SCPW-24-0000464

Public First v. Judge Viola

Redacted copy of First Amended and Supplement to the Records of the Family Court, First Circuit, filed 8/6/2024

[CPA Vol 4 of 7]

Court

STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT	**EXHIBIT LIST**	CASE NUMBER FC-S No. 18-00280

In the Interest of

[redacted];

ARIEL SELLERS,
Born on [redacted] 2014;

[redacted].

SIMEONA A. MARIANO 8093
Deputy Attorney General
Kapolei Building
1001 Kamokila Blvd., Suite 211
Kapolei, Hawaii 96707
Telephone: 693-7081
Counsel for DHS

JUDGE: BODE A. UALE

CLERK: M. CASTILLO

DATE OF TRIAL OR HEARING

November 5, 2019

EXHIBIT NO. IDENTIFY NO. CODE STATE'S	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	OVER OBJECTION	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS
39		X			DHS Safe Family Home Report dated October 23, 2019	
40		X			Hina Mauka Client Non-Participation in Drug Monitoring Orientation/Assessment re: Melanie Joseph dated September 23, 2019	
41		X			Hina Mauka Department of Human Services Referral for Assessment & Ongoing Monitoring Services re: Melanie Joseph dated 8/20/19; with fax transmission report dated 8/20/19	
42		X			Hina Mauka Client Non-Participation in Drug Monitoring Orientation/Assessment re: Melanie Joseph dated August 23, 2019	
43		X			Hina Mauka Department of Human Services Referral for Assessment & Ongoing Monitoring Services re: Melanie Joseph dated 7/25/19; with fax transmission report dated 7/25/19	
44		X			Hina Mauka Client Non-Participation in Drug Monitoring Orientation/Assessment re: Melanie Joseph dated July 31, 2019	
45		X			[redacted]	

FOR OFFICE USE ONLY

FIRST CIRCUIT COURT
STATE OF HAWAII
FILED
2019 NOV -6 PM 1:41
J. GAMAD
CLERK

LOCATION OF EXHIBITS

☐ Attached ☐ Other _____
☐ Shelf No. _____
☐ Code No. _____

DATE	RECEIVED	PAGE _____ OF _____ PAGES

STATE OF HAWAII FAMILY COURT OF THE FIRST CIRCUIT	EXHIBIT LIST CONTINUATION SHEET	CASE NUMBER FC-S No. 18-00280

EXHIBIT NO. IDENTIFY NO. CODE STATE'S	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	OVER OBJECTION	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS
46		X			[redacted]	
47		X			[redacted]	
48		X			State of Hawai`i Department of Education Individualized Education Program re: Ariel Sellers dated June 20, 2019	
49		X			State of Hawai`i Department of Education Prior Written Notice of Department Action re: Ariel Sellers dated June 20, 2019	
50		X			Waimanalo Elementary and Intermediate School Meeting Sign-in Sheet re: Ariel Sellers/IEP dated June 20, 2019	
51		X			State of Hawai`i Department of Education Evaluation Summary Report re: Ariel Sellers (Initial Evaluation) dated June 10, 2019	
52		X			State of Hawai`i Department of Education Prior Written Notice of Department Action re: Ariel Sellers dated June 10, 2019	
53		X			[redacted]	
54		X			DHS Family Service Plan dated October 31, 2019	

Child Protective Service is a specialized child welfare service that is time limited. It is not intended to address all of the family's problems, but rather to resolve the most critical problem(s) that will reduce the risk of further harm to the child.

Confidential Report of the Department of Human Services

IN THE FAMILY COURT OF THE FIRST CIRCUIT
STATE OF HAWAII

IN THE INTEREST OF:

[redacted])
)
Ariel Sellers **DOB:** [redacted]/14) **FC-S No: 18-00280**
)
[redacted])
)

SAFE FAMILY HOME REPORT
10/23/2019

☒This report is to be read in conjunction with all other reports submitted and dated 11/2/2018 and 2/11/19.

A. HARM: (2):

Yes No
[ ] [x] Has the child been harmed since the last report to court?

[redacted]

[ ] Not applicable, this is an initial report

B. Family's Strengths:

- [redacted]
- [redacted]
- Resource caregiver supports maintaining familial relationships with maternal relatives.

FC-S No. 18-00280
State's Exhibit No. 109
In Evidence for Identification:
Rec'd 11/5/19, 20__
M. Castillo
Clerk

C. Safety Issues/factors (quote from safety assessment tool): (12)

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

a. Substance abuse prevents parent/caregiver from protecting or providing for the child.
b. Other safety factors are directly related to the use of drugs or alcohol.

- Ms. Joseph has not participated in court ordered drug assessments, or random UA's.
- Ms. Joseph last report of drug use was on 02/18/19.
- Ms. Joseph reported that she has sought treatment for addiction in the past at least three times, through the Women's Way program, however, left the program before completing the program requirements.
- It is reported to DHS that father Mr. Sellers continues to use drugs and has not sought drug treatment for his addiction.

7. 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.

m. Other
c. Parent/caregiver is evasive, manipulative, no-shows, suspicious.

- Ms. Joseph has had multiple no-shows for her visitations.
- Ms. Joseph is not engaged in services at this time.
- Mr. Sellers has not been engaged in services at this time. Mr. Sellers initiated a one call to SW to schedule worker visit, however was a no-show to the appointment.
- DHS has lost contact with parents.

14. Parent/caregiver lacks the knowledge, skill, or motivation to parent and this presents a threat of present or impending danger.

l. Other:

- Parent is not providing financially for the children.
- Parent whereabouts are unknown at this time.
- Parents have not engaged in parenting education classes.
- Parents have not demonstrated sobriety.
- Father's whereabouts are unknown at this time.

D. `Ohana Conference:

An EPIC Ohana conference meeting was completed on 2/14/19 at 2:30pm for Ms. Joseph. A second re-conference meeting is being coordinated at this time for resource caregiver's to discuss concurrent plan.

Ms. Joseph is not able to be located to schedule a reconference meeting at this time. DHS has not been able to maintain cooperation and communication with Ms. Joseph.

Mr. Seller's whereabouts are unknown at this time. DHS will provide referrals for Ohana Conference meetings if and when DHS is able to engage parents in services.

E. Youth Circle:

Children not age appropriate at this time.

The following information concerns the current situation relevant to the Safe Family Home Factors as found in HRS 587A-7. Each of the factors MUST be considered in formulating the Department's assessment. Numbers in ( ) indicate the number of the factor as set forth in statute.

1. CHILD: (1 – 3)

1.1 Child's current situation

A. Child's Safety:

i. Age & Vulnerability

[redacted]

Ariel Sellers: 4-year-old-female
Vulnerable based on age, she is reliant on others to provide for all her basic needs.

[redacted]

ii. Relationship & Bonding with Family

[redacted]

Ms. Joseph is very bonded to Ariel who she considers her favorite and will shower Ariel with lots of love and attention during visits. [redacted]

DHS is not able to assess Mr. Sellers at this time. Father has not been engaged in services since the onset of the case. Mr. Sellers whereabouts are unknown at this time.

iii. Fear of Being in the Family Home.

[redacted]

Ariel reports that she is not fearful of being in the family home.

[redacted]

B. Child's Well-Being:

i. Health:

[redacted]

[redacted]

Ariel Sellers is a 4-year-old little girl who is current on all her immunizations and is in good health. Ariel recently sustained an injury to her right index finger and was examined by Dr. Ticcum on 10/14/19. X-ray's indicated a fracture in Ariel's index finger. Dr.

Ticcum reported that the injury was possibly sustained by Ariel having her finger slammed in the door. Resource caregiver scheduled a follow up appointment with Dr. Ticcum is on February 10, 2019. She is not taking any medications at this time. RCG reported that Ariel is prone to getting sick with the flu and colds. Ariel recently received her new medical insurance card and was registered for dental services. A dental appointment if forthcoming.

[redacted]

[redacted]

ii. Mental Health

[redacted]

Ariel is currently receiving individual weekly play therapy at the Kailua Play Therapy Play Center. Therapy was initiated to address Ariel self-inflicting scratches and pulling out her hair. Ariel also has self-reported dual personalities, stating that when she is good, she is Virginia, when she is bad, she is Ariel. Resource caregivers reported that since Ariel started play therapy, that Ariel rarely talks about her other personality and that she has become more open, talkative and affectionate.

iii. Education

[redacted]

Ariel- was evaluated by the Department of Education for Special Education Pre-School services. She started preschool in August 2019 at Waimanalo Elementary School and receives services through an Individualized Education Plan.

1.2 `Ohana Time (Visitation) with parents (1) and sibling(s):

Ms. Joseph- DHS provides supervised weekly visitations that occur in community settings such as Waimanalo library.

Mr. Seller- Father's current whereabouts are unknown. DHS has not been able to locate father since the onset of the case to establish regular visitations.

☐ ***NA, Family Supervision***

2. Placement (3)

[ ] Reasonable efforts do not apply in this case as a finding of aggravated circumstances was made by the court on (date).

2.1 Child's Date of Entry into Foster Care. [redacted] Ariel 2/8/19

2.2 [redacted] On 2/8/19 DHS assumed placement responsibility of [redacted] Ariel Sellers .

2.3 Placement history has been as follows:

[redacted] Ariel [redacted] remained in the family home under court ordered family supervision.

On 2/8/19 Ariel [redacted] removed from the family home and placed in the [redacted] foster home [redacted]

[redacted].

2.4 Assessment of the Safety of the Child's Placement, date and results:

[redacted]

The licensed specific resource caregiver home has been assessed as safe at this time for [redacted] Ariel [redacted] based on DHS licensing policies and procedures. The last safety of placement was completed on 10/23/19.

2.5 Placement prevention/reasonable efforts during this reporting period.

☒ *NA, Child not removed; there was no potential removal. This section was completed in a prior report.*

Yes	No	
[ ]	[ ]	Was prevention of placement appropriate given the circumstances in this case?
[ ]	[ ]	Was placement assessed as preventable?
[ ]	[ ]	Would prevention of placement pose an unacceptable risk to the child?
[ ]	[ ]	Were parents willing and able to take the necessary action to prevent placement?

2.6 Under the circumstances present in this case the parents/legal guardian(s) were provided the following opportunities to prevent placement during this reporting period:

☒ *NA, Child not removed; there was no potential removal.*

Yes	No	Provide a narrative under each statement to document reasonable efforts taken by CWS to maintain the child safely in the home and to prevent the child's removal.
[ ]	[ ]	**The parents/legal guardian(s) were given time to make changes that would ensure the safety of the child in the home.**

[ ]	[ ]	**The family was offered treatment and services to resolve the safety issues/factors in the home.**
[ ]	[ ]	**Extended family members were sought who could ensure the safety of the child in the home.**
[ ]	[ ]	**The family was asked to agree to court jurisdiction and an immediate service plan.**
[ ]	[ ]	**The Non-perpetrating parents/legal guardian(s) and child were asked to leave the home to a safe environment.**
[ ]	[ ]	**The perpetrator was asked to leave the home.**
[ ]	[ ]	**Parents were offered and agreed to an in-home safety plan**

2.7 Child's Living Situation at time of Removal:

[redacted] Ariel Sellers [redacted] living in family home at time of removal with MGM. [redacted]

3. FAMILY: (4 – 10, 13)

3.1 Parent's background (history) (4)

Mother: Melanie Joseph:

Ms. Joseph is currently homeless and living in the Waimanalo area. Resource caregiver reported that the children have observed Ms. Joseph walking past their family home on several occasions. Ms. Joseph has not been willing to engage in regular communication with DHS SW. No updated information provided.

Alleged Natural Father: Edward Sellers for [redacted] Ariel Sellers:

Mr. Seller's whereabouts are unknown at this time. No updated information provided. A Location Action Request was completed for Mr. Sellers.

[redacted]

3.2 History of assaultive behaviors/domestic violence (6)

No updated information provided to DHS to Ms. Joseph's lack of engagement in services.

DHS is to locate Mr. Sellers, his whereabouts are unknown at this time.

3.3 History of substance abuse (7):

No updated information provided to DHS to Ms. Joseph's lack of engagement in services.

DHS is to locate Mr. Sellers, his whereabouts are unknown at this time.

3.4 Identified perpetrator (s) (8):

Mother-Melanie Joseph

Alleged Natural Father-Adam Sellers for [redacted] Ariel Sellers.

[redacted]

3.5 Protective non-perpetrator(s) (9):

There is no protective non-perpetrating parent.

3.6 Support system/Attempts to locate and place with family or friends (10):

Family finding was completed on 12/27/18. The department has utilized placement with a family friend whom mother has identified as a placement.

3.7 Appropriate parenting skills (13):

[redacted]

Mr. Sellers has not participated in an assessment interview with the DHS.

3.8 Psychological/developmental evaluation (5)

DHS scheduled Ms. Joseph for an evaluation on 2/27/19, Ms. Joseph was a no-show.

DHS scheduled Ms. Joseph for an evaluation on 5/22/19, Ms. Joseph was a no-show.

DHS has been unable to re-engage Ms. Joseph in services at this time. If and when DHS is able to make contact with Ms. Joseph, a referral will be forthcoming.

DHS has not been able to schedule an evaluation for Mr. Sellers [redacted], his whereabouts continue to be unknown.

4. UTILIZATION OF RECOMMENDED SERVICES (11)

THE SAFETY OF THE CHILD IS PARAMOUNT. WITHOUT COMPROMISING THE SAFETY OF THE CHILD, reasonable efforts must be made to preserve the family unit and prevent the removal of the child from the family home and to return the child to a safe family home, by providing appropriate and available services to the family in a timely manner.

( ) Reasonable efforts do not apply in this case as a finding of **Aggravated Circumstances** was made by the court on

4.1 Service recommendations/progress by family

For mother, Ms. Joseph:

- Complete Substance Abuse assessment and recommended treatment and random drug screenings: (non-compliant)

  - 07/25/19-DHS provided a referral to Hina Mauka.
  - 7/31/19-Hina Mauka closing letter received for Ms. Joseph due to non-participation, not able to make contact with mother.
  - 8/20/19-DHS provided a referral to Hina Mauka for random drug screening and assessment.
  - 8/23/19-Hina Mauka closing letter due to non-participation, unable to make contact with mother.
  - 9/4/19- Ms. Joseph was scheduled for a Substance Abuse assessment but arrived late. The meeting was rescheduled to 9/23/19.
  - 9/23/19-Ms. Joseph was a no-show to the Substance Abuse assessment meeting.
  - No progress to date.

- Comprehensive Counseling and Support Services including Parenting Education and Domestic Violence services: (non-compliant)

  - DHS referral made on 8/22/19 to Catholic Charities for Ms. Joseph.
  - Referral closed by Catholic Charities due to lack of contact with Ms. Joseph.
  - No progress to date.
  - DHS will provide referral if and when Ms. Joseph is located and willing to engage in services.

- Complete Psychological Evaluation and Recommended treatment: (non-compliant)

  - DHS provided the following referrals to Family programs Hawaii on the following dates: 02/13/19, 3/20/19 and 04/11/19.
  - Ms. Joseph was a no-show to the evaluations.
  - DHS will provided referrals for an evaluation if and when Ms. Joseph is willing to engage in services.
  - No progress to date.

DHS has not been able to locate Mr. Sellers to engage in services since the onset of the case. DHS will provide referrals to the necessary agencies if and when father is located and willing to engage in services.

4.2 DHS efforts with Face to Face Visits with Child since the last court hearing.

Date of Visit	Name of child	Location of visit, i.e. home, school, office, others	Name of SW	Reasons for no monthly SW visit
5/17/19	Ariel Sellers, [redacted]	Resource caregiver home	Maili S. Taele	
6/12/19	[redacted] Ariel Sellers [redacted]	Resource caregiver home	Maili S. Taele	
7/03/19	[redacted] Ariel Sellers [redacted]	Resource caregiver home	Maili S. Taele	

8/21/19	[redacted] Ariel Sellers [redacted]	Resource caregiver home	Maili S. Taele	
9/13/19	[redacted] Ariel Sellers [redacted]	Resource caregiver home	Maili S. Taele	
10/21/19	[redacted] Ariel Sellers [redacted]	Resource caregiver home	Maili S. Taele	

4. 3 Other Efforts including visits with parents, resource parents, referrals done, Ohana Conferences, family findings, placement with relatives, ICPC, phone calls, etc.

- Ongoing communications with Strong Families providers.
- Ongoing communications with Department of Education providers.
- Face to face meetings with resource caregiver.
- Family finding
- Epic Ohana meetings
- Location action request to locate father's.
- Face to face meetings and home visits with resource caregiver/s.
- Ongoing attempts to locate parents
- Ongoing communications with medical providers and therapists.
- Ongoing communication with maternal relatives.
- Ongoing communication with Early Intervention providers.
- Ongoing referrals for services.
- Clothing vouchers for the children.

5. PERMANENCY PLANNING (12)

5.1 ☒ Concurrent permanency plan is reunification and [X] adoption Or [ ] legal guardianship.

☐ NA (Family Supervision case)

5.2 DHS' efforts to finalize the permanency plan

1. The reasonable efforts made by DHS to finalize permanency for children within the last twelve months:

   DHS provided referrals for Ms. Joseph for substance abuse treatment on 7/25/19, 8/20/19 and on 9/23/19. Referrals for mother was also made for Catholic Charities parenting education and DV classes, Ohana Time Visitations and individual counseling. Since then, Ms. Joseph has not been responsive to phone calls or willing to engage in services.

[redacted]
DHS has had ongoing discussions with resource caregiver's regarding permanency. Resource caregivers have reported that they would like are interested in adopting [redacted] if in the event parental rights were terminated.

DHS completed Family Finding through EPIC Ohana to locate and identify family relatives that are interested in permanent placement. DHS has maintained contact with maternal relatives.

DHS is in the process of schedule an Ohana re-conference meeting to discuss permanency with resource caregiver and family relatives. The OC conference is forthcoming.

2. The continued safety concerns for children and continued need for out-of-home placement.

Ms. Joseph has not engage in services such as parenting education, substance abuse, domestic violence classes and completed a psychological evaluation. Ms. Joseph has had minimal engagement in services by having regular Ohana Time visitations but has not been willing to engage DHS SW in completing her services. Ms.Joseph is reported to be homeless and living on the streets in Waimanalo. She has not yet secured housing and employment to provide a safe and stable home [redacted]. At this time, Ms. Joseph has not addressed any of the safety concerns [redacted]. Safety concerns continue to exist in the family home that necessitate continued out-home-placement.

DHS has not been able to locate Mr. Sellers to engage him in services. His current whereabouts are unknown at this time. Mr. Seller attempted to established contact with DHS SW in August 2019, he reported that he was calling from Ms. Joseph's contact phone number and wanted to engage in services. A worker-parent visit for 8/28/19, to review services, however, Mr. Sellers was a no-call to cancel, no-show to the appointment. DHS SW has since lost contact with father and has been unable to locate father. Mr. Sellers has not demonstrated a motivation to engage in services to address the safety concerns [redacted] Safety concerns continue to exist in the home that necessitate continued out-home-placement.

3. The extent of progress that each party has made to comply with the case plan and the progress made to make the home safe.

Ms. Joseph has attempted to engage in services for substance abuse and parenting, however, reported that she did not have the proper identification to participate in random drug testing. Ms. Joseph has had minimal involvement in services with no progress to date.

DHS has not been able to locate Mr. Sellers to engage him in services. No progress to date.

4. The extent of progress each party has made to resolve the safety issues that necessitated the initial and current need of out of home placement for children.

Ms. Joseph-no progress to date. Mother has not been willing to engage in services to resolve the safety issues in the family home.

Mr. Sellers are unknown at this time. Mr. Sellers has not engaged in services since the onset of the case.

5. Likely projected date children can be returned to a safe family home, n/a .

6. If will not be returned to a safe family home indicate the permanency goal for children and the projected date for achieving the permanency goal in the following order of preference:

- ❖ Termination of parental rights is expected by January 2020
- ❖ x Placed for adoption by April 2020.
- ❖
- ❖ ___Referred for legal guardianship by _____
- ❖ ___Placed permanently with a fit and willing relative by _____ or
- ❖ ___Placed in another planned permanent custody living arrangement (non-relative) but only in cases where the department has documented to the court a compelling reason for determining it would not be in the best interest of the child to follow one of the three specific options above by _____

☒ If the Permanency goal is legal guardianship/permanent custody, the CWS worker verifies that the child meets all of the following presumptive eligibility requirements for kinship guardianship assistance payments:

a) that the prospective permanent caretaker meets the definition of "kin";
b) that the child resided with the prospective permanent kin caretaker for at least 6 consecutive months prior to the award of LG/PC;
c) that the child was eligible for foster board payments during those same 6 months; and

d) that the prospective permanent kin caretaker's home was unconditionally licensed during those same 6 months.

7. If children are not being returned home, indicate all in-state and out-of-state placement options reviewed and considered.

   DHS will consider maternal and paternal relatives as appropriate.

   DHS has had ongoing discussion with resource caregiver who has stated that she is interested in permanent placement.

9. If children are currently living in a different state than the legal custodian, indicate whether that current placement continues to be in the best interest of children

   Child currently living in the same state as both parents.

10. Efforts made to include and inform children of the proposed permanent plan or transition plan in a manner that was age appropriate.

    DHS has had regular discussions with [redacted] Ariel Sellers during regular home visits. [redacted]

    [redacted]

11. If child is at least sixteen years old, what services are needed to help assist her transition from foster care into independent living.

    Not age appropriate at this time.

5.3 Compelling Reasons to waive requirement to file for motion for TPR.

Due to Ms. Joseph and Mr. Sellers lack of motivation and willingness to engage in services, it is apparent that parents will not in the foreseeable future be able to provide a safe and stable home for [redacted] Ariel Sellers [redacted].

For this reason, DHS is pursuing the termination of parental rights.

6. FAMILY'S ABILITY TO CHANGE (12) AND ASSESSMENT: (14)

6.1 Family's demonstrated willingness and ability to resolve safety issues in the home within a reasonable time frame. (12)

It does not appear at this time that Ms. Joseph and Mr. Sellers are willing to participate in services to resolve safety issues in the family home as evidenced by their lack of participation in services. Ms. Joseph initially expressed her interest in engaging in services, however, did not follow through with completing services. Mr. Sellers has not been willing to engage in services since the inception of the case and has not engaged in Ohana Time Visitations [redacted].

Both parents were afforded ample amount of time to engage in services to resolve their safety issues in the home, however, Mr. Sellers whereabouts are unknown at this time.

6.2 Department's decision regarding the service direction of the case and why that decision is in the best interest of the child.

For the above reasons, DHS is convinced that even with the assistance of a Family Service Plan. Parents are unable to provide a safe, stable and nurturing home environment for [redacted] Ariel [redacted] in a reasonable amount of time. DHS recommends Foster Custody be continued [redacted] until Permanent Custody is ordered.

Therefore, DHS is recommending continuation of Foster Custody until a permanency hearing can be held.

7. RECOMMENDATION:

x	**Foster custody of the children be awarded** for [redacted] **Ariel Sellers** [redacted]. The family home is unsafe at this time, even with the assistance of a service plan.
	Termination of parental rights and an award of permanent custody to the department or other appropriate entity. (Use of this choice requires a full set of 14 factors) The home is unsafe. The parents are not able now or in the foreseeable future to provide a safe family home for the child/ren, even with the assistance of a service plan. The permanent plan dated _____is in the best interest of the child. The child, if over 14, agrees with the permanent plan.

7.1 Other recommendations:

	Foster Custody of be continued to DHS until Permanent Custody is ordered.
x	Family Service Plan dated 10/24/19 be ordered/continued until the Permanent Plan is ordered.
	The attached Family Service Plan dated _be made an order of the court.
	A periodic Review hearing be heard no later than _____
	A permanency hearing be heard no later than _____
	A Motion for TPR trial be set within the next 60 days after the Court made a finding that aggravated circumstances are present.
	Other:

Respectfully submitted by,

Maili S.Taele, MSW Date: 10/23/19
DHS Social Worker, East Oahu Child Welfare Services

10/23/19
Pamela Nakanelua, MSW Date: 10/23/19
DHS Supervisor, East Oahu Child Welfare Service

HINAMAUKA

CLIENT NON-PARTICIPATION IN DRUG MONITORING ORIENTATION/ASSESSMENT

Date: September 23, 2019 Fax: 832-5668

Dear Maili Taele
Social Worker

Re: Melanie Joseph

Melanie showed late for her appointment scheduled on September 4, 2019. Due to other scheduled appointments, I was not able to see her and therefore rescheduled. She agreed to meet with me this morning but sadly did not keep this appointment. I have not received any call nor left any message from Ms. Joseph.

Before "Re-referring" this client, you must make verbal contact in order to assure future participation. You must indicate on any Re-Referral for services that you have indeed made contact with the client.

Your cooperation is appreciated.

Haunani Ah New
Contract Manager
Hina Mauka

FCS No. 18 00780
State's Exhibit 40
In Evidence for identification:
Rec'd 11/5/19, 20
M. Castillo
Clerk

HINA MAUKA

DEPARTMENT OF HUMAN SERVICES
REFERRAL FOR ASSESSMENT & ONGOING MONITORING SERVICES

SECTION 1 TO BE COMPLETED BY SOCIAL WORKER (ALL INFORMATION IS REQUIRED)

☐ NEW CLIENT ☒ RE-REFERRAL COURT SUPERVISED: ☒ YES ☐ NO

CHILDREN IN HOME ☐ YES ☒ NO

☒ Has a previous substance abuse history ☐ Has previously had a positive urinalysis (UA) test

☐ Has been in substance abuse treatment ☐ Has never been drug tested before

☐ Has previously been assessed by a substance abuse/mental health professional with a diagnosis of: Substance Dependence ☐ and/or Substance Abuse ☐

Referral Date: 08/20/19 Test Site: ☒ Kaneohe ☐ Waipahu

Client Name: Melanie Joseph

Client Address: Currently homeless, grandmother's address as contact: 41-558 Mekia St.,Waimanalo , HI 96795

Client Phone: (808) 400-5838 internet phone, maternal grandmother: Barbara Kumai cell: 373-0857
DOB: [redacted]/98 Gender: female

Collateral Contact Name: Barbara Kumai Collateral Contact Phone: (808) 373-0857

Best Time to Contact Client: anytime Best Time to Contact Collateral: M-F 7:45-4:30pm

SECTION 2 TO BE COMPLETED BY SOCIAL WORKER (SUPPORTING DOCUMENTATION IS REQUIRED)
Referrals need a minimum of one supporting document or it cannot be processed and will be returned to the SOCIAL WORKER. More documentation is important as it can increase the client's eligibility for services.

☐ Safe Family Home Guidelines ☐ Ohana Reports

☒ Narrative report or anecdotal information (social worker observation, client/family member reports, historical information about a client's substance abuse, etc.)

☐ Any other documented information that would indicate the client is using drugs, either by actual testing or by behavioral indicators (short narrative is acceptable)

☐ Check here if you request any positive test for your court ordered client (client denies drug use, last date of use exceeds detection period, did not provide medication at time of testing) to be sent out to the lab for confirmation.

Social Worker's Name: Maili S. Taele,MSW

Unit: East Oahu CWS #10 Phone: 832-5450 Fax:832-5668

SECTION 3 TO BE COMPLETED BY HINA MAUKA ONLY

AUG 20 2019

Referral Received/Confirmation Faxed by: Haunani A. Date:

Ongoing Monitoring Program: (4) 2 1 per month Assessment: (Y) N

Client Contact Dates: 1. 2. 3.

Monitoring Orientation Date: Assessment Scheduled Date:

Client SHOW NO-SHOW Rescheduled Date:

Client Referred Back to Social Worker YES NO Date:

Hina Mauka, DHS Contract Manager's Signature

FOR NO. 18-00780 Date

State's Exhibit 41

In Evidence for Identification:

Rec'd 11/5/19, 20

M. Castillo
Clerk

030117

41

Vosepa, Melanie

Transmission Report

Date/Time	08-20-2019	02:49:10 p.m.	Transmit Header Text	
Local ID 1	8088325358		Local Name 1	DHS/SSD/CWSB/EOCWSU4

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

DAVID Y. IGE
GOVERNOR

PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

SOCIAL SERVICES DIVISION
FACSIMILE COVER SHEET

Today's Date: 08/20/19 **Total No. of Pages including Cover Sheet:**

To: Hina Mauka
Address: Attn: Haunani
Phone Number: **Fax Number:** (808)235-3554

From: East Oahu Child Welfare Unit 4-section 10, Maili S. Taele, MSW
Address: 420 Waiakamilo Road, Suite 300B Honolulu, HI 96817
Phone Number: 832-5430 **Fax Number:** 808-832-0247
Subject: Ongoing randoms and assessment CPSS: 118225

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

I can be reached at 832-5450, please fax confirmation letter by 12/7/18. Mahalo

Total Pages Scanned : 2 Total Pages Confirmed : 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	393	2353554	02:48:08 p.m. 08-20-2019	00:00:22	2/2	1	EC	HS	CP31200

Abbreviations:
HS: Host send
HR: Host receive
WS: Waiting send
PL: Polled local
PR: Polled remote
MS: Mailbox save
MP: Mailbox print
RP: Report
FF: Fax Forward
CP: Completed
FA: Fail
TU: Terminated by user
TS: Terminated by system
G3: Group 3
EC: Error Correct

HINAMAUKA

CLIENT NON-PARTICIPATION IN DRUG MONITORING ORIENTATION/ASSESSMENT

Date: August 23, 2019 Fax: 832-5668

Dear Maili Taele
Social Worker

Re: Melanie Joseph

Messages were left on August 20, August 21 and August 22, 2019 for Melanie to contact me to schedule her appointment. Sadly, I have not received any call nor left any message from Ms. Joseph. She had been calling me for the previous past three days prior to receiving her referral whereas I had shared that once I received her re-referral I would contact her. Surprisingly, she has not gotten back to me returning any of my calls.

Before "Re-referring" this client, you must make verbal contact in order to assure future participation. You must indicate on any Re-Referral for services that you have indeed made contact with the client.

Your cooperation is appreciated.

Haunani Ah New
Contract Manager
Hina Mauka

TCS No. 18-0058
State's Exhibit 42
In Evidence for identification:
Rec'd 11/5/19 20
M. Cashill
Clerk

A nonprofit corporation dedicated to the sensitive treatment of alcoholism and other forms of substance abuse.
45-845 Po'okela Street, Kaneohe, Hawaii 96744
Phone (808) 236-2600 • Fax (808) 235-3554

HINAMAUKA

DEPARTMENT OF HUMAN SERVICES
REFERRAL FOR ASSESSMENT & ONGOING MONITORING SERVICES

SECTION 1 TO BE COMPLETED BY SOCIAL WORKER (ALL INFORMATION IS REQUIRED)

☒ NEW CLIENT ☐ RE-REFERRAL COURT SUPERVISED: ☒ YES ☐ NO

CHILDREN IN HOME ☐ YES ☐ NO

☒ Has a previous substance abuse history ☐ Has previously had a positive urinalysis (UA) test

☒ Has been in substance abuse treatment ☐ Has never been drug tested before

☐ Has previously been assessed by a substance abuse/mental health professional with a diagnosis of: Substance Dependence ☐ and/or Substance Abuse ☐

Referral Date: 07/25/19 Test Site: ☒ Kaneohe ☐ Waipahu

Client Name: Melanie Joseph

Client Address: Currently homeless, grandmother's address as contact: 41-558 Mekia St, Waimanalo , HI 96795

Client Phone: (808) 400-5638 internet phone, maternal grandmother: Barbara Kumai cell: 373-0657
DOB [redacted]/98 Gender: female

Collateral Contact Name: Barbara Kumai Collateral Contact Phone: (808) 373-0657

Best Time to Contact Client: anytime Best Time to Contact Collateral: M-F 7:45-4:30pm

SECTION 2 TO BE COMPLETED BY SOCIAL WORKER (SUPPORTING DOCUMENTATION IS REQUIRED)
Referrals need a minimum of one supporting document or it cannot be processed and will be returned to the SOCIAL WORKER. More documentation is important as it can increase the client's eligibility for services.

☒ Safe Family Home Guidelines ☐ Ohana Reports

☐ Narrative report or anecdotal information (social worker observation, client/family member reports, historical information about a client's substance abuse, etc.)

☐ Any other documented information that would indicate the client is using drugs, either by actual testing or by behavioral indicators (short narrative is acceptable)

☐ Check here if you request any positive test for your court ordered client (client denies drug use, last date of use exceeds detection period, did not provide medication at time of testing) to be sent out to the lab for confirmation.

Social Worker's Name: Majil S. Tagle,MSW

Unit: East Oahu CWS #10 Phone: 832-5450 Fax:832-5668

SECTION 3 TO BE COMPLETED BY HINA MAUKA ONLY

Referral Received/Confirmation Faxed by: Hainani Q. Date: JUL 25 2019

Ongoing Monitoring Program: 4 2 1 per month Assessment: Y N

Client Contact Dates: 1. 2. 3.

Monitoring Orientation Date: Assessment Scheduled Date:

Client SHOW NO-SHOW Rescheduled Date:

Client Referred Back to Social Worker YES NO Date:

Hina Mauka, DHS Contract Manager's Signature

FTR No. 18-00798
State's Exhibit 43
In Evidence for identification:
Rec'd 11/5/19, 20
M. Castillo
Clerk

030117

43

Transmission Report

Date/Time	07-25-2019	08:48:25 a.m.	Transmit Header Text	
Local ID 1	8088325358		Local Name 1	DHS/SSD/CWSB/EOCWSU4

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

DAVID Y. IGE
GOVERNOR

PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

STATE OF HAWAII
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No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	133	2353554	08:47:27 a.m. 07-25-2019	00:00:19	2/2	1	EC	HS	CP31200

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MP: Mailbox print
RP: Report
FF: Fax Forward
CP: Completed
FA: Fail
TU: Terminated by user
TS: Terminated by system
G3: Group 3
EC: Error Correct

HINAMAUKA

CLIENT NON-PARTICIPATION IN DRUG MONITORING ORIENTATION/ASSESSMENT

Date: July 31, 2019 Fax: 832-5668

Dear Maile Taele
Social Worker

Re: Melanie Joseph

I have left messages on July 25, July 29 and July 30, 2019 for Melanie to contact me to schedule her appointment. Sadly, I have not received any call nor left any message from Ms. Joseph.

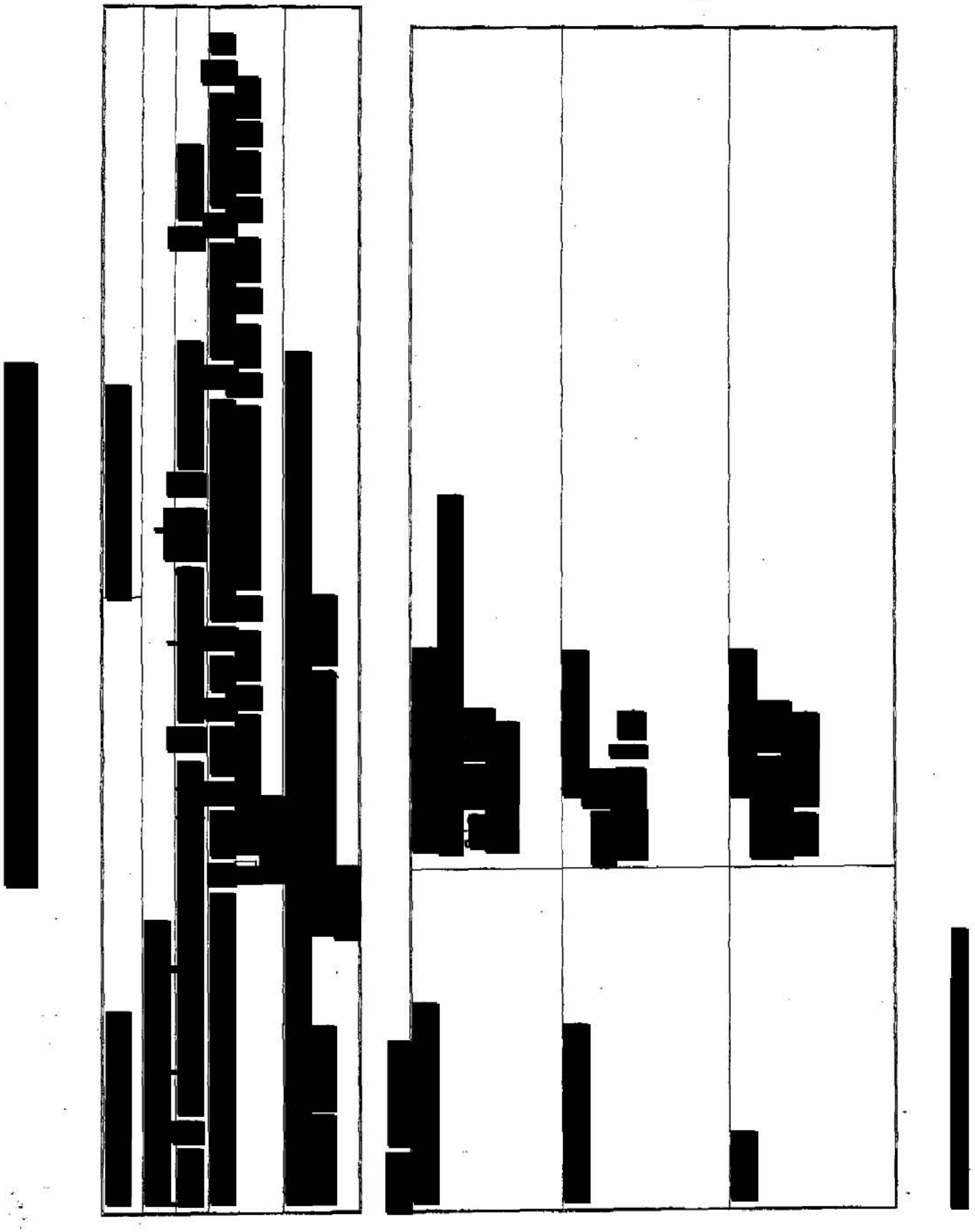
Before "Re-referring" this client, you must make verbal contact in order to assure future participation. You must indicate on any Re-Referral for services that you have indeed made contact with the client.

Your cooperation is appreciated.

Haunani Ah New
Contract Manager
Hina Mauka

FCS No. 18-00280
State's Exhibit 44
In Evidence for Identification:
Rec'd 4/5/19, 20
M. Castillo
Clerk

A nonprofit corporation dedicated to the sensitive treatment of alcoholism and other forms of substance abuse.
45-845 Po'okela Street, Kaneohe, Hawaii 96744
Phone (808) 236-2600 • Fax (808) 235-3554



FCS No. 18-00280

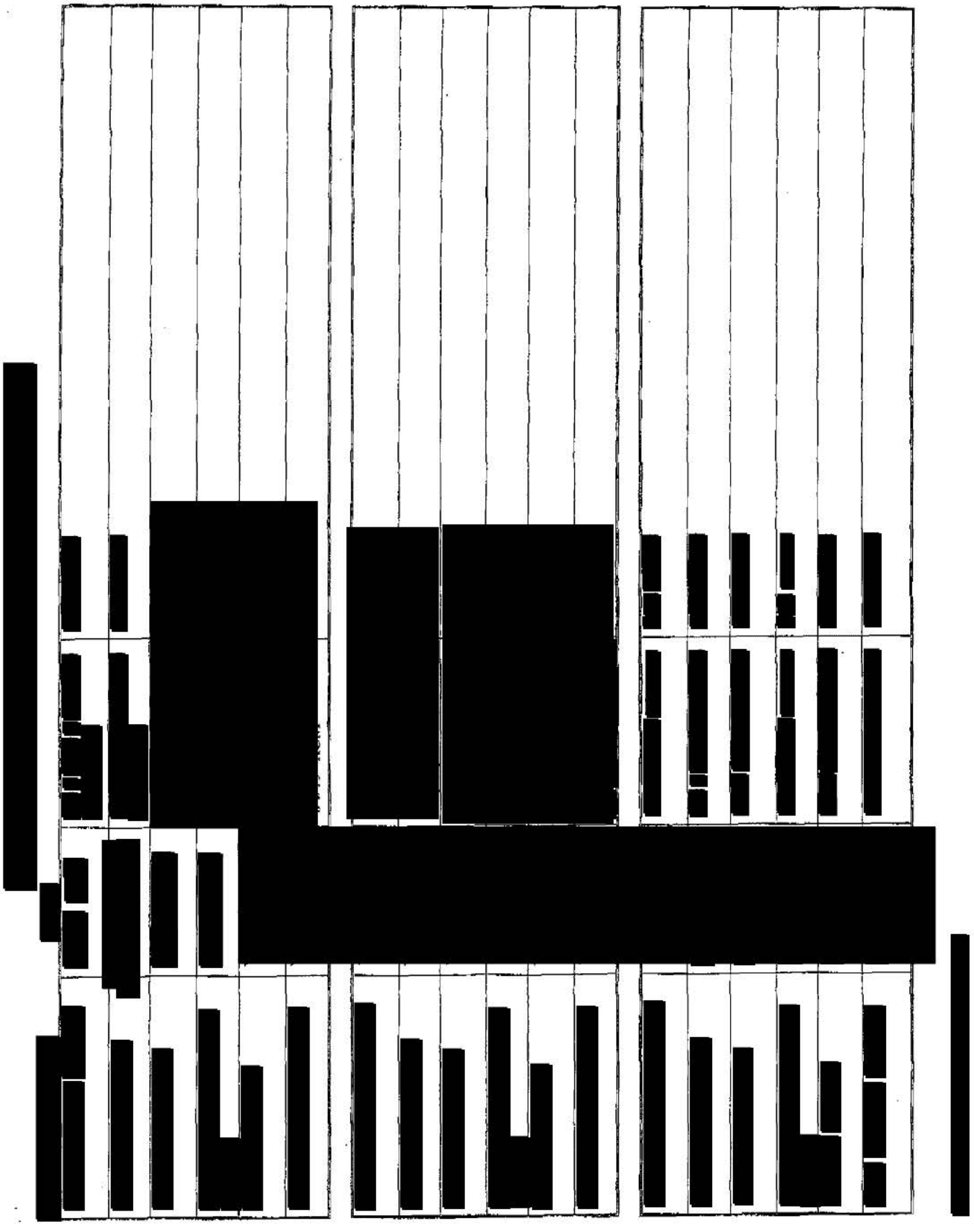
State's Exhibit 45

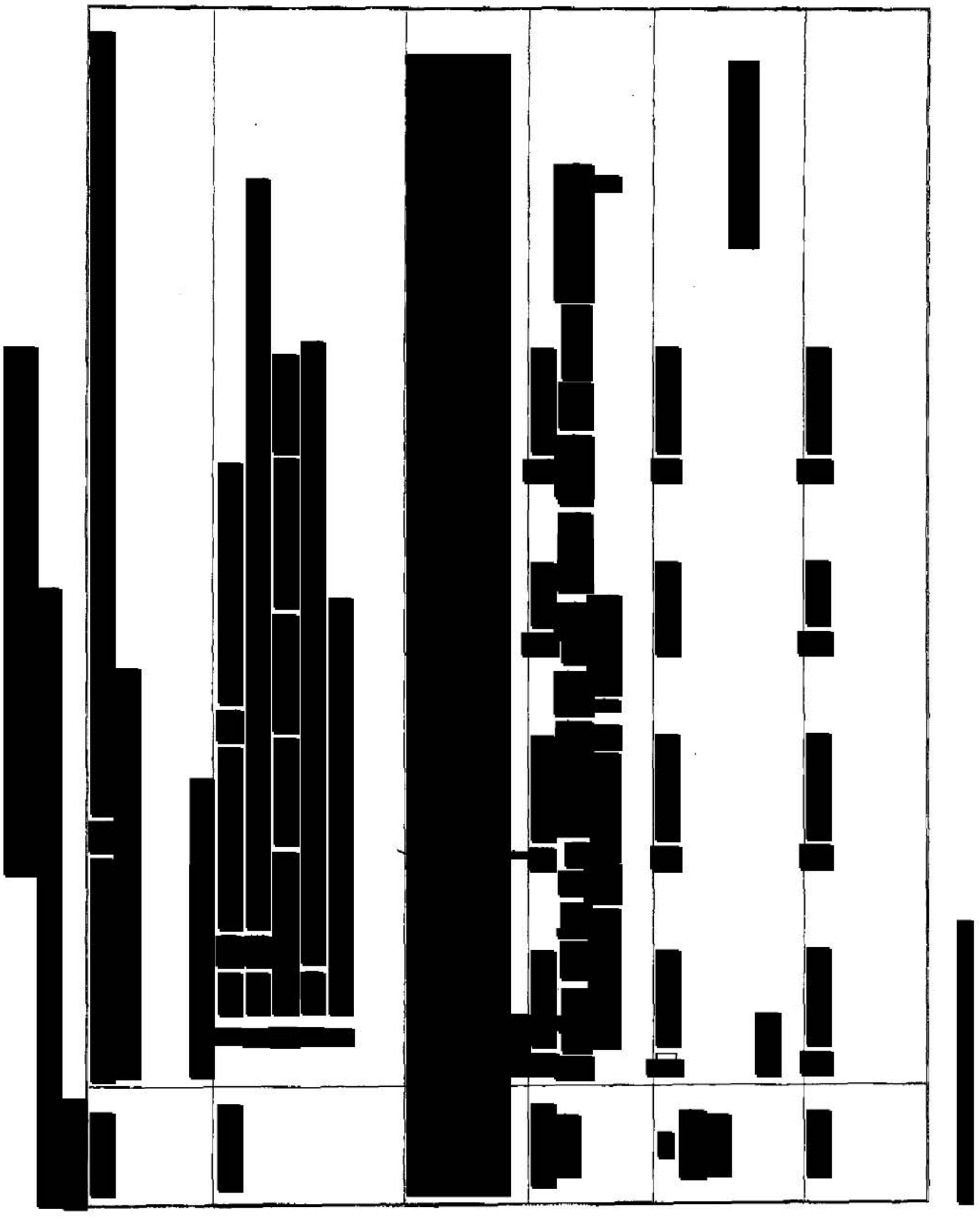
In Evidence for Identification:

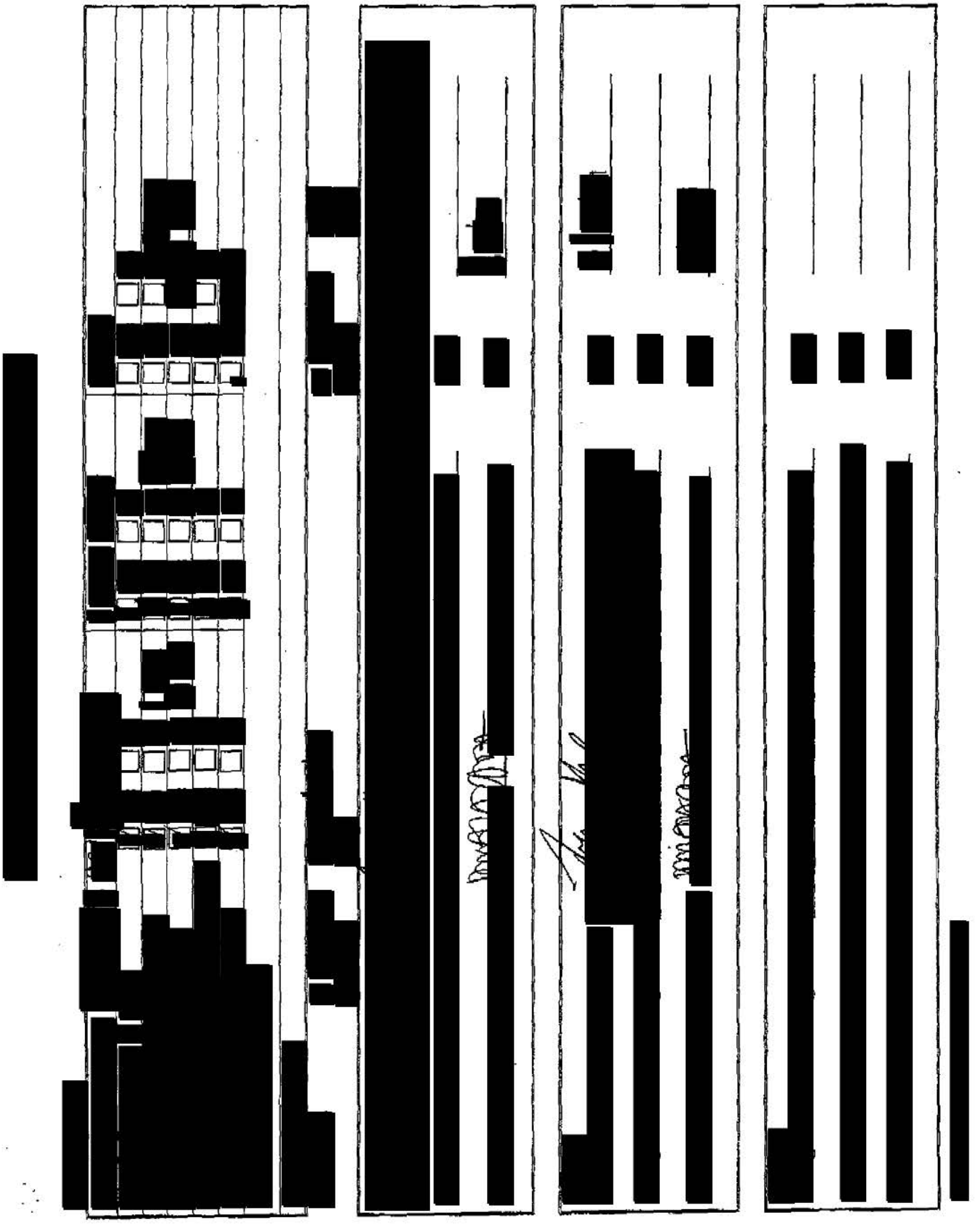
Rec'd 11/5/19, 20__

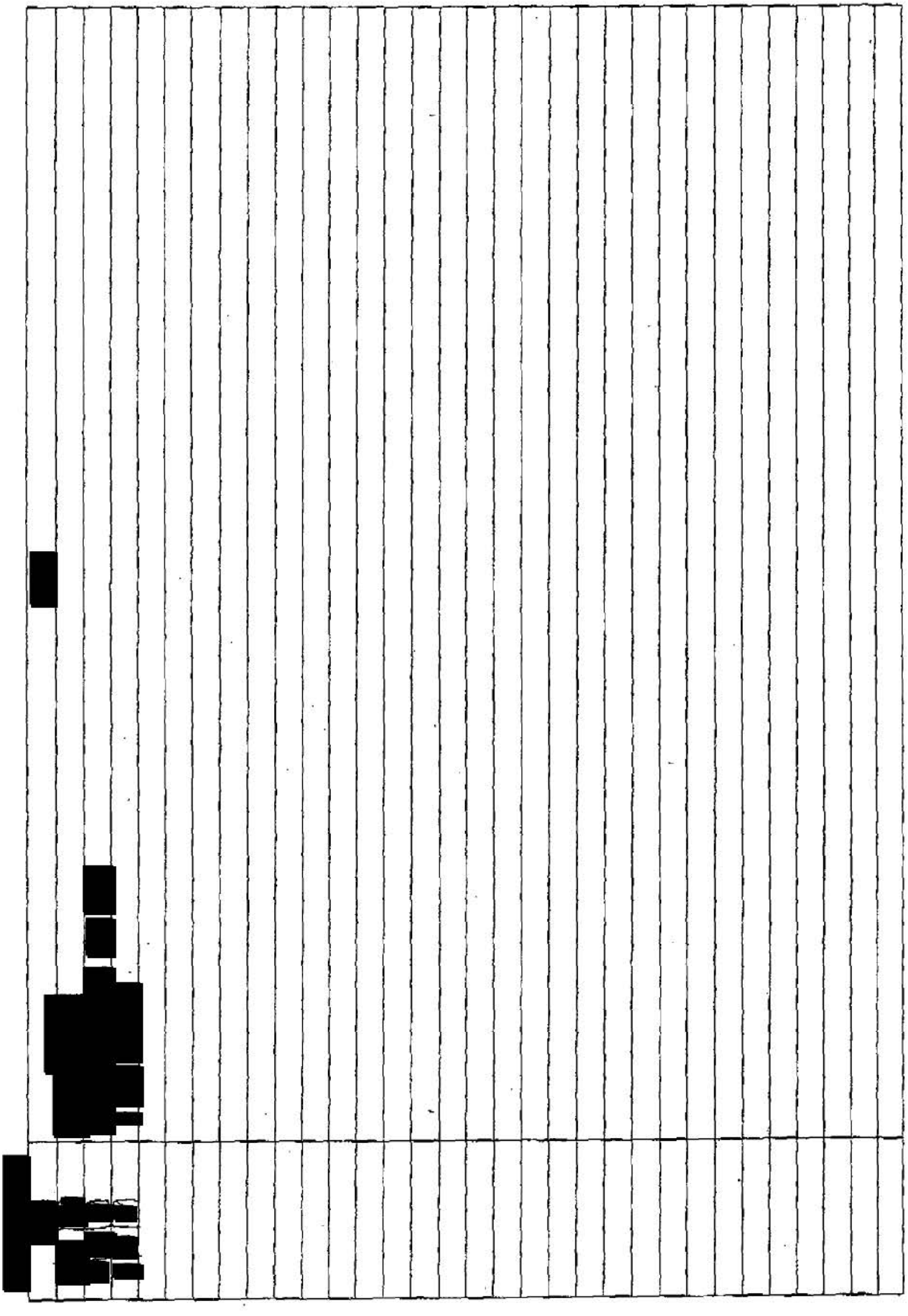
M. Castillo

Clerk









[redacted]

[redacted]

[redacted]

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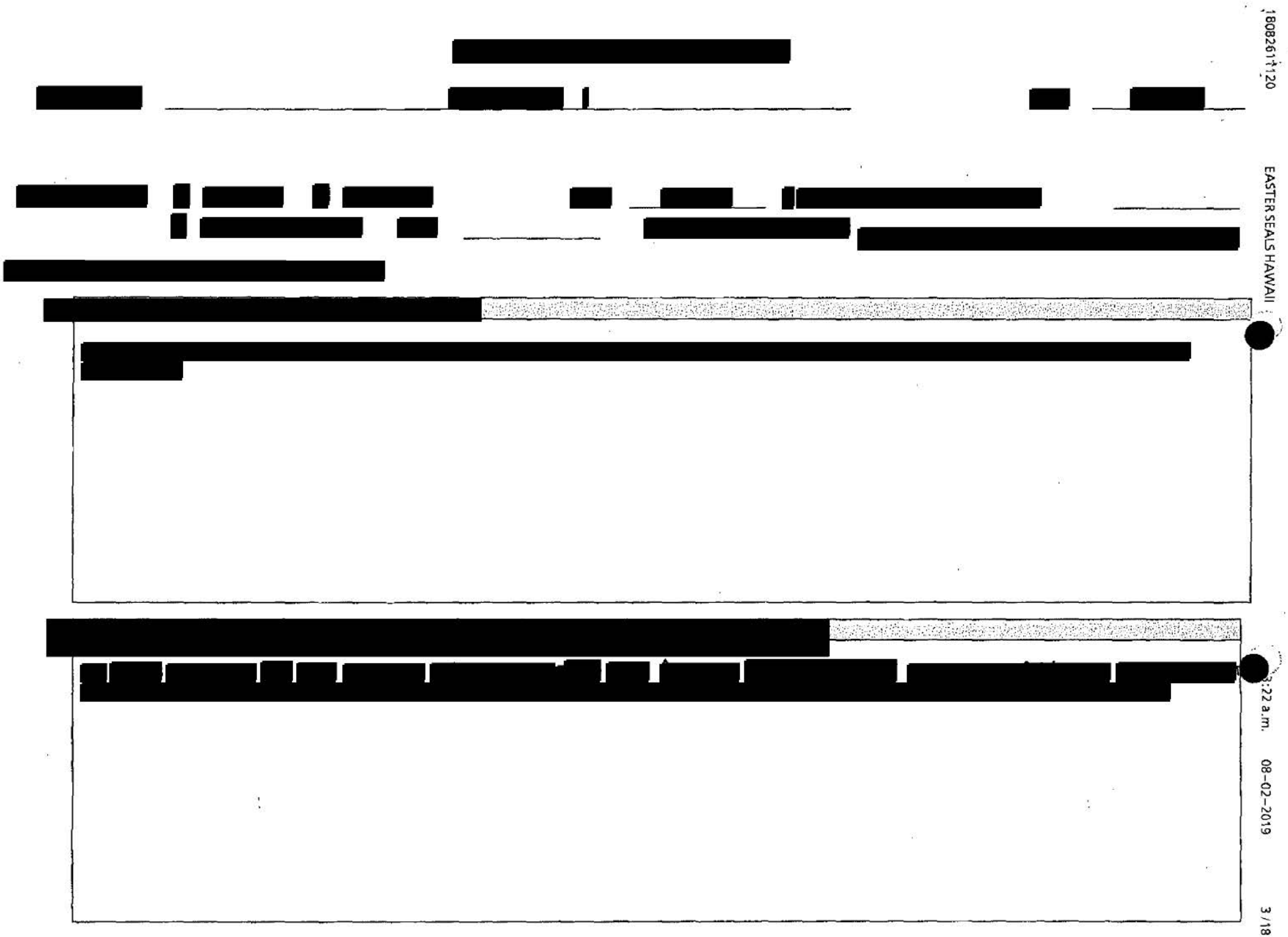
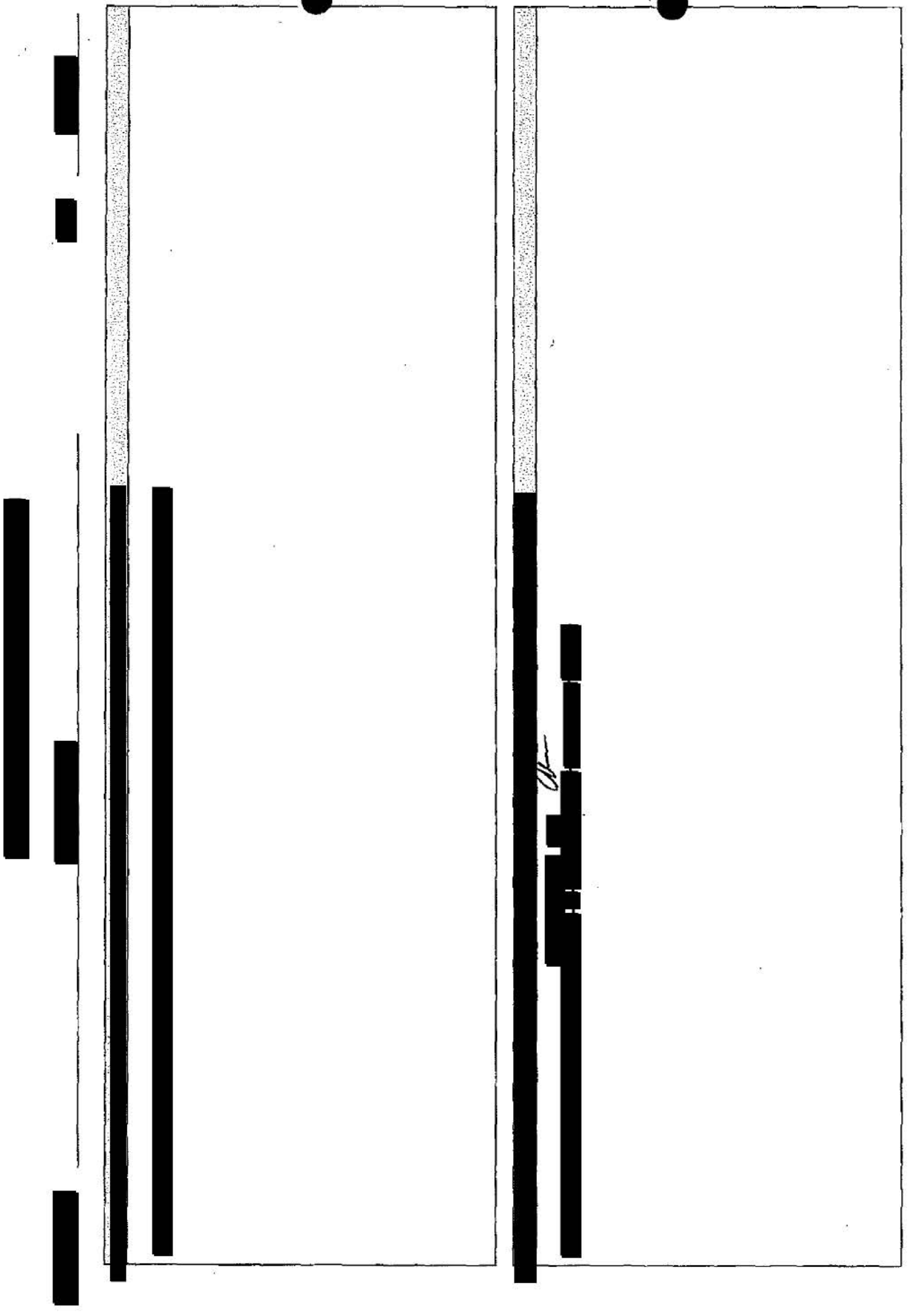
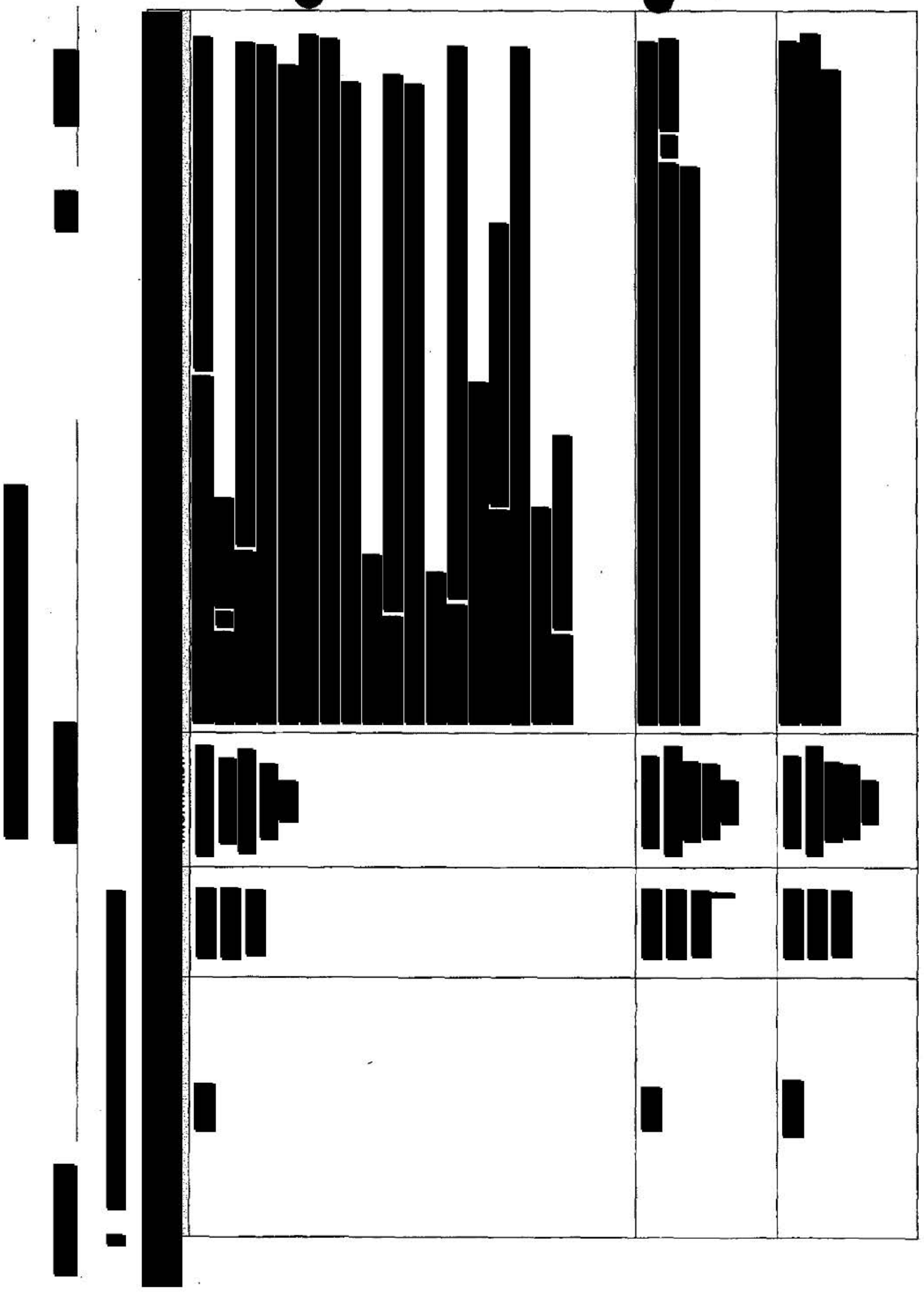
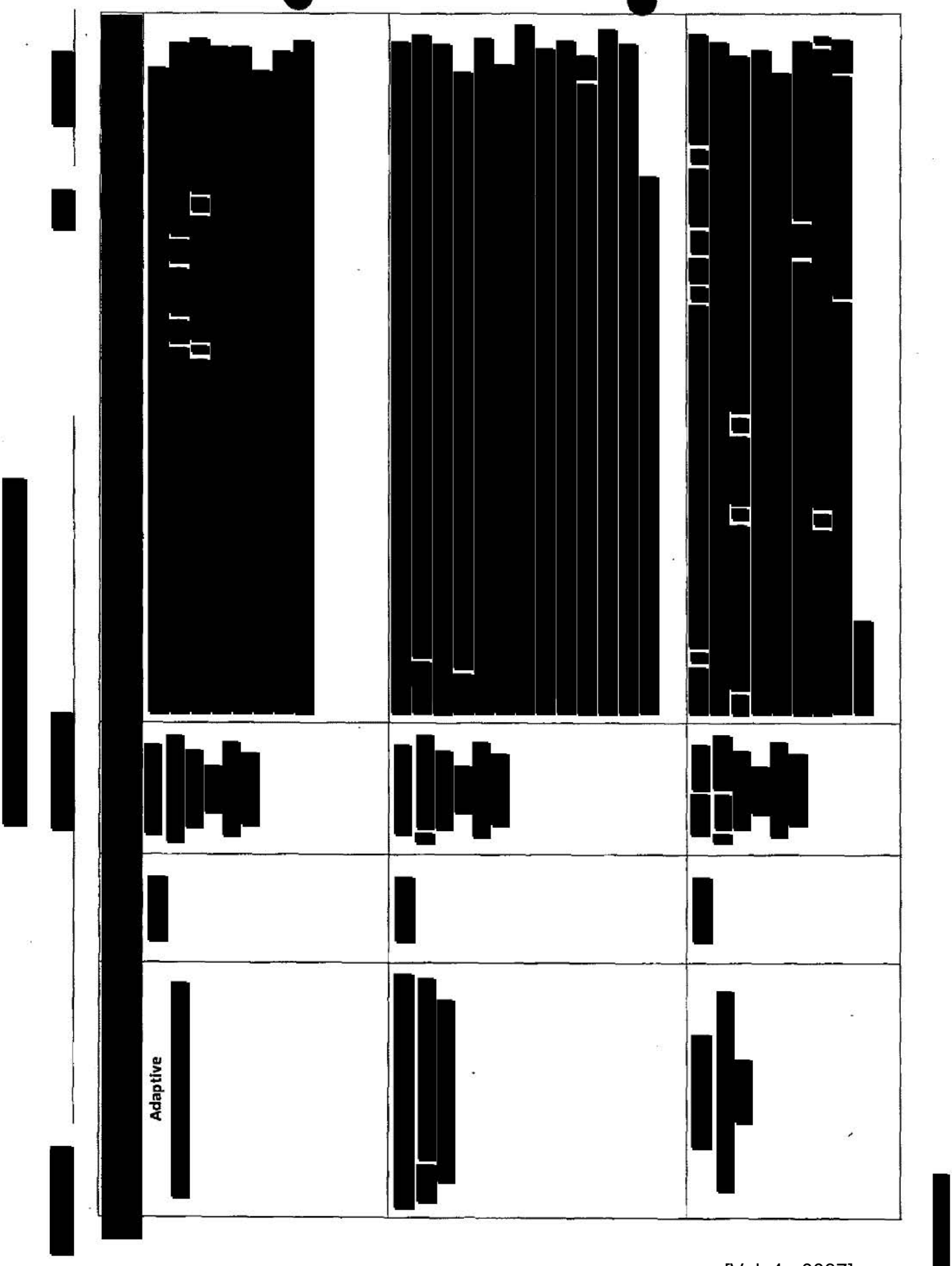
FCS 18 0028
No.
State's Exhibit 46
In Evidence for Identification:
Rec'd 11/5/19, 20
M. Cashilo
Clerk

46





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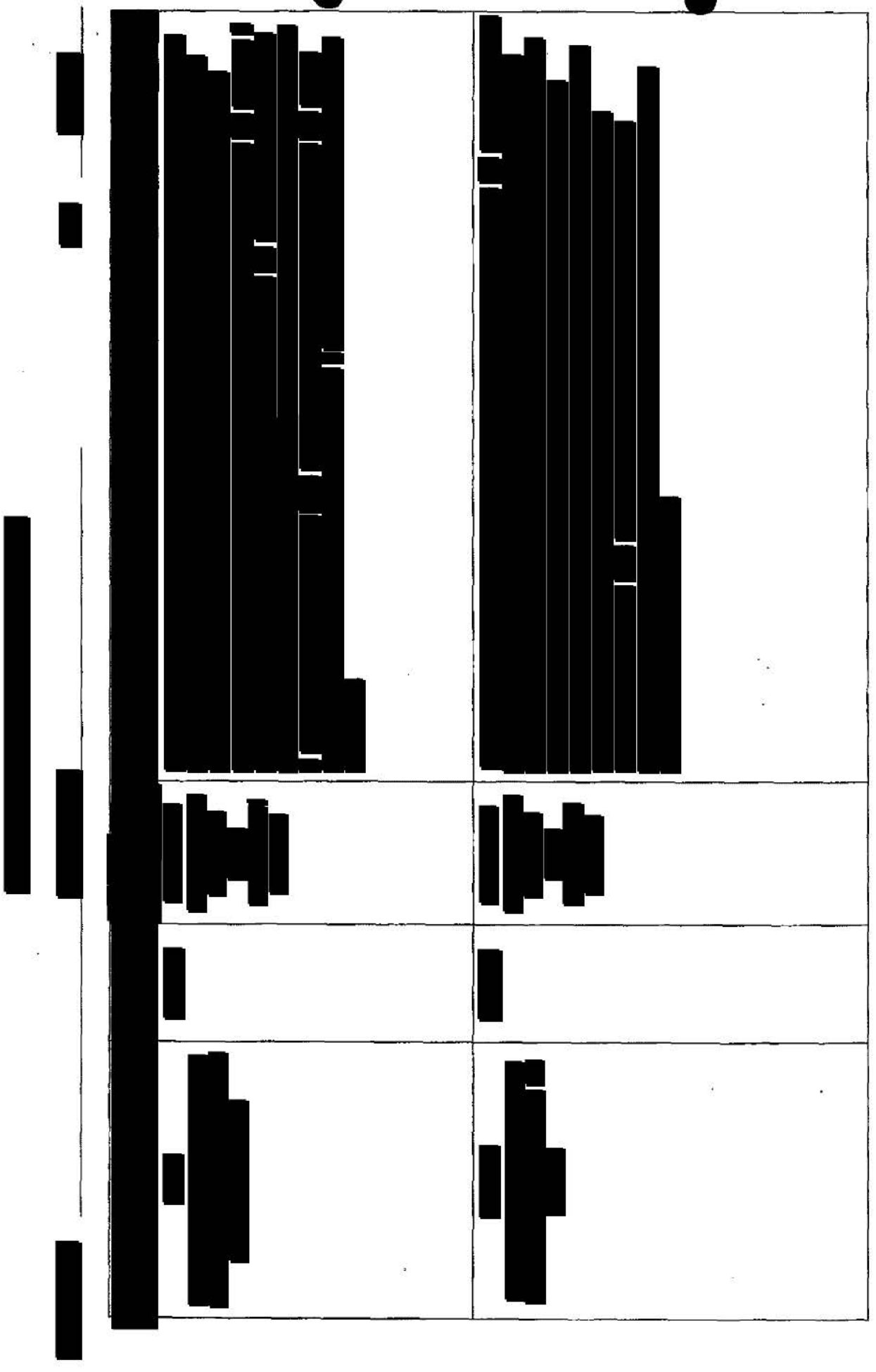

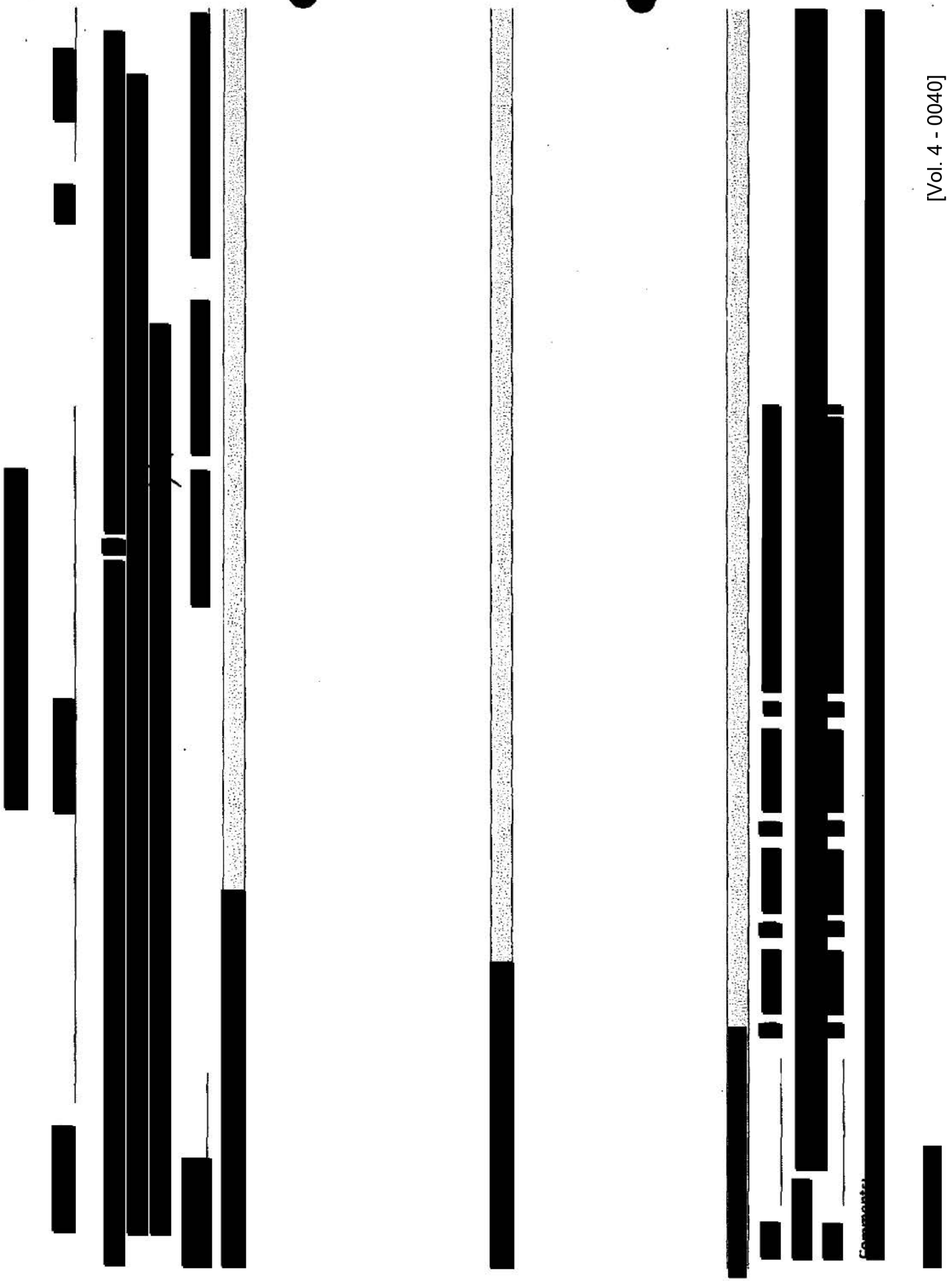

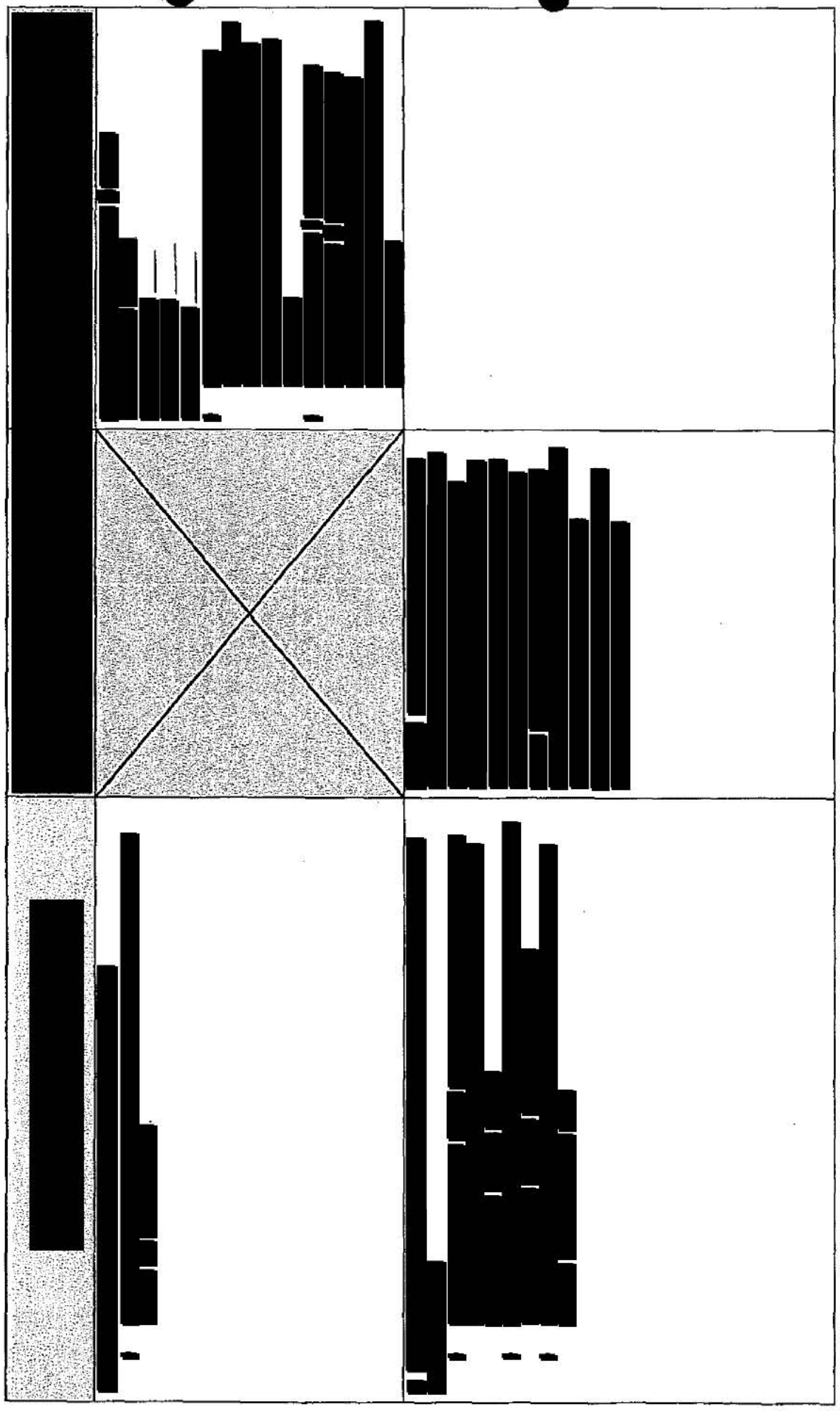

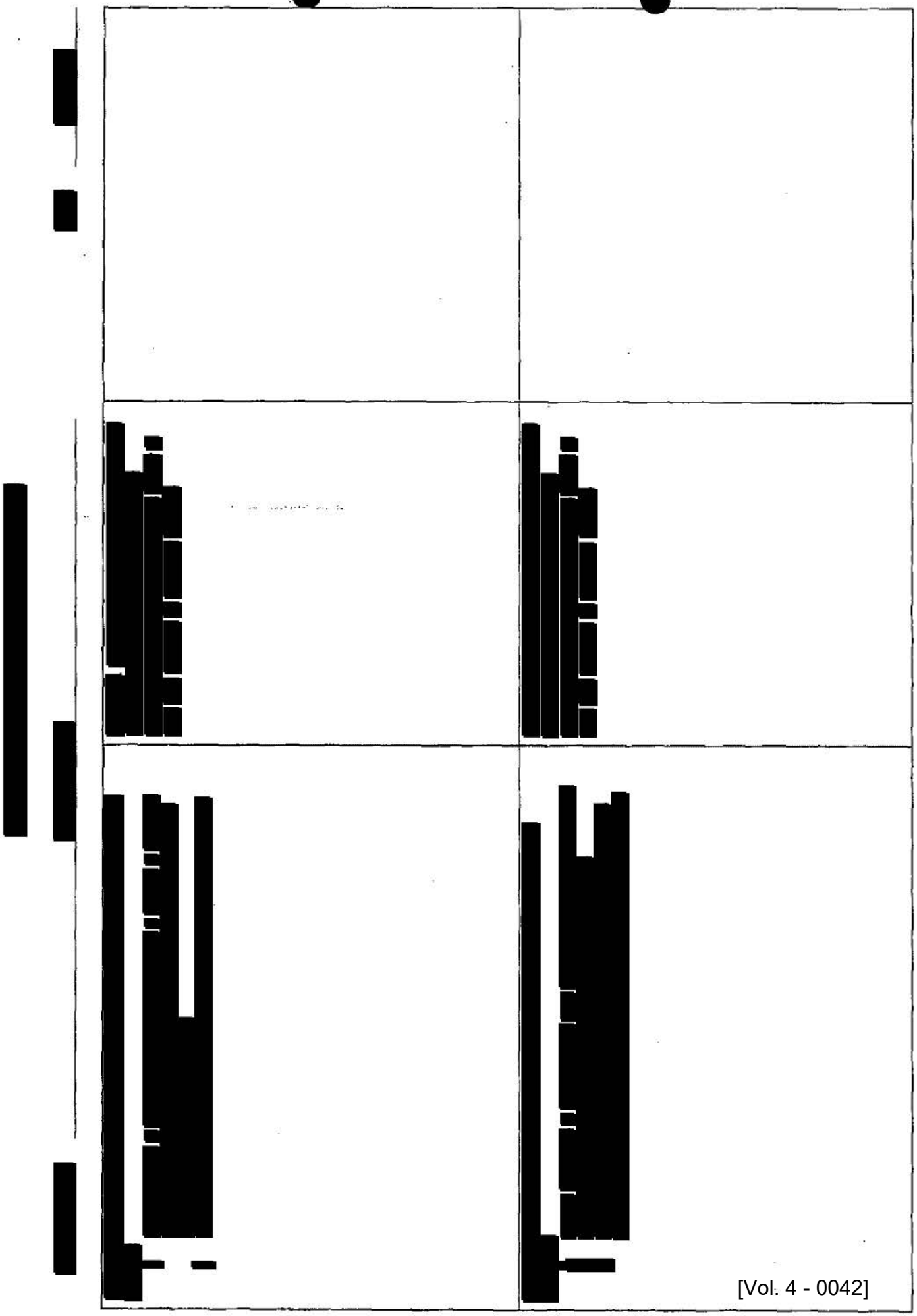

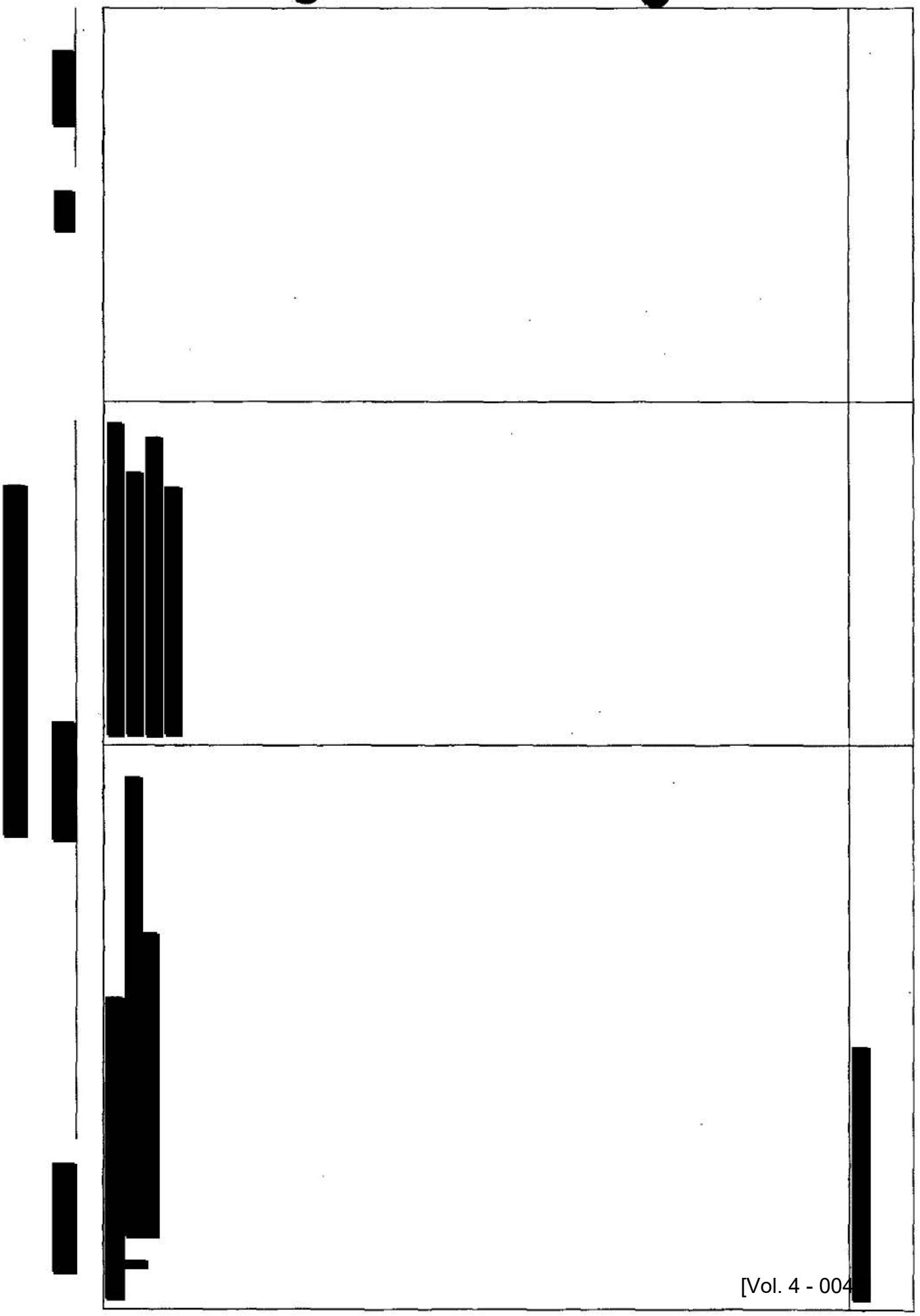

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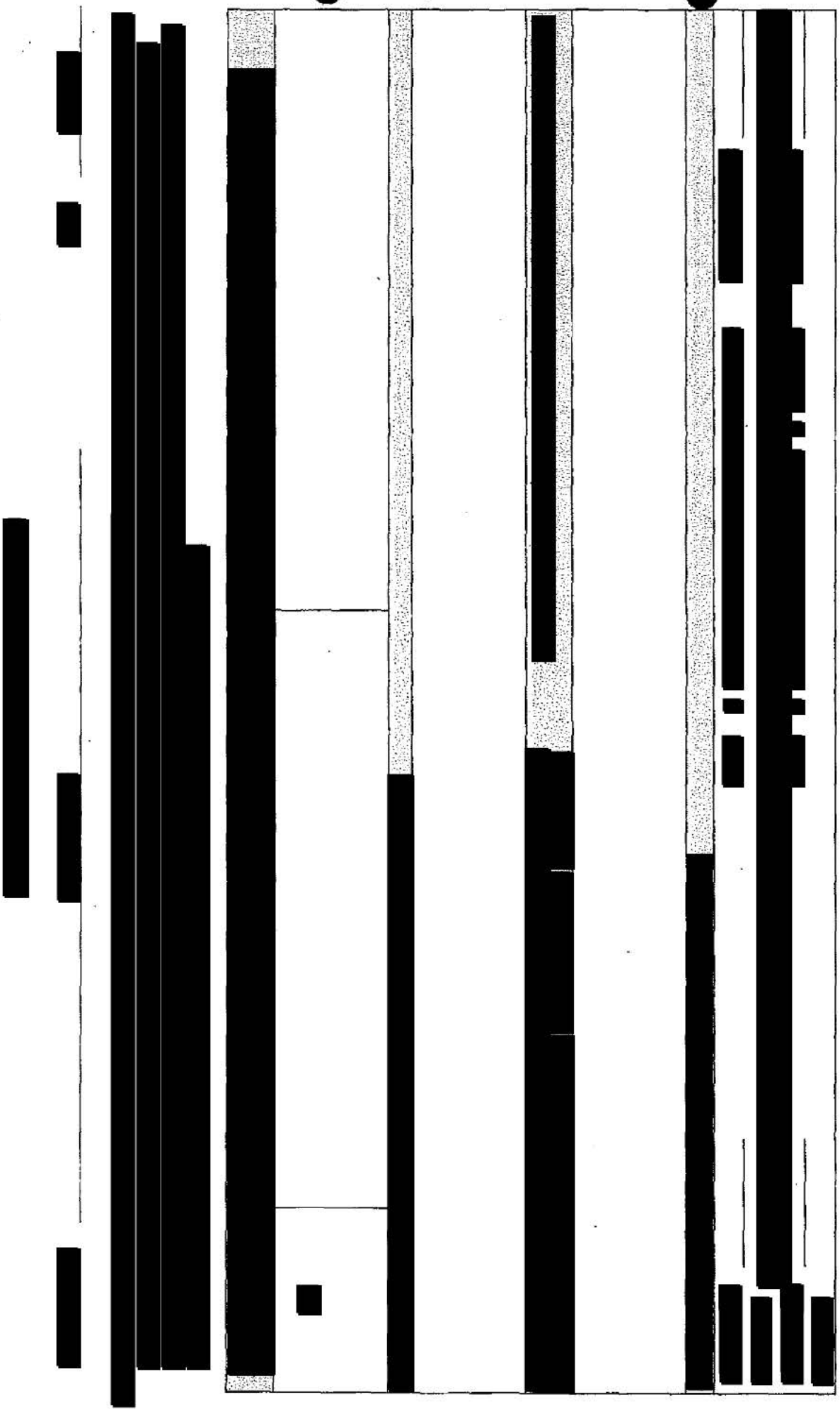
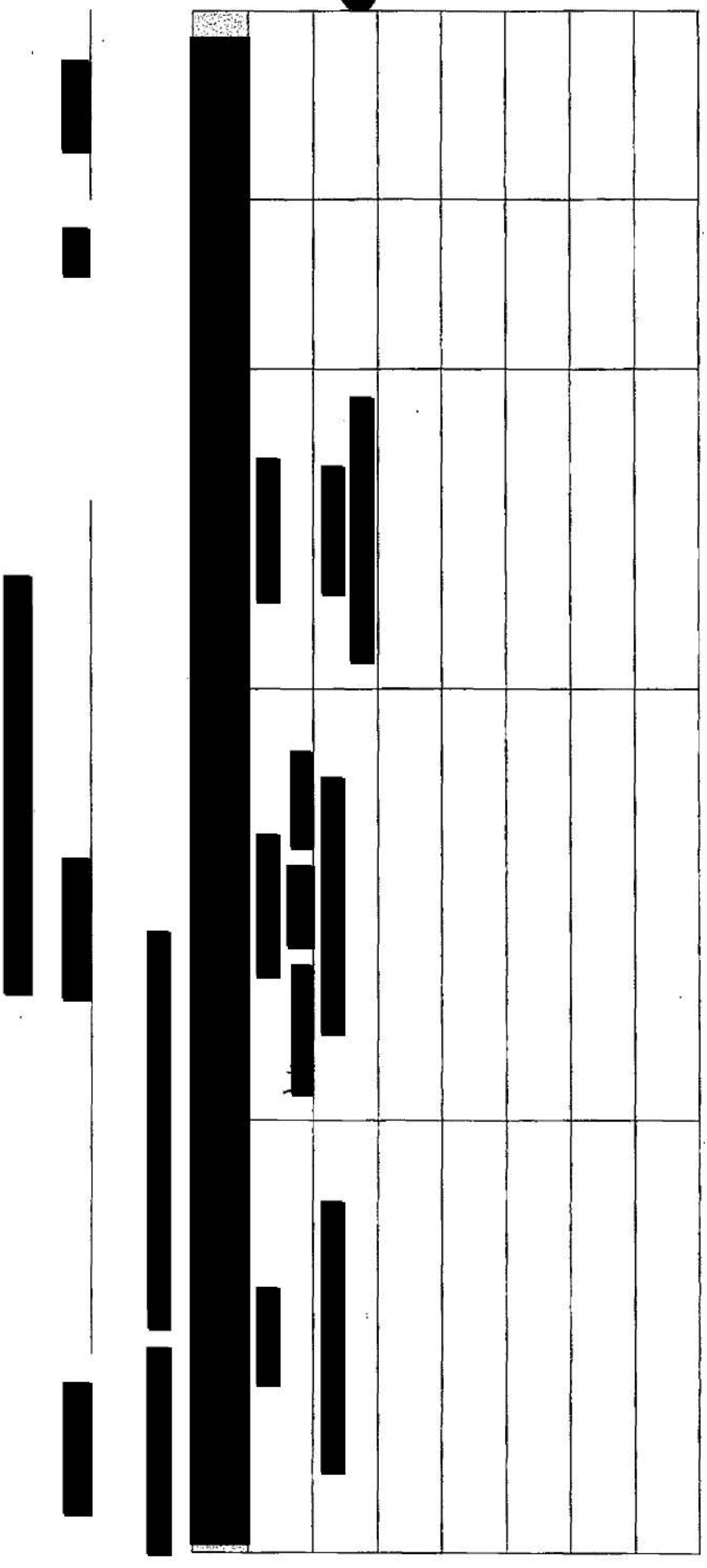
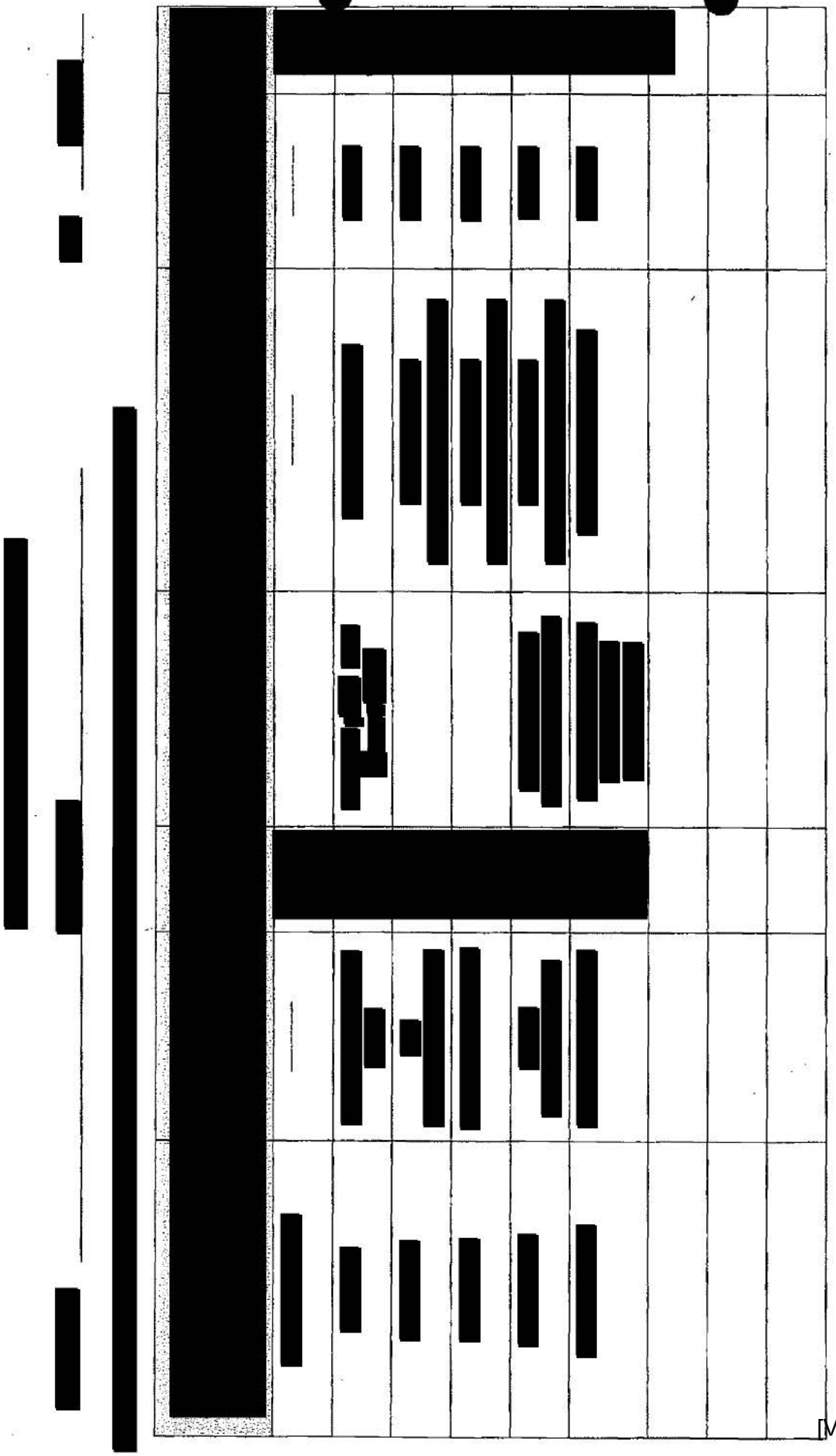
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]						

*Note: For services provided via Telepractice: First session will be provided in person.

[redacted]







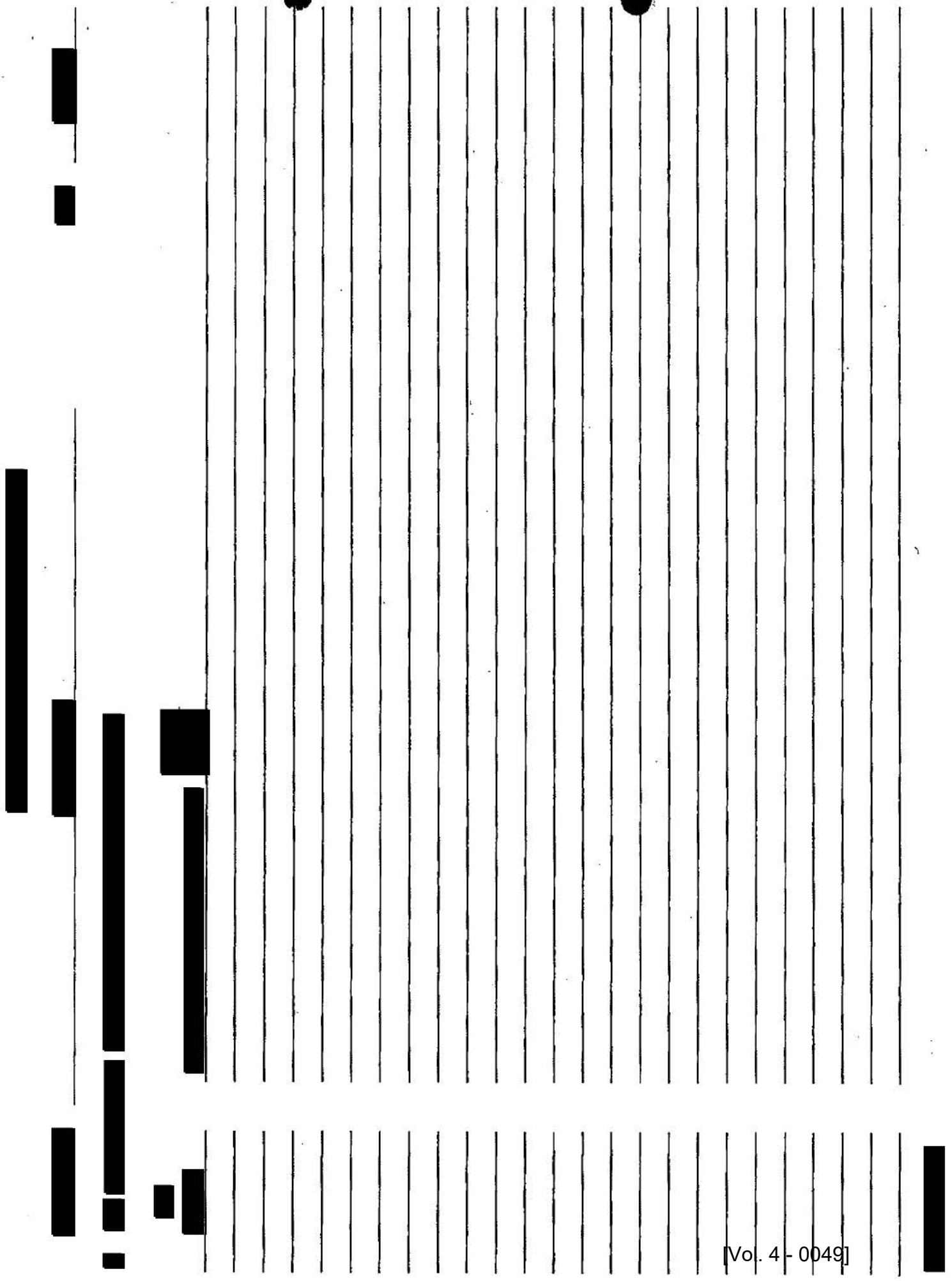
[redacted]

[redacted] G[redacted] ☐ Surrogate Parent [redacted]

[redacted]

Parent/Guardian Signature: ______________________ Date: __________

[redacted]



FCS No. 18-0028
State's Exhibit 47
In Evidence for Identification:
Rec'd 11/5/19, 20
M. Castillo
Clerk

STATE OF HAWAI'I DEPARTMENT OF EDUCATION	INDIVIDUALIZED EDUCATION PROGRAM

IEP Meeting Date(s): 06/20/2019

1. Student's Name: Sellers, Ariel		
2. Date of Birth: [redacted]/2014	**3. ID#:** 3271900691	**4. Grade:** 93
5. Current School: Waimanalo E/I		
6. IEP Annual Review Date: 06/20/2020	**7. Reevaluation Date:** 06/10/2022	**8. Care Coordinator:** Margaret Takahama

9. CONSIDERATIONS WHEN DEVELOPING AN IEP:

The following factors must be considered:

a. Strengths of the student and concerns of parents for enhancing the education of the student

b. Results of the initial or most recent evaluation

c. As appropriate, performance on any general State or district-wide assessment

d. Age of the student and the age-appropriateness of the setting

e. Special Factors (see items 1-6 below)

1. Does the student's behavior impede the student's learning or the learning of others?
   If yes, team must consider, if appropriate, strategies to address the behavior (including positive behavioral interventions, strategies and supports).

2. Is the student limited in English proficiency?
   If yes, team must consider the student's language needs as these needs relate to the IEP.

3. Is the student blind or visually impaired?
   If yes, team must provide for instruction in Braille and the use of Braille, unless it determines, after an appropriate evaluation, that instruction in Braille or use of Braille is not appropriate.

4. Does the student have any communication needs?
   If yes, team must consider and address these needs.

5. Is the student deaf or hard of hearing?
   If yes, team must consider and address the full range of academic, language, communication and instructional needs, including the need to provide opportunities for communication and instruction in the student's language and communication mode.

6. Does the student require assistive technology devices and services?
   If yes, team must consider and address these needs.

When reviewing an IEP, these additional factors must be considered:

a. Lack of progress towards annual goals and in the general curriculum, if appropriate
b. Results of any reevaluation
c. Information about the student provided to or by the parents
d. Information about student's anticipated needs
e. Other IEP matters

For Agency Use Only:

[X] Parent was provided an explanation and copy of the procedural safeguards

[X] Parent was provided a copy of IEP at no cost

EPS No. 18.0028
State's Exhibit No. 48
In Evidence for Identification:
Rec'd 11/5/19, 20__
M. Castillo
Clerk

48

10. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

Reading Assessment Used: Exempted

Assessment Date:		Grade Equivalent:		Scaled Score:	

Ariel is eligible for special education services under IDEA in the category of Developmental Delay (Age 3-5) .

RELEVANT FAMILY BACKGROUND
Ariel has been in foster placement [redacted] since February 2019.

ACADEMIC & COGNITIVE
Per Wechsler Preschool and Primary Scale of Intelligence - Fourth Edition (WPPSI IV) Ariel's general intellectual ability falls within the Borderline range for her age (FSIQ = 70). However, it is likely that Ariels's performance was negatively impacted by her variable attention and level of engagement during the testing session and her scores should be viewed with caution.
The results of the Verbal Comprehension Index (VCI) subtest suggests that her verbal concept formation and abstract reasoning skills are currently stronger than her ability to acquire, remember, and retrieve general knowledge. Ariel was able to identify a triangle. She would refer to the circle as a ball. When presented with basic crayons, she was able to name the colors.

Needs: Ariel needs to work on rote counting 0-20, and counting with 1-1 correspondence 1-10, being able to give one more, indicate which of two set of objects has more, sorting by color, size and shape, and completing patterns

LANGUAGE USAGE
During academic testing it was noted that Ariel appeared pretty articulate. She is able to have a conversation, ask a question, and respond to yes/no questions.

Needs: Ariel needs to work on development of her vocabulary and general knowledge.

BEHAVIOR/SOCIAL
Per observation during testing, she displayed a cooperative attitude and willingly engaged in the tasks. Although she appeared to put forth her best effort, her attention to task was variable. While sometimes she appeared to answer carefully, at other times she responded hastily. On multiple choice items, she sometimes did not look at all the choices before pointing to her answer.

Her foster mother reported that she doesn't play well with other children. However, during observation by clinical psychologist at a public library story time, Ariel's responses to social interactions were appropriate, but she needed time to adjust to her environment. She tended to look for clues from peers rather than watch and follow the teacher. She was anxious and appeared to be in need of attention. She engaged in nurturing play and her actions indicated a desire to be nurtured. During academic testing, Ariel's easy going and calm nature was noted as an asset in the "school" environment . During the one on one exchanges, she presented herself as personable.

Needs: Ariel needs to improve her social skills such as interactions with classroom adults and peers, behavior within a small-group setting, and following rules and directives during school activities.

HEALTH AND MEDICAL INFORMATION RELEVANT TO A SCHOOL SITUATION
Given her history of neglect and loss, Ariel will need time to adjust to new environments and routines. She will need time to learn to trust adults in order to follow their lead consistently.

GUARDIAN'S CONCERNS: Surrogate parent notes no concerns at this time.

IMPACT STATEMENT

Due to Ariel's developmental delays (rote counting 0-20, and counting with 1-1 correspondence 1-10, being able to give one more, indicate which of two set of objects has more, sorting by color, size, shape, and completing patterns; vocabulary, and social skills), she requires intensive specialized instruction.

TRANSITION SERVICES NEEDS

11. POST HIGH SCHOOL GOAL(S):

N/A Due to student's age

12. STUDENT'S INTERESTS:

13. BEGINNING AT AGE 14 YEARS, OR YOUNGER IF APPROPRIATE, STATEMENT OF TRANSITION SERVICE NEEDS FOCUSING ON THE COURSES OF STUDY NEEDED TO REACH POST SCHOOL GOAL(S):

14. BEGINNING AT AGE 16 YEARS, OR YOUNGER IF APPROPRIATE, A STATEMENT OF NEEDED TRANSITION SERVICES AND, IF APPROPRIATE, A STATEMENT OF INTERAGENCY RESPONSIBILITIES OR ANY NEEDED LINKAGES.

Post School Outcome	Transition Services Needed	Agency Responsible/Linkages

15. TRANSFER OF RIGHTS AT AGE OF MAJORITY:

Beginning at least one year before the student reaches the age of majority (18), the student and his/her parent(s) have been informed that the rights will transfer to the student on reaching age 18 unless a legal guardian has been appointed.

Date Notice Given:

INDIVIDUALIZED EDUCATION PROGRAM
ANNUAL GOAL

16. STANDARD AREAS:

HELDS: COGNITION AND GENERAL KNOWLEDGE: 48 TO KE
Mathematics and Numeracy: Number Sense

- **GK.KE.a** Verbally count to 20 by ones
- **GK.KE.b** Demonstrate ability to count in sequence
- **GK.KE.c** Recognize and name written numerals to 10
- **GK.KE.d** Count many kinds of concrete objects and actions up to 10 using one-to-one correspondence
- **GK.KE.f** Recognize, create, and repeat simple patterns

Mathematics and Numeracy: Operations

- **GK.KE.g** Use a range of strategies, such as counting, subtracting, or matching to compare quantity in two sets of objects and describes the comparison with terms such as more, less, greater than, fewer, or equal to

Mathematics and Numeracy: Measurement and Data

- **GK.KE.j** Sort, classify, and serialize (puts in a pattern) objects using attributes, such as color, shape, or size

HELDS: ENGLISH LANGUAGE ARTS AND LITERACY: 48 TO KE
Reading Foundational: Print Concepts

- **LA.KE.u** Recognize and name 10 upper and lower case letters

Reading Foundational: Phonics and Word Recognition

- **LA.KE.z** Identify some letters in own name

Language: Vocabulary Acquisition and Use

- **LA.KE.ll** With guidance and support, use word relationships to sort, classify, and serialize (puts in a pattern) objects using attributes, such as color, shape, or size

17. MEASURABLE ANNUAL GOAL:

Improvement of Ariel's general knowledge and cognitive skills in the areas of counting, alpha and numeric recognition, identifying shapes, sorting by color, shape and size, completing sequences, and comparing sets using terms such as more/less by the end of the IEP year 6/20/20.

Currently Ariel has difficulty identifying letters and numerals at random, identifying shapes, sorting, completing patterns, and counting manipulatives and comparing sets using terms such as more/less.

18. HOW WILL PROGRESS TOWARD THE ANNUAL GOAL BE MEASURED:

Observation; Daily Work

19. BENCHMARK/SHORT-TERM OBJECTIVE:

When prompted by the teacher, Ariel will rote count 0-20 with 100% accuracy, for 4 out of 5 observed trials.

Using manipulatives or on worksheets, Ariel will be able to count with 1-1 correspondence X number of items (X=0-10), with 100% accuracy, for 4 out of 5 observed trials.

When shown X numeral (X=0-10) at random, Ariel will be able to accurately identify it for 4 out of 5 observed trials.

Given two sets of items (0-10), Ariel will be able to accurately compare and use words such as more/less/fewer correctly for 4 out of 5 observed trials.

Using manipulatives or on worksheets, Ariel will identify by naming correctly what comes next in the following sequencing patterns for 4 out of 5 observed trials. --ababab --abbabbabb --aabaabaab --abcabc
Using manipulatives or on worksheets, Ariel will identify by naming correctly the following shapes: star, heart, square, circle, rectangle, oval for 4 out of 5 observed trials.
Using manipulatives, Ariel will be able to correctly sort/match objects by color, size or shape for 4 out of 5 observed trials.
When prompted, Ariel will correctly verbally recite the alphabet sequence for 4 out of 5 observed trials.
When presented with an UPPER or lowercase letter of the alphabet, Ariel will correctly verbally identify the letter for 4 out of 5 observed trials.

INDIVIDUALIZED EDUCATION PROGRAM
ANNUAL GOAL

16. STANDARD AREAS:

HELDS: ENGLISH LANGUAGE ARTS AND LITERACY: 48 TO KE

Speaking and Listening: Comprehension and Collaboration

- **LA.KE.j** Respond appropriately to statements, questions, vocabulary, and stories

Speaking and Listening: Presentation of Knowledge and Ideas

- **AL/LA.48-KE.e** Retell experiences in order, providing details

Language: Conventions of Standard English

- **LA.KE.ii** When Speaking: Use a variety of nouns, verbs, and descriptive phrases in meaningful contexts (vocabulary)

Language: Vocabulary Acquisition and Use

- **LA.KE.j** Respond appropriately to statements, questions, vocabulary, and stories

17. MEASURABLE ANNUAL GOAL:

Improvement of Ariel's vocabulary and expressive language skills by end of the IEP year, 6/20/20.

Currently Ariel has a limited vocabulary and expressive participation.

18. HOW WILL PROGRESS TOWARD THE ANNUAL GOAL BE MEASURED:

Observation; Daily Work

19. BENCHMARK/SHORT-TERM OBJECTIVE:

When shown pictures or listening to a story, Ariel will respond to "what, where, who" questions in sentences of varying length with 80% accuracy using verbal prompts.

When presented with pictures or when responding to questions, Ariel will label and formulate sentences using adjectives with 80% accuracy.

When introduced to a new vocabulary word , Ariel will correctly incorporate it in phrases, sentences, and/or conversation with 80% accuracy.

INDIVIDUALIZED EDUCATION PROGRAM
ANNUAL GOAL

16. STANDARD AREAS:

HELDS: SOCIAL AND EMOTIONAL DEVELOPMENT: 48 TO KE

Social Development: Interactions with Peers

- **SE.KE.c** Use turn-taking in conversations and in play
- **SE.KE.d** Shares materials, toys, and ideas during play
- **SE.KE.e** Show respect and recognize the feelings of others and the causes of their reactions
- **SE/LA.KE.b** Observe and use appropriate ways of interacting in a group of 2 to 3 children (e.g. taking turns in talking, listening to peers, waiting until someone is finished, asking questions and waiting for an answer, gaining the floor in appropriate ways)

Social Development: Adaptive Social Behavior

- **SE.KE.f** Follow schedule and typical classroom routines (come when called, sit attentively at circle, participate in clean-up)

17. MEASURABLE ANNUAL GOAL:

To improve Ariel's social skills such as interactions with classroom adults and peers, behavior within a small group setting, and following rules and directives during school activities for 75% of observable opportunities by the end of the IEP year, 06/20/20.

18. HOW WILL PROGRESS TOWARD THE ANNUAL GOAL BE MEASURED:

Observation; Daily Work

19. BENCHMARK/SHORT-TERM OBJECTIVE:

Throughout the school day,Ariel will follow 2-3 step teacher directives (i.e. stop, ready hands i.e. hands to yourself, stand up, line up, clean up, go to your seat and sit down, etc.) without assistance and with no more than two reminders for 3 out of 4 observable opportunities

During an observed activity period, Ariel will take 2 turns in a verbal and/or object exchange with a peer/peers, as appropriate, without adult intervention for 3 out of 4 observable opportunities.

20. EXTENDED SCHOOL YEAR (ESY): Unless the student requires an extended school year as a part of a free and appropriate public education, the IEP will be in effect during the regular school year only.

The standard for an extended school year has been applied: The student (check one)

☒ **DOES NOT** meet the standard for an extended school year

☐ **DOES** meet the standard for an extended school year

STATE THE EXTENT TO WHICH ESY IS NECESSARY:

21. SERVICES Special Education and Related Services	Projected Beginning Date	Projected Ending Date	Frequency (Mins/Times/Period)	Location	ESY Yes/No
Special Education	08/06/2019	06/20/2020	1825 mins per WEEK	General Ed./SPED	No

Supplementary Aids and Services, Program Modifications and Supports for School Personnel:	Projected Beginning Date	Projected Ending Date	Frequency (Mins/Times/Period)	Location

Clarification of Services and Supports:
Projected start date: Assuming registration process is complete, Ariel will start 8/6/10/125/17 the first day for students for SY '19-'20. Consequently the projected start date of her services is August 6, 2019.

22. STATE-WIDE ASSESSMENT: (Check one)

- [X] 1. Not applicable for the present school year. The student is not or will not be in a grade level participating in a state-wide assessment during the duration of this IEP.
- [ ] 2. Student will participate in state-wide assessments. No accommodations/modifications are necessary.
- [ ] 3. Student will participate in state-wide assessments with the following accommodations/modifications:
- [ ] 4. Student will participate in the Hawaii Alternate Assessment. Participation in state-wide assessments is not appropriate for the following reason(s):

23. Explain the extent, if any, that the students will not participate with students without disabilities in the general education class, extracurricular activities and other non-academic activities:

[redacted]

IEP MEETING INFORMATION

24. Date: 06/20/2019

25. MEETING PARTICIPANTS:

Christine Ogino - - General Education Teacher

Donna Iwaishi - - Special Education Teacher

Noel Richardson - - Principal

Renee Spencer - - Surrogate Parent

Gail Silva - - Clinical Psychologist

STATE OF HAWAI'I DEPARTMENT OF EDUCATION	PRIOR WRITTEN NOTICE OF DEPARTMENT ACTION

Date: 06/20/2019 Student's Birthdate: [redacted]/2014

To the Parent(s)/Guardian(s) of Ariel Sellers
Name of Student

From: Noel Richardson
Principal
Waimanalo E/I
School

1. Description of proposed or refused action:

PROPOSED ACTION: On June 20, 2019 the Department of Education proposed the following:
Placement: Ariel will be placed in an early childhood special education (ECSE) class on a public school campus
Program: Special education (SE) 1825 min. a week*

2. Explanation of why the action is proposed or refused:

Due to Ariel's developmental delays (rote counting 0-20, and counting with 1-1 correspondence 1-10, being able to give one more, indicate which of two set of objects has more, sorting by color, size, shape, and completing patterns; vocabulary, and social skills), she requires intensive specialized instruction.

3. Description of other options considered:

The team considered ESY services for breaks longer than 15 consecutive school days.

4. Reasons these options were rejected:

There is currently no data which indicates that Ariel experiences significant regression and/or the inability to recoup losses at an average rate. Data will be taken once Ariel begins school. Should the data indicate the need for ESY services, the team will reconvene to adjust her IEP.

5. Description of the evaluation procedures, test, records, or reports used as a basis for the proposed/refused action:

The team reviewed initial evaluation reports and input from administrator, clinical psychologist, teacher, and surrogate parent to base its decisions.

6. Other relevant factors:

Projected start date: Assuming registration process is complete, Ariel will start 8/6/19. consequently the projected start date of her services is August 6, 2019.

A copy of progress report needs to be sent to the surrogate parent.

DOE No. 18 00780
State's Exhibit 49
In Evidence for Identification:
Recd 11/5/19, 20
M. Costello
Clerk

ATTACHMENTS: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students, Section 504)

DISTRIBUTION: School, Parent, District

OCISS Rev. 7/01
Prior Written Notice Form

49

As the parent of a student with a disability or suspected of having a disability, you are entitled to the protections described in the attached procedural safeguards notice.

If you have any questions regarding its provisions, you may contact the agencies listed in the notice, or contact

Principal Noel Richardson at 259-0460

ATTACHMENTS: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students, Section 504)

DISTRIBUTION: School, Parent, District

WAIMANALO ELEMENTARY AND INTERMEDIATE SCHOOL

MEETING SIGN-IN SHEET

STUDENT: Ariel Sellers MEETING: IEP DATE: 6/20/19

TIME: 10:00a.m. PLACE: Conf. Rm.

Name	Position	Contact Number(s)
Renee Spencer	Prpic Surrogate Parent	779-9439
Gail Silva	Clinical Psychologist	WDO
Christine Ogino	Gen Ed	259-0460 WEN
Noel Richardson	Principal	259-0460
Donna Iwaishi	Sped Teacher	259-0460

Parent/Guardian was offered a copy of the Procedural Safeguards Notice dated March 2017.

___ Accepted

RS ___ Declined

FCS No. 180078

State's Exhibit 50

In Evidence for Identification:

Rec'd 11/5/19, 20

M. Cachillo

Clerk

STATE OF HAWAI`I DEPARTMENT OF EDUCATION	EVALUATION SUMMARY REPORT

Student's Name: Ariel Sellers	
Date of Birth: [redacted]/2014	Student ID #: 3271900691
School: Waimanalo E/I	

Type of Evaluation: ☒ Initial Evaluation ☐ Reevaluation

EVALUATION SUMMARY:

Ariel was referred for a pre-academic assessment as part of a comprehensive initial evaluation for special education eligibility. She is reported to have a difficult time retaining information per social worker's report via foster parent communication. Based on the pre-academic assessment, new information was gleaned in regards to Ariel's skill level; however, the scales scores may not give an accurate picture of her ability level due to varied attention levels.

ELIGIBILITY DETERMINATION:

It is the consensus of the team that Ariel, best meets the eligibility category of Developmental Delay (Age 3-5). Adaptive Behavior Assessment scores and Wechsler Preschool and Primary Scale of Intelligence scores were 1.5 standard deviations (SD) below the mean.

FOR AGENCY USE ONLY: Date parent provided a copy of evaluation summary report: 06/10/2019

Case No. 18-00280
State's Exhibit 51
In Evidence for Identification
Rec'd 11/5/19, 20__
M. Chestnut
Clerk

51

DISTRIBUTION: School, Parent, District

DLTSS Form Evaluation Summary Report Rev. 7/01

STATE OF HAWAI`I DEPARTMENT OF EDUCATION	PRIOR WRITTEN NOTICE OF DEPARTMENT ACTION

Date: 06/10/2019 Student's Birthdate: [redacted]/2014

To the Parent(s)/Guardian(s) of Ariel Sellers
Name of Student

From: Noel Richardson
Principal
Waimanalo E/I
School

1. Description of proposed or refused action:

The Department of Education proposes that Ariel is eligible for special education services under IDEA in the category of Developmental Delay (Age 3-5)

2. Explanation of why the action is proposed or refused:

Ariel meets the eligibility criteria for Developmental Delay (Age 3-5). Adaptive Behavior Assessment scores and Wechsler Preschool and Primary Scale of Intelligence scores are 1.5 standard deviations (SD) below the mean. All information was gathered from a variety of sources. Ariel's special education eligibility is not due to a lack of instruction in reading or math, or limited English proficiency. Ariel needs special education and related services because of the above disability.

3. Description of other options considered:

a. Specific Learning Disability
b. Not eligible in any category

BCS No. 18.0828
State's Exhibit 52
In Evidence for identification:
Rec'd 11/5/19, 20
M. Castillo
Clerk

4. Reasons these options were rejected:

a: Given Ariel's age and assessments conducted, the team felt that Developmental Delay (Age 3-5) is the more appropriate category.

5. Description of the evaluation procedures, test, records, or reports used as a basis for the proposed/refused action:

Adaptive Behavior Assessment scores and Wechsler Preschool and Primary Scale of Intelligence scores, social worker and foster care provider input.

6. Other relevant factors:

Foster parent stated that Ariel is unable to retain the alphabet beyond D, and is only able to name four colors.

As the parent of a student with a disability or suspected of having a disability, you are entitled to the protections described in the attached procedural safeguards notice.

If you have any questions regarding its provisions, you may contact the agencies listed in the notice, or contact

Principal Noel Richardson at 259-0460

52

ATTACHMENTS: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students, Section 504)

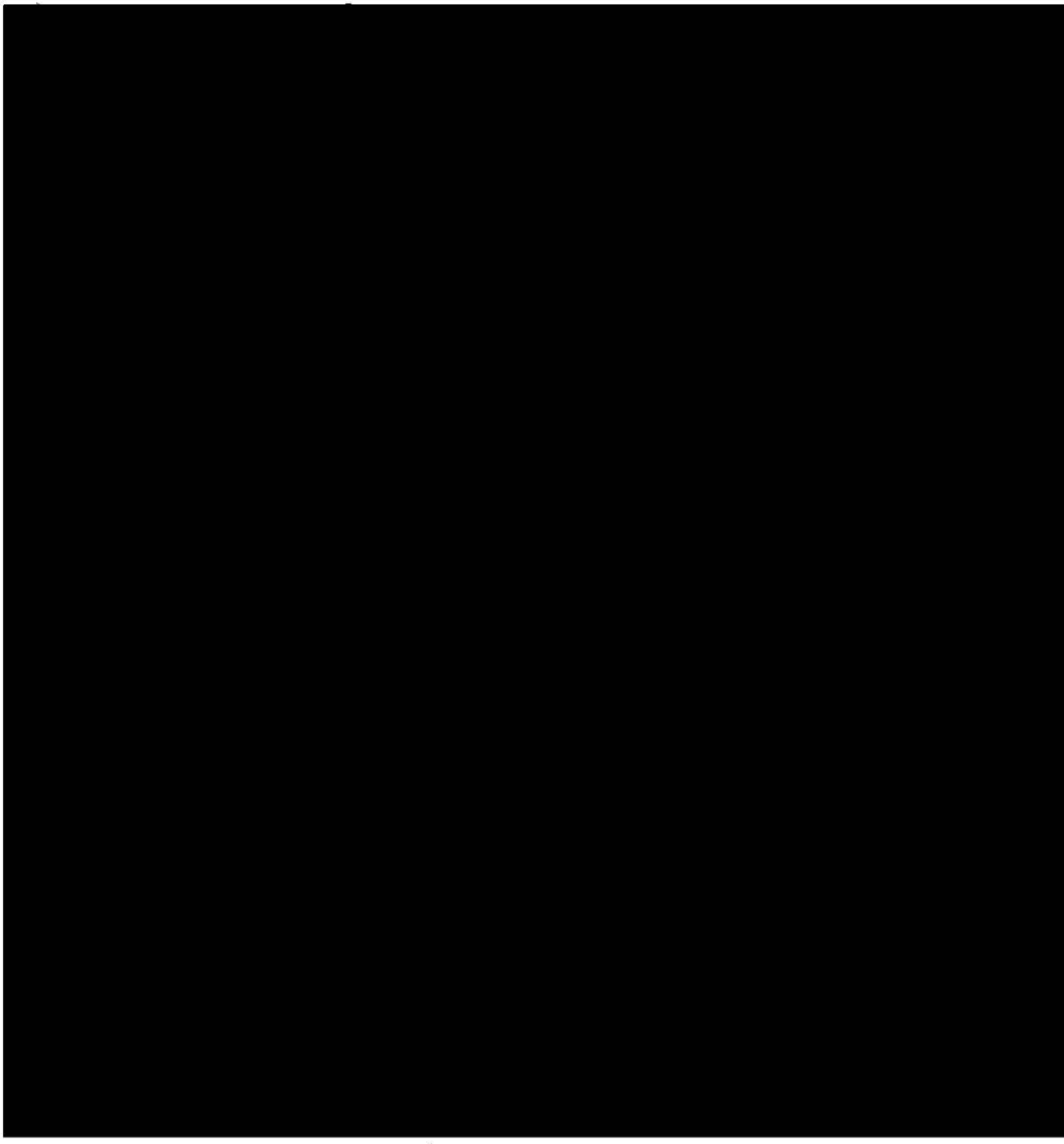
DISTRIBUTION: School, Parent, District

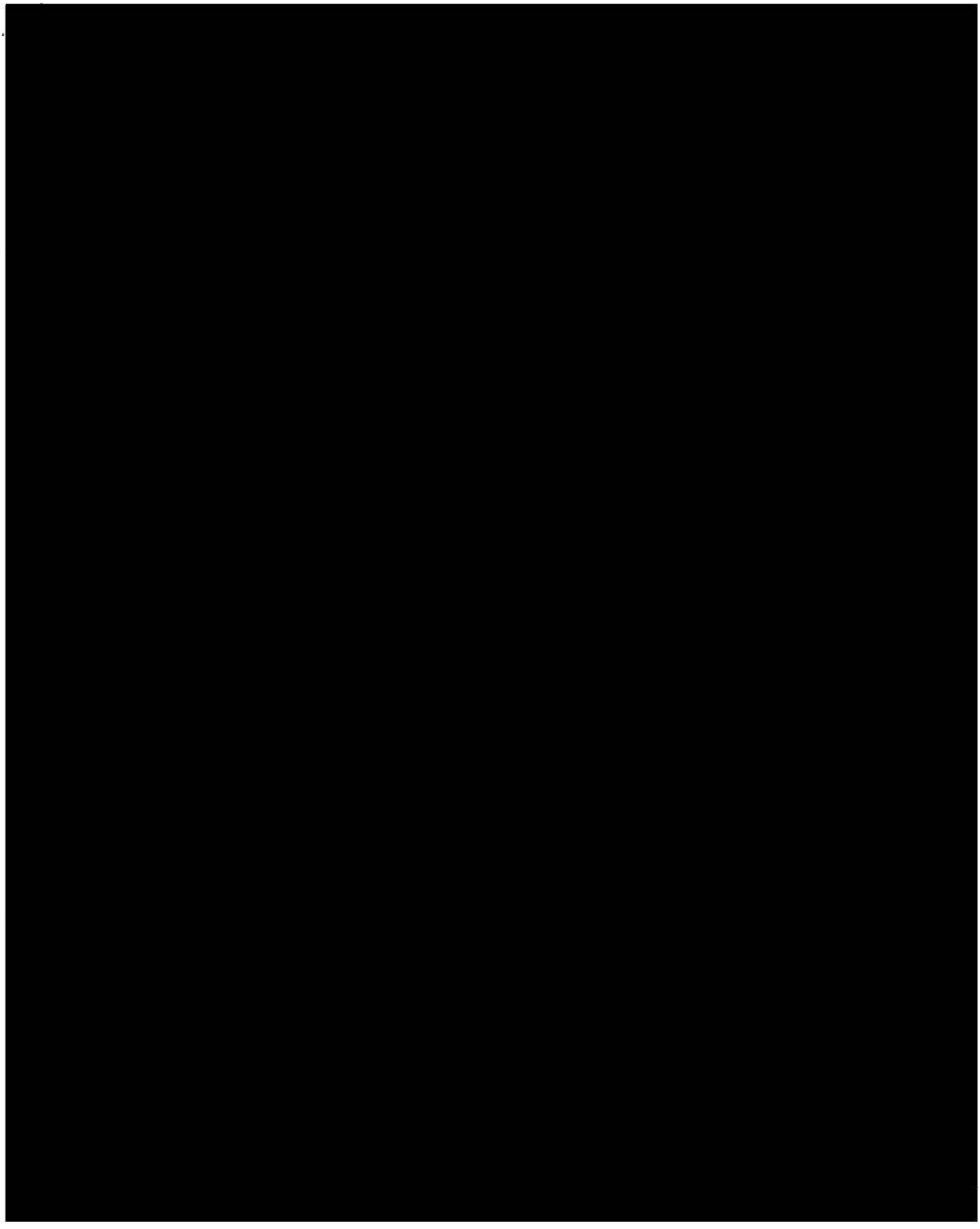
OCISS Rev. 7/01
Prior Written Notice Form

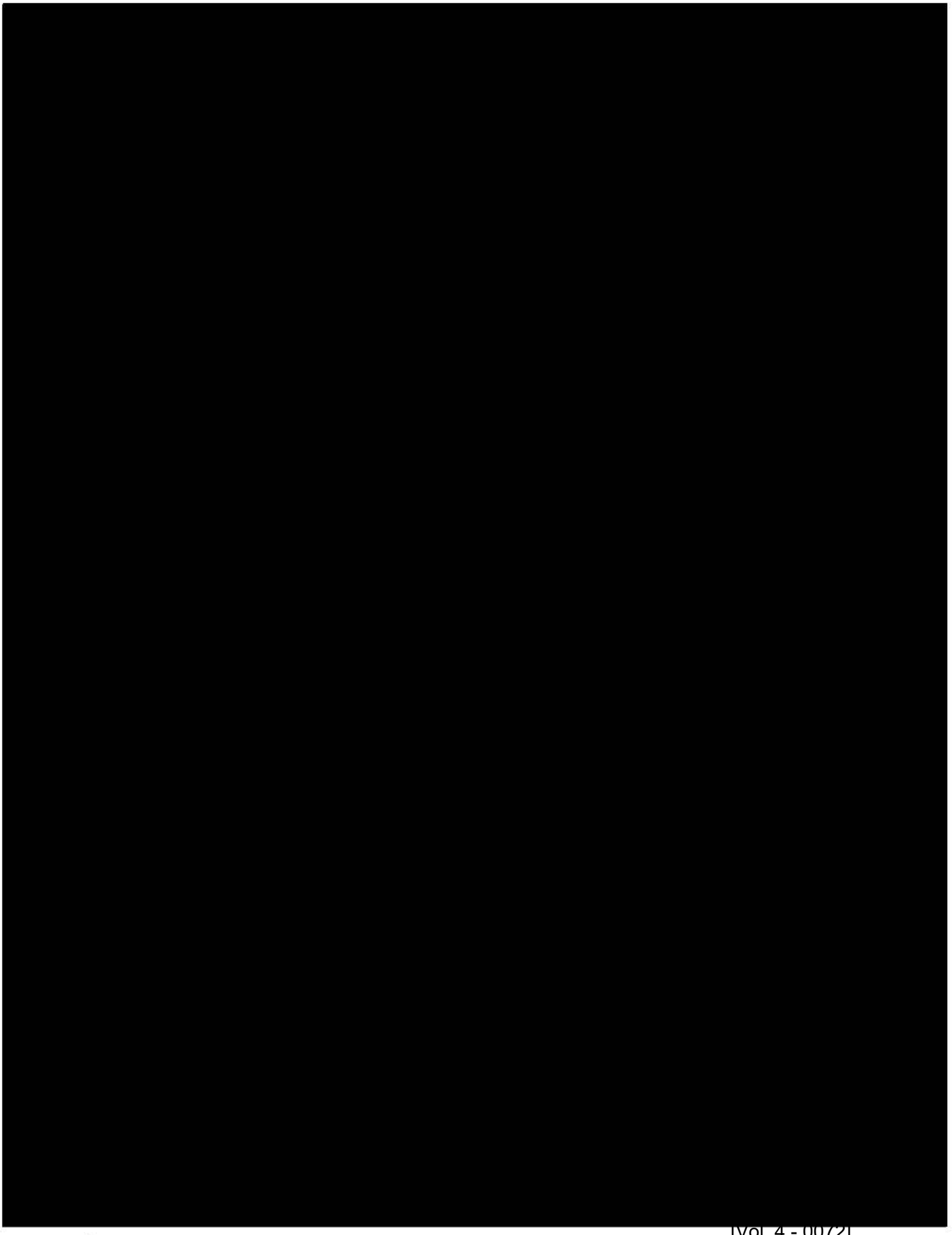
[redacted]

EC-S 180278
No.
State's Exhibit 53
In Evidence for Identification:
Rec'd 11/5/19 20
M. Castillo
Clerk

53







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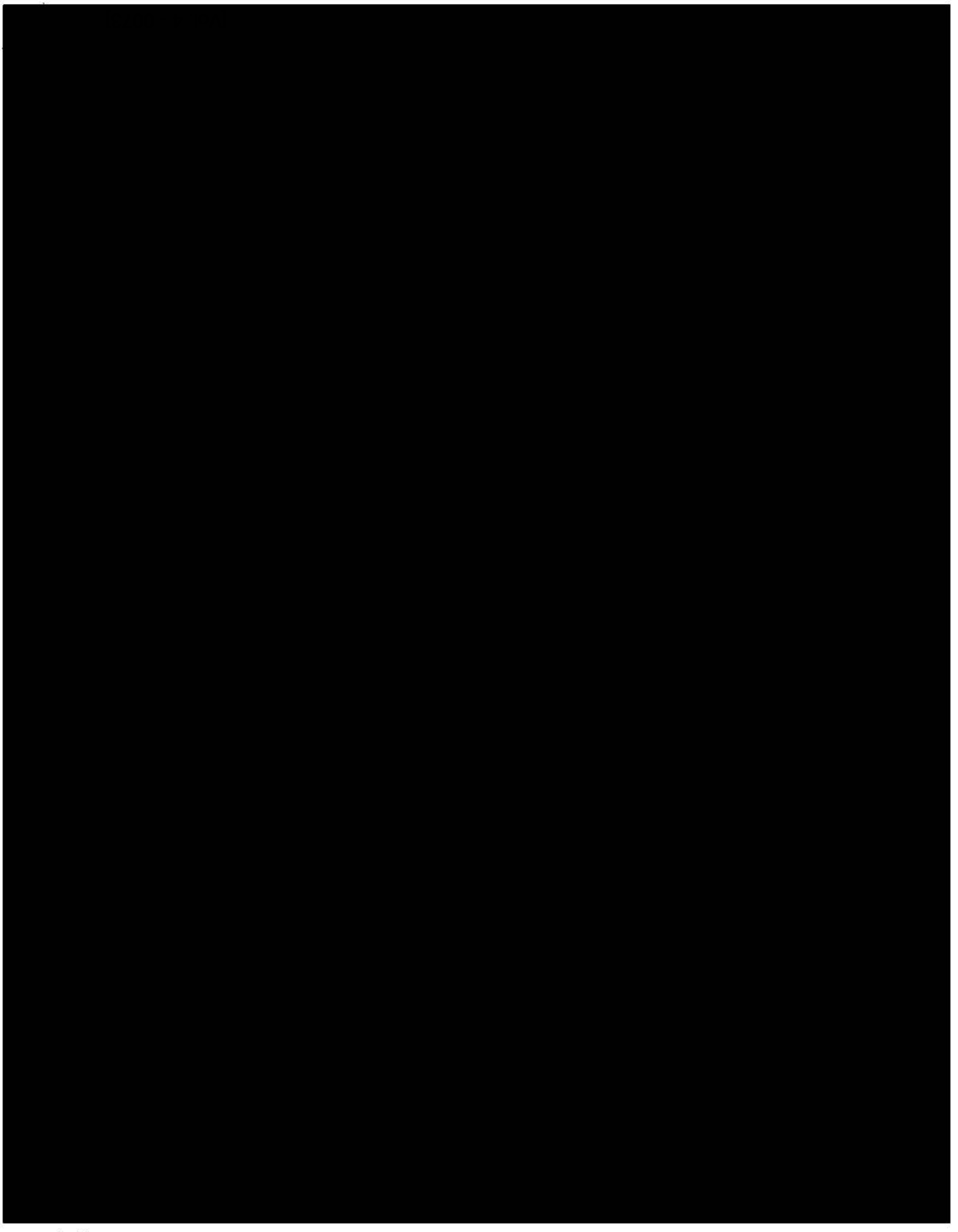

[redacted]

PART 1

FAMILY SERVICE PLAN

DATE: October 31, 2019 **FC-S No.: 18-00280**

CHILD'S NAME:
[redacted]
Ariel Sellers
[redacted]

DOB:
[redacted]/2014

This Family Service Plan is between **Melanie Joseph; Mother, Adam Sellers, alleged natural father** and the **Department of Human Services (DHS)**. The Family Service Plan is designed to help the family address and resolve the safety issues as identified by DHS.

[redacted]

I. CASE GOAL FOR FAMILY SUPERVISION OF [redacted] ARIEL SELLERS:

Initial goal: Maintenance in family home
Target date: January 2020

Final goal: Case Closure
Target date: June 2020

DHS No. 18-0028
State's Exhibit 54
In Evidence for Identification:
Rec'd 11/5/19, 20
M. Castillo
Clerk

II. TASKS:

The following tasks are based on the safety issues, as outlined in the Safe Family Home Report dated 10/24/19.

A. Mother: Melanie Joseph

1. Complete Substance Abuse Assessment and Recommended Treatment:

a. Focus of task:
- Understand personal/family dynamics that led to drug use/abuse.
- Recognize and understand behavior of addiction and dependency
- Understand/identify relapse warnings and prevention
- Recognize the effects of drug use on the children.

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- Learn to live and maintain a clean and sober lifestyle

b. Names and addresses of providers:

➢ Women's Way
845 22nd Ave,
Honolulu, HI 96816
(808) 732-2802

➢ Hina Mauka
45-845 Po`okela Street
Kaneohe, HI 96744
236-2600

Or DHS approved provider

c. Time Frame
- Apply by November 7, 2019
- Participate until clinically discharged

d. How progress will be measured
- Participation in program
- Completion of program-Certificate
- Testing clean in **ALL** random drug tests
- Attend AA/NA meetings after program completion (minimum 3 a week)
- Support system with clean friends/relatives
- Reports from providers

Expected changes and Outcomes
- Openly verbalize what drugs have done to your life
- Verbalize relapse prevention methods
- Demonstrate positive thinking and behaviors
- Participate in enjoyable, healthy and drug-free activities

2. Random drug screens

a. Focus of task: To confirm sobriety

b. Name and address of provider:

Women's Way
845 22nd Ave,
Honolulu, HI 96816
(808) 732-2802
Or
Hina Mauka
45-845 Po`okela Street
Kaneohe, HI 96744
236-2600
or DHS approved provider

c. Time frame: A referral will be made by your DHS social worker

d. How progress will be measured:
- Completion of drug screens as requested by Hina Mauka or the DHS social worker.
- Provide a picture ID to the laboratory at the time of the screening.
- Consistently test negative.
- All no-shows for the urine drug screens (UA) monitoring will be considered "dirty".

Expected changes and Outcomes
- Demonstrate a clean and sober lifestyle

3. Comprehensive Counseling & Support Services (CCSS) including Parenting Education

a. Focus of task:
- Understand personal/family dynamic that leads to appropriate parenting skills
- Resolve issues and provide a safe, nurturing home environment
- Willing and able to resolve safety issues
- Develop appropriate parenting skills

b. Name and address of provider
- Comprehensive Counseling & Support Services (CCSS)
  Child and Family Services
  91-1841 Fort Weaver Rd
  Ewa Beach, Hawaii 96706
  Phone: 681-1467
  Or geographic provider

c. Time Frame
- A referral will be made.

d. How progress will be measured
- Participation in ALL sessions
- Attendance at ALL scheduled meetings
- Completion of ALL assignments
- Reports from providers

Expected changes and Outcomes
- Ability to identify the needs of the children
- Ability to interact with the children in a positive manner
- Demonstrate positive thinking and behaviors
- Demonstrate appropriate methods of non-corporal, non-abusive discipline.
- Develop Healthy, trusting relationships with children

4. Complete Psychological Evaluation and Recommended Treatment

a. Focus of task

- Identify areas of childhood and adult life that can be addressed in therapy.
- Focus on recovery and address any previous history of childhood trauma, childhood trauma, failed relationships and inter-personal relationships and any adult trauma

b. Name and address of provider
- Psychological Evaluation to be arranged by the DHS
- Therapy to be completed with a recommended or approved psychologist by DHS.

c. Time frame
- Upon contact from DHS, you will attend assessment
- Evaluations are scheduled in advance so if you are unable to attend the appointment, it is your responsibility to reschedule.
- If you fail to attend the evaluation, you are required to pay a fee for "no show" of $220.00

d. How progress will be measured
- Attend the scheduled appointment date and time.
- Follow all recommendations of psychological evaluation.
- Be open and honest during evaluation.

Expected Changes and Outcomes

- Ability identify areas of concern, and seek professional help to address these issues.
- Build on self-esteem and mental health wellbeing to assist in decision making
- Practice coping strategies in daily life

5. Domestic Violence/Survivor Support

a. Focus of task
- To develop ways to address and recognize domestic violence, and develop supportive services for survivors

b. Name and address of provider
- Child and Family Services
  91-1841 Fort Weaver Rd
  Ewa Beach, Hawaii 96706
  Phone: 681-1467
  or other approved DHS provider

c. Time frame
- Services shall begin upon the first available opening and continue until notification is received by the DHS social worker that services have been successfully completed.

d. How progress will be measured

- By keeping all scheduled appointments, classes, by cooperating with the service provider and by following the recommendations made

Expected Changes and Outcomes

- Parent shall be able to identify his children's needs and how to meet the needs in a positive manner.
- Parent shall be able to identify her role in the domestic violence cycle
- Parent shall be able to identify power and control issues that occur within domestic violence cycle and address them appropriately
- Parent shall be able to identify and utilize supportive resources for victims of domestic violence

6. Responsible for Child's Needs (For Family Supervision)

a. Ensure the child's **physical health needs** are met.

- Timely routine medical care (includes immunizations) and annual physical exams with the child's primary care physician.
- Timely routine dental care including bi-annual check-ups with Child's dental provider and follow-up with the dental recommendations;
- Follow-up with all medical/developmental specialist recommended by the child's PCP and comply with its recommendations;
- Administer all medications as prescribed by the treating physician;
- Notify the school's administration or nursing staff if there is a physical concern (i.e., diabetic, asthmatic) that impacts the child's status and/or requires follow-up, monitoring or administering of prescribed medications in the school setting.

b. Ensure the child's **educational/developmental needs** are met.

- [redacted]
- Request a DOE assessment for Ariel at Waimanalo elementary school to support her developmental and educational needs
- Support and comply with your child's educational plan (i.e., IDEA or 504) if one is in place;
- Monitor your child's academic, attendance, behavioral and social status through communicating with school officials and

participating in meetings (i.e., parent-teacher conferences, IEP meetings) as requested;
- Encourage participation in school related activities.

c. Ensure the child's **mental health needs** are met.

- [redacted]

d. Ensure the child's **social needs** by encouraging participation in pro-social community-based and/or after-school activities (i.e., AYSO, swimming, karate, Boys and Girls Club, etc.).

- [redacted]

6. Cooperate with the DHS Social Worker by:

a. Informing DHS Social Worker of child's important medical, physical, psychological and social conditions such as allergies, medications, fears, food likes and dislikes, other likes and dislikes, disabilities, etc.
b. Keeping appointments with worker and providers
c. Attending other services as recommended
d. Informing of any changes in the home
e. Informing of any problems in following the service plan
f. Completing birth parent forms

7. Work in partnership with DHS Social Worker to:

a. Ensure the child's **physical health needs** are met.
   - Participate in medical and dental appointments
b. Ensure the child's **educational/developmental needs** are met.
   - Participate in education or development appointments
c. Ensure the child's **mental health needs** are met.
   - Participate in therapy with child if requested
   - Participate in family therapy if recommended
   - Be involved in child's appointments

B. <u>Alleged natural father: Adam Sellers</u>
The Department will continue to attempt to locate and assess father for services.

DHS SOCIAL WORKER RESPONSIBILITIES:

The DHS social worker will:

A. Monitor the progress of the family in services by monthly home visits, telephone contact, etc.

B. Continue to assess the needs of the family members.

C. Refer for any additional services for any identified needs of family members in a timely manner.

D. Assess services that parents may wish to self-refer for appropriateness and whether it will meet the criteria of needed service.

E. Complete safety and risk assessments when needed.

F. Assess the safety of the home and if an In-Home Safety Plan is appropriate for a safe reunification at any time.

G. Inform parents by phone or in writing, of any changes in placement or visitation, initiated by DHS, at least two weeks in advance, except in emergencies (within 3 working days).

H. Keep parents informed of the child's development and progress in placement.

I. Inform parents and the GAL by phone or in writing immediately of any reports of institutional abuse regarding the child(ren).

III. TIME FRAME FOR THIS SERVICE PLAN:

This Family Service Plan shall remain in effect until further order of the court.

IV. CONSEQUENCES:

A. If you successfully complete and utilize the services that are outlined in this service plan, you should then be able to demonstrate that [redacted] **Ariel Sellers** [redacted] is no longer at risk of abuse or neglect in the family home. Once you are able to demonstrate you can provide a safe family home for [redacted] **Ariel Sellers** [redacted] without further protective services, the department can then recommend that this case be closed.

B. If the children have been in foster care under the responsibility of the department for an aggregate of **fifteen out of the most recent twenty-two months** from the children's date of entry into foster care, the department is required to file a motion to set a termination of parental rights hearing, and the parents' failure to provide a safe family home within two years from the date when the children were first placed under foster custody by the court, may result in the parents' parental rights being terminated.

C. YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS CONCERNING [redacted] Ariel Sellers [redacted] WHO IS SUBJECT OF THIS FAMILY SERVICE PLAN MAY BE TERMINATED. PERMANENT CUSTODY WILL BE AWARDED TO THE DEPARTMENT OF HUMAN SERVICES OR APPROPRIATE AUTHORIZED AGENCY UNLESS YOU ARE WILLING AND ABLE TO PROVIDE [redacted] Ariel Sellers [redacted] WITH A SAFE FAMILY HOME WITHIN THE REASONABLE PERIOD OF TIME SPECIFIED IN THIS FAMILY SERVICE PLAN.

VI. RELEASE OF INFORMATION:

In compliance with the provisions of the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. §164.512(e)(1)(i), parents and all providers of services, treatment, or care of the child and family, even if not specifically referred to in this service plan, shall provide information to the Department of Human Services ("DHS"), the Guardian Ad Litem ("GAL"), and each other to the extent needed to ensure the safety of the child, prevent further abuse or neglect, and to provide appropriate treatment to the child and family. The DHS and the GAL are authorized to share information to any of the service providers and to each other. The findings upon which this is based are as follows: 1) There is reasonable cause to believe the child has been abused or neglected; 2) Safety of the child must be ensured and treatment of the child and family must be provided; 3) Information must be shared among those providing services, treatment, and care to the child and family; and 4) The need to share information to provide safety to the child and treatment to the family takes priority over the right to privacy of the family members.

V. SIGNATURES:

Maili S.Taele, MSW Date: 10/31/2019
DHS Social Worker, East Oahu Unit 10

Pamela Nakanelua Date: 10/31/19
DHS CWS supervisor East Oahu Unit 10

Confidential Report of the Department of Human Services

PART 2

FAMILY SERVICE PLAN

CHILD NAME: [redacted] **DOB:** [redacted]

[redacted]

[redacted]

STATE OF HAWAII FAMILY COURT OF THE FIRST CIRCUIT	EXHIBIT LIST	CASE NUMBER FC-S No. 18-00280

IN THE INTEREST OF

[redacted]

ARIEL SELLERS, Born on [redacted] 2014;

[redacted]

Jacquelynn Levien, CASA
COURT APPOINTED SPECIAL ADVOCATES PROGRAM
4675 Kapolei Parkway
Kapolei, Hawaii 96707
(808) 954-8124

DATE OF HEARING(S)/PREPARING CLERK(S): November 5, 2019, 8:30 a.m. M. CASTILLO

JUDGE BODE A. UALE Presiding

EXHIBIT NO. IDENTIFY NO. CODE CASA's	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	OVER OBJECTION	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS
3		✓			Transmittal Memorandum with the Court Appointed Special Advocate's Third Report to the Court dated October 30, 2019.	

FOR OFFICE USE ONLY

FIRST CIRCUIT COURT
STATE OF HAWAII
FILED
2019 NOV -6 PM 1:42
CLERK

LOCATION OF EXHIBITS

☑ Attached
☐ Shelf No. _____
☐ Code No. _____
☐ Other _____

DATE	RECEIVED	PAGE 1 OF 1 PAGES

First Judicial Circuit — Juvenile Client Services Branch · Specialized Services Section
THE JUDICIARY • STATE OF HAWAI'I • Ronald T.Y. Moon Kapolei Courthouse • 4675 Kapolei Parkway
KAPOLEI, HAWAI'I 96707 • TELEPHONE (808) 954-8190 • FAX (808) 954-8187 • www.courts.state.hi.us

Lori Ann M. Okita
CHIEF COURT ADMINISTRATOR

Nathan D. Foo
SOCIAL SERVICES MANAGER

Cheryl R. Marlow
DEPUTY CHIEF COURT ADMINISTRATOR

Cheryl S. Higuchi
COURT ADMINISTRATOR

COURT APPOINTED SPECIAL ADVOCATES PROGRAM
TRANSMITTAL MEMORANDUM

TO: Dennis Castro, Court Officer
Michael Domingo, DAG
Maili Taele, DHS SW
Melanie Joseph, Mother
Rebecca Lester, Mother's Attorney
Adam Sellers, Father
Jacquelynn Levien, CASA

FROM: Jessie U. Addison
CASA Program Social Worker

DATE: October 30, 2019

FAMILY COURT
FIRST CIRCUIT COURT
STATE OF HAWAII
2019 OCT 30 PM 2:56

RE: [redacted] **ARIEL SELLERS;** [redacted]
FC-S No. 18-00280

ENCLOSED ARE THE FOLLOWING:

Court Appointed Special Advocate's Third Report to the Court.

TRANSMITTED TO YOU:

( )	FOR YOUR APPROVAL	( )	PER YOUR REQUEST
( )	FOR YOUR INFORMATION	(X)	FOR YOUR FILES
( )	FOR SIGNATURE AND RETURN	( )	FOR FILING
( )	FOR SIGNATURE AND FORWARD	( )	FOR CORRECTIONS
( )	FOR REVIEW AND COMMENT	( )	PER OUR CONVERSATION
( )	SEE REMARKS BELOW		

REMARKS:

FCS No. 18-00280
CASA's ~~State's Exhibit~~ D
In Evidence for Identification:
Rec'd 11/5/19, 20__
M. Crothers
Clerk

Jacquelynn Levien, CASA
Court Appointed Special Advocates Program
4675 Kapolei Parkway
Kapolei, HI 96707
Telephone: (808) 954-8124

Court Appointed Special Advocate for Children

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Interest of [redacted]; ARIEL SELLERS, Born on [redacted] 2014. [redacted]	FC-S No. 18-00280 COURT APPOINTED SPECIAL ADVOCATE'S THIRD REPORT TO THE COURT HEARING DATE: November 5, 2019 TIME: 8:30 a.m. PRESIDING JUDGE

COURT APPOINTED SPECIAL ADVOCATE'S THIRD REPORT TO THE COURT

DATE OF CASA APPOINTMENT: 11/7/18

TYPE OF CASE: Threat of abuse, threat of neglect

TYPE OF HEARING: Periodic Review

TOTAL NUMBER OF MONTHS IN FOSTER PLACEMENT:

As to [redacted] Ariel: 9 months (since 2/8/19)

[redacted]

NUMBER OF MONTHS IN CURRENT FOSTER PLACEMENT:

As to [redacted] Ariel: 9 months (since 2/8/19)

[redacted]

CASA'S RECOMMENDATION REGARDING LEGAL STATUS OF CASE:

Continue foster custody to the DHS.

RECOMMENDATIONS:

1. Continue foster custody to the DHS.
2. [redacted] remain in their current resource placement.
3. [redacted]
4. [redacted]
5. Continue supervised visits with Mother.

SUMMARY OF CASA'S FINDINGS:

Between this Court's last hearing in May and returning to school this August, [redacted] Ariel appeared to be very happy, healthy, and attached to RCGs. [redacted]

[redacted]

[redacted]

Ariel has also been facing some challenges, although when this writer has visited her on 6/27/2019, 7/10/2019, 8/29/2019, 9/26/2019, and 10/22/2019 she appeared happy, healthy (with some exceptions described herein), and bonded to RCGs. During the first week of July 2019, Social Worker Maili Taele had received a report (from a source unknown to this writer) that RCG was allegedly abusing Ariel based on allegations that Ariel had lost a lot of weight, her hair was falling out, and she appeared to have bruises on her face.

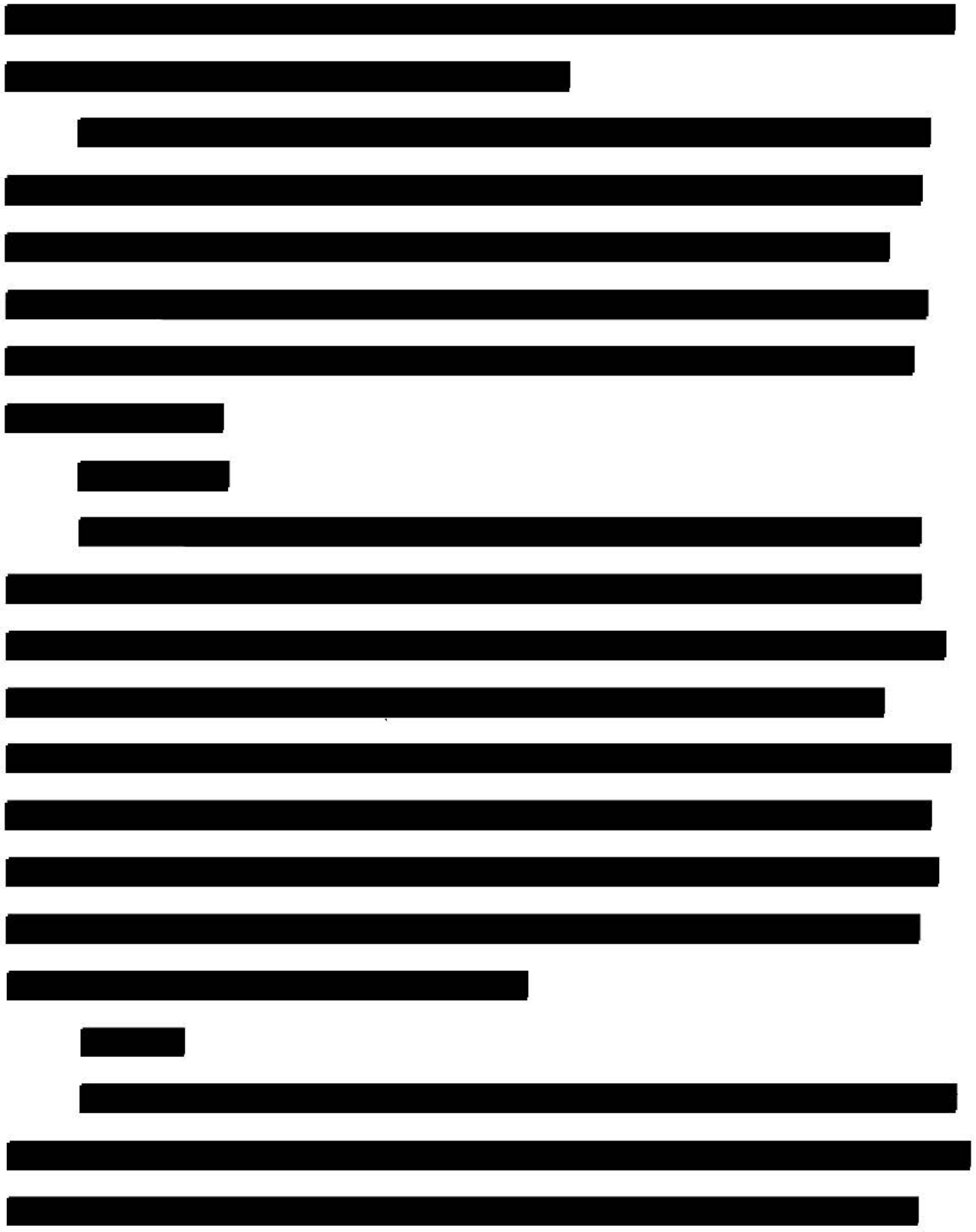
This CASA visited on 7/10/2019 and observed that Ariel did not appear underweight and did not have any noticeable bruising, though her hair was significantly thinning in a pattern around the sides and base of her skull. RCG took Ariel to the doctor regarding her hair, weight, and overall health, and the doctor confirmed that she was an appropriate weight but that she has trichotillomania, a disorder in which she pulls out her own hair, which is common among children who have experienced trauma. RCG has reported to me that Ariel is often unkind to herself, pulling her hair and hitting herself. Ariel has been working on this with her therapist. SW Taele also independently investigated the allegations regarding abuse and confirmed that they were unfounded. Ariel has started special education classes for the first time, and she reports that she loves it. In October 2019, Ariel suffered two fractured fingers (one on each hand), which she said were from [redacted]

[redacted]

This writer discussed [redacted] with SW Maili Taele, who informed this writer regarding several incidents of RCGs failing to keep DHS updated [redacted] RCGs reporting that they are "overwhelmed," and RCGs (either deliberately or accidentally) miscommunicating with DHS and other service providers [redacted] A meeting with the DHS, CASA, and RCG is being coordinated to assist and support the RCGs where needed.

ASSESSMENTS:

[redacted]



Ariel Sellers, age 5:

HOME/PLACEMENT:

This writer visited Ariel at RCG's home on 6/27/2019, 7/10/2019, 8/29/2019, 9/26/2019, and 10/22/2019. Ariel appeared to be energetic, playful, and bonded to RCGs. She sometimes has so much energy that she plays in a rough manner, tossing toys or toppling onto the ground. This writer has observed her respond better to the rules and structure implemented at RCGs house, and she is learning to be gentler [redacted].

EDUCATION:

On August 5, 2019, Ariel started school at Waimanalo Elementary for the first time. She is in an early childhood special education class due to having been assessed by the Department of Education as having developmental delays, i.e., trouble with counting and the alphabet, sorting, vocabulary and social skills. She reported that she loves school and playing with new friends. However, she has frequently been absent due to being sick.

HEALTH:

During the summer and throughout the first quarter of the school year, Ariel has frequently been sick due to colds. RCG took her to the doctor on approximately August 22, 2019 where she received treatment for a cold.

During the first week of July 2019, Social Worker Maili Taele had received a report (from a source unknown to this writer) that RCG was allegedly abusing Ariel based on allegations that Ariel had lost a lot of weight, her hair was falling out, and she appeared to have bruises on her face. This writer visited on 7/10/2019 and observed that Ariel did not appear underweight and did not have any noticeable or significant bruising, though her hair was significantly thinning in a pattern around the base of her skull. RCG took Ariel to the doctor

regarding her hair, weight, and overall health, and the doctor confirmed that she was an appropriate weight but that she has trichotillomania, a disorder in which she pulls out her own hair. RCG has reported to me that Ariel is often unkind to herself, pulling her hair and hitting herself. Ariel has been working on this with her therapist. SW Taele also independently investigated the allegations regarding abuse and confirmed that they were unfounded.

On 10/14/2019, Ariel informed RCGs that her fingers were "sore" because [redacted] RCGs observed that they were swollen, so they immediately took her to have X-rays. On 10/21/2019, they learned Ariel had suffered two fractured fingers (one on each hand). On 10/23/2019, Ariel was cleared to return to school. [redacted]

MENTAL HEALTH NEEDS:

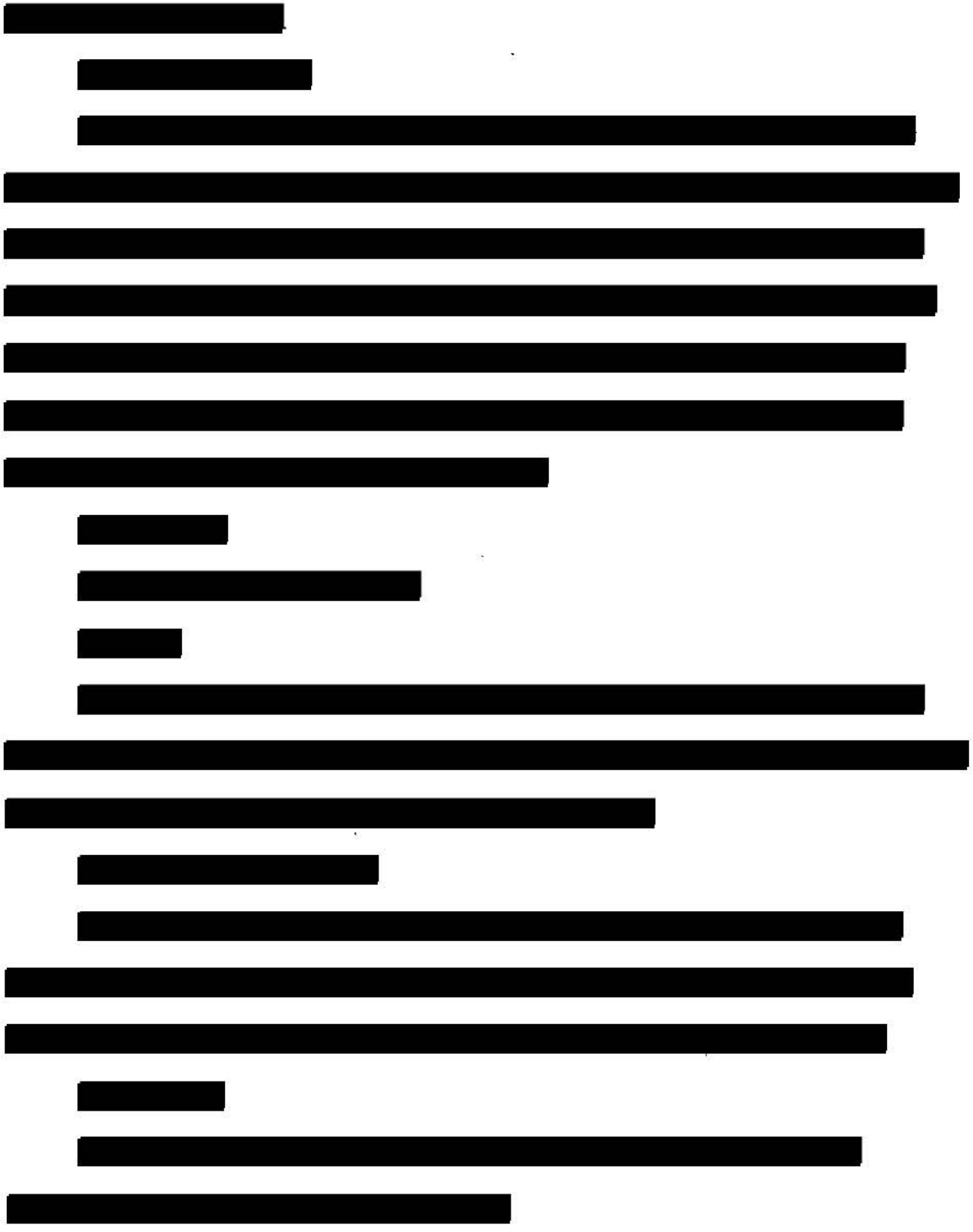
Ariel has been attending weekly play therapy sessions with Dr. Gina Eustaquio. She seems to be benefitting significantly from these sessions, as Dr. Eustaquio is helping her work on being kinder to herself. [redacted]

VISITATION:

Ariel has been having scheduled visitation with Mother, which takes place at Waimanalo Library and is supervised by the DHS.

CHILD'S WISHES:

Ariel expressed to this writer that she is happy living at RCG's house.



[redacted]

[redacted]

[redacted]

PARENTS:

Melanie Joseph, mother:

Mother did not attend the hearing on 5/23/2019. To this writer's knowledge, Mother has not enrolled or participated in any of the required programs.

Adam Sellers, alleged natural father:

There has been no contact with Mr. Sellers. To this writer's knowledge, the DHS has not served Mr. Sellers.

PARENTS' COMPLIANCE/NON-COMPLIANCE TO SERVICE PLANS/COURT'S ORDERS:

It is this writer's understanding, including a review of Hina Mauka's 9/23/2019 Notice of Client Non-Participation in Drug Monitoring Program, that Mother has not made progress with respect to any portions of her service plan.

DEPARTMENT OF HUMAN SERVICES:

The DHS social worker has been sufficiently responsive.

DEPARTMENT OF HEALTH:

N/A

WOULD THIS CASE BENEFIT FROM FACILITATIVE/CONSULTATIVE SERVICES:

An Ohana Conference took place on 3/12/19.

CHILDREN'S PARTICIPATION IN COURT:

[redacted]

EDUCATIONAL STABILITY:

[redacted]

[redacted]. Ariel has just started school for the first time, also at Waimanalo Elementary.

CASA FOLLOW UP PLANS:

This writer will continue to monitor the children's safety and wellbeing.

DATED: Kapolei, Hawaii, October 30, 2019.

By Jacquelynn Levien
CASA Guardian Ad Litem

Reviewed by Jessie U. Addison
CASA Program Social Worker

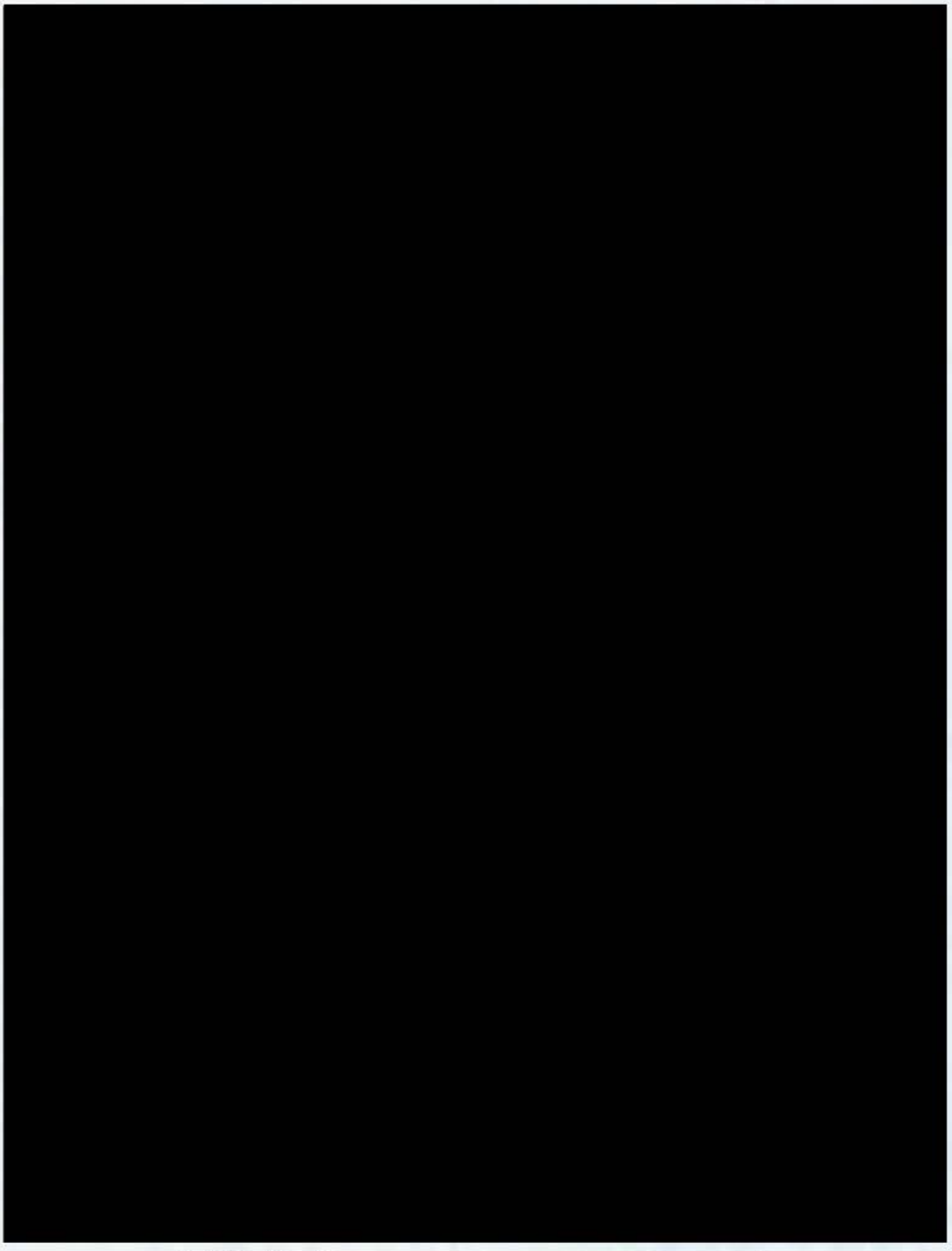
For Reviewed by Amphay M. Champathong
CASA Program Manager

Contact Report

SELLERS / JOSEPH/FC-S 18-00280

5/24/2019 To 10/29/2019

Person's Interviewed	Title/Relationship	Date(s) of Contact	Method of Contact
Ariel Sellers	Child	6/27/2019	Home Visit
Ariel Sellers	Child	7/9/2019	Home Visit
Ariel Sellers	Child	9/26/2019	Home Visit
Ariel Sellers	Child	10/22/201	Home Visit
[redacted]	[redacted]	[redacted]	[redacted]
Maili Taele	Caseworker	5/29/2019	Telephone Contact
Maili Taele	Caseworker	7/3/2019	Telephone Contact
RCG	Interested Party	5/28/2019	Telephone Contact
RCG	Interested Party	6/27/2019	Home Visit
RCG	Interested Party	7/9/2019	Home Visit
RCG	Interested Party	8/29/2019	Field Visit
RCG	Interested Party	9/26/2019	Home Visit
RCG	Interested Party	10/22/201	Home Visit
Gina Eustaquio	Therapist	10/18/201	Telephone Contact



Ariel Sellers [redacted]

DC 2/25/20

ORIGINAL

1ST CIRCUIT COURT
STATE OF HAWAII
FILED

2019 NOV 20 PM 2:32

M. N. TANAKA
CLERK

CLARE E. CONNORS 7936
Attorney General

ERIN L. S. YAMASHIRO 8187
ERIN K. S. TORRES 8612
IAN T. TSUDA 10057
SIMEONA A. MARIANO 8093
Deputy Attorney General
Department of the Attorney
General, State of Hawaii
Kapolei Building
1001 Kamokila Boulevard, Suite 211
Kapolei, Hawaii 96707
Telephone: (808) 693-7081

Attorneys for the Department
of Human Services

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Interest of [redacted]; ARIEL PILIALOHA SELLERS, Born on [redacted] 2014; [redacted]	FC-S No. 18-00280 NOTICE TO PARENT

NOTICE TO PARENT

STATE OF HAWAII

TO: ADAM DAVID SELLERS, FATHER
Homeless

YOU ARE HEREBY NOTIFIED that a petition under Chapter 587A, Hawaii Revised Statutes, regarding the above-identified children have been filed in the Family Court.

YOU ARE HEREBY FURTHER NOTIFIED that a hearing of the petition will be heard in the Family Court, Ronald T. Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawaii 96707-3272, on

Tuesday, the 25th day of February, 2020, at 8:30 a.m., before the Honorable Presiding Judge of the above-entitled court.

1. Petitioner is the Department of Human Services (DHS), State of Hawaii.

2. Petitioner's attorney is SIMEONA A. MARIANO, Deputy Attorney General, State of Hawaii.

3. You (may) have the right as parent to petition to have, on request, twenty (20) days to prepare for the proceedings.

4. You (may) have the right as parent to petition the court to transfer the proceeding to your children's tribal court.

If you fail to appear at the hearing or to file a written answer with the Family Court, whose mailing address is Ronald T. Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawaii 96707-3272, before the date of the hearing, judgment as prayed for may be entered without further notice to you.

DATED: Kapolei, Hawaii, NOV 20 2019.

Clare Sanita

CLERK OF THE ABOVE-ENTITLED COURT