED, CASE CLOSED 06/19/03 BY _____ #79

INTAKE #B7360
CONFIRMED THREAT OF NEGLECT/UNCONFIRMED THREAT OF ABUSE OF THEN NEWBORN, CYRUS BELT, _____ AND _____ BY THEIR MOTHER, NANCY CHANCO. MOTHER ADMITTED TO _____ USE DURING PREGNANCY AND HAD POOR PRENATAL CARE. MOTHER COMPLIED WITH SERVICES. CASE REMAINED ACTIVE WHEN THE FOLLOWING INTAKE RECEIVED--

01/17/08
15:49:51.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

3

INTAKE #B9527 06/16/06

CONFIRMED THREAT OF NEGLECT OF CYRUS BELT BY HIS MOTHER, NANCY CHANCO. THAT MOTHER LEAVES THE ARE OF UNIDENTIFIED GRANDMOTHER AND USES DRUGS, RETURNING TO THE RESIDENCE UNDER THE INFLUENCE. FAMILY LIMITED RESOURCES FOR FOOD AND HOME WITHOUT ELECTRICITY. FAMILY FREQUENTLY FIGHTING, IN THE PRESENCE OF 4 MONTH OLD. ACTIVE CASE, NUMEROUS CALLS REGARDING CONCERNS FOR MOTHER'S DRUG USE. CASE CLOSED 07/14/07

FOR MOTHER AS A MINOR;

CASE NAME: CPSS #39240

INTAKE #70406 02/24/00

CONFIRMED PHYSICAL ABUSE OF THEN 7 Y.O. BY HIS MOTHER, CLOSED 03/00 BY

FOR FATHER, AS A MINOR;

CASE NAME: CPSS #47093

INTAKE #51696 04/14/97

UNCONFIRMED PHYSICAL ABUSE OF THEN 1 7.O. BY HIS MOTHER, POLICE REPORT THAT MOTHER/CHILD HAD ARGUMENT, MOTHER PUT ROPE AROUND CHILD'S NECK AND TRIED TO KILL HIM, CHILD DESCRIBED AS INCORRIGIBLE AND BEYOND PARENTAL CONTROL. CASE ACTIVE WHEN THE FOLLOWING REPORT RECEIVED....

INTAKE #52653 06/05/97

CONFIRMED ABANDONMENT AND THREAT OF NEGLECT OF THEN 17 Y.O. AND 15 Y.O. BY THEIR MOTHER, CHILDREN LEFT WITH WOMAN NAMED AND NO PROVISIONS FOR THEIR CARE/WHEREABOUTS OF MOTHER UNKNOWN. CASE MANAGEMENT SERVICES PROVIDED, CHILDREN WERE IN FOSTER CARE. CASE CLOSED #77

CRIMINAL HISTORY:

- MOTHER, NANCY ASIATA;
CONVICTIONS FOR CRIMINAL CONTEMPT;
- FATHER,
CONVICTIONS FOR BURGLARY 1 (3 COUNTS), DRUG PARAPHENALIA, PROMOTING DANGEROUS DRUG 3, ABUSE FAMILY (2 COUNTS), TERRORISTIC THREATENING (2 COUNTS), PROMOTING DETRIMENTAL DRUG 3, REVO/MOD PROBATION--CONVICTED FELON 02/09/05

POLICE INTERVENTION:

THIS INTAKE WILL BE CROSS REPORTED TO HPD-CID CHILD ABUSE DETAIL

SERVICE PROVIDERS:

MOTHER WITH SERVICES VIA PRIOR CPS CASE

FAMILY HISTORY:

- MARITAL/RELATIONSHIP STATUS OF MOTHER IS UNKNOWN

01/17/08
15:49:51.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

- 4
- HAWI IS ACTIVE/ATTACHED
 - MOTHER WITH EXTENSIVE SUBSTANCE ABUSE HISTORY/UNKNOWN IF TREATED
 - MOTHER AND CHILD RESIDE WITH UNIDENTIFIED GRANDFATHER AND HIS WIFE
PRIOR INTAKE/CPS CASE INDICATES POSSIBLE CONCERNS FOR BOTH--THAT GRAND-
FATHER IS ELDERLY/ILL MAY NOT BE ABLE TO CARE FOR YOUNG CHILD AND
 - UNKNOWN WHETHER MOTHER'S TWO OLDER CHILDREN, (5 Y.O.) AND
16 Y.O. ARE IN HER CARE

SPECIAL CONSIDERATIONS FOR VICTIMS:
NONE KNOWN

OTHER CHILDREN:
16 Y.O.
5 Y.O.

COLLATERAL CONTACTS:
NONE

NEED FOR OUT OF HOME PLACEMENT:
PENDING VCM ASSESSMENT

ASSESSMENT:
VCM REFERRAL IS WARRANTED BASED ON THE FOLLOWING TOOL AND THE DEPARTMENTS
DIFFERENTIAL RESPONSE SYSTEM:

- 1) THE REPORT DOES NOT MEET THE STATUTORY DEFINITION FOR HARM
- 2) THERE ARE NO IMMEDIATE SAFETY ISSUES IDENTIFIED
- 3) THE FAMILY IS FACING CHALLENGES AND NEEDS THAT MAY HAVE AN EFFECT UPON THE
CARE AND SAFETY OF THE CHILDREN; HOWEVER, THE FACTORS MAY BE CONTROLLED
AND INCLUDE...
 - MOTHER'S
 - EXPLORE RELATIVES/FATHER AS POSSIBLE APPROPRIATE RESOURCES
- 4) VCM TO ENGAGE THE FAMILY VOLUNTARILY TO MAKE THE NECESSARY CHANGES AND
REDUCE RISK FACTORS
- 5) VCM TO RECONTACT CWI FOR SAFETY ISSUES IDENTIFIED VIA VCM SAFETY
ASSESSMENT TOOL AND IN CONSULT WITH VCL

DISPOSITION:
REOPEN CLOSED CASE/VCM V3 (CT: 038) DIAMOND HEAD SECTION

CWI

CC: HPD-CID CHILD ABUSE DETAIL

01/17/08
15:49:51.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

CPC TEAM
SECTIONS 3 AND 5 HISTORY/VCM REFERRAL
DIAMOND HEAD VCM

COMP NO 02 COMPLAINT DATE/TIME 01/17/08 14:40 RETURNED FROM VCM? Y
NAME _____ PHONE# _____
ADDRESS _____

CITY/ST/ZIP

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

NARRATIVE ACCOUNT:

***** SERIOUS HARM/DEATH *****

ASSESSMENT:

VCM CASE RETURN FOR FORMAL CWS INV ASSIGNMENT IS BASED ON:

LACK OF SUPERVISION OF CHILD- 1 Y.O. CYRUS N. BELT BY GRANDFATHER-

THREAT OF NEGLECT OF CHILD- CYRUS N. BELT BY MOTHER- 33 Y.O. NANCY CHANCO

PHYSICAL ABUSE OF CHILD- 1 Y.O. CYRUS N. BELT

CHILD DEATH:

-ON 01/17/08 AT 12:55 CWI WAS CONTACTED BY HPD TO ADVISE OF
A CHILD

DEATH

-CHILD WAS APPARENTLY THROWN OFF OF A PEDESTRIAN OVERPASS INTO THE H1 FREEWAY,
WEST BOUND

-ALLEGED PERPETRATOR IN THE CASE

-HPD UNAWARE OF CHILD'S IDENTITY AND UNKNOWN WHAT RELATIONSHIP CHILD HAD TO
THE ALLEGED PERPETRATOR

-ALLEGED PERPETRATOR IS IN HPD CUSTODY, AND CWI RAN NAME SEARCHES VIA CPSS AND
HAWI FOR POLICE WITH NO MATCH IN CPSS AND MATCH IN HAWI REFLECTING A DENIED

-CWI AWAITING ADDITIONAL INFORMATION FROM HPD

COLLATERAL CONTACTS:

*01/17/08 14:30 TELEPHONE CALL FROM HPD

CHILD'S INFORMATION:

-CHILD IDENTIFIED AS 1 Y.O. (NEARLY 2 Y.O. CYRUS BELT), KNOWN TO CPS IN AN
ACTIVE VCM CASE

PRIOR HPD ACTION:

-EARLIER TODAY CHILD WAS FOUND WANDERING BY POLICE, WHO RETURNED CHILD TO THE
CARE OF HIS GRANDFATHER, WHO HAD BEEN CARING FOR HIM PREVIOUS TO HIS WANDERING
(NO KNOWN CALL MADE TO CPS REGARDING WANDERING CHILD)

CARE OF CHILD:

-POLICE SUBSEQUENTLY LEARNED THAT GRANDFATHER ALLOWED NEIGHBOR
TAKE CHILD FOR A WALK, PRECIPITATING THE FREEWAY OVERPASS
INCIDENT RESULTING IN CHILD'S DEATH

01/17/08
15:49:51.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

*01/17/08 14:40 CONSULTATION WITH CWI-1 #81 SUPERVISOR AND TELEPHONE CONFERENCE WITH SCWSA _____, TO INFORM. CASE WILL BE ASSIGNED FOR INVESTIGATION.

*1/17/08 14:51 TELEPHONE CALL TO VCM _____ AND _____ LEFT MESSAGES TO INFORM OF CHILD DEATH.

*01/17/08 15:13 TELEPHONE CALL FROM HPD' _____.

-ADDRESS FOR GRANDFATHER:

_____, UNKNOWN IF CHILD AND MOTHER LIVE THERE OR IF CHILD WAS VISITING

-SHORTLY AFTER POLICE RETURNED CHILD TO GRANDFATHER'S HOME, CALLS CAME IN TO 911 REPORTING CHILD BEING THROWN FROM OVERPASS NEAR MAGELLAN STREET ONTO H1 FREEWAY

-CHILD HAD BEEN HIT BY MULTIPLE CARS ON THE FREEWAY

-POLICE WENT BACK TO GRANDFATHER'S HOME AND GRANDFATHER VERBALIZED "I THINK HE (CHILD) WENT WALKING WITH A NEIGHBOR

MOTHER'S INFORMATION:

-MOTHER'S CURRENT WHEREABOUTS ARE UNKNOWN AND IT IS UNKNOWN WHETHER SHE IS AWARE OF CHILD'S DEATH AT THIS TIME

MENTAL HEALTH CONCERNS:

_____ APPEARS TO HAVE MENTAL HEALTH ISSUES AS HE WAS SPITTING, KICKING AND BEHAVING IRRATIONALLY

CJIS SEARCH:

-FOR _____

_____ 6 CONVICTIONS AND _____

-CONVICTIONS FOR CONTEMPT OF COURT (3 TIMES), RESISTING ARREST, HARASSMENT AND DISORDERLY CONDUCT

FOR _____

DISPOSITION:

-ADD SECOND COMPLAINANT TO ORIGINAL INTAKE/CASE (CA18 #02)

-ADD VICTIM SCREENS (CA36)

-RETURN OF VCM CASE FOR FORMAL CWS INVESTIGATION TO UNIT # 61 FOR ROTATIONAL ASSIGNMENT WITHIN THE CWS SECTION.

-IDENTITY OF SECOND COMPLAINANT MAY BE RELEASED TO POLICE.

_____ CWI-1 #81

-CC:

-UNIT # 61 (LEAD UNIT)

-CPS TEAM

-HPD CHILD ABUSE DETAIL

01/17/08
15:49:51.4

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

KFHCR10R

-VCM #V3 (DEATH ON ACTIVE VCM CASE/NOTICE OF CASE ASSIGNED FOR INV)
-ALL SECTIONS (VCM CASE RETURN/DEATH)

-CWI-1 #81 SUPERVISOR
-SSDA
-DIR

MEDIA

A 10/17/08

4 10/17/08

01/18/08
17:02:05.2

VICTIM DATA - DISPLAY

KFHCD36N

ACTIVE

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO C9539

PERP 1 FMN 02 RELATIONSHIP TO VICTIM BIO BIOLOGICAL PARENT
PERP 2 FMN 05 RELATIONSHIP TO VICTIM GRT GRANDPARENT

MORE THAN 2 PERPS (Y/N) Y

LOCATION OF INCIDENT

POLICE BKG DATE TIME BOOKING NO
HOSPITALIZED DATE TIME HOSP NAME

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

PROBLEMS FOR PHYA PHYSICAL ABUSE LACK LACK OF SUPERV
WHICH REFERRED THRA THREAT OF ABUSE THRN THREATENED NEGL

DATE OF PERSONAL CONTACT TIME OF PERSONAL CONTACT

NEXT CD36 KEY _____

MORE DATA

01/18/08
17:02:08.6

VICTIM DATA - DISPLAY

KFHCD38N

ACTIVE

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO C9539

NATURE OF HARM

TYPE OF SEXUAL EXPLOITATION

J PHYSICAL ABUSE
W LACK OF SUPERVISION
L THREAT OF ABUSE
Z OTHER

FACTORS PRECIPITATING INCIDENT 15 DRUG ABUSE
17 MENTAL HEALTH PROBLEM
18 POLICE/COURT RECORD (EXCLUDING TRAFFIC)
20 INABILITY TO COPE WITH PARENTAL RESP

NEXT CD36 KEY _____

END DATA

01/18/08
16:53:38.7

VICTIM DATA - DISPLAY
CASE STATUS/DISPOSITION
ACTIVE

KFHCD39N

CASE NO 00068058 CASE NAME CHANCO, NANCY
CLIENT NO 0000311364 FMN 22 NAME BELT, CYRUS N
INTAKE NO C9539

	ALLEGED CAN	CONFIRMED	SEVERITY OF	DETERMINATION
	CODE		ABUSE/NEGLECT	DATE
1	PHYA			
2	LACK			
3	THRA			
4	THRN			
5				
6				

SERVICES NEEDED

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

NEXT CD39 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:42:18.2

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 01/17/2003 13:01 ENTRY DATE/TIME //

: SIZE 1

TYPE OF CONTACT FVS WORKER NOTATION HEEIA ELEM. SCH.

PAGE 1

NARRATIVE ACCOUNT

REPORTED THAT HE WAS PLACED WITH HIS AUNTY,
MOTHER WENT ON ERRANDS; , FRIEND OF HIS FATHER, WHO
IS NOT IN OCCC FOR DRUGS AND VIOLATION OF PROBATION.
CHILD DID NOT GIVE ANY FURTHER DETAILS.

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:42:25.6

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 01/17/2003 14:05 ENTRY DATE/TIME //

: SIZE 1

TYPE OF CONTACT HVS WORKER NOTATION MS. ASIATA

PAGE 1

NARRATIVE ACCOUNT

NANCY ASIATA REPORTED THAT SHE HAS BEEN CLEAN AND SOBER FOR A LONG TIME; SHE IS WILLING TO TAKE DRUG SCREEN TO PROVE IT.

SHE LEFT MISTAKENLY WITH WHILE SHE WENT ON ERRANDS WITH YOUNGEST CHILD, IS FRIEND OF

IS IN OCC FOR PROMOTING DANGEROUS DRUGS AND FORGERY. HIS PO VIOLATED HIS PROBATION.

SHE WILL NEVER ALLOW ANY OF HER CHILDREN TO GO OFF WITH ANYONE AGAIN.

DHS S.W. WARNED MOTHER ABOUT THE PROBLEMS THAT MIGHT RESULT AND IF

FUTURE REPORTS ARE MADE TO THE DHS INTERVENTION WITH FAMILY COURT ACTION

MAY OCCUR. SHE UNDERSTANDS. CHILDREN ARE CURRENT WITH PEDIATRIC CARE

WITH DR. CONFIRMED.

HOME OTHERWISE APPROPRIATE.

NEXT CD52 KEY

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:42:34.6

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 01/17/2003 15:15 ENTRY DATE/TIME //

: SIZE 1

TYPE OF CONTACT TCT WORKER ' ' NOTATION ' ' P.O. PAGE 1

NARRATIVE ACCOUNT

HE REPORTED THAT [REDACTED]
IS IN OCCC FOR FORGERY AND PROMOTING DANGEROUS DRUGS.

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:42:47.8

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 05/05/2003 12:59 ENTRY DATE/TIME //

: SIZE 1

TYPE OF CONTACT WORKER NOTATION CLOSING SUMMARY

PAGE 1

NARRATIVE ACCOUNT

CASE ASSIGNED TO _____, DHS S.W. FOR INVESTIGATION OF THREAT OF ABUSE AND NEGLECT OF _____ BY MOTHER, NANCY

ASIATA AND STEPFATHER, _____

SAFETY ISSUES:

WHEREABOUTS OF MOTHER WERE UNKNOWN.

FATHER IN OCC FOR DRUG INVOLVEMENT.

PARENTS HAVE PAST HISTORY OF DRUG INVOLVEMENT.

CASE CLOSED.

\\ DHCW-1 UNIT.

CASE APPROVED FOR CLOSING.

_____ DHCW-1 UNIT (79) SUPERVISOR.

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:43:05.0

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 02/09/2006 12:22 ENTRY DATE/TIME 07/02/2007 16:22 SIZE 3

TYPE OF CONTACT FVS WORKER NOTATION INTER W/ NANCY PAGE 1

NARRATIVE ACCOUNT

DHS SW INTERVIEWED MOTHER AT QUEENS AND SHE UNDERSTANDS DHS CONCERNS. HER BOYFRIEND, FATHER TO CYRUS WAS PRESENT. SHE HAS TWO OTHER CHILDREN. HER OLDEST SON STAYS WITH _____ SINCE SHE CAN'T PROVIDE HIM A STABLE HOME AND SHE DOESN'T FEEL LIKE PUTTING HIM THROUGH THAT SINCE HE IS IN HIGH SCHOOL AND HE LIKES IT WHERE HE LIVES NOW WITH _____ HER OTHER SON _____ LIVES IN TURKEY . SHE IS OF SAMOAN/CAUCASIAN ANCESTRIES. SHE WITNESSED VERBAL AND PHYSICAL DOMESTIC VIOLENCE BETWEEN HER PARENTS AND SHE DESCRIBES HER CHILDHOOD AS GOOD. SHE MET _____ THROUGH MUTUAL FRIENDS SHE MARRIED _____ 12/23/02 BUT HE WENT TO JAIL WHEN _____ WAS 4 MONTHS. THIS RELATIONSHIP HAD DV ISSUES LIKE HER PREVIOUS RELATIONSHIP BEFORE THAT WITH _____ SHE IS TRYING TO GET SECTION 8 BECAUSE ESTABLISHING STABLE HOUSING IS DIFFICULT FOR HER. SHE CONSIDERS HER SISTER IN LAW _____ A SUPPORT. SHE LIVES IN _____ CURRENTLY WITH HER FATHER AND HIS GIRLFRIEND

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:43:07.6

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
 CONTACT DATE/TIME 02/09/2006 12:22 ENTRY DATE/TIME 07/02/2007 16:22 SIZE 3
 TYPE OF CONTACT FVS WORKER NOTATION INTER W/ NANCY PAGE 2

NARRATIVE ACCOUNT

DHS SW INTERVIEWED MOTHER AT QUEENS AND SHE UNDERSTANDS DHS CONCERNS. HER BOY
 RIEND, FATHER TO CYRUS WAS PRESENT. SHE HAS TWO OTHER CHILDREN. HER OLDEST SO
 STAYS WITH _____ SINCE SHE CAN'T PROVIDE HIM A STABLE HOME AND SHE
 OESN'T FEEL LIKE PUTTING HIM THROUGH THAT SINCE HE IS IN HIGH SCHOOL AND HE L
 KES IT WHERE HE LIVES NOW WITH _____. HER OTHER SON _____ L
 VES IN TURKEY . SHE IS OF SAMOAN/CAUCASIAN ANCESTRIES. SHE WITNESSED VERBAL A
 ND PHYSICAL DOMESTIC VIOLENCE BETWEEN HER PARENTS BUT SHEDESCRIBES HER CHILDH
 OD AS GOOD. SHE MET _____ THROUGH MUTUAL FRIENDSSHE MARRIED'
 12/23/02 BUT HE WENT TO JAIL WHEN _____ WAS 4 MONTHS. THIS RELA
 IONSHIP HAD DV ISSUES LIKE HER PREVIOUS RELATIONSHIP BEFORE THAT WITH'
 _____ SHE IS TRYING TO GET SECTION 8 BECAUSE ESTABLISHING STABLE HOUSING IS D
 FFICULT FOR HER. SHE CONSIDERS HER SISTER IN LAW _____ A SUPPORT. SH
 LIVES IN, _____ CURRENTLY WITH HER FATHER AND HIS GIRLFRIEND. FATHER IS
 _____ SHE AGREES TO A HOME BASED SUPPORT SERVICE AND RANDOM UA'S TO HAVE

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:43:11.9

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
 CONTACT DATE/TIME 02/09/2006 12:22 ENTRY DATE/TIME 07/02/2007 16:22 SIZE 3
 TYPE OF CONTACT FVS WORKER — , NOTATION INTER W/ NANCY PAGE 3

NARRATIVE ACCOUNT

CYRUS GO HOME WITH HER. SHE SAID SHE WOULD HAVE HER OWN ROOM WITH AIR CONDITIO
 NING FOR HER AND BABY BAY. SHE WAS LAST EMPLOYED AS A SURGICCAL TECHNICIAN WIT
 H A DENTAL SURGEON AND STILL HOPES TO RETURN TO THE SAME JOB SOMETIME IN TH FU
 TURE. SHE PRESENTED AS A WELL SPOKEN FEMALE WHO COULD CLEARLY ARTICULATE IN A
 VERY CONVINCING FASHION. SHE WOULD LIKE ' TO COME BACK TO HER ONE DAY BUT
 SHE NEEDS TO GAIN EMPLOYMENT. WHEN SHE NEEDS HELP WITH CHILDCARE SHE PLANS ON
 USING HER FATHER AND HIS GIRLFRIEND.

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:43:30.3

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 03/15/2006 10:04 ENTRY DATE/TIME 07/02/2007 23:04 SIZE 1

TYPE OF CONTACT HVU WORKER NOTATION HOME VISITS PAGE 1

NARRATIVE ACCOUNT

HS S WHAD MADE NUMEROUS UNANOUCED HOME VISITS SINCE CHILD'S DISCHARGE FROM HOS PITAL, MOTHER HAS BEEN HOME MOST OF THE TIME AND SHE WWAS IN HER BEDROOM WATCH ING HER CHILD. THE ROOM WAS TIDY AND KEPT NEAT PER OBSERVATIONS AND THE AIR CO NDITIONER KEPT THE ROOM COMFORTABLE. ON OCCASION WHEN SHE WASN'T HOME , HER FA THER WAS SUPERVISNG BABY'S CARE AND HIS GIRLFRIEND WOULD ASSIST. T HE CHILD SEEMED VERY ACTIVE AND ALWAYS HAD A SMILE WHEN HE WAS AWAKE.

HAS BEEN HAVING SOME TROUBLE WITH THE INFANT'S CRYING BUT HIS GIRLFRIEND WO UL D COME I TO INTERVENE AND RELIEVE HIM WHEN ASKED HER TO. OVERALL THEY DIDN'T MIND WATCHING GRANDCHILD AS LONG AS NANCY WAS TRYING TO BETTER HERSELF AND ACT IVE IN TRYING TO CHANGE HER LIFE IN A POSITIVE WAY. THEY APPEARED VERY WILLIN G AND CAPABLE TO CARE FOR CYRUS SINCE THEY SEEMED TO REALLY ENJOY TRHE BOY'S P RESENCE

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:43:39.0

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 04/15/2006 10:00 ENTRY DATE/TIME 07/02/2007 22:57 SIZE 1

TYPE OF CONTACT COL WORKER █████ NOTATION DHS HBSS HOME WKR PAGE 1

NARRATIVE ACCOUNT

DHS SW HAS KEP IN CONTACT WITH HOME BASED WORKERS / SUPERVISOR WHO HAS SEEN MOTHER AND CHILD ON NUMEROUS OCCASSIONS. THEY STATE THAT MOTHER AND CHILD HAVE A POSITIVE BOND AND ATTACHMENT. THEY NOTED THEIR PLACE WAS ADEQUATE AND COMFORTABLE BUT THE OTHER PARTS OF THE RESIDENCE WHERE OTHER TENANTS LIVE IS RATHER WARM AND UNUNCOMFORTABLE. OVERALL THE CHILD IS THRIVING AND APPEARS HEALTHY. THE MOTHER SAID THE INFANT WAS SUFFERING FROM COLIC BUT MOM HAS BEEN HANDLING IT APPROPRIATELY. THEY HAVEN'T MET █████ BECAUSE HE HAD BEEN INCARCERATED SOON AFTER CYRUS'S BIRTH. AT TIME OF CLOSING SERVICES THERE WAS NO IMMEDIATE CONCERNS FOR CHILD.

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:43:52.2

CASE PROCESS

CASE NO 00068058	CASE NAME CHANCO, NANCY	STATUS ACTIVE
CONTACT DATE/TIME 05/18/2006 09:15	ENTRY DATE/TIME 05/18/2006 09:15	SIZE 8
TYPE OF CONTACT WORKER	NOTATION HBSS	PAGE 1

NARRATIVE ACCOUNT

CLOSING REPORT DATED 05/16/06:

REFERRAL:

THE CHANCO CASE WAS REFERRED TO HOME-BASED SUPPORT SERVICES (HBSS) ON 02/10/06 BY SOCIAL WORKER (SW), _____ OF DIAMOND HEAD CHILD WELFARE UNIT 3 (DHCW 3), AND ASSIGNED TO FAMILY SERVICES ASSISTANT (FSA), _____ ON THE SAME DATE.

SUMMARY OF CONTACTS:

THERE WERE A TOTAL OF THREE SCHEDULED HOME VISITS (2/17, 3/3 AND 3/14/06) MADE WITH MS. CHANCO AND HER INFANT SON, CYRUS. ONE VISIT SCHEDULED FOR 2/27/06 WAS A NO SHOW WHEN MS. CHANCO WAS STOPPED FOR TRAFFIC VIOLATIONS AND THEN INCARCERATED DUE TO OUTSTANDING BENCH WARRANTS. THE FSA HAD A

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:43:55.4

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
CONTACT DATE/TIME 05/18/2006 09:15 ENTRY DATE/TIME 05/18/2006 09:15 SIZE 8
TYPE OF CONTACT WORKER NOTATION HBSS PAGE 2

NARRATIVE ACCOUNT

SCHEDULED VISIT ON 3/10/06 THAT WAS CANCELED DUE TO MS. CHANCO CLAIMING TO BE ILL.

MS. CHANCO PREFERRED THE SERVICES OF HEALTHY START, BUT DUE TO MISCOMMUNICATION THE INTRODUCTION OF THEIR SERVICES WAS DELAYED. THEREFORE, THE FSA CONTINUED TO MAKE UNANNOUNCED HOME VISITS ON 3/28, 4/4 AND 4/11/06, IN ORDER TO KEEP IN TOUCH WITH MS. CHANCO UP UNTIL THE HEALTHY START WORKER BEGAN VISITS ON 4/6/06.

SUMMARY/OUTCOME:

WHEN THE FSA INITIALLY WORKED WITH MS. CHANCO, SHE HAD JUST MOVED INTO A NEW HOME SHE WAS RENTING ALONG WITH HER FATHER, STEPMOTHER, CYRUS AND _____ (MS. CHANCO'S BOYFRIEND AND CYRUS' FATHER). BY THE TIME THE

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:43:59.4

CASE PROCESS

CASE NO 00068058	CASE NAME CHANCO, NANCY	STATUS ACTIVE
CONTACT DATE/TIME 05/18/2006 09:15	ENTRY DATE/TIME 05/18/2006 09:15	SIZE 8
TYPE OF CONTACT	WORKER	NOTATION HBSS
		PAGE 3

NARRATIVE ACCOUNT

FSA CLOSED MS. CHANCO'S CASE, SHE SAID THAT THE LANDLORD'S SON AND GIRLFRIEND HAD MOVED INTO THE HOUSE ALSO. MS. CHANCO AND CYRUS HAD THEIR OWN ROOM, WHILE THE OTHER TENANTS SHARED THEIR ROOMS WITH THEIR PARTNERS.

THE HOME IS LOCATED IN AN AINA HAINA NEIGHBORHOOD. UNFORTUNATELY, THE HOUSE AND SURROUNDING YARD WAS IN DISREPAIR WHEN MS. CHANCO AND HER FAMILY BEGAN RENTING. SHE CLAIMED THAT PART OF THE "DEAL" IN RENTING THE HOME FROM HER FRIEND, WHO WAS THE LANDLORD, WAS TO MAKE REPAIRS AND CLEAN UP THE YARD. WHILE THE FSA MADE HOME VISITS WITH MS. CHANCO, THE EXTERIOR AND INTERIOR OF THE HOUSE CONTINUED TO IMPROVE.

MS. CHANCO'S ROOM WAS OFF ON THE SIDE OF THE HOUSE, WHICH APPEARED TO BE AN OPEN LANAI AT ONE TIME, WHICH HAD LONG SINCE BEEN ENCLOSED. ON ONE SIDE OF THE ROOM CONTAINED THE QUEEN-SIZED BED THAT MS. CHANCO SLEPT ON,

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:44:03.5

CASE PROCESS

CASE NO 00068058	CASE NAME CHANCO, NANCY	STATUS ACTIVE
CONTACT DATE/TIME 05/18/2006 09:15	ENTRY DATE/TIME 05/18/2006 09:15	SIZE 8
TYPE OF CONTACT	WORKER	NOTATION HBSS
		PAGE 4

NARRATIVE ACCOUNT

CYRUS' BASSINETTE, AN ENTERTAINMENT CENTER WITH TELEVISION, RECLINER WITH FOOTSTOOL, ETC. AND THERE WAS STILL SPACE TO SPARE ON THE OPPOSITE END. HER ROOM WAS USUALLY CLEAN AND NEAT WHENEVER THE FSA VISITED.

ALTHOUGH SHE'S THE MOTHER OF THREE MINOR CHILDREN, ONLY CYRUS RESIDES WITH MS. CHANCO. A NEWBORN INFANT, HE APPEARED HEALTHY, ALTHOUGH MS. CHANCO REPORTED THAT HE SUFFERED FROM COLIC. AT THE TIME OF HBSS CLOSING, MS. CHANCO CLAIMED THAT SHE HAD RECENTLY CHANGED CYRUS FROM THE QUEEN EMMA CLINIC AND WAS NOW HAVING HIM SEE DR. [REDACTED] AT KAHALA MALL.

MS. CHANCO IS AN ATTRACTIVE AND INTELLIGENT WOMAN. SHE WAS LAST EMPLOYED AS A SURGICAL TECHNICIAN WITH A DENTAL SURGEON AND STILL HOPES TO RETURN TO THE SAME JOB SOMETIME IN THE FUTURE. IN THE MEANTIME, MS. CHANCO IS WILLING TO STAY HOME UNTIL CYRUS IS A LITTLE OLDER AND WHEN SHE FINDS

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:44:08.0

CASE PROCESS

CASE NO 00068058	CASE NAME CHANCO, NANCY	STATUS ACTIVE
CONTACT DATE/TIME 05/18/2006 09:15	ENTRY DATE/TIME 05/18/2006 09:15	SIZE 8
TYPE OF CONTACT	WORKER _____ NOTATION HBSS	PAGE 5

NARRATIVE ACCOUNT

SUITABLE CHILDCARE. BOTH MOTHER AND SON APPEARED BONDED TO EACH OTHER.

THE FSA NEVER HAD THE OPPORTUNITY TO MEET _____, AS HE HAD BEEN ARRESTED AND INCARCERATED FOR PAROLE VIOLATIONS AT THE SAME TIME MS. CHANCO WAS ARRESTED. ACCORDING TO MS. CHANCO, _____ WAS STILL IMPRISONED AND SHE DIDN'T KNOW WHEN HE WOULD BE RELEASED. SHE WAS EVEN UNSURE AS TO WHETHER SHE WOULD CONTINUE TO HAVE A RELATIONSHIP WITH HIM.

DURING THE SHORT PERIOD THE FSA WORKED WITH MS. CHANCO, CHILD SAFETY-PROOFING AND NURTURING LESSONS WERE COVERED. AS STATED, MS. CHANCO IS AN INTELLIGENT WOMAN AND SHE WAS ABLE TO ANSWER QUESTIONS ABOUT THE TOPICS THE FSA DISCUSSED WITH HER. FOR EXAMPLE, WHILE GOING OVER CHILD SAFETY-PROOFING, MS. CHANCO KNEW THAT SLEEPING WITH CYRUS COULD BE DANGEROUS, AS SHE VERBALIZED THAT HE COULD FALL OFF THE BED OR SHE COULD ROLL OVER HIM.

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:44:11.0

CASE PROCESS

CASE NO 00068058	CASE NAME CHANCO, NANCY	STATUS ACTIVE
CONTACT DATE/TIME 05/18/2006 09:15	ENTRY DATE/TIME 05/18/2006 09:15	SIZE 8
TYPE OF CONTACT	WORKER	NOTATION HBSS
		PAGE 6

NARRATIVE ACCOUNT

THERE WAS LITTLE SAFETY-PROOFING THAT MS. CHANCO NEEDED TO DO IN HER ROOM; HOWEVER, PRIOR TO CLOSING THE FSA OBSERVED THAT THERE WERE EXTENSION CORDS RUNNING IN THE LIVING ROOM AREA OF THE HOUSE. THE FSA MENTIONED TO MS. CHANCO THAT IT WAS A HAZARDOUS SITUATION THAT NEEDED TO BE REMEDIED BEFORE CYRUS BEGINS CRAWLING. MS. CHANCO ACKNOWLEDGED THE DANGER.

NURTURING WAS ANOTHER TOPIC THAT THE FSA DISCUSSED WITH MS. CHANCO. ALTHOUGH MS. CHANCO DID NOT TAKE A FORMAL PARENTING CLASS, SHE SEEMS TO BE AN INTUITIVE PARENT. AGAIN, LIKE CHILDPROOFING, SHE WAS ABLE TO ANSWER QUESTIONS FROM THE FSA AND KNEW THAT SELF-ESTEEM AND EMPATHY IS AN INTEGRAL PART OF NURTURING.

FORTUNATELY FOR MS. CHANCO, SHE IS ON THE WAIT LIST FOR SECTION 8, WHICH SHE SAYS SHOULD BE COMING UP BEFORE THE END OF THE YEAR. A LOT OF ISSUES

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:44:14.6

CASE PROCESS

CASE NO 00068058	CASE NAME CHANCO, NANCY	STATUS ACTIVE
CONTACT DATE/TIME 05/18/2006 09:15	ENTRY DATE/TIME 05/18/2006 09:15	SIZE 8
TYPE OF CONTACT	WORKER	NOTATION HBSS
		PAGE 7

NARRATIVE ACCOUNT

REST ON HER GETTING A PLACE WITH THE HELP OF SECTION 8. ONE ISSUE THAT WOULD BE RESOLVED IS HAVING HER ELDEST SON, _____ RESIDING WITH HER. CURRENTLY, HE ATTENDS _____ HIGH SCHOOL AND DIDN'T WANT TO CHANGE SCHOOLS, SO FOR NOW HE IS WITH HIS PATERNAL AUNT THAT LIVES WITHIN _____ DISTRICT.

ALSO, MS. CHANCO SAID SHE WOULD JUST WANT TO HAVE HER OWN PLACE THAT IS MORE CENTRALIZED AND EASY TO ACCESS BY BUS WHICH WOULD BE A WELCOMED CHANGE TO WHERE SHE LIVES NOW. SHE SAYS THAT HER FATHER WILL BE RESIDING WITH HER AS WELL AND WILL HELP WITH CHILDCARE WHEN NECESSARY.

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:44:26.8

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
 CONTACT DATE/TIME 05/26/2006 20:00 ENTRY DATE/TIME 05/29/2006 23:28 SIZE 1
 TYPE OF CONTACT TCF WORKER \ NOTATION CWI:ANON.CONCERNS PAGE 1

NARRATIVE ACCOUNT

CWI RECEIVED AN ANONYMOUS CALL WITH CONCERNS FOR THE MOTHER, "NANCY," AND HER CHILDREN.

- FAMILY IDENTIFIED BY NAME PROVIDED - , LISTED IN CASE.
 - THE FAMILY RESIDES IN A "NOTORIOUS DRUG HOUSE."
 - MOTHER MAY NOT BE AT HOME MUCH, LEAVING CHILDREN IN CARE OF GRANDFATHER, ," AND HIS GIRLFRIEND.
 - THIS GIRLFRIEND HAS A DAUGHTER WHO VISITS THE HOME. TODAY SHE WAS OBSERVED CRYING IN THE DRIVEWAY. POLICE WERE CALLED TO THE HOME.
 - THIS GIRL IS ABOUT 12 Y.O.
 - CALLER ASKS SW TO CHECK WITH HPD TO SEE HOW MANY TIMES HPD HAS BEEN TO THE HOME ON DOMESTIC INCIDENTS.
 - CALLER THINKS MOTHER AND GRANDFATHER MAY HAVE "RUN OUT OF MONEY;" CALLER WONDERS IF THERE IS ENOUGH FOOD IN THE HOME.
- CWI WILL FORWARD CONCERNS TO ACTIVE SW. 'CWI

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:44:32.9

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 06/06/2006 12:00 ENTRY DATE/TIME 06/06/2006 13:10 SIZE 1

TYPE OF CONTACT TCF WORKER NOTATION CWI: CONCERN PAGE 1

NARRATIVE ACCOUNT

ANONYMOUS CALLER CONTACTED THE CWI HOTLINE TO REPORT THE FOLLOWING:

-THAT MOTHER IS A KNOWN DRUG USER AND THAT SHE LEAVES THE INFANT
IN THE CARE OF GRANDFATHER WHO LIVES IN THE HOME. MOTHER IS OFTEN
GONE FOR 3-4 DAYS AT A TIME. WHEN SHE RETURNS HOME, THERE IS A LOT
OF VERBAL FIGHTING BETWEEN THE FAMILY MEMBERS

-GRANDFATHER IS REPORTEDLY ELDERLY AND IS NOT CAPABLE OF CARING
FOR THE NEWBORN

-NEWBORN CRIES ALL DAY LONG

-CALLER IS CONCERNED ABOUT CHILD'S WELL-BEING
/CWI 2

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:44:39.7

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
CONTACT DATE/TIME 06/08/2006 09:52 ENTRY DATE/TIME 06/08/2006 09:52 SIZE 1
TYPE OF CONTACT TCF WORKER " " NOTATION CWI CONCERNS PAGE 1

NARRATIVE ACCOUNT

TCF ANONYMOUS FEMALE/NEIGHBOR

- THAT SHE MADE REPORT ON TUESDAY, 06/06/06 TO CWI (CHECK WITH CWI UNITS, REPORT MADE TO ____/#05, LOGGED IN THIS CASE VIA LOG OF CONTACT)
- CALLER DID NOT HAVE NAMES, PROVIDED ADDRESS AS' _____ ST (ADDRESS IS ACTUALLY _____)
- THAT MOTHER "ABANDONED" INFANT, ABOUT 4 TO 5 MONTH OLD, HAS PREVIOUSLY ABANDONED TWO OTHER CHILDREN AND IS RUMORED TO USE "DRUGS"
- LAST NIGHT, INFANT COULD BE HEARD CRYING ALL NIGHT, OVERHEARD ADULTS SAYING BABY IS CHOLICKY, HOWEVER, CALLER STATES SHE SURE BABY IS GOING THROUGH WITHDRAWALS, WHICH SHE HEARD IS VERY PAINFUL
- CALLER ADDED THAT GRANDFATHER DOES NOT WANT BABY TO GO INTO FOSTER CARE AND WILL LIE THAT MOTHER IS JUST AT THE MOVIES, ETC.

INFORMATION BEING FORWARDED TO THE ASSIGNED WORKER FOR FOLLOW UP

▲/CWI

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:44:54.4

CASE PROCESS

CASE NO 00068058	CASE NAME CHANCO, NANCY	STATUS ACTIVE
CONTACT DATE/TIME 06/18/2006 16:44	ENTRY DATE/TIME 06/18/2006 20:54	SIZE 1
TYPE OF CONTACT TCF WORKER	NOTATION CWI:CARETAKER	PAGE 1

NARRATIVE ACCOUNT

CWI RECEIVED A CALL FROM _____ REGARDING MOTHER'S CARE,
OR LACK THEREOF, OF BABY BELT.

- MOTHER IS REPORTELDY ON DRUGS.
- MOTHER HAS THIS DATE LEFT INFANT, CYRUS, WITH CALLER.
- CALLER IS _____ TO MOTHER'S _____ SON.
- MOTHER HAS LEFT CALLER WITH NO MILK, DIAPERS, SUPPLIES.
- MOTHER LEAVES FOR 3-4 DAYS AT A TIME.
- CALLER BELEIVES MOTHER HAS ACTIVE CWS CASE.

CWI WILL FORWARD INFORMATION TO ASSIGNED SW.

— /CWI

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:45:00.7

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
CONTACT DATE/TIME 06/19/2006 15:23 ENTRY DATE/TIME 06/19/2006 15:35 SIZE 1
TYPE OF CONTACT TCF WORKER NOTATION CWI: CARETAKER PAGE 1

NARRATIVE ACCOUNT

FRIEND

.
--CALLER HAS BEEN CARING FOR BABY CYRUS INFORMALLY WHEN FATHER REQUESTED SUCH.
--CALLER IS SCHEDULED TO MEET WITH DHCW-3 SW, [REDACTED] ON 06/20/2006.
--MOTHER HAS BEEN USING DRUGS/SUPPLYING DRUGS TO FATHER OF BABY.
--MOTHER REPORTEDLY CALLED/STATED THAT SHE WILL BE PICKING UP THE BABY.
--CALLER HAS BEEN TRYING TO CONTACT DHCW-3 SW FOR INSTRUCTIONS VIA
OFFICE/CELLULAR PHONE NUMBERS WITHOUT SUCCESS.

.
--PROVIDED DHCW-3 UNIT NUMBER TO CALLER.

.
* CWI-I (81)

.
C: [REDACTED], DHCW-3 (77).

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:45:06.5

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 06/22/2006 14:00 ENTRY DATE/TIME 07/02/2007 23:33 SIZE 2

TYPE OF CONTACT FVS WORKER () NOTATION CONTACT W/ MOTHER PAGE 1

NARRATIVE ACCOUNT

DHS SW MET WITH MOTHER AT HER NEW RESIDENCE AND MET HER NEW ROOMMATE. SHE STATED SHE HAS BEEN LOOKING FOR A NEW PLACE BECAUSE HER LAST RESIDENCE WAS NOT WORKING OUT BECAUSE OF THE NEIGHBORS HARRASSING AND THE GENERAL UPKEEP OF THE HOUSE. SHE UNDERSTANDS THAT DHS SW HAD TO REMOVE CHILD BUT SHE FELT SHE MADE APPROPRIATE ARRANGEMENTS FOR HER CHILD'S SUPERVISION BY KEEPING HIM WITH HER FATHER ; AND SINCE HE GOT STRESSED HE CALL [REDACTED] WHO WILL ALWAYS HELP OUT. SHE UNDERSTANDS THAT [REDACTED] IS UPSET AT HER AND THINKS SHE IS DOING DRUGS BUT SHE DENIES USING AT THIS TIME. SHE KNOWS SHE HAS TO BE INDEPENDENT AND RESPONSIBLE IN DOING THE PRIMARY CARGIVING TASKS OF A PARENT - BUT SHE CLAIMS TO LOOKING FOR A JOB AND NEW RESIDENCE IS HARD WORK. SHE SOMETIMES SLEEPS AT A GIRLFRIEND'S HOUSE WHEN SHE IS TIRED AND WILL COME BACK THE NEXT DAY TO RELIEVE HER FATHER AND HIS GIRLFRIEND FROM WATCHING CYRUS. HER APARTMENT IS LOCATED IN THE SALT LAKE AREA AND FRIEND IS WILLING TO HAVE HER ROOM IN HIS EXTRA APARTMENT ROOM . SHE WILL STILL USE HER FATHER/GIRLFRIEND ONCE ELECTRICITY IS TURNED

NEXT CD52 KEY _____

MORE DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:45:12.5

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 06/22/2006 14:00 ENTRY DATE/TIME 07/02/2007 23:33 SIZE 2

TYPE OF CONTACT FVS WORKER , NOTATION CONTACT W/ MOTHER PAGE 2

NARRATIVE ACCOUNT

BACK ON AT THE OTHER HOUSE. SHE KNOWS IT WILL BE MORE DIFFICULT BECAUSE OF THE TRAVEL TIME/DISTANCE BUT APPARENTLY HER FATHER HAS A VEHICLE AND CAN HELP WITH TRANSPORTATION. [REDACTED] DHS SW DID A BACK GROUND CHECK ON HER NEW ROOMMATE/BOYFRIEND [REDACTED] (NO CJIS) REPORT ON 06/22/06

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:45:19.3

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY

STATUS ACTIVE

CONTACT DATE/TIME 02/09/2007 13:00 ENTRY DATE/TIME 07/02/2007 22:48 SIZE 1

TYPE OF CONTACT FVU WORKER , NOTATION INTER W/ PAGE 1

NARRATIVE ACCOUNT

WAS INTERVIEWED IN PERSON BY DHS SW AT QUEENS MEDICAL. HE IS FROM LA, CA AND MOVED TO HAWAII IN 1985. HER MOTHER LIVES IN THE MCCULLY AREA. HE IS OF KOREAN DESCENT AND FOR THAT REASON, 1ST BOY/CHILD BORN, HE WAS SPOILED. HE DESCRIBES HIS UPBRINGING AS GOOD. HE IS CURRENTLY UNEMPLOYED. HE WENT UP TO THE 11TH GRADE AT ROOSEVELT H.S. HE STATES HE GOT HIS GED IN 2000. HE CAN'T RECALL TO COUNSELING EVER BUT HE HAS ATTENDED ANGER MANAGEMENT CLASSES BEFORE. HE ADMITS TO EXPERIMENTING WITH ICE IN 2005 AND LAST USED MARIJUANA THE WEEK BEFORE. HE DRINKS MINIMAL ALCOHOL.. HE CONSIDERS NANCY A POSITIVE SUPPORT.

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:45:26.1

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
CONTACT DATE/TIME 07/05/2007 16:03 ENTRY DATE/TIME 07/05/2007 16:03 SIZE 1
TYPE OF CONTACT OTH WORKER, NOTATION UPDATE FINDINGS FA PAGE 1

NARRATIVE ACCOUNT

CONFIRMED THREAT OF ABUSE AND THREAT OF NEGLECT TO CYRUS BELT BY HIS FATHER, \

~~_____~~ THIS CHANGE IN THE FINDINGS FOR INTAKE NO. B7360 IS DUE TO FATHER'S

~~_____~~ AND HIS INCARCERATION WHICH PRE

VENTS HIM FROM PROVIDING CARE TO HIS SON.

NEXT CD52 KEY _____

END DATA

01/18/08

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD52N

10:45:32.9

CASE PROCESS

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
CONTACT DATE/TIME 07/14/2007 15:48 ENTRY DATE/TIME 07/14/2007 15:48 SIZE 1
TYPE OF CONTACT OTH WORKER , NOTATION CLOSING APPROVED PAGE 1

NARRATIVE ACCOUNT

CASE REVIEWED AND APPROVED FOR CLOSING.

 , DHCWSU3 SUP.

NEXT CD52 KEY _____

END DATA

NARRATIVE ACCOUNT

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
CONTACT DATE/TIME 01/18/2008 12:54 ENTRY DATE/TIME 01/18/2008 12:54
TYPE OF CONTACT TCF WORKER [REDACTED] NOTATION CWI:ADVERTISER REPRT

NARRATIVE ACCOUNT

*1/18/08 1247 HOURS [REDACTED] RECEIVED A CALL FROM HONOLULU ADVERTISER, PETER
BOYLIN (REPORTER) REGARDING THE CHANCO CASE:

01/18/08
17:07:35.1

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
LOG OF CONTACTS REPORT - CASE PROCESS

KFHCR52R

CASE NO 00068058 CASE NAME CHANCO, NANCY STATUS ACTIVE
CONTACT DATE/TIME 01/18/2008 12:54 ENTRY DATE/TIME 01/18/2008 12:54
TYPE OF CONTACT TCF WORKER ██████████ NOTATION CWI:ADVERTISER REPRT

NARRATIVE ACCOUNT

~THAT HE WAS REFERRED BY THE POLICE SPECIFICALLY TO ██████████
~THE POLICE SHARED WITH THE ADVERTISER REPORTER BOYLIN THAT CPS WAS INVOLVED
WITH THE CHANCO FAMILY AND BOYLIN WANTED TO CONFIRM AND OBTAIN ADDITIONAL
INFORMATION

██████████ REFERRED ██████████ REPORTER BOYLIN TO PIO ██████████ FOR AGENCY
RESPONSE TO MEDIA. BOYLIN STATED THAT HE HAD ALREADY SPOKEN TO PIO.

██████████ /CWI
FORWARD TO ACTIVE UNIT #77 ██████████
C. ██████████ PIO ██████████ (FAX ██████████)