

CLERK OF THE COURT

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DISTRICT COURT

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CLARK COUNTY, NEVADA

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THE STATE OF NEVADA,

10

Plaintiff,

11

-vs-

CASE NO. C294266-1

12

DEPT. NO. XXI

13

JONATHAN QUISANO
#5991702

14

Defendant.

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JUDGMENT OF CONVICTION

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(PLEA OF GUILTY)

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The Defendant previously appeared before the Court with counsel and entered a plea of

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guilty to the crimes of COUNT 1 – VOLUNTARY MANSLAUGHTER (Category B

21

Felony) in violation of NRS 200.040, 200.050, 200.080, and COUNT 2 – CHILD

22

ABUSE, NEGLECT OR ENDANGERMENT WITH SUBSTANTIAL BODILY HARM

23

(Category B Felony) in violation of NRS 200.508(1); thereafter, on the 7th day of

24

October, 2014, the Defendant was present in court for sentencing with his counsels,

25

NANCY LEMCKE AND NORMAN REED, Deputy Public Defenders, and good cause

26

appearing,

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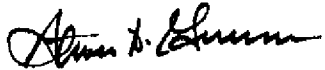
28

1 THE DEFENDANT IS HEREBY ADJUDGED guilty of said offenses and, in
2 addition to the \$25.00 Administrative Assessment Fee and \$150.00 DNA Analysis Fee
3 including testing to determine genetic markers, the Defendant is sentenced to the
4 Nevada Department of Corrections (NDC) as follows: COUNT 1 - to a MAXIMUM of
5 ONE HUNDRED TWENTY (120) MONTHS with a MINIMUM Parole Eligibility of
6 FORTY-EIGHT (48) MONTHS; and COUNT 2 - to a MAXIMUM of TWO HUNDRED
7 THIRTY (230) MONTHS with a MINIMUM Parole Eligibility of SEVENTY-TWO (72)
8 MONTHS, CONSECUTIVE to COUNT 1; with FOUR HUNDRED EIGHTY-EIGHT (488)
9 DAYS credit for time served.
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11
12 DATED this 8th day of October, 2014
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16 VALERIE P. ADAIR
17 DISTRICT COURT JUDGE 
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CLERK OF THE COURT

1 **ORDER**
2 STEVEN B. WOLFSON
3 Clark County District Attorney
4 Nevada Bar #001565
5 MICHAEL V. STAUDAHER
6 Chief Deputy District Attorney
7 Nevada Bar #008273
8 200 Lewis Avenue
9 Las Vegas, NV 89155-2212
10 (702) 671-2500
11 Attorney for Plaintiff

8 DISTRICT COURT
9 CLARK COUNTY, NEVADA

10 THE STATE OF NEVADA,

11 Plaintiff,

12 -vs-

CASE NO: C-13-294266-1

13 JONATHAN QUISANO,
14 #5991702

DEPT NO: XXI

15 Defendant.

16 *Transcript*
17 ORDER FOR ~~JAYS~~ RECORDING OF CHRISTINA RODRIGUES

18 DATE OF HEARING: OCTOBER 7, 2014
19 TIME OF HEARING: 9:30 A.M.

20 THIS MATTER having come on for hearing before the above entitled Court on the
21 7th day of October, 2014, the Defendant being present, represented by NORMAN JOSEPH
22 REED, Deputy Public Defender, the Plaintiff being represented by STEVEN B. WOLFSON,
23 District Attorney, through MICHAEL V. STAUDAHER, Chief Deputy District Attorney,
24 and good cause appearing therefor,

25 ///

26 ///

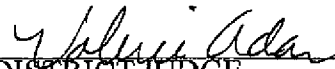
27 ///

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Transcript

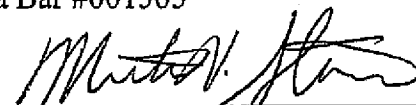
IT IS HEREBY ORDERED that the ~~JAVS~~ Recording of Christina Rodrigues, be released to an employee of the Clark County District Attorney's Office.

DATED this 8th day of October, 2014.


DISTRICT JUDGE

STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565

BY


MICHAEL V. STAUDAHER
Chief Deputy District Attorney
Nevada Bar #008273

13F09094X/jr/MVU


CLERK OF THE COURT

TRAN

DISTRICT COURT
CLARK COUNTY, NEVADA

STATE OF NEVADA,

Plaintiff,

vs.

JONATHAN QUISANO,

Defendant.

CASE NO. C294266-1
DEPT. XXI

BEFORE THE HONORABLE VALERIE ADAIR, DISTRICT COURT JUDGE

TUESDAY, OCTOBER 7, 2014

TRANSCRIPT OF PROCEEDINGS RE:
SENTENCING - EXCERPT
TESTIMONY OF SPEAKER: CHRISTINA RODRIGUES

APPEARANCES:

FOR THE STATE:

MICHAEL V. STAUDAHER, ESQ.
Chief Deputy District Attorney
MICHELLE Y. JOBE, ESQ.
Deputy District Attorney

FOR THE DEFENDANT:

NANCY L. LEMCKE, ESQ.
NORMAN J. REED, ESQ.
Deputy Public Defender

RECORDED BY: JANIE L. OLSEN, COURT RECORDER/TRANSCRIBER

1 LAS VEGAS, CLARK COUNTY, NV., TUES., OCT. 7, 2014

2 (Excerpt of proceedings.)

3 THE COURT: Please remain standing for a moment facing this lady right
4 here who will administer the oath to you.

5 (Speaker sworn.)

6 THE CLERK: Please be seated, and would you please state and spell your
7 first and last name for the record.

8 THE SPEAKER: Christina, C-h-r-i-s-t-i-n-a, Rodrigues, R-o-d-r-i-g-u-e-s.

9 THE COURT: What would you like to say today?

10 THE SPEAKER: I, Christina Rodrigues, has been traumatized emotion (sic)
11 by the tragedy at our place back in June 2013. A permanent picture in my heart and
12 mind will never leave me about -- will never leave me about the last moments I had
13 as a family. I not only lost one but two very special people who I loved dearly.

14 I have days where I cry, days where I'm sad and nights I can't sleep.
15 It's very heartbreaking to hear my younger son out of the blue say, I want daddy to
16 play with me, or when is daddy coming home, or I love my daddy. It just tears my
17 heart into pieces. Jonathan was a kind, loving, caring, responsible father who
18 showed love and affection to his children every day.

19 Whatever the outcome, Jonathan was a good citizen. Sending him to
20 prison will harm more than it will help. Time will not heal these wounds but perhaps
21 ease the pain.

22 THE COURT: Thank you for being here.

23 MR. STAUDAHER: Your Honor, I'd like to actually inquire if I may.

24 THE COURT: Oh, okay.

25 Ma'am, come on back, and Mr. Staudaher, the DA, has some questions

1 he would like to ask you.

2 EXAMINATION

3 BY MR. STAUDAHER:

4 Q Ma'am, I've read your letter that you -- that counsel provided and that
5 you talked about some of the things mentioned in your letter. Is it my understanding
6 that you do not want him to go to prison?

7 A He -- just don't take him away from us, I mean --

8 MS. LEMCKE: Judge, just for the record, I'm going to have to interpose an
9 objection because in terms of mitigation evidence or aggravation evidence that's
10 allowed to be presented, no witness is ever allowed to offer their opinion as to what
11 a particular sentence should be. So just to the -- to that end I would object.

12 MR. STAUDAHER: Actually, this is a victim impact.

13 THE COURT: Yeah, it's a victim impact so she is allowed to say whether she
14 thinks probation or prison or what she would like to see happen.

15 BY MR. STAUDAHER:

16 Q Do you think he should go to prison?

17 THE COURT: And she is here as the mother of the victim, the child. So
18 pursuant to statute she's one of the people who's allowed to speak.

19 THE SPEAKER: I would like to see him get probation if possible. If he does
20 end up going to prison, just please don't take him away from us.

21 BY MR. STAUDAHER:

22 Q You said that you would be willing to provide him with shelter for him to
23 stay and transportation and support him emotionally and to keep him on track --

24 A Yes.

25 Q So how are you going to provide him with shelter? Is he going to come

1 live with you?

2 A Well, it all depends on the circumstances of what we have to do in order
3 for him, you know, to get back with us. I mean --

4 Q And that's ultimately what you want?

5 A Yes. You know, it's -- it's very hard to hear upset, out of the blue asking
6 for his dad or wanting his dad to play with him or he just starts jumping up and
7 down, you know, I love daddy, I love daddy.

8 Q I totally get that, but the two questions that I had that I want to make
9 sure I'm clear on is it is your desire for him to come -- if the Court was to grant him
10 probation, for him to come live with you, and that's what you want?

11 A If it's at all possible, yes.

12 Q Okay. And also that you do not want him to go to prison; you want him
13 to get probation, right?

14 A Yes.

15 Q Do you remember going down to family -- first of all, do you have -- do
16 you believe that he committed abuse against your son that died, Khayden?

17 MR. REED: I'm going to object to the nature of that question. That's outside
18 the scope of victim impact.

19 MR. STAUDAHER: Actually it goes all to it.

20 THE COURT: Well, I think she can answer it.

21 THE SPEAKER: I didn't think he committed the crime.

22 BY MR. STAUDAHER:

23 Q So you don't think that he committed any abuse --

24 A I think before --

25 Q -- against Khayden?

1 A I haven't seen any abuse when we were together.

2 Q But you know the circumstances of this case and all the facts of it,
3 correct?

4 A I understand, yes.

5 Q And do you believe based on your knowledge of the facts of this case
6 that your husband caused physical abuse to Khayden?

7 MR. REED: Again, I object, Your Honor. The statute's very specific. It's you
8 can talk about the impact of the facts but not her speculation --

9 THE COURT: I mean, as you sit here today, it's your feeling that this was an
10 accident; is that true?

11 THE SPEAKER: Yes.

12 BY MR. STAUDAHER:

13 Q Do you recall going to family court about this same issue?

14 A Yes.

15 Q Do you remember talking to the Judge there and telling the Judge
16 certain things like you're talking about today?

17 THE COURT: Mr. Staudaher, I am going to limit your cross-examination on
18 whether or not she thinks it's an accident or at one point felt that he committed the
19 offense. I mean, the bottom line is whether it's pursuant to Alford or a direct guilty
20 plea, he has pleaded guilty to these offenses.

21 MR. STAUDAHER: True, but if I could have just a little leeway, Your Honor,
22 and the reason, and I'll try to wrap it even into one question.

23 BY MR. STAUDAHER:

24 Q At that family court proceeding, you said that you believed he had
25 committed abuse against your son Khayden, that he should be punished for his

1 crime and that he should go to prison. That's what you told the Court in family court.

2 A That didn't come out of my mouth though.

3 Q Well, maybe not in exactly that, but that's what you asked the Court
4 then. And so what I'm trying to get at is since this has been the -- this is how this
5 has impacted you, you went to court one time and asked for one thing, and you're
6 coming to court now and asking for the complete opposite.

7 MS. LEMCKE: Well, Your Honor, I'm going to object to that. First of --

8 THE COURT: That's sustained. It was a different forum.

9 MS. LEMCKE: And who knows when that was. He's been in custody now for
10 a year and a half, I mean, maybe he's -- after a year and half -- okay.

11 MR. STAUDAHER: June of this year. So just a couple of months ago.

12 THE SPEAKER: I don't recall putting it in that words at all.

13 BY MR. STAUDAHER:

14 Q Did you tell the Court then that you planned on having him come to live
15 with you and your still-living son?

16 A Well, I haven't talked to them about that. I mean, I know that we were
17 apart and I had to get my child back and work with my child and make sure I get him
18 back personally and have custody of him.

19 THE COURT: Okay. So the point of that hearing was so that you could get
20 custody of your other son; is that correct?

21 THE SPEAKER: Yes.

22 THE COURT: And now you have custody?

23 THE SPEAKER: I have custody, and, you know, he's doing wonderful and
24 well.

25 MR. STAUDAHER: I have nothing further.

1 THE COURT: All right. Thank you.

2 Do you have anything, Ms. Lemcke?

3 MS. LEMCKE: Court's indulgence.

4 Can I see the document. I just would like to see what it is because I
5 don't have a copy of this.

6 Yeah, Judge, just for the record, I'm going to represent to the Court I
7 have not seen this document that I recall, and let me just say what it is because
8 when Mr. Staudaher first approached the witness, I thought he actually had a
9 transcript of the proceedings; it's not. What it is is an affidavit signed by someone
10 saying that they had a conversation with Christina in which Christina imparted the
11 information that Mr. Staudaher tried to represent to her.

12 THE COURT: So it was a document based on hearsay that was presented in
13 the family court.

14 MS. LEMCKE: Right. And can I see the document also again because --

15 MR. REED: It was never provided in discovery, Your Honor.

16 MR. STAUDAHER: It's not part of discovery. This is a victim-impact
17 statement.

18 THE COURT: Well, I think we've heard from the victim --

19 MS. LEMCKE: I'm just saying, it's hard to put that in context, and I think he
20 tries to draw some very insidious inferences from it and imply to the Court certain
21 things that we just don't know to be true. In any event --

22 MR. STAUDAHER: Actually, they closed the case because of those
23 representations.

24 MR. REED: Judge, it's a document that's in the possession of the
25 prosecution, and all the way up to including sentencing is to be provided to the

1 defense in discovery. That's anything in aggravation or mitigation. I'm going to ask
2 that that document be marked and made a court exhibit so we have record of the
3 fact that that was not provided to us in discovery --

4 THE COURT: That's fine. And for the record --

5 MR. REED: -- discoverable piece of evidence.

6 THE COURT: We'll make it a court's exhibit, and for the record, the Court has
7 not seen that document.

8 MR. REED: I understand, Your Honor.

9 MR. STAUDAHER: Also make it a part of the record that this witness who
10 testified today as a victim-impact speaker was not noticed to the Court or to the
11 State --

12 THE COURT: That's true.

13 MR. STAUDAHER: -- until she just got on the witness stand.

14 THE COURT: That's true.

15 MR. STAUDAHER: So therefore, up to this point and including -- I think I
16 didn't object to this collage of photographs that were never provided to us. I allowed
17 that to come in. The fact that she's being a victim-impact speaker today I think she
18 statutorily has a right to do that, and I did not object to it.

19 But as far as anything provided to the defense that would have been
20 used, I didn't even know she was actually going to hit the stand until this morning
21 when she showed up.

22 THE COURT: I think Mr. Staudaher makes a good point. How would he
23 know he was going to be possibly using that statement if he didn't know that she
24 was going to be a speaker?

25 MR. REED: Because use has nothing to do with discovery.

1 THE COURT: Well, except, Mr. Reed, to be fair to the State, she wasn't in
2 contact with victim witness, a speaker notification did not go out. While he may
3 have possession of the things from the family court case, I don't think reasonably,
4 you know, he knew that he was going to be using them.

5 Now, he probably has it all nice and highlighted in his file because he
6 may have anticipated that she would just show up.

7 MR. REED: I understand, Your Honor, it has nothing to do with discovery
8 from our perspective, Your Honor.

9 THE COURT: Well, it's not part of this case, I'll just say that, number one.
10 And number two, in the State's defense, they didn't know that they would be using it
11 because they didn't know she was going to be a speaker. Although as I said, he
12 has it here, it's all nicely highlighted. I suspect they thought maybe she would be
13 showing up to speak.

14 Ma'am, I'm sorry for all of that interruption and discourse. Is there
15 anything else you would like to say today? And I understand all the way around this
16 is just a horrible tragedy for you and your family regardless of what happens today.

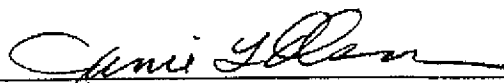
17 THE SPEAKER: That's all.

18 THE COURT: All right. Thank you very much for being here.

19 (Remainder of the sentencing not transcribed.)

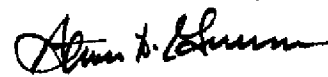
20 -oOo-

21 ATTEST: I do hereby certify that I have truly and correctly transcribed the audio/video
22 proceedings in the above-entitled case.

23 

24 JANIE L. OLSEN
25 Recorder/Transcriber

1 NOAS
2 PHILIP J. KOHN, PUBLIC DEFENDER
3 NEVADA BAR No. 0556
4 309 South Third Street, Suite 226
5 Las Vegas, Nevada 89155
6 (702) 455-4685
7 Attorney for Defendant


CLERK OF THE COURT

DISTRICT COURT

CLARK COUNTY, NEVADA

7	THE STATE OF NEVADA,)	
8)	
9	Plaintiff,)	CASE NO. C-13-294266-1
10)	
11	v.)	DEPT. NO. XXI
12)	
13	JONATHAN QUISANO,)	
14)	
15	Defendant.)	
16	<hr/>		<u>NOTICE OF APPEAL</u>

13 TO: THE STATE OF NEVADA
14 STEVEN B. WOLFSON, DISTRICT ATTORNEY, CLARK COUNTY,
15 NEVADA and DEPARTMENT NO. XXI OF THE EIGHTH JUDICIAL
16 DISTRICT COURT OF THE STATE OF NEVADA, IN AND FOR THE
17 COUNTY OF CLARK.

18 NOTICE is hereby given that Defendant, Jonathan Quisano,
19 presently incarcerated in the Nevada State Prison, appeals to the
20 Supreme Court of the State of Nevada from the judgment entered
21 against said Defendant on the 8th day of October, 2014, whereby he
22 was convicted of Ct. 1 - Voluntary Manslaughter and Ct. 2. - Child
23 Abuse, Neglect or Endangerment with Substantial Bodily Harm and
24 sentenced to \$25 Admin. fee; \$150 DNA analysis fee; genetic
25 testing; Ct. 1 - 48-120 months in prison; Ct. 2 - 72-230 months in
26 prison consecutive to Ct. 1; 488 days CTS.

27 DATED this 30th day of October, 2014.

28 PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By: /s/ Nancy L. Lemcke
NANCY L. LEMCKE, #5416
Deputy Public Defender

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15 I declare under penalty of perjury that the foregoing is
16 true and correct.

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CERTIFICATE OF ELECTRONIC FILING

I hereby certify that service of the above and foregoing
was made this 30th day of October, 2014, by Electronic Filing to:

District Attorneys Office
E-Mail Address:

PDMotions@clarkcountyda.com

Jennifer.Garcia@clarkcountyda.com

Eileen.Davis@clarkcountyda.com

/s/ Carrie M. Connolly
Secretary for the
Public Defender's Office

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Felony/Gross Misdemeanor

COURT MINUTES

December 03, 2013

C-13-294266-1 State of Nevada
 vs
 Jonathan Quisano

December 03, 2013 9:30 AM Initial Arraignment

HEARD BY: De La Garza, Melisa

COURTROOM: RJC Lower Level
Arraignment

COURT CLERK: Roshonda Mayfield

RECORDER: Kiara Schmidt

REPORTER:

PARTIES

PRESENT:	Quisano, Jonathan	Defendant
	Reed, Norman Joseph	Attorney for the Defendant
	Staudaher, Michael V.	Attorney for the State

JOURNAL ENTRIES

- Information FILED IN OPEN COURT. DEFT. QUISANO ARRAIGNED, PLED NOT GUILTY, and WAIVED the 60-DAY RULE. COURT ORDERED, matter set for status check regarding the setting of trial.

CUSTODY

12/10/13 9:30 A.M. STATUS CHECK: TRIAL SETTING (DEPT. 21)

DISTRICT COURT
CLARK COUNTY, NEVADA

Felony/Gross Misdemeanor

COURT MINUTES

December 10, 2013

C-13-294266-1 State of Nevada
 vs
 Jonathan Quisano

December 10, 2013 9:30 AM Status Check

HEARD BY: Adair, Valerie

COURTROOM: RJC Courtroom 11C

COURT CLERK: Denise Husted

RECORDER: Janie Olsen

REPORTER:

PARTIES

PRESENT:	Edwards, Michelle	Attorney for the State
	Lemcke, Nancy L.	Attorney for the Defendant
	Quisano, Jonathan	Defendant
	State of Nevada	Plaintiff

JOURNAL ENTRIES

- Ms. Lemke stated that the defendant previously waived his speedy trial rights. She requested a trial setting in June. Ms. Edwards informed the Court that an Amended Information was filed in the lower court. COURT ORDERED, trial date SET.

CUSTODY

6/5/13 9:30 AM CALENDAR CALL

6/9/13 9:30 AM JURY TRIAL

PRINT DATE: 12/11/2013

Page 1 of 1

Minutes Date: December 10, 2013

DISTRICT COURT
CLARK COUNTY, NEVADA

Felony/Gross Misdemeanor

COURT MINUTES

February 06, 2014

C-13-294266-1

State of Nevada

vs

Jonathan Quisano

February 06, 2014

9:30 AM

Petition for Writ of Habeas
Corpus

HEARD BY: Smith, Douglas E.

COURTROOM: RJC Courtroom 11C

COURT CLERK: Denise Husted

RECORDER: Janie Olsen

REPORTER:

PARTIES

PRESENT:

Edwards, Michelle
Lemcke, Nancy L.
Quisano, Jonathan
State of Nevada

Attorney for the State
Attorney for the Defendant
Defendant
Plaintiff

JOURNAL ENTRIES

- Ms. Edwards requested an additional four weeks to file a return. COURT ORDERED,
CONTINUED.

CUSTODY

CONTINUED TO: 3/6/14 9:30 AM

PRINT DATE: 02/10/2014

Page 1 of 1

Minutes Date: February 06, 2014

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Felony/Gross Misdemeanor

COURT MINUTES

March 06, 2014

C-13-294266-1 State of Nevada
vs
Jonathan Quisano

**March 06, 2014 9:30 AM Defendant's Petition for
Writ of Habeas Corpus**

HEARD BY: Adair, Valerie

COURTROOM: RJC Courtroom 11C

COURT CLERK: Tia Everett

RECORDER: Janie Olsen

PARTIES Michael Stadauher and Michelle Edwards, Deputy District Attorneys, present on
PRESENT: behalf of the State. Defendant present in custody and represented by Nancy Lemcke
and Norm Reed, Deputy Public Defenders.

JOURNAL ENTRIES

- Michael Stadauher and Michelle Edwards, Deputy District Attorneys, present on behalf of the State.
Defendant present in custody and represented by Nancy Lemcke and Norm Reed, Deputy Public
Defenders.

Parties submitted on the pleadings. Court stated she would like to review the record further and
ORDERED, matter UNDER ADVISEMENT and matter SET for Decision.

CUSTODY

**3/10/2014 CHAMBERS - DECISION RE: DEFENDANT'S PETITION FOR WRIT OF HABEAS
CORPUS**

PRINT DATE: 03/07/2014

Page 1 of 1

Minutes Date: March 06, 2014

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Felony/Gross Misdemeanor

COURT MINUTES

March 10, 2014

C-13-294266-1

State of Nevada

vs

Jonathan Quisano

March 10, 2014

3:00 AM

Decision

HEARD BY: Adair, Valerie

COURTROOM:

COURT CLERK: Denise Husted

RECORDER:

REPORTER:

PARTIES

PRESENT:

JOURNAL ENTRIES

- MATTER CONTINUED, for Court to review Grand Jury Transcript.

NDC

DISTRICT COURT
CLARK COUNTY, NEVADA

Felony/Gross Misdemeanor

COURT MINUTES

March 31, 2014

C-13-294266-1 State of Nevada
 vs
 Jonathan Quisano

March 31, 2014 3:00 AM Decision

HEARD BY: Adair, Valerie

COURTROOM:

COURT CLERK: Denise Husted

RECORDER: Janie Olsen

REPORTER:

PARTIES

PRESENT:

JOURNAL ENTRIES

- COURT ORDERED Defendant's Petition for Writ of Habeas Corpus is DENIED.

CLERK'S NOTE: A copy of this minute order placed in the attorney folder of:

Nancy Lemcke (PUBLIC DEFENDER'S OFFICE)

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Felony/Gross Misdemeanor**COURT MINUTES****June 03, 2014**

C-13-294266-1 State of Nevada
vs
Jonathan Quisano

June 03, 2014 9:30 AM All Pending Motions

HEARD BY: Adair, Valerie**COURTROOM:** RJC Courtroom 11C**COURT CLERK:** Denise Husted**RECORDER:** Janie Olsen**REPORTER:****PARTIES**

PRESENT:	Edwards, Michelle	Attorney for the State
	Lemcke, Nancy L.	Attorney for the Defendant
	Quisano, Jonathan	Defendant
	Reed, Norman Joseph	Attorney for the Defendant
	State of Nevada	Plaintiff
	Staudaher, Michael V.	Attorney for the State

JOURNAL ENTRIES

- DEFENDANT'S MOTION TO SUPPRESS DEFENDANT'S STATEMENTS. COURT FINDS, in reading it suggest that it was a non-custodial matter. An Evidentiary Hearing will be set at the time of calendar call.

DEFENDANT'S MOTION TO COMPEL PRODUCT OF DISCOVERY. Following statements by counsel, COURT ORDERED, motion is GRANTED IN PART and DENIED IN PART.

STATE'S MOTION TO ADMIT EVIDENCE OF OTHER CRIMES, WRONGS OR ACTS. The Court stated its concern as to the discrepancy of what happened in Hawaii. Arguments by Mr. Staudaher regarding his motion and that the defendant has a pattern of not caring for his children. COURT FINDS, the incident of the first child will not come in unless defense opens the door. The second case; the Court will consider a Petrocelli Hearing.

PRINT DATE: 08/18/2014

Page 1 of 2

Minutes Date: June 03, 2014

DEFENDANT'S MOTION TO STRIKE JURY VENIRE BASED UPON THE AUTOMATIC EXCLUSION OF CONVICTED FELONS. Ms. Staudaher provided opposition to the Court. The Court noted that it always asks jurors if any of them have felonies. The Court informed counsel it will review the matter further, but is inclined to deny to motion.

DEFENDANT'S MOTION TO LIMIT EXPERT TESTIMONY. The Court stated that the witnesses in this case are percipient witnesses and not compensated by the State. The State has limited ability to control what they provide. The State does have a duty to tell the defense what they are going to testify about. Mr. Staudaher stated his belief that he has done that. Further arguments by counsel regarding expert witnesses. The Court instructed counsel to contact Chow to see his CV and to determine if he ever testified in a Civil or Criminal case.

DEFENDANT'S MOTION TO EXCLUDE EXPERT WITNESSES. COURT ORDERED, this motion is TABLED.

DEFENDANT'S MOTION IN LIMINE TO EXCLUDE TESTIMONY REGARDING TRAUMA DESTINATION FALL CRITERIA PROTOCOL. The Court stated he is not to opine that anything is inconsistent to what the father told him. Need a determination was sent to trauma; can't opine to distinction of fall.

STATE'S REQUEST FOR WITNESSES TO APEAR BY SIMULTANEOUS AUDIOVISUAL TRANSMISSION EQUIPMENT. COURT ORDERED, it will be allowed.

CUSTODY

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Felony/Gross Misdemeanor**COURT MINUTES****June 05, 2014**

C-13-294266-1

State of Nevada

vs

Jonathan Quisano

June 05, 2014**9:30 AM****All Pending Motions****HEARD BY:** Adair, Valerie**COURTROOM:** RJC Courtroom 11C**COURT CLERK:** Shelly Landwehr**RECORDER:** Janie Olsen**REPORTER:**

PARTIES	Lemcke, Nancy L.	Attorney
PRESENT:	Quisano, Jonathan	Defendant
	Reed, Norman Joseph	Attorney
	State of Nevada	Plaintiff
	Staudaher, Michael V.	Attorney

JOURNAL ENTRIES

CALENDAR CALL...STATE'S MOTION IN LIMINE TO STRIKE OR LIMIT THE TESTIMONY OF DEFT'S EXPERTS JOHN FARLEY AND ROBERT ROTHFEDER OR IN THE ALTERNATIVE A REQUEST FOR EVIDENTIARY HEARING

- Mr. Staudaher argued regarding of the expert's testing and argued there are no reports by either expert or any information y concerning the results of any testing that was performed by either of the experts. With respect to Mr. Farley, there is no information as to what information he was provided with to determine which method of testing was used. Mr. Staudaher stated the methodology is an issue and requested the same information that was provided to the expert that helped him make the determination that the testing shown in the video was the appropriate way to test. There has been no disclosure by the defense as to what was given to the expert to rely on to formulate his analysis

Mr. Reed argued the expert did site two references upon which he relied on however; the doctor did not receive any discovery. Defense asked the expert to test as many ways of falling from the couch as he could.

PRINT DATE: 06/05/2014

Page 1 of 2

Minutes Date: June 05, 2014

Further, Mr. Staudaher has cross-examined this witness before, in another case, and didn't make this objection there and the situations are very similar.

Arguments by Mr. Staudaher. Court stated it could schedule a hearing with the expert based on the State's challenge. As to Doctor Rothfeder, Mr. Staudaher argued he has the same issues and argued he only has curriculum vitae from Dr. Rothfeder regarding head injuries. Mr. Staudaher stated he plans to talk to him and get an idea of what his area of expertise is.

Mr. Reed argued the State has all the medical records. Court stated Mr. Reed must disclose, in writing, what was given to the doctor. Mr. Reed inquired if the State would do the same with their retained experts, because he does not have reports. Court noted those experts were not retained for purposes of trial but it should be in their report.

Colloquy regarding trial schedule. Colloquy regarding pre-trial motions. Court inquired if a video conference can be set up for the Hawaii witnesses by Monday.

COURT ORDERED, evidentiary hearing SET for 6/09/14 at 1:30 PM. Trial VACATED and RESET for 6/11/14 at 10:00 AM.

DISTRICT COURT
CLARK COUNTY, NEVADA

Felony/Gross Misdemeanor

COURT MINUTES

June 09, 2014

C-13-294266-1 State of Nevada
 vs
 Jonathan Quisano

June 09, 2014 9:30 AM Evidentiary Hearing

HEARD BY: Adair, Valerie

COURTROOM: RJC Courtroom 11C

COURT CLERK: Denise Husted

RECORDER: Janie Olsen

REPORTER:

PARTIES

PRESENT:	Edwards, Michelle	Attorney for the State
	Lemcke, Nancy L.	Attorney for the Defendant
	Reed, Norman Joseph	Attorney for the Defendant
	State of Nevada	Plaintiff
	Staudaher, Michael V.	Attorney for the State

JOURNAL ENTRIES

- The Court noted that this is at the point where the detective confronted the defendant that his story and Cat Scan don't match. Mr. Staudaher advised that the Rolf and Bucheat won't be here because of the death of the LVMPD officers over the week-end. Colloquy regarding scheduling. Testimony per worksheet. Ms. Staudaher stated that this suspends this portion of the hearing.

PRINT DATE: 09/09/2014

Page 1 of 1

Minutes Date: June 09, 2014

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Felony/Gross Misdemeanor**COURT MINUTES****June 10, 2014**

C-13-294266-1

State of Nevada

vs

Jonathan Quisano

June 10, 2014**9:30 AM****Entry of Plea****HEARD BY:** Adair, Valerie**COURTROOM:** RJC Courtroom 11C**COURT CLERK:** Denise Husted**RECORDER:** Janie Olsen**REPORTER:****PARTIES****PRESENT:**

Edwards, Michelle

Attorney for the State

Lemcke, Nancy L.

Attorney for the Defendant

Quisano, Jonathan

Defendant

Reed, Norman Joseph

Attorney for the Defendant

State of Nevada

Plaintiff

Staudaher, Michael V.

Attorney for the State

JOURNAL ENTRIES

- Negotiations are as contained in the Guilty Plea Agreement FILED IN OPEN COURT. Second Amended Information FILED IN OPEN COURT. Defendant Quisano ARRAIGNED and PLED GUILTY pursuant to the Alford Decision as follows:

Count 1 - Voluntary Manslaughter (F);

Count 2 - Child Abuse Neglect or Endangerment with Substantial Bodily Harm (F).

Offer of proof by the State. Court ACCEPTED PLEA and ORDERED the matter referred to the Division of Parole and Probation for a presentence investigation report and SET for sentencing.

CUSTODY**9/9/14 9:30 AM SENTENCING****PRINT DATE:** 06/12/2014**Page 1 of 2****Minutes Date:** June 10, 2014

DISTRICT COURT
CLARK COUNTY, NEVADA

Felony/Gross Misdemeanor

COURT MINUTES

September 09, 2014

C-13-294266-1 State of Nevada
 vs
 Jonathan Quisano

September 09, 2014 9:30 AM Sentencing

HEARD BY: Adair, Valerie

COURTROOM: RJC Courtroom 11C

COURT CLERK: Denise Husted

RECORDER: Janie Olsen

REPORTER:

PARTIES

PRESENT:	Quisano, Jonathan	Defendant
	Reed, Norman Joseph	Attorney for the Defendant
	State of Nevada	Plaintiff
	Staudaher, Michael V.	Attorney for the State

JOURNAL ENTRIES

- Counsel stipulated to a continuance. COURT SO ORDERED.

CUSTODY

CONTINUED TO: 10/7/14 9:30 AM

PRINT DATE: 09/10/2014

Page 1 of 1

Minutes Date: September 09,
 2014

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Felony/Gross Misdemeanor

COURT MINUTES

October 07, 2014

C-13-294266-1 State of Nevada
 vs
 Jonathan Quisano

October 07, 2014 9:30 AM Sentencing

HEARD BY: Adair, Valerie

COURTROOM: RJC Courtroom 11C

COURT CLERK: Denise Husted

RECORDER: Janie Olsen

REPORTER:

PARTIES

PRESENT:	Jobe, Michelle Y.	Attorney for the State
	Lemcke, Nancy L.	Attorney for the Defendant
	Quisano, Jonathan	Defendant
	Reed, Norman Joseph	Attorney for the Defendant
	State of Nevada	Plaintiff
	Staudaher, Michael V.	Attorney for the State

JOURNAL ENTRIES

- Arguments by Mr. Staudaher - Denise Husted, Court Clerk present

11:50 AM, Andrea Natali, Court Clerk present.

Arguments by Mr. Frizzell. Statement by Deft. Christina Rodrigues, victim speaker, sworn and testified. Arguments by counsel regarding the victim speaker's testimony related to the Deft.'s sentence. Exhibits ADMITTED (per worksheet). Further, arguments by counsel regarding the family court affidavit. DEFT. QUISANO ADJUDGED GUILTY of COUNT 1 - VOLUNTARY MANSLAUGHTER (F) and COUNT 2 - CHILD ABUSE, NEGLECT, OR ENDANGERMENT WITH SUBSTANTIAL BODILY HARM (F). COURT ORDERED, in addition to the \$25.00 Administrative Assessment fee and a \$150.00 DNA Analysis fee including testing to determine genetic markers, Defendant SENTENCED to the Nevada Department of Corrections as follows:

PRINT DATE: 10/13/2014

Page 1 of 2

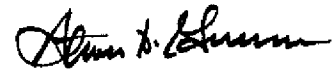
Minutes Date: October 07, 2014

COUNT 1 - to a MAXIMUM of ONE HUNDRED TWENTY (120) MONTHS and a MINIMUM of FORTY-EIGHT (48) MONTHS;

COUNT 2 - to a MAXIMUM of TWO HUNDRED THIRTY (230) MONTHS and a MINIMUM of SEVENTY-TWO (72) MONTHS; CONSECUTIVE with COUNT 1; with FOUR HUNDRED EIGHTY-EIGHT (488) DAYS credit for time served.

Following a CONFERENCE AT BENCH, Court clarified what the State had stipulated to in regards to the term.

NDC



CLERK OF THE COURT

1 TRAN

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4
5 DISTRICT COURT
6 CLARK COUNTY, NEVADA
7

8 THE STATE OF NEVADA,

9 Plaintiff,

10 vs.

11 JONATHAN QUISANO,

12 Defendant.
13

) CASE NO. C-13-294266-1

) DEPT. XXI

) (ARRAIGNMENT HELD IN DEPT. LLA)

14
15 BEFORE THE HONORABLE MELISA DE LA GARZA, HEARING MASTER
16 TUESDAY, DECEMBER 03, 2013.

17 **RECORDER'S TRANSCRIPT OF HEARING RE:**
18 **INITIAL ARRAIGNMENT**

19 **APPEARANCES:**

20 For the State:

21 SUSAN BENEDICT, ESQ.,
22 MICHAEL V. STAUDAHER, ESQ.,
23 Chief Deputy District Attorneys

24 For the Defendant:

25 NORMAN J. REED, ESQ.,
Deputy Public Defender

RECORDED BY: KIARA SCHMIDT, COURT RECORDER

1 TUESDAY, DECEMBER 03, 2013

2 * * * * *

3 P R O C E E D I N G S
4

5 THE COURT: State of Nevada versus Jonathan Quisano, C294266-1. He --

6 MR. REED: This is my case, but I don't know if MVU is coming down and
7 they didn't leave the file.

8 MS. BENEDICT: Do you have the Information?

9 MR. REED: I do not have the Information because it wasn't filed as of
10 yesterday. So --

11 THE COURT: Okay. All right. Well you let me know when you're ready.

12 MS. BENEDICT: I'll send an email.

13 MR. REED: Thank you, Judge. I appreciate it.

14 MS. BENEDICT: Who is your deputy?

15 MR. REED: Staudaher. Michael Staudaher.

16 THE COURT: Okay. The State will send him a quick email, see if he's --

17 MR. REED: Thanks. I appreciate it.

18 THE COURT: -- around.

19 (Whereupon, the matter was trailed and then recalled.)

20 THE COURT: State of Nevada versus Jonathan Quisano, C294266-1. He is
21 present in custody. Mr. Reed is here on behalf of the defendant, and Mr. Staudaher
22 is here on behalf of the State.

23 Sir, did you receive a copy of the Information stating the charges
24 against you?

25 THE DEFENDANT: Yes, ma'am.

1 THE COURT: Did you read through it and understand it?

2 THE DEFENDANT: Yes, ma'am.

3 THE COURT: Do want to waive a formal reading of the charges?

4 THE DEFENDANT: Yes, ma'am.

5 THE COURT: How do you plead?

6 THE DEFENDANT: Not guilty.

7 THE COURT: You do have a right to a trial within 60 days. Do you want to
8 waive or invoke that right?

9 THE DEFENDANT: Waive.

10 THE COURT: Waive it? All right. I'm going to set it in front of the department
11 in one week for trial setting.

12 MR. REED: That's fine, your Honor. And just for the record, this was just a
13 clerical error. There's some language that still remains in the Information that was
14 stricken in the Justice Court, but I'm sure Mr. Staudaher will file an amended
15 Information fixing language.

16 MR. STAUDAHER: That is correct.

17 THE COURT: You might want to do that and have it prepared for this
18 one-week date. Okay?

19 MR. STAUDAHER: Very well.

20 THE CLERK: One week, December 10th, 9:30 a.m., Department 21.

21 THE COURT: Does that work?

22 MR. REED: That works. Thank you.

23 MR. STAUDAHER: Yes, your Honor.

24 ///

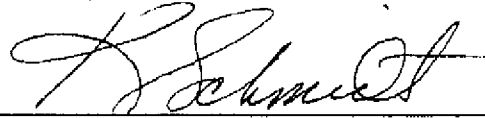
25 ///

1 THE COURT: All right. Thank you, all.

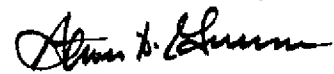
2 (Whereupon, the proceedings concluded.)

3 * * * * *

4 ATTEST: Pursuant to Rule 3C(d) of the Nevada Rules of Appellate Procedure, I
5 certify that this is a rough draft transcript, expeditiously prepared, not proofread,
6 corrected, or certified to be an accurate transcript.

7 

8 Kiara Schmidt, Court Recorder/Transcriber



CLERK OF THE COURT

1 RTRAN

2
3 DISTRICT COURT
4 CLARK COUNTY, NEVADA
5

6
7 THE STATE OF NEVADA,

8 Plaintiff,

9 vs.

10 JONATHAN QUISANO,

11 Defendant.
12
13

CASE NO.: C294266-1

DEPT. XXI

14
15 BEFORE THE HONORABLE, VALERIE ADAIR, DISTRICT COURT JUDGE
16 TUESDAY, DECEMBER 10, 2013

17 **RECORDER'S TRANSCRIPT OF PROCEEDINGS**
STATUS CHECK: TRIAL SETTING

18 APPEARANCES:

19 For the State:

MICHAEL V. STAUDAHER, ESQ.
Chief Deputy District Attorney
MICHELLE EDWARDS, ESQ.
Deputy District Attorney

22 For the Defendant:

NANCY L. LEMCKE, ESQ.
Deputy Public Defender

24
25 RECORDED BY: JANIE L. OLSEN, COURT RECORDER

Rough Draft

Page - 1

1 LAS VEGAS, NEVADA, TUESDAY, DECEMBER 10, 2013 at 9:43 A.M.

2

3 THE COURT: And that was Jonathan Quisano --

4 MR. STAUDAHER: Yes, Your Honor.

5 THE COURT: -- who is present, in custody, and does he need an
6 interpreter?

7 MS. LEMCKE: He does not.

8 THE COURT: Okay.

9 All right, this is on for status check regarding trial setting.

10 MS. LEMCKE: Right, Your Honor. We have spoken about it. My client is
11 prepared to waive his right to a speedy trial this morning to the extent that he didn't
12 do it already. I wasn't actually with him at lower level arraignment.

13 THE COURT: Okay.

14 MS. LEMCKE: Mr. Reed, my co- counsel --

15 MR. STAUDAHER: He did --

16 MS. LEMCKE: -- was.

17 MR. STAUDAHER: -- waive --

18 THE COURT: And just to confirm, Mr. Quisano, that's your desire to waive
19 your right to a trial within 60 days?

20 THE DEFENDANT: Yes, Your Honor.

21 THE COURT: All right.

22 MS. LEMCKE: So, we would -- I don't know what the Court's calendar is like.
23 June would probably be a good date for all of us.

24 THE COURT: We'll get the JEA and that way we can give you a better idea.

25 MS. LEMCKE: Sure.

Rough Draft

Page - 2

1 THE COURT: June is realistic.
2 THE RECORDER: Can I have counsel's name, Mr. Staudaher?
3 MS. EDWARDS: Michelle --
4 MR. STAUDAHER: Mike --
5 MS. EDWARDS: -- Edwards.
6 MR. STAUDAHER: Oh.
7 THE RECORDER: I'm sorry?
8 MS. EDWARDS: Michelle Edwards.
9 THE RECORDER: Thank you.
10 MS. EDWARDS: You're welcome.
11 THE COURT: How long do we anticipate for trial, about a week?
12 MS. LEMCKE: Yeah. It could run a little longer.
13 THE COURT: Do we have a --
14 MR. STAUDAHER: Well, it depends -- if Ms. Lemcke is actually --
15 THE COURT: I'm sorry?
16 MR. STAUDAHER: -- doing the -- it depends on whether Ms. Lemcke is
17 actually doing the majority of the questioning and I think she takes a -- she is very
18 thorough is what I --
19 THE COURT: Okay.
20 MS. LEMCKE: That's a word for it, yes.
21 THE COURT: I've actually -- I don't think I've ever seen Ms. Lemcke in trial --
22 MS. LEMCKE: I don't know that --
23 THE COURT: -- remarkably.
24 MS. LEMCKE: I know. I can't believe as many years as --
25 THE COURT: We've both --

Rough Draft

Page - 3

1 MS. LEMCKE: -- we've been in practice --

2 THE COURT: -- been around.

3 MS. LEMCKE: -- about the same time -- yeah, of course.

4 MR. STAUDAHER: Your Honor, just for the record, down in lower level the --
5 Amended Information was filed. There -- it did not reflect exactly the language that
6 was, you know, part of the bindover so we filed an Amended. I don't know if counsel
7 received that but did you get it in time?

8 MS. LEMCKE: I did, and I have --

9 MR. STAUDAHER: All right.

10 MS. LEMCKE: -- had a chance to look at it. What happened, Judge, at the
11 end of the preliminary hearing the judge, at my request, struck some of the language
12 that was articulated in the --

13 THE COURT: Complaint.

14 MS. LEMCKE: -- criminal complaint, the original charging document. I need
15 to get a copy of the preliminary hearing transcript just to make sure that the
16 Amended Information that's currently on file comports with the Court's ruling, --

17 THE COURT: Okay.

18 MS. LEMCKE: -- so I don't want to waive any issues where that's concerned.

19 THE COURT: Okay.

20 MS. LEMCKE: To the extent that it does, then I'll take -- I'll bring it some -- a
21 motion back before --

22 THE COURT: Sure.

23 MS. LEMCKE: -- Your Honor or litigate it --

24 THE COURT: Or maybe --

25 MS. LEMCKE: -- by way of writ.

Rough Draft

Page - 4

1 THE COURT: -- you can even just resolve it if --
2 MR. STAUDAHER: Yeah, that's --
3 MS. LEMCKE: Yeah.
4 THE COURT: -- there was like a --
5 MR. STAUDAHER: -- fine.
6 MS. LEMCKE: I'm sure.
7 THE COURT: -- clerical error or something --
8 MR. STAUDAHER: Right.
9 THE COURT: -- like that.
10 MR. STAUDAHER: And we believe it reflects -- it currently reflects that, but if
11 there's some dispute and we agree --
12 THE COURT: Right, if you --
13 MR. STAUDAHER: -- with it, we'll --
14 THE COURT: -- can't --
15 MR. STAUDAHER: -- do it.
16 THE COURT: -- resolve it between the two of you, bring it before the Court --
17 MS. LEMCKE: I will.
18 THE COURT: -- and then I'll --
19 MS. LEMCKE: I will, and -- while we're waiting too, just for the record if I
20 could have 21 days from the filing of the --
21 THE COURT: Of --
22 MS. LEMCKE: -- preliminary hearing transcript to --
23 THE COURT: Yes, to --
24 MS. LEMCKE: -- file a writ?
25 THE COURT: -- file the writ; absolutely.


Rough Draft

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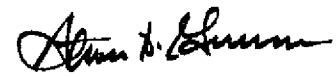
1 MS. LEMCKE: Thank you, Judge.
2 THE COURT: Sharry, do we --
3 THE JEA: June the 9th.
4 THE COURT: June 9th; does that work for everyone?
5 MS. LEMCKE: Perfect.
6 MR. STAUDAHER: Yes, Your Honor.
7 THE COURT: Okay.
8 THE JEA: Okay, jury trial on June 9, 2014 at 9:30 and calendar call on June
9 5, 2014 at 9:30.
10 MR. STAUDAHER: Thank you, Your Honor.
11 THE COURT: All right, thank you.
12 MS. LEMCKE: Thank you, Your Honor.

13 [Proceedings concluded at 9:48 a.m.]
14
15
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20

21 ATTEST: I do hereby certify that I have truly and correctly transcribed the
22 audio/video recording in the above-entitled case to the best of my ability.

23 
24 CYNTHIA GEORGILAS
25 Court Recorder/Transcriber
District Court Dept. XIII
702 671-4425

Rough Draft


CLERK OF THE COURT

1 RTRAN

2
3 DISTRICT COURT
4 CLARK COUNTY, NEVADA
5

6
7 THE STATE OF NEVADA,

8 Plaintiff,

9 vs.

10 JONATHAN QUISANO,

11 Defendant.
12
13

CASE NO.: C294266-1

DEPT. XXI

14
15 BEFORE THE HONORABLE, VALERIE ADAIR, DISTRICT COURT JUDGE
16 THURSDAY, MARCH 6, 2014

17 **RECORDER'S TRANSCRIPT OF PROCEEDINGS**
DEFENDANT'S PETITION FOR WRIT OF HABEAS CORPUS

18 APPEARANCES:

19 For the State:

MICHAEL V. STAUDAHER, ESQ.
Chief Deputy District Attorney
MICHELLE EDWARDS, ESQ.
Deputy District Attorney

21 For the Defendant:

NANCY L. LEMCKE, ESQ.
NORMAN J. REED, ESQ.
Deputy Public Defenders

23
24
25 RECORDED BY: JANIE L. OLSEN, COURT RECORDER

Rough Draft

1 LAS VEGAS, NEVADA, THURSDAY, MARCH 10, 2014 at 9:57 A.M.

2 THE COURT: All right, the State versus Jonathan Quisano who is present in
3 custody with Ms. Lemcke and Mr. Reed. We've got Mr. Staudaher for the State and
4 Ms. --

5 MR. STAUDAHER: And Ms. Edwards.

6 THE COURT: All right.

7 This is on for the Defendant's petition. I've reviewed everything. Does
8 the defense have anything they'd like to add to what's already --

9 MS. LEMCKE: I --

10 THE COURT: -- been provided to the Court?

11 MS. LEMCKE: I do not, Your Honor.

12 THE COURT: Anything --

13 MR. STAUDAHER: We will --

14 THE COURT: -- for the State?

15 MR. STAUDAHER: -- submit it then, Your Honor.

16 THE COURT: All right.

17 I just want to review the record a little bit more fully and so I'm going to
18 pass this to chambers for decision, all right?

19 MS. LEMCKE: Okay, thank you, Judge.

20 THE COURT: Thank you.

21 MR. STAUDAHER: Thank you, Your Honor.

22 THE COURT: That means you don't have to come back since there's --

23 THE CLERK: Next chambers; on the 10th?

24 THE COURT: Yeah.

25 THE CLERK: March 10th.

Rough Draft

Page - 2

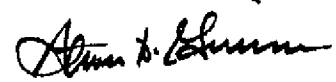
1 THE COURT: All right, thank you.
2 MS. LEMCKE: But we don't need to be --
3 MR. STAUDAHER: Thank you, Your Honor.
4 MS. LEMCKE: -- present on that date? You'll just --
5 THE COURT: No, no. Basically --
6 MS. LEMCKE: -- issue a minute order --
7 THE COURT: -- I just issue a ruling; that's it.
8 MS. LEMCKE: -- a court order? Oh -- okay, perfect.
9 THE COURT: Okay?
10 MS. LEMCKE: Thank you, Your Honor.
11 THE COURT: Thank you -- since there's no argument -- the argument would
12 have been today and so --
13 MS. LEMCKE: Right.
14 THE COURT: -- there's nothing else.
15 All right, thank you.
16 MR. STAUDAHER: Thank you, Your Honor.
17 MS. LEMCKE: Thank you.
18 [Proceedings concluded at 9:58 a.m.]
19

20 ATTEST: I do hereby certify that I have truly and correctly transcribed the
21 audio/video recording in the above-entitled case to the best of my ability.
22

23 Cynthia Georgilas
24 CYNTHIA GEORGILAS
25 Court Recorder/Transcriber
District Court Dept. XIII
702 671-4425

Rough Draft

Page - 3



CLERK OF THE COURT

1 RTRAN

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5 DISTRICT COURT
6 CLARK COUNTY, NEVADA

7
8 THE STATE OF NEVADA,

9 Plaintiff,

10 vs.

11 JONATHAN QUISANO,

12 Defendant.
13

CASE#: C294266

DEPT. XXI

14
15 BEFORE THE HONORABLE VALERIE P. ADAIR, DISTRICT COURT JUDGE
16 TUESDAY, JUNE 3, 2014

17 **RECORDER'S ROUGH DRAFT TRANSCRIPT OF PROCEEDINGS**
18 **ALL PENDING MOTIONS**

19 APPEARANCES:

20 For the State:

MICHAEL V. STAUDAHER, ESQ.
Chief Deputy District Attorney
MICHELLE Y. JOBE, ESQ.
Deputy District Attorney

21 For the Defendant:

22 NORMAN J. REED, ESQ.
Deputy Public Defender
23 NANCY L. LEMCKE, ESQ.
Deputy Public Defenders
24

25 RECORDED BY: JANIE OLSEN, COURT RECORDER

1 TUESDAY, JUNE 3, 2014 AT 9:52 A.M.

2
3 THE COURT: All right. State versus Jonathan Quisano who is present in
4 custody.

5 All right. This is on for various motions. And what I am going to do is
6 go through each motion and sort of state my preliminary findings or ruling and then
7 anyone who would like to add something or ask me to consider something else, I
8 will. All right.

9 MR. REED: Sounds good.

10 THE COURT: Starting with the motion to suppress. My reading of everything
11 including the grand jury transcript suggests -- or the transcript -- suggests to me that
12 it was non-custodial. However, if you would like to have an evidentiary hearing on
13 the issue, we can certainly set it for an evidentiary hearing.

14 MS. LEMCKE: I would like that, Judge.

15 THE COURT: All right. Now --

16 MR. STAUDAHER: Your Honor, I think the case is clear. If they ask for it, I
17 think we have to.

18 THE COURT: Right. So, scheduling. This is set for calendar call on
19 Thursday. So, if it's going forward for trial I guess we'll do the hearing on Monday or
20 we could do the hearing on Friday.

21 MR. STAUDAHER: Either way, Your Honor.

22 THE COURT: Okay. I guess we'll talk about that at the calendar call then.

23 MR. REED: That's fine, Judge. I have hearings early Friday morning, but I
24 would have Friday afternoon open, schedule wise, for myself. Monday, obviously,
25 I'm open.

1 MS. LEMCKE: I'm open, Your Honor.

2 THE COURT: Okay.

3 MR. STAUDAHER: And, Your Honor, to facilitate that, I anticipated the Court
4 would probably rule in that way, and I talked to counsel about this before. To
5 facilitate that hearing, it's probably important to the Court that we hear the interview
6 that was actually done to see if it was coercive or what the nature of it was and how
7 the Defendant reacted. I've got a copy of that here that I can provide to the Court if
8 the Court would like to review that in advance of the hearing on Monday or
9 whenever --

10 THE COURT: Or I can make you all sit in here while we listen to it together.

11 MR. STAUDAHER: That's true. We can do that, we can do that. That
12 sounds like fun. Either way, I've got it available for the Court now if the Court would
13 like it.

14 THE COURT: All right. In other words, I will try to listen to it ahead of time,
15 time permitting.

16 MR. STAUDAHER: May I approach, Your Honor?

17 THE COURT: You may.

18 MR. REED: Judge, I think it's like 40 minutes too --

19 THE COURT: Okay.

20 MR. REED: -- just so the Court knows. It's not an exceeding long
21 interrogation.

22 THE COURT: All right. I'm going to pass for a moment, just for a moment,
23 the motion to compel and the motion to admit evidence of other crimes.

24 I'm moving to the motion to strike the jury veneer based on the
25 automatic exclusion of convicted felons. That's an interesting one. I believe it's the

1 first time we've had that motion in here. I'm curious as to whether or not that's been
2 filed in other cases.

3 MR. REED: You're the first, Judge.

4 THE COURT: I am?

5 MR. REED: You're the first --

6 THE COURT: Are you asking me to make new law?

7 MR. REED: Yes; I think that would be the case.

8 THE COURT: All right. We didn't get an opposition on this one.

9 MR. STAUDAHER: Actually we do, Your Honor. It was filed on the 30th, I
10 believe.

11 MR. REED: I received a copy of it.

12 THE COURT: Okay.

13 MR. STAUDAHER: I've got a copy here if the Court would like to see it.

14 THE COURT: All right. You can approach with that.

15 Just so you folks know on this, felons get through all the time.
16 Whenever -- I mean, because I -- we were getting convicted felons. So, I know have
17 started asking the question, has anyone been convicted of a felony. And then we
18 ask them what it is and we check and see, you know, were they discharged, did they
19 go to prison, what have you. So, that's how we do it in here. But obviously jury
20 services is automatically excluding felons; a, some of are still getting through and, b,
21 we need to address that issue. So -- notwithstanding any practice the Court has.

22 MR. REED: Right. And I understand, Your Honor, and I think the Court is
23 spot on. There is probably some that are getting through, but my understanding of
24 looking at the website in which prospective jurors personally being requested to
25 serve on a jury, you fill out an application and if you are a convicted felon you

1 answer yes to convicted felon, you are immediately removed from the system at that
2 point.

3 THE COURT: Okay. So, we're getting the ones who are making it through
4 are the convicted felons who aren't smart enough to check the box.

5 MR. REED: They are either misrepresenting or unwittingly answering.

6 THE COURT: Well no because -- they don't misrepresent. We get people
7 who aren't convicted felons representing to be felons so that they can get excused
8 which is why we always verify whatever information to the extent we can to
9 9:56.44[indiscernible] the bailiff or marshal does that.

10 All right. I'm looking at the -- I'm reading, it's quite short -- State's two
11 page opposition that basically -- they're not a distinctive group and that there's not a
12 constitutional right to be tried by a jury or a jury composed in part by convicted
13 felons like you have for other protected groups or distinct groups in the community
14 based on race, religion and other things.

15 MS. JOBE: If I could point something out, Your Honor.

16 THE COURT: Yes.

17 MS. JOBE: The statute that counsel raises in their motion refer to felons
18 being able to restore their civil rights, and that is actually explicitly provided for in
19 NRS 6.010 which I cited in the opposition articulating those who are qualified to
20 serve as jurors. I'll spare Your Honor the entire paragraph, but at the end it says a
21 person who has been convicted of a felony is not a qualified juror of the county in
22 which the person resides until the person's civil rights to serve as a juror has been
23 restored pursuant to the statute that counsel cited. So, they're not automatically
24 excluded as an entire group and exactly what counsel referred to as being
25 impermissible is what is provided for and articulated in the statute. So, the State

1 would ask Your Honor to dismiss their motion.

2 MR. REED: That's a very narrow reading, Your Honor.

3 Actually what the statute says is that there's two avenues actually in
4 which a convicted felon can serve on a jury; one, in which they have had their civil
5 rights restored and the other is when they're civil rights are restored by operation of
6 law which is the other section of the statute that I refer to in my motion that says if a
7 convicted felon has had six years that have passed since the completion of their
8 parole or probation, they are automatically --

9 THE COURT: Unless it's an A or a B felony.

10 MR. REED: Unless A or B they are automatically reinstored to the civil rights.
11 So, actually these statutes are in harmony. What's happening is that the jury
12 commissioner is reading just the statute that says are you a convicted felon and
13 people are checking off yes and actually based on personal experience, they are not
14 asking have you have had your civil rights restored. They are just automatically
15 taking you out of the system and putting the burden on the prospective juror to
16 indicate to the jury services that they have had their civil rights restored.

17 But in addition to that, by operation of law, we have unwitting
18 felons in this very community that have successfully completed parole and probation
19 that are not in the jury panel because they are being misinformed about the law and
20 frankly even the State of Nevada is misinformed about the law because these
21 statutes do go in harmony. They work together. There's two ways that it happens
22 and it makes sense, right, Your Honor. You have your civil rights restored by a
23 request of the Court or you have 'em done automatically by operation of law under
24 the statute. There's no conflict there and that's why the legislature has deemed fit to
25 allow these people who have gone through the pains of serving their time to be able

1 to go back to the community and serve as jurors and that's just not happened.

2 MS. JOBE: And, Your Honor, I believe pursuant to the argument that counsel
3 is making, if he wants to go down that road we need to serve the Attorney General's
4 office and have them come in and respond to this.

5 THE COURT: Well he's not trying to strike down the statute. He's
6 saying that the way we're selecting jurors in Clark County is impermissible. So, I
7 don't know that the Attorney General's office would need to be served because he's
8 not saying -- he's saying the practice is wrong. The practice is not implemented by
9 the Attorney General's office. The practice of the way we do it here is implemented
10 by the District Court judges. For example, it used to be voter registration. There
11 was an informal, I believe, it was an informal complaint made by the ACLU that we
12 weren't getting an adequate cross section of the community. The judges agreed
13 that we would broaden the pool using, I guess, power records and other things to
14 hopefully get a great cross section racially, ethnically, what have you of the
15 community, economically of the community. So, it's actually not the State that sets
16 the policies. It's the Court that sets the policy, meaning the judges in aggregate that
17 sets the policy. So, I don't know that the Attorney General's office would need to be
18 involved with that because they don't have a say in the policy. It's the law which
19 would be up to me how to read that whether you read them as one taking
20 precedence over the other or whether you read them that, no, they both pertain in
21 different ways as Mr. Reed asserts.

22 So, you know, I'm inclined to say no but I think you've raised an
23 interesting issue here. So, I'm going to think about it further but I'm inclined to say
24 no we're not going to have a whole hearing and then what would that mean for
25 purposes of this case that they'd have to send out -- you'd have to get a different

1 pool because when people check that off it's ahead of time so it would delay the trial
2 by definition; do you see what I'm saying? Because the people who are coming in
3 next Monday, I believe, have already gone through that process

4 MR. REED: They have.

5 THE COURT: So, that would by necessity if I were to say no our practice is
6 incorrect, then that would delay the trial by definition of the way you would need to
7 do it. I'm inclined to deny the motion. I'll just tell you right now.

8 All right. The next one is the motion to limit expert testimony. I have a
9 few preliminary comments on the law regarding expert witnesses. First of all, the
10 duty to supplement does not, in part two, does not obviate the State or a plaintiff or a
11 Defendant or anybody else of their initial duty to disclose. So, you can't say oh well
12 have an ongoing duty. That means we can file the report really late. You have an
13 initial duty to disclose and then a duty to supplement. For example, if somebody's
14 medical condition changes, quick frequently the physician will have to supplement
15 the expert report to say, you know, this person wasn't a surgical candidate. Now
16 they are a surgical candidate. Or we had additional evidence, there's an additional
17 CT scan or whatever and now my opinion is this that or the other thing or I had new
18 data, a new deposition or something like that. I revised my opinion in this way.
19 So, you have an initial duty and an ongoing duty.

20 I just want to say that the ongoing duty to supplement does not obviate
21 the State or anyone else of their initial duty. The rule, I think, was designed for
22 retained experts over which the parties have some control; meaning, if you have a
23 retained expert you can direct them. I need your CV; I need this, that or the other
24 thing. The experts we're talking about in this case are really percipient witnesses.
25 They're not retained experts although they will be testifying within the ambit of their

1 expertise. For that reason, the State has limited control over them in terms of telling
2 them you need to provide a CV, you need to do this, that or the other thing because,
3 again, they're not retained by the State, they're not compensated by the State. My
4 understanding is they're coming in as treating physicians or percipient witnesses --

5 MR. STAUDAHER: Predominantly, right.

6 THE COURT: -- to the treat; correct?

7 MR. STAUDAHER: Right.

8 THE COURT: And they're not being retained by the State to provide expert
9 opinions. They're opinions are going to be within the ambit of the treatment they
10 provide; is that true?

11 MR. STAUDAHER: That's correct.

12 THE COURT: Okay. So, for that reason --

13 MR. STAUDAHER: With the exception of like the medical examiner and the
14 people who did the post --

15 THE COURT: The Metro people are different.

16 MR. STAUDAHER: Yes.

17 THE COURT: You have a little more control over those people. I'm talking
18 mainly about the people in Hawaii, some of the early treating physicians.

19 So, I just want to comment that, you know, the State has limited ability
20 to control what these witnesses provide because they're not retained by them.

21 Thirdly, I will say that even though they are treating physicians and you
22 cannot, because you're compensating them differently, you cannot make them
23 generate a report the way you would make a retained expert generate a report. I
24 still think the State has a duty to disclose what the substance of their testimony is
25 going to be and not just hand the defense a pile of records and a list of doctors and

1 say you folks figure it out. For example, Diane Mazzu, the radiologist; you know, the
2 State should designate Diane Mazzu may testify that she reviewed the CT scan --
3 it's just hypothetical. I don't know what she would testify to, you know, the CT scans
4 taken on this date at this hospital and that she prepared a report saying that they
5 showed A, B or C. So, I do think even though you're talking about treating
6 physicians when they are going to be testifying within the ambit of their treatment, I
7 way say in a prosecution, you know, it's different than a civil case, that you do have
8 more of a duty to say what are these treating physicians going to be testifying about;
9 again, not just handing them a big stack of records and telling them, defense, you
10 figure out what -- I use Diane Mazzu because I went to school with her and I know
11 her name. You know, you figure out what these people are going to testify about.

12 So, State, have you done that to the best of your ability?

13 MR. STAUDAHER: We believe we have, Your Honor. This is what we've
14 done as far as the disclosure.

15 THE COURT: Okay.

16 MR. STAUDAHER: First of all, as the Court knows, the medical records as
17 the Court's referred to have been provided in advance. Within that group of
18 documents, there are typically like a consult or a doctor who did an operation who
19 does a formal operative report or a consultation note. All of those things directly
20 have the name of the person and have been provided to them. And actually we met
21 with counsel last week. We went out to the vault and had them to go through not on
22 the vault materials but as well as the detectives files in anticipation of trial. We, at
23 that time, basically reiterated the fact that although all of those individuals are
24 noticed, it's really the handful of people who had direct hands on contact and that
25 their direct reports, meaning their consult notes and sort forth, are the materials that

1 we would be relying upon and that's the scope of what they would be primarily
2 testifying about.

3 In addition, we told counsel that there were specific individuals that they
4 wanted to know whether they were going to come in or not come in or what their
5 issues were, how they related to the case. We certainly can provide that to them to
6 the best of our knowledge. We told them in general who the people were that we
7 believe would be coming in most likely, but we have to notice all of the people who
8 touched in case there was an issue with oh well, you know, we have a nurse who
9 finally says, no, that was Joanne so and so who did that. Then we have to go get
10 Joanne so and so and as long as she's noticed we could bring her in a witness. To
11 the best of our ability we believe we've done that.

12 THE COURT: Okay. Two things. On the CVs. Although, you know, a
13 treating physician is not a retained expert. You have less ability to direct them. You
14 know, your office, maybe not you directly but your investigator or victim witness is in
15 contact with these people. I would ask that they at least request a CV because, you
16 know, many of these physicians will have a CV. Some of them, honestly, that just
17 work as treating physicians that don't work ever as expert witnesses, retained
18 experts, they may not have CVs.

19 MR. STAUDAHER: Well to the extent related to that issue, the CV portion,
20 this is what was provided for those witnesses that we don't actually have a CV for.

21 THE COURT: Right. I read that. You got some things from licensing and
22 whatnot.

23 MR. STAUDAHER: Right. So, it indicates where their training was, where
24 they currently work, where they went to school.

25 THE COURT: Did you ask -- my question is -- did you ask those doctors for

1 CVs and they said we don't have a CV?

2 MR. STAUDAHER: I have not asked specifically. There's about three
3 doctors that we told them about that came in. We have not asked them specifically
4 for CVs.

5 THE COURT: I mean, I would say they may have CVs. If they don't testify
6 normally as expert witnesses, they may, you know, if it's just a doctor who works in
7 his office, he's not going to have a CV, frankly.

8 MR. STAUDAHER: We can certainly ask those individuals.

9 THE COURT: And we're not going to tell a treating physician, you know,
10 that's just a witness that he has to prepare one because --

11 MR. STAUDAHER: If the Court would like and counsel would like, we can
12 certainly go beyond what we've done and ask them if they want -- if they have a CV.

13 THE COURT: If they have it to send it to you and then immediately forward
14 that to the defense.

15 MR. STAUDAHER: We will do that.

16 THE COURT: All right.

17 MS. LEMCKE: Your Honor, can I just respond very briefly on this?

18 THE COURT: Sure.

19 MS. LEMCKE: And I understand what the Court is saying. Here's the
20 problem is that they've noticed no less than 48 experts, 48.

21 THE COURT: Can I interrupt you because I was going to say, look, you
22 know, trial may be starting Monday. Of these 48 people, I get it. You noticed
23 people saying oh well you know if Barbara comes in and she says, oh no, I was the
24 charge nurse but Sue really did that, then you may need to call Sue. I get that. But
25 I think at this point in time, I mean, you know, it's close to starting. You need to tell

1 them of these 48 people here's who we're intending on calling in our case in chief.
2 And then if a witness gets up there and says oh well wait a minute. It says my name
3 but that was wrong. It was really somebody else. Okay. You've listed the person.
4 You can still call them. But I think you should at least give them a list of here's really
5 who is going to be testifying either from Hawaii or here in Court.

6 MR. STAUDAHER: And we've actually done that, Your Honor. We told them
7 the three people that we believe would testify from Hawaii; we've told them the
8 doctors that we believe will testify who were the treating type doctors, clearly the
9 CSA individuals and the medical examiner and the Stanford consultants who
10 consulted on the brain and the eyeballs that were sent over for further evaluation.
11 Those individuals they know about. I think the vast majority of those secondary
12 parties we have the CVs for and they have the information about them. Those
13 we've disclosed last week and today when we told them about the specific Hawaii
14 people that we believe we can have come in.

15 THE COURT: Okay. So, three people from Hawaii and how many local
16 medical people, whether it's treating physicians or nurses --

17 MR. STAUDAHER: Probably less than a half dozen.

18 THE COURT: -- or whatever.

19 MR. STAUDAHER: Probably around half dozen, I would think, if that.

20 THE COURT: How many?

21 MR. STAUDAHER: Less than a half dozen, I would think. I know there are
22 three doctors at the hospital specifically. We haven't gone through all the nurses yet
23 to see if there's a nurse that has any specific information, but we do know that Dr.
24 Cetl, the medical examiner who is in case Dr. Gavin, Dr. Vogel, who is the Stanford
25 referral person for the brain, Dr. -- I think it was -- what was his name -- Egbert.

1 Those are the primary individuals we're talking about in the case.

2 THE COURT: Now let me just say this. Once you've, whether it's Metro sent
3 things on for forensic evaluation as to cause of death, like Dr. Vogel and things like
4 that, now you really do have the obligation for reporting and a CV --

5 MR. STAUDAHER: And those -- we have those.

6 THE COURT: -- which is different from hospital personnel or people who
7 were just there by virtue of their jobs and provided treatment or couldn't provide
8 treatment because of the condition. That's different.

9 MR. STAUDAHER: Right.

10 THE COURT: So, those are not treating --

11 MR. STAUDAHER: That has been provided not only the CVs of those
12 individuals but the reports that they did generate, meaning the medical examiner
13 and Dr. Vogel and then Dr. Egbert. Their reports had been in the possession of
14 counsel since the beginning of the case, essentially.

15 THE COURT: All right. Ms. Lemcke.

16 MS. LEMCKE: Okay. I understand the predicament that the State's in
17 relative to -- you know, we all have large case loads. Sometimes it's just not easy to
18 sit down and sift through everything that you have and figure out what experts that
19 you're going to call and which ones you're not. But the statute doesn't say you
20 notice everyone that you find a name for in your file. The statute specifically says
21 you notice those experts that you intend to call at trial. So, by noticing 40 experts,
22 only of a fraction of whom they intend to call at trial, they're not following the plain
23 letter of the statute. What they're doing is beginning to encroach on my client's due
24 process rights because now what's happening is I've got to go chance my tail trying
25 to figure out which doctors they're actually going to call.

1 Now I understand that Mr. Staudaher has said to Your Honor well we've
2 told them very generally we intend on calling some of the treating doctors. There
3 are still several doctors that are noticed as having touched this file in some way at
4 UMC. I mean, I can think of five --

5 THE COURT: Okay. What Mr. Staudaher has said he's calling three
6 witnesses from Hawaii --

7 MS. LEMCKE: Right.

8 THE COURT: -- and he gave those names.

9 MS. LEMCKE: That's correct.

10 THE COURT: Is that true? So, you've got the three people from Hawaii. He
11 said he's calling the Stanford expert who did the --

12 MR. STAUDAHER: Experts. Two.

13 THE COURT: -- so has he given you those names?

14 MS. LEMCKE: Yes.

15 THE COURT: Okay. And then from UMC who are you calling? This may be
16 where the rubber hits the road.

17 MS. LEMCKE: Correct.

18 MR. STAUDAHER: The people from UMC that we believe will be coming in,
19 the physicians, are doctors --

20 MS. JOBE: Steward Kaplan.

21 MR. STAUDAHER: Yeah, Kaplan.

22 MS. JOBE: Dr. Chow and Dr. Casey.

23 MR. STAUDAHER: Casey. Those two.

24 THE COURT: And they were all ER physicians?

25 MR. STAUDAHER: No. Dr. Kaplan is the neuro individual. Dr. Casey and

1 Dr. Chow are both individuals who treated initially the child when the child came.
2 There's not a huge number of medical records in this case because the child did not
3 survive.

4 THE COURT: Right.

5 MR. STAUDAHER: He came in and was essentially dead at the hospital
6 when they arrived. So, there was not a huge amount of material generated from
7 that although those three individuals are primarily the individuals that would come in;
8 maybe not even all of them but those three would be the ones we intend to call at
9 trial.

10 THE COURT: I mean, are they all going to testify -- here's the other thing.
11 Are they all going to testify to the same thing?

12 MR. STAUDAHER: No.

13 THE COURT: Okay.

14 MR. STAUDAHER: They have some differences. Actually there's the
15 possibility we could narrow it even to two of those individuals. But Dr. -- I believe it's
16 Dr. Kaplan probably will testify because he stands in a different position than the
17 other two. So, Dr. Kaplan, Dr. Chow and/or Dr. Casey would testify from UMC.
18 They all have consult notes that have been provided to counsel. The -- again I don't
19 really even anticipate any of the nurses but should it come out that we need a triage
20 nurse or something, they have the information related to those. I can work with
21 them and told them that we would work with them.

22 THE COURT: So, it's unlikely at this point that there will be nursing
23 professionals called today.

24 MR. STAUDAHER: I don't believe so at this point.

25 THE COURT: Okay.

1 MR. STAUDAHER: But they're noticed in case we've got changes.

2 THE COURT: Right. I get that. I get that. I mean, going forward practically,
3 you know, are we starting the trial Monday. Who are going to be allowed at least to
4 call in your case in chief? Three people from Hawaii, the four possibly physicians
5 that you -- well five possible physicians -- the two from Stanford you're definitely
6 calling.

7 MR. STAUDAHER: Right.

8 THE COURT: You're definitely calling two physicians from UMC and possibly
9 three physicians from UMC.

10 MR. STAUDAHER: Right. The medical examiner, Dr. Sandra Cetl, Dr. Arthur
11 Montes who is a pediatric radiologist who consulted on the case as well and
12 reviewed the radiology films from Hawaii and testified at the prelim. So, I mean,
13 they know about the those individuals and I believe that those are the -- in a
14 nutshell, if you take those apart from the CSAs and so forth, that's what we're talking
15 about as far as the bulk of the witnesses who would testify in the State's case.

16 THE COURT: Okay. Now a lot of the CSA, I'm assuming, as just going to
17 testify about general evidence collection or where are we getting into expert
18 testimony on these CSAs?

19 MR. STAUDAHER: Well what I have -- the reason that we do it this way, at
20 least in my experience, is that I've run into the situation where I've had even a
21 person like a CSA who goes out and has been trained to take photographs and
22 latent prints and all those different things and had a person come in and if you don't
23 notice them, the argument is typically well this person is going to be offering
24 testimony that is over and above that which the average person --

25 THE COURT: Right. As to how --

1 MR. STAUDAHER: -- in the street would have.

2 THE COURT: -- as to how do you find a fingerprint or what --

3 MR. STAUDAHER: Correct. So, we noticed them. They do have CVs
4 related to them. They have the actual reports related to whatever they did at the
5 crime scene. That's what we have done and we intend to bring those people in for
6 that purpose.

7 THE COURT: Okay.

8 MR. STAUDAHER: There isn't a huge amount -- there's not DNA evidence
9 and things in this case. It's not one of those. It would be photographs primarily,
10 diagrams, things like that.

11 THE COURT: Okay. Ms. Lemcke.

12 MS. LEMCKE: Okay. So, just to pick up, Judge, and I understand. The
13 traffic reality of the situation is that they should have really disclosed that information
14 to us at an earlier time. They shouldn't have noticed a -- they shouldn't have filed a
15 witness list, an expert witness notice, that contained 48 experts and then expected
16 us -- what Mr. Staudaher would say, that's true. He would say well, you know if you
17 ask me about some of these people, you know, we can probably narrow it down a
18 little bit. That's not the way the statute works. The statute doesn't say you file every
19 expert that's in the phone book and then defense counsel is incumbent on you to
20 call the DA and ask the DA which of these 48 experts you're really going to call.
21 That's not what the statute says. It says intend to call case in chief.

22 THE COURT: Yeah. Can I just interrupt? One issue, I think, is when you've
23 got treating people who are going to provide expert testimony as opposed to
24 retained experts because when you have retained experts you know exactly who
25 your retained experts are going to be and who you're going to call. When you're

1 talking about treating experts, it is what it is. And so, you know, they don't really
2 have any control over what these people did and what these people are going to
3 say.

4 And so I think that's -- it's a little bit different and why they have to list
5 so many people because, again, with retained experts it's different. You have, you
6 know, each party has total control of their retained experts, who they're going to call,
7 how many they're going to use, and whatnot. With treating people who happen to
8 be experts, you don't really have any control over that. And so I think, you know, the
9 rule was really designed for retained experts and, you know, we're trying -- I mean,
10 clearly you get to have notice, you need to know who they're going to call, but I just
11 say in the State's defense they have less control of that. I think, like I said, you
12 know, the time is now --

13 MS. LEMCKE: Right.

14 THE COURT: -- to say who is it really going to be, you know, the time is now.

15 MS. LEMCKE: Correct. And I think the Court makes a very valid point. My
16 concern is this. They've had the UMC records for almost a year now. They could
17 have gone through and figured out -- it's not hard really to discern who did exactly --
18 which radiologist took the CT scan of the head, which one did the CT scan of the
19 abdomen; which neurosurgeon came in and evaluated for clinical brain death. They
20 could have done that well in advance of this and made these determinations
21 because the records, as Mr. Staudaher alludes to, are not exceedingly voluminous.
22 This is not something that could not have been done or was completely outside the
23 purview of their control.

24 Now that having been said, my concern with respect to the absence of
25 the CVs for those -- and now that they've actually given the list, it could be the CV

1 issue is not an issue. I'm going to have to go back and check the individuals for
2 whom we have actually have CVs. But here's the problem is that they have
3 indicated in their expert witness notice that some of the treating doctors they're also
4 going to opine as to mechanism of injury. It's one thing to say this child presented
5 with X,Y and Z symptoms. Here's what I took of the history and here's what I did to
6 treat the child. That's one thing and I think that's fair game for any of these treating
7 physicians. But that's not all they noticed them to testify to. In the expected
8 testimony summaries, they go one step further and they say we also expect this
9 individual to talk about mechanism of injury. That is the one of the many reason that
10 we think the CVs are crucial. Number one, we obviously, in a separate motion, have
11 contended that some of those experts don't have the expertise to do that which is a
12 separate issue.

13 THE COURT: Well that's really to the -- that's separate. And that's not the
14 physicians. That's the --

15 MS. LEMCKE: But they noticed the physicians for mechanism of injury, Your
16 Honor, and the problem is this. Pretend I'm cross-examining an expert, a treating
17 doctor, not one of their retained guys.

18 THE COURT: Right. Maybe he's testified in other case --

19 MS. LEMCKE: And he's saying, you know, I think mechanism of injury was
20 this and it's inconsistent with what your client said happened, this that and the other,
21 and I want to stand up in cross-examination -- cross-examine him on the basis --

22 THE COURT: Didn't you testify in this other case, the civil case, whatever.

23 MS. LEMCKE: I have no idea. And I'll say well but I have and the Nevada
24 State Medical Board Examiner's print out that the prosecutor gave me, it says that
25 you only get X, Y and Z. And they're going to say but I published on this or I have

1 lectured on this.

2 THE COURT: Okay. Let me interrupt you. Maybe we can kind of cut to the
3 chase here. Mr. Staudaher --

4 MR. STAUDAHER: Yes.

5 THE COURT: -- as to -- obviously the Hawaii physicians are not going to be
6 opining as to the mechanism.

7 MR. STAUDAHER: This is the extent of --

8 THE COURT: The only ones I'm assuming who would be opining are the
9 three -- well let's set aside the Stanford experts because we already -- you've got
10 CVs. That's not an issue. The three or four -- the three UMC physicians. Those
11 would be the only ones opining is, you know, was this injury consistent with the
12 mechanism.

13 MR. STAUDAHER: That is correct with regard to the injuries that occurred
14 here. As far as Dr. Ninomiya or the investigation that took place in Hawaii, there
15 were different injuries related to this child. So, he would --

16 THE COURT: Well you're going to get to that.

17 MR. STAUDAHER: I know. But that's what he would be talking about.

18 THE COURT: Right. But as to the -- I'm really concerned with the UMC
19 physicians.

20 MR. STAUDAHER: Yes.

21 THE COURT: Did you provide CVs for those UMC physicians?

22 MR. STAUDAHER: We believe we have except for Dr. Chow which we will
23 ask him if he's got one.

24 THE COURT: Here's what you need to do with Dr. Chow then. If he's going
25 to go beyond, you know, simply treating and they told me this, you know, I would

1 say though within treating -- obviously these issues come up in civil cases all the
2 time -- within treating, you know, if they say it was reported to me that the child fell
3 off a chair and hit his head, his facial area or whatever, they can say were the
4 injuries consistent with that. No. I mean, I think that's within the ambit of treating.
5 But I will say this. If Dr. Chow is going to opine as to the mechanism, what your
6 office needs to do is contact Dr. Chow once you leave here and find out if he has a
7 CV. If he has ever testified as an expert, I would almost guarantee you the man has
8 a CV. If he doesn't, find out if he's ever testified as an expert in a civil or criminal
9 case so at least then they can find out who he testified for and, you know, and
10 whatnot. There may or may not be transcripts of that but if there are, you know,
11 maybe you can get those.

12 So, this should have been done sooner, but at a minimum when you
13 leave today you need to find all that out for Dr. Chow. Okay. Or if he's published
14 anything. Like I said, if he's a physician who's publishing and testifying as an expert
15 he's got a CV.

16 All right. Let's then, you know, I think that with the CSIs most of them --
17 I'm not concerned with the facts that they don't have CVs or what --

18 MR. STAUDAHER: They do.

19 MS. LEMCKE: They provided all those. We're good on that.

20 THE COURT: The coroner, you've got that. That's all good. So, really, the
21 big issue is at this point the UMC physicians. I think it's only an issue as to one.
22 You're going to take care of that when you leave Court today. You're going to
23 immediately communicate with the defense and let them know what you found out
24 about Dr. Chow. Now obviously Dr. Chow isn't sitting at his desk printing out his
25 CVs at a moment's notice. So, there may be a little delay here. But like I said, if

1 he's testified as an expert before he probably has someone on his staff that can
2 coordinate that for you.

3 MR. STAUDAHER: Sure.

4 THE COURT: So -- okay. That issue.

5 Now let's move on -- I think that's everything except for the outstanding
6 issue of whether or not the Hawaii people are going to be testifying at all.

7 MS. LEMCKE: Right. And, Your Honor, just before we move on. So, my
8 understanding -- because the State actually noticed three retained experts, maybe
9 more, but by my count three. One was Sandra Cetl. The other one was Arthur
10 Montes, and the last one was Marietta Nelson. Am I to understand correctly that
11 you're not calling Dr. Nelson?

12 MS. JOBE: Nelson was the ophthalmologist in the medical records that saw
13 the child at UMC.

14 MR. STAUDAHER: And we do not anticipate calling her at this moment. The
15 other two individuals, they're not -- nobody is retained in this case thus far. And so
16 to the extent that we have a retained expert, we would provide clearly whatever
17 information pertaining to that witness, but we don't have retained experts in this
18 case.

19 THE COURT: But the Stanford people were specifically contacted to
20 determine the mechanism of injury and cause, manner --

21 MR. STAUDAHER: Yes, not by us. The coroner's office has a --

22 THE COURT: Right. But that's still within the ambit; not of the prosecutor's
23 office but of the State, so to speak. But your office has not retained any additional
24 experts.

25 MR. STAUDAHER: No, we have not retained any experts.

1 MR. REED: What about Dr. Cetl?

2 MR. STAUDAHER: She's not retained. She is not a retained expert in our
3 case.

4 THE COURT: Is she going to testify?

5 MR. STAUDAHER: We anticipate, yes, she will testify.

6 MR. LEMCKE: She didn't examine the child. I mean, they're going to hand
7 her documents, have her review them, and then give opinions based on them. I
8 mean, it's a functional equivalent of retained. I don't know what their definition of
9 retained is.

10 MR. STAUDAHER: Well they have her CV so that's not --

11 MS. LEMCKE: I know. But I don't have a report from her and that was going
12 to be my next question. I don't have a report from Cetl or Montes. Maybe they said
13 we don't want one but I'd like to know that on the record if there is no such thing.

14 MR. STAUDAHER: They have not generated reports in this case.

15 THE COURT: Okay. Did you ask them to generate reports? They were sent
16 by the --

17 MR. STAUDAHER: With the exception of -- when the initial investigation took
18 place, the medical -- the coroner's office actually consulted with Dr. Montes. He
19 provided them with some report which was contained in the autopsy report which
20 counsel actually has. So, with the exception of that --

21 THE COURT: So, that's the only report he's generated. That's fine because
22 that was part of the -- all then he's going to testify to is what he's already done. You
23 know, he can't testify about new stuff. Obviously that's not in the report.

24 MR. STAUDAHER: Well he actually reviewed medical records from Hawaii
25 as well.

1 THE COURT: Okay. If he was going to testify about a records view -- let me
2 just tell you this.

3 MR. STAUDAHER: And he testified at prelim about those things.

4 THE COURT: Okay. He can't testify to anything beyond what he's already
5 testified to if you know, he's done a subsequent records review. But he already
6 testified at the prelim as to what his records review was, then they've had notice.
7 He can testify to the same thing. Okay. But he can't review new records and have
8 a new opinion or anything like that. It's too late in the game for that. Okay.

9 MR. STAUDAHER: Okay.

10 THE COURT: All right. Does that deal with all of the expert issues on the
11 witness?

12 MS. LEMCKE: So, there's no report from Dr. Cetl either then?

13 MR. STAUDAHER: No, there's no report.

14 MS. LEMCKE: Okay, okay, that's it.

15 MR. REED: So, we won't know what documents she relied on in forming her
16 opinion whether she's testified in the past or anything like that?

17 THE COURT: Well that you have the CV.

18 MR. REED: Okay. We're going to get to talk to her so there you go.

19 THE COURT: Okay.

20 MR. REED: I didn't know that.

21 THE COURT: All right.

22 MR. REED: We're good.

23 THE COURT: Okay. All right. The next issue is the motion in limine to
24 exclude the testimony regarding the trauma destination fall criteria protocol. Here is
25 my initial ruling.

1 I don't think the EMT personnel should be offering opinions as to the
2 mechanism of injury because we have so much medical testimony. That's the
3 pivotal issue in this case. And really an EMT is less equipped to testify about that
4 than a trained physician. So, I would say, no, he can't opine as to the mechanism of
5 injury. What he can say because it would just be confusing and you have experts
6 with fair more training who are going to be offering opinions on that. So, I don't think
7 a EMT with minimal medical training should be opining and sort of mudding the
8 waters.

9 Now what he can say is based on the purported height of the fall, I
10 normally wouldn't transport to trauma. However, in this case based on what I
11 observed as a patient, the lifeless condition, you know, whatever, I determined that
12 this was a trauma transport and I took the patient to UMC. He can testify to that but
13 he is not to opine that, oh, well this was inconsistent with what was told to me by the
14 father because -- or the Defendant, same person -- because I think that that's really
15 going to be what this trial is about. We have numerous medical experts who are
16 going to be testifying and I think it doesn't add anything for an EMT with less
17 training. But like you said, he can say normally when a fall is reported at two feet or
18 three feet or whatever, I wouldn't be transporting here, but I also evaluate the patient
19 and this is what I saw; you know, unconsciousness, listlessness, whatever, and
20 based on that I made a determination it was a trauma transport to UMC. Okay.

21 MR. STAUDAHER: I think that's essentially the extent of that kind of thing.
22 Actually that information came out on cross-examination.

23 THE COURT: Yeah. I think the defense was more concerned that he would
24 be opining that the condition of the child was inconsistent with what was described
25 as the mechanism of the fall. So, I don't think he should be opining as to that

1 because, again, we have experts with more training who are going to be opining on
2 that and it would just be confusing. Does that satisfy the defense's concerns?

3 MS. LEMCKE: Well not entirely and let me explain why.

4 My concern is, is that the way that the protocol was described at
5 preliminary hearing was this. As they come in and there's a reported fall injury, if the
6 patient is showing obvious signs of trauma, they're going to transport to UMC
7 Trauma. It's just a given. If the patient is not showing any outward manifestations
8 of trauma and is asymptomatic, then the fall criteria comes into play. But it doesn't
9 come into play if they are symptomatic. And the problem is what they're doing is
10 they're kind of backdooring this fall criteria upon which we have no ability to cross-
11 examine because you've got an EMT guy who didn't write the fall criteria and
12 probably hasn't studied the fall criteria.

13 THE COURT: Well the fall criteria really isn't -- I mean, like I said, he could
14 say this is why I transported to UMC because the patient was this that. Now if he
15 also evaluated the fall criteria, he can testify about that. But, again, he can't, you
16 know, his opinion is irrelevant in this case. I mean, is the decision he transported, I
17 mean, because the patient was unconscious; right?

18 MS. JOBE: Yes, Your Honor, based on the presentation of the child.

19 THE COURT: So, that's the question. Why did you transport to UMC?
20 Because of the presentation of the child. Now he can also get into the Defendant's
21 statements made to him. That's different. But he can't then opine on the
22 statements. He can say, you know, what was told to you, that the child fell off the
23 back of this chair. What did you observe? I observed a child was unconscious and
24 blah, blah, blah. What decision did you make as to transport based on the condition
25 of the child? I transported to UMC. That's really what he should be testifying about.

1 MS. LEMCKE: Agreed, agreed. Because the other part of that fall criteria
2 and protocol thing doesn't even -- it's not even applicable here because the kid was
3 symptomatic. It's just a very clever kind of backdoorish way for the prosecution to
4 suggest to the jury that --

5 THE COURT: Well if they try to do that make a contemporaneous objection
6 at trial.

7 MS. LEMCKE: I will do that.

8 THE COURT: You can discuss this adequately. All right.

9 The next issue is the motion -- let's do the motion to admit the evidence
10 of other crimes. Why the huge discrepancy in what happened in Hawaii between
11 the State's version of what happened in Hawaii and the defense's version of what
12 happened in Hawaii?

13 MS. JOBE: State cited to the records from Hawaii, the statements in the
14 Hawaii records. The parents were found to be at fault. It's in the records, it's in
15 writing from Hawaii. That's the basis of the State's facts, the State's statements with
16 respect to the Defendant's responsibility, all the services received in Hawaii as a
17 result of the injuries to Khaylen.

18 THE COURT: Here is what I would say initially. If this were also a case for
19 failure to obtain appropriate medical treatment then I would say the Hawaii --

20 MR. STAUDAHER: But that is a component of what happens in this case.

21 THE COURT: Yeah. But that's not what he's charged with. He's charged
22 with the act itself, correct, not with failure to obtain. If this were a failure to obtain
23 case then I would say definitely that comes in as previous failures to obtain and he
24 had notice that you need prompt medical treatment.

25 MR. STAUDAHER: That is a component of this case in part because of that.

1 I mean, we've got a situation where when he -- when the event occurs, whatever it
2 is, -- he doesn't call.

3 THE COURT: Right. He waits. He calls the wife at work.

4 MR. STAUDAHER: Right. And then he doesn't even divulge to her the
5 details of what took place. He waits then again another period of time. Then he
6 calls her back 15 minutes later or so. After he talks to her a second time and finally
7 gets out information pertaining to the status of the kid, she hangs up the phone and
8 calls 9-1-1. 9-1-1 respond to the location. And so he delays initially. He delays
9 after he talks to his wife. He then, you know, he's not the one who calls 9-1-1.
10 When the police -- when the first responders arrive on scene, they don't even get a
11 straight -- they get like three different stories about what happened to this kid at the
12 scene. So, then he, you know, the child gets transported to UMC. He never
13 clarifies any of that stuff.

14 So, the fact that the information was withheld and the severity of the
15 situation was downplayed not only to the first responders but even to his wife is a
16 factor here because it goes in part to why the kid actually dies. If there's a delay in
17 treatment from the injury it goes to the actual cause of death potentially. You have
18 essentially no way of getting --

19 THE COURT: Yeah. But then if that was your theory I think you need to
20 notice them that that's your theory of the case, failure to obtain medical treatment. I
21 mean, if anything, if you -- it kind of bolsters their story of why he didn't call and get
22 treatment right away because this is how he acts, this what he's done in the past.
23 He doesn't, for whatever reason, he doesn't call 9-1-1 promptly. I mean you have
24 the pneumonia situation with the first child that passed away --

25 MR. STAUDAHER: That was the first child, correct.

1 THE COURT: -- where they wait. So, I mean, that's actually consistent with
2 the defense.

3 MR. STAUDAHER: And then even our own -- but even our child here, the
4 one who dies, there was a delay in treatment in Hawaii related to that child. So, he
5 comes into the doctor after the doctor's, again -- this is prior to CPS involvement --
6 the doctor has brought both of them in has described for them how important it is to
7 get medical care immediately especially if they have any symptoms like the previous
8 child. The child essentially has those same symptoms. They delay again. He
9 comes back to the doctor. The doctor finds out that they've delayed once again.
10 That's when he orders them to go over and have a chest x-ray done. That's where
11 the rib fractures and the femur fracture are located and found. After that, CPS gets
12 involved.

13 So, there is two separate events, including the same child that dies in
14 this case, where there's been this pattern of him not getting treatment for the child.

15 THE COURT: Yeah. But is it to say -- I mean, it's not really a contested fact
16 in this case; right? They're saying he -- I mean, is that being contested that he failed
17 to get treatment right way? I mean, isn't it just the spin of it. You're saying he failed
18 to get treatment right away because he hurt this child and he didn't know what to do
19 and he doesn't want to get in trouble.

20 MR. STAUDAHER: Right.

21 THE COURT: They're kind of -- I mean, is that contested that he failed to get
22 treatment right away?

23 MS. LEMCKE: Well I mean in terms of Jonathan and Christina's accounting
24 of how it went down, the phone call exchange, that's not in dispute. But that's not --
25 Your Honor's exactly correct. They didn't plead this as a failure to promptly get

1 medical attention.

2 THE COURT: Right. And then you would need an expert opinion that had he
3 gotten medical treatment sooner or had the child received medical treatment sooner,
4 the result would have or could have been different. So, if you don't have that
5 opinion which would have been disclosed you can't do that anyway. So, I mean,
6 here's the thing. I don't really know that it adds anything and it's incredibly
7 prejudicial especially not so much with the child with pneumonia but with the, you
8 know, failure to thrive and the, you know, what looks like prior abuse, frankly.

9 MR. STAUDAHER: Well there no question there's prior abuse. That was the
10 finding by CPS and the reason they went through all the psych evaluations and the
11 treatment for two plus years that extended beyond what they normally do because
12 of the reactions and interactions with both the mother and the father in case, and it's
13 the same child.

14 THE COURT: Right. So, is that what you want to admit? You want to show
15 he abused the kid in the past so he probably abused the kid again?

16 MR. STAUDAHER: It's not that the --

17 THE COURT: I know because that's really what you want to do and you're
18 couching this in a failure to receive medical treatment.

19 MR. STAUDAHER: It's not an accident. I mean, the whole mimic version of
20 why things like that come in or why we want it to come in. I mean, you could try to
21 say it's for propensity purposes but that's not what it's being offered for. It's being
22 offered to show that this -- what he's claiming is an accident. That's what he says.
23 This is an accident, not a mistake, but it is an accident, and he describes in detail
24 how it occurs with the detectives and with the first responders and so forth which is
25 inconsistent with an accident. And the findings thereafter about his medical

1 condition is not consistent with the fall from where he said it occurred on the surface
2 that he said it occurred and so forth; the fact that he then tells the people in Hawaii
3 the very same thing. We don't know. We think it was the babysitter or it was not --
4 we don't know what happened. We have no idea. He's claiming the same kinds of
5 things. He is not acknowledging that he was involved in any way with that back in
6 Hawaii yet we're talking about both a femur fracture and rib fractures that are
7 completely consistent with the child being grabbed with his hands bilaterally,
8 fractures the ribs on both sides. This kid was actually abused because the two
9 different injuries that we had in Hawaii have two different mechanisms, one in the
10 femur is the shearing force. The other of the ribs is a compressive or grabbing
11 squeezing type force. Two different separate injuries that were never disclosed to
12 medical providers that come incidentally based on the fact that they delay treatment
13 in a pneumonia type situation which was similar to what happened to the first child
14 that ends up dying initially. That's why that information is important is show that his
15 pattern of saying, look, I don't know what's going on. It's an accident, whatever, but
16 it wasn't an accident.

17 THE COURT: Yeah, but he didn't cause the pneumonia.

18 MR. STAUDAHER: No; but his failure to -- well you're talking about the first
19 child.

20 THE COURT: I'm talking about the first child. I mean, you want to get it all in.

21 MR. STAUDAHER: The reason that the first child comes in is because that's
22 what they gave him. You have the pediatrician who deals with --

23 THE COURT: Wait. Oh, you got to call the doctor right away which, again,
24 that would be relevant to me if your theory was a failure to -- was a failure to obtain
25 prompt medical. Then notice and knowledge is relevant that he knew, but that's not

1 your theory of the case.

2 MR. STAUDAHER: That is part of the theory.

3 THE COURT: Your theory is not -- well I know but that's not what you -- I
4 mean, to me, you know, Mr. Staudaher, you got to give 'em notice and you -- then
5 you would need an expert that that's relevant.

6 So, here's where I'm inclined to go. You know, the relevance of the
7 baby with the pneumonia, the only relevance there is, a, he didn't call the doctor
8 right away and he acted consistently with that in this case which I think is undisputed
9 that he acted consistently. Notice that he should have called the doctor sooner, I
10 guess you're saying well he knew that so it's knowledge of guilt because knowing
11 that he should call the doctor sooner, even though in a pneumonia situation, which
12 clearly wasn't caused by him directly. I mean maybe they didn't get the baby up
13 enough or you know, you could have some really remote serious to how he caused
14 the pneumonia through neglect. But the bottom line is he didn't cause the
15 pneumonia.

16 So, your theory essentially is this that he had knowledge that when a
17 baby's sick you need to call the doctor right away and the fact that he had that
18 knowledge based on what happened in Hawaii and in this situation didn't call the
19 doctor right away, shows knowledge of guilt; is that your theory?

20 MR. STAUDAHER: That's part of what we're getting into, yes, or we intend to
21 get into.

22 THE COURT: Ms. Lemcke.

23 MS. LEMCKE: Well, Judge, they are just wholesale misrepresenting the
24 facts surrounding the death of the first child. What they are trying to tell this Court is
25 that somehow or another my client and his wife, Christina, were -- I guess they had

1 some kind of pneumatic magic eight ball and were able to [indiscernible] that the
2 child had pneumonia because the child asymptomatic. By virtue of their own
3 witness, that is Christina Rodriguez, if they had talked to her about this she would
4 have told them the child was asymptomatic. She gets up -- the child was very
5 young, only like three months old. She gets up for the baby's early morning feeding,
6 the baby's fine; feeds the baby, puts the baby back to bed. She gets up a couple
7 hours later. Now we're getting in the very early morning hours of that same morning
8 and now the child is unresponsive. She immediately wakes Jonathan up and they
9 go to the hospital. There's no delay in getting treatment. So, that's just simply
10 factually not true.

11 That particular death has absolutely zero to do with this case and Your
12 Honor is exactly correct that they are kind of couching this as what we want to show
13 that he knew better argument when it really is just propensity because the
14 pneumonia death really has nothing to do with anything. You know, what they really
15 want to do is they really want to kind of -- they want to the jury to draw this kind of
16 insidious inference from the presentation of the pneumonia evidence that, wow,
17 maybe something did happen to that kid that we don't know about that was really not
18 pneumonia because look at child number two, at age three months, presents with
19 these fractures for which the treating doctors, I might add, suspected that there
20 might be some other reason for it such as a metabolic disorder, Vitamin D
21 deficiency.

22 THE COURT: Yeah but now there's been no evidence of any metabolic
23 disorder or rickets or anything like that. So, I mean, I think it was probably was

24 MR. STAUDAHER: I mean, I looked at that as well.

25 THE COURT: -- excluded, you know, when they did the autopsy. There's no

1 evidence; oh, wow, there's advanced rickets here or you know something that could
2 have been causally related. You know what I'm saying? And they said there could
3 be something else going on. They didn't test further. I think now it's pretty clear that
4 none of those other things were a factor.

5 MS. LEMCKE: But here's the other thing. Even if you accept their position
6 that it was abusive conduct that caused those injuries, the problem is is that when
7 CPS came in and did their investigation, the way that they couch their -- they don't
8 actually find somebody or adjudicate them guilty. They say that the allegations of
9 abuse and neglect are --

10 THE COURT: Are substantiated.

11 MS. LEMCKE: Are substantiated or sustained or however. The verbiage
12 they use in Hawaii is a little bit different than what we use here. But here's what's
13 interesting. They did not substantiate any abuse allegations as to my client. They
14 did as to mom but not as to my client. So, again, the evidence on that issue is
15 tenuous and then the purpose for which they want to use it is really bad because
16 ultimately Your Honor hit on exactly what is correct; number one, they haven't
17 alleged a failure to adequately get medical -- prompt medical care.

18 THE COURT: Yeah. I mean, that's clearly relevant as to knowledge of guilt
19 in this case. I mean, his failure to get prompt medical care obviously they're going
20 to argue that goes to knowledge of guilt and that's fine. The question is whether or
21 not he didn't get medical care in the past somehow is relevant.

22 MR. STAUDAHER: Well the only reason that the Hawaii first death is relevant
23 at all is because it sets the stage for what does not happen related to the same child
24 when the incident occurs that is similar to the first child that dies. I know that's
25 convoluted but we have a child that dies --

1 THE COURT: No -- but, I mean, I don't know that pneumonia --

2 MR. STAUDAHER: It's not pneumonia. It's the fact that once that happens
3 and the go into the doctor and he -- that child ends up dying, they are counseling
4 and told and given information and about the fact that this is what you watch out for
5 and this is what you need to do and this is how you -- you need to get treatment,
6 And they go through that process in that depth. Then when the next child comes up,
7 that is reiterated to them. And then the pediatrician that has them come in finds out
8 that, gosh, they've got a second child who has similar symptoms and they didn't
9 do -- they did the delay and that's why he sends them over to the hospital for the
10 x-ray and that's when all of this stuff is determined. So, the delay for the first child is
11 just showing that they were put on notice, they were counseling, they were
12 schooled. They did it again with the child that dies but not from a death and then
13 they do it -- then he does it again here. It's just a continuance.

14 THE COURT: Here's what I'm inclined to say about the first child. I'm
15 inclined to say that I think it's overly prejudicial and the theory is somewhat too
16 attenuated although I understand it. Balancing it, I'm inclined to say no, the first
17 child doesn't come in unless they open the door in some way in their defense either
18 through cross-examination or in their case in chief as to he didn't know better, blah,
19 blah, blah. Then I think the fact that, yes, you were told about this before but we'd
20 have to make it quite clear that pneumonia, whether it was viral or bacterial or
21 whatever, is a disease process over which the Defendant and his wife would have
22 had no control or something like to minimize the prejudice there, only if they open
23 the door on the first case.

24 On the second case, the child -- the previous incidents involving the
25 same child who passed away, in this case I'm going to consider whether or not to

1 have a *Petrocelli* hearing on that case. And as I said the first case would only come
2 in if somehow the door is opened. So, you probably if we have the hearing would
3 want to also present the evidence as to the first case.

4 All right. And so I will issue a decision on that from chambers. And
5 those are obviously different witnesses from who you would you be having on our
6 first evidentiary hearing. So, there's no need to schedule those at the same time.
7 And there would be, at least for the first child -- well for both children -- that would
8 have to be coordinated because they were in Hawaii.

9 MR. STAUDAHER: Right. And I know that we have to work with the Court
10 system for that and I will do that, but I hadn't had a ruling from the Court on whether
11 that would be allowed for those witnesses.

12 THE COURT: For the video conferencing?

13 MR. STAUDAHER: Yes.

14 THE COURT: Did we have an objection to allowing the Hawaii witnesses?
15 Certainly for the hearing they can appear by video conference. Do we have an
16 objection to them appearing by video conference for the trial or shall we just deal
17 with that after the hearing?

18 MS. LEMCKE: I would suggest that we deal with that after the hearing
19 because I may have an objection for trial purposes.

20 THE COURT: Okay. I mean, certainly for purposes of an evidentiary hearing
21 they can appear by video.

22 MR. STAUDAHER: We do know that Dr. Ninomiya for sure is the singular
23 one that -- that the State even at trial would need to do that with because of the
24 scheduling issues with him and his practice. The others, we can bring them in but
25 it's the reason that we don't want to do that is because it's a three day deal for them

1 to come from Hawaii.

2 THE COURT: Right. It's expensive to fly to Hawaii and back.

3 MR. STAUDAHER: And we decided, I think, the appropriate venue and I
4 think the Supreme Court encourages this even in criminal cases. There's a whole
5 section that just relates to that [indiscernible].

6 THE COURT: I'm inclined to allow it, but certainly the defense has a right to
7 be heard on it. You know, sometimes video conferencing cannot work. If there's
8 exhibits and things you have to show the witness, that's one area where it doesn't
9 work because obviously there's nobody there to show 'em the exhibits and so that
10 can make it difficult.

11 MR. STAUDAHER: They will have in this case --

12 THE COURT: But, again, they get to be heard on it. So, for right now for
13 purposes of any evidentiary hearing and just the Court, they will be allowed to testify
14 via video conferencing. Okay.

15 MS. LEMCKE: For purposes of the hearing. I'm sorry, Judge.

16 THE COURT: All right. And then this defense can be heard on why it would
17 be prejudicial to them to allow the witnesses, if they testify, to testify via video
18 conferencing in front of the jury.

19 All right. The next issue is the discovery and -- I'm sorry. Was there
20 something else?

21 MR. STAUDAHER: We're trying to coordinate which one you're about ready
22 to do, Your Honor.

23 THE COURT: I think that's the only one that's left.

24 MS. JOBE: There's the motion to limit expert testimony based on their --
25 asking that the Court require a biomechanical expert. You kind of touched on it.

1 THE COURT: I thought I pretty much dealt with both of those together.

2 MS. LEMCKE: We kind of did. Will you clarify your ruling just so I make sure
3 I know where we're going.

4 THE COURT: Well what's your question.

5 MS. LEMCKE: Well I think -- the motion to exclude the experts, I think they've
6 now narrowed it down --

7 THE COURT: Right.

8 MS. LEMCKE: -- and the idea is they're given us CVs for the people that
9 they're going to have testify.

10 THE COURT: Okay. Based on all of that, what do you -- do you still want a
11 limit as to their testimony?

12 MS. LEMCKE: Well, Judge, once I get the CVs maybe this would be better
13 taken up at a later date.

14 THE COURT: Let's just table this then.

15 MS. LEMCKE: Okay.

16 THE COURT: I think I pretty much dealt with everything. If you think there's
17 something that's still hanging out there then bring it up again.

18 MS. LEMCKE: Okay. Perfect.

19 THE COURT: The next issue is the discovery. Can we just go through what's
20 just outstanding on the discovery.

21 MS. LEMCKE: And, Judge, just so that you know. I want to say at the outset
22 these prosecutors have been very forthcoming when it comes to getting discovery.
23 They've been very gracious. I even lost a disk at one point and they provided me a
24 second copy. They've been great about getting everything to me.

25 With the discovery motions, it's my position on my cases, I just want the

JONATHAN QUISANO,) No. 66816
)
)
 Appellant,)
)
)
 vi.)
)
)
 THE STATE OF NEVADA,)
)
)
 Respondent.)

PHILIP J. KOHN
Clark County Public Defender
309 South Third Street
Las Vegas, Nevada 89155-2610

STEVE WOLFSON
Clark County District Attorney
200 Lewis Avenue, 3rd Floor
Las Vegas, Nevada 89155

CATHERINE CORTEZ MASTO
Attorney General
100 North Carson Street
Carson City, Nevada 89701-4717
(702) 687-3538

CERTIFICATE OF SERVICE

CATHERINE CORTEZ MASTO
STEVEN S. OWENS

NORMAN REED
HOWARD S. BROOKS

I further certify that I served a copy of this document by mailing a true and correct copy thereof, postage pre-paid, addressed to:

JONATHAN QUISANO
NDOC# 1128389
c/o HIGH DESERT STATE PRISON
PO BOX 650
Indian Springs, NV 89070

BY

~~Employee, Clark County Public Defender's Office~~



KAPIOLANI WOMEN & CHILDREN
HOS
1310 Punchou St
Honolulu, HI 96826-1801
Results Imaging (5)

QUISANO, KHAYDEN K
MRN: 32849469
DOB: 9/18/2009, Sex: M

Order Information

01/08/10	1036	Medding Peds	01/05/10	0608	01/05/10
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Provider Information

01/08/10	1036	01/05/10	0608
Anaya, Rachel L	Ogal, Tanya A, MD	Ogal, Tanya A, MD	
01/08/10	1036	01/05/10	0608
Mizus, Barry M, MD	Mizus, Barry M, MD	Nhonlly, Jason T, MD	Abelton, Ryan L, MD
01/08/10	1036	01/05/10	0608
Lin, James C, MD			
01/08/10	1036	01/05/10	0608
Ackermann, Bekira, MD			

Order

Exam Info

01/15/2010 11:00 AM	Final	DE MAURO, ROBERT M
---------------------	-------	--------------------

Signed Study

3/15/2010

XR SKELETAL SURVEY 4 YR

REASON FOR EXAM: CHD MIAW

RESULT: 12 views of the skeleton reveal no interval change in the bilateral healing rib fractures and the healing metaphyseal fracture of the distal right femur. No new abnormalities are seen.

IMPRESSION: No change in the healing bilateral rib fractures and the healing fracture of the distal metaphysis of the right femur. Skeletal survey is otherwise normal.

3 278701a

Results

Scan on 7/23/2013 4:17 PM by Kaldahl, Kevin A: Imaging sign out form

Scan on 7/18/2010 10:55 AM by Parnis, A. Aleta: ADMISSION TO FOSTER HOME

Study

XR SKELETAL SURVEY 4 YR (Order #26579702) on 7/15/10 - Study Information

Result History

XR SKELETAL SURVEY 4 YR (Order #26579702) on 7/15/10 - Order Result History Report

Order Information

01/08/10	1036	(copy)	01/08/10
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Comments

Printed on 7/24/2013 7:56 AM

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DA - Quisano 000134



KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punchou St
Honolulu, HI 96826-1001
Results Imaging(S)

QUISANO, KHAYDEN K
MRN: 32049459
DOB: 9/18/2009, Sex: M

Comments (continued)
Please do so 7/15/09

Provider Information

Jessakul, Suda

Clarke, Kaley S, MD

Monrovia, Jason L, MD

Di Manno, Robert M, MD

END OF REPORT

EXHIBIT "C"

DEPARTMENT OF THE MEDICAL EXAMINER
CITY AND COUNTY OF HONOLULU

835 THIEF ROAD • HONOLULU, HAWAII 96817
TELEPHONE: (808) 768-3000 • FAX: (808) 768-3009 • INTERNET: www.honolulu.gov

MURPHY HENRI MACHIN
MAYOR



DR. RANDY DE ACOS
CHIEF MEDICAL EXAMINER

DR. BRUCE W. GOSWELL, JR.
FIRST DEPUTY MEDICAL EXAMINER

DR. GAYLE P. SMITH
DEPUTY MEDICAL EXAMINER

INFANT/FETUS AUTOPSY REPORT
Case No. 08-0247

RE: [REDACTED]

DATE/TIME OF PRONOUNCEMENT: 02/09/2008, 11:17:00

DATE, TIME, AND PLACE OF EXAMINATION: 02/11/2008
08:45:00
Medical Examiner's Facility

BRIEF HISTORY:

The decedent is a two-month-old male infant who reportedly had a runny nose for which over-the-counter Tylenol was given according to the dosage instructions. The decedent was put to bed in a supine position in his crib and was found unresponsive in a supine position. The decedent has no known allergies and has had no acute changes in the diet. There is no history of parental smoking in the house. Vaccinations have been up-to-date.

FINDINGS/PATHOLOGIC DIAGNOSIS:

1. Severe acute congestion and edema of the lungs (combined weight of 104 grams, normal combined weight 61 grams) with:
 - a. Acute pneumonitis,
 - b. Numerous intra-alveolar infiltration of siderophages.
2. Acute non-specific reactive hepatitis.
 - a. Liver weight 192 grams(normal 138 grams).
3. Severe acute congestion of the spleen with reactive hyperplasia (spleen weight 24 grams, normal 13 grams).

4. Blood and tissue cultures, bacterial and viral:

- a. Viral culture - negative.
- b. Bacterial cultures - mixed growth, no pathologic significance.

5. Metabolic panel - negative, non-contributory.

6. Toxicology - non-contributory.

CONCLUSION:

Based on these autopsy findings and the investigative and historical information available to me, in my opinion, this two-month-old infant died as a result of respiratory insufficiency due to lung infection. Microscopic examination of the lungs showed inflammatory cell infiltration and widening of the interstitium and alveolar spaces filled with iron-laden scavenger cells. The body showed no evidence of injuries and the lividity pattern with absence of perinasal and perioral blanching is indicative of being in a supine position at the time of death which corroborates the statements made by the parents. Histological evidence of non-specific infection was present in the liver. Bacterial cultures were positive for micro-organisms consistent with postmortem overgrowth or contamination. Viral cultures were negative; therefore, a specific organism responsible for the lung infection could not be determined. The manner of death is, in my opinion, natural.


CAUSE OF DEATH:

- a) Pneumonitis, organism unspecific

CONTRIBUTING CAUSE/OTHER SIGNIFICANT CONDITIONS:

Non-specific reactive hepatitis

MANNER OF DEATH: The manner of death is, in my opinion, Natural.



M.D., Chief Medical Examiner

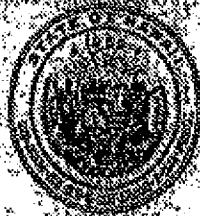
April 10, 2008

Date

EXHIBIT "D"

CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH



CERTIFICATE NO 151 2008 - 001150

Name of Decedent

City, Town or Location of Death

EWA BEACH

County of Death

HONOLULU

Island of Death

OAHU

Actual or Presumed Date of Death

February 09, 2008

Actual or Presumed Time of Death

11:17 AM

Date of Birth

December 14, 2007

Age at Death

1 MONTH(s)

Sex

MALE

Race

WN/FIL/CHN/PTGSE/P.R/JCAUC/SPAN//
INDIAN

Citizenship

USA

Ever in Armed Forces?

NO

Social Security Number

750-10-0924

Marital Status

NEVER MARRIED

Father's Name

Jonathan Scott Keoni Quisano

Mother's Name (Prior to First Marriage)

Christina Keaweekane Rodrigues

Disposition

BURIAL

Date: February 21, 2008

Permit #: 24139

Cemetery/Crematory: HAWAIIAN MEMORIAL PARK CEMETERY

Location: KANEHOE, HAWAII 96744

Funeral Home: HAWAIIAN MEMORIAL PARK MORTUARY

Certifier: Dr. Kanini De Abais MEDICAL EXAMINER/CORONER

Date Certified: April 10, 2008

Original Date Certified: February 11, 2008

Date Pronounced Dead: February 9, 2008

Time Pronounced Dead: 11:17 AM

Cause of Death

a. Pneumonitis, organism unspecified

Part II: Non-specific reactive hepatitis

Manner of Death: NATURAL CAUSES

Notes: Decedent's Actual Age - 1 month & 25 days

Cause of Death Information Updated: 04/10/2008

Date Filed by State Registrar: February 14, 2008

DHSS 4.2 (Rev. 10/05)

This copy serves as prima facie evidence of the fact of death in any court proceeding. DHSS 335-13(b), 338-14

11/01/07

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

EXHIBIT "E"

Kapolei Pediatrics, LLC
1001 Kamokila Boulevard Suite 193
Kapolei, HI 96707
Phone: (808) 693-7300

Patient: QUISANO, KHAYDEN K.
DOS: 11/20/2009

DOB: 09/18/2009
MRN: C3726001994

Chief Complaint

* KHAYDEN QUISANO presents for 2mo WCC.

Brought in by Mom.

Milestones reviewed: yes

PMH

Stools: soft yellow

Feeds: Similac 2-2.5oz/feed

Frequency q: on demand

Car seats backwards

Sleep: on back, co-sleeping

Concerns: none

Reactions to immunizations: none Amended: Jason T Ninomiya ; 11/27/2009 11:16 AM HST.

Family Hx

Family history of Bacterial Pneumonia; brother died at almost 2mo.

Vital Signs

Recorded by jninomiya on 20 Nov 2009 08:29 AM

Temp: 97.5 F, Axillary.

Height: 22.25 in, Weight: 9.1875 lb, BMI: 13 kg/m².

Head Circum: 14.5 in.

HPI

Per mom completely at baseline since last visit with no signs of illness. Per mom-Khayden does spit up and sometimes becomes fussy of his nose. No cough, fever or any resp distress and not sick at all with no ill contacts. Bottle-feeding well and mom doing small feeds of 2-2.5oz on demand and burping well, keeping inclined post. Doing well with no concerns per mom.

Physical Exam

Growth and development:

* Vocalizes Amended: Jason T Ninomiya ; 11/27/2009 11:17 AM HST. * Attentive to voices Amended: Jason T Ninomiya ; 11/27/2009 11:17 AM HST. * Has a social smile Amended: Jason T Ninomiya ; 11/27/2009 11:17 AM HST. * Gaze follows past the midline Amended: Jason T Ninomiya ; 11/27/2009 11:17 AM HST. * Lifts the head and chest off a surface Amended: Jason T Ninomiya ; 11/27/2009 11:17 AM HST. * Head is steady in an upright position Amended: Jason T Ninomiya ; 11/27/2009 11:17 AM HST. * Hands are open 50% of the time Amended: Jason T Ninomiya ; 11/27/2009 11:17 AM HST.

Gen: Alert and active in NAD.

Head: N/AT, APOSE

Eyes: EOMI/PERRL, +RR bilaterally, cover test with nml alignment

Ears: TM's pearly bilaterally, nml position

Throat: no erythema

Pulm: CTAB, no W/R/C, good air movement, no tachypnea/retractions or stridor, SaO₂ 99% RA

Heart: RRR, no murmur, S1S2nml, bilaterally sym pulses throughout

Abd: +BS, soft N/ND, no mass/HSM, no hernia

Skin: no rash/lesions/jaundice

Hips: no clunks, sym folds/abd/knee height

Neuro: nml newborn reflexes, nml tone, MAT sym

Babinski: yes

Grasp: yes

GU: nml Male testes descended bilaterally

Printed By: Jason T. Ninomiya

1 of 2

5/24/14 7:47:28 AM

Patient: QUISANO, KHAYDEN K DOB: 09/18/2009

Hydrocele: no

Jaundice: no

Orders

Administered: DTaP-IPV/Hib (Pentacel); 0.5ml; Intramuscular; Left Thigh; Admin By: Uyeshiro, Karyn; 20 Nov 2009.

Administered: Pneumo (Prevnar); 0.5ml; Intramuscular; Right Thigh; Admin By: Uyeshiro, Karyn; 20 Nov 2009.

Assessment

2mo male with mild GER by hx which mom thinks previous sx were related to. Completely and physical exam here, growing well with anal development for age, intake note reviewed and agree. Looks great with no signs of infection, Afebrile, clinically well hydrated in no respiratory distress and very non-toxic appearing.

Plan

Age appropriate anticipatory guidance discussed with handout presented. All question answered and addressed.

-mom declined rota vaccine

-continue to give small frequent feedings, burping well and keeping inclined post feed

-will check on newborn screening as likely sent to a different office

Always place infant on back to reduce the risk of SIDS.

Immunization benefits and risks discussed

Return to clinic in 2months for WCC or sooner if concerns arise. Amended: Jason T Ninomiya ; 11/27/2009 11:17 AM HST.

Signature

Electronically signed by: Jason T Ninomiya ; 11/27/2009 11:13 AM HST; Author.

Electronically signed by: Jason T Ninomiya ; 11/27/2009 11:17 AM HST; Author.

EXHIBIT "F"

55 Merchant Street, 22nd Floor
Honolulu, Hawaii 96813

KAPI'OLANI
CHILD PROTECTION
CENTER

An Affiliate of Hawaii Pacific Health



RECEIVED

8-13-2011

DHCWSUT3

TOLL FREE: 888-535-7700
T: 808-535-7700 | F: 808-535-7722
www.kapiolani.org/child-protection-center

MULTIDISCIPLINARY TEAM CONFERENCE REPORT
CONFIDENTIAL

This report is consultative in nature and case management decisions are left up the Department of Human Services. Assessments are based on the information available at the time of the team conference

- _____ Reabuse on an active case, or a case closed within 90 days.
_____ Suspected Child Abuse/Neglect Death on an active case or a case closed within 90 days
_____ Hospitalization due to suspected Child Abuse/Neglect on an active case or a case closed within 90 days

CHILD(REN): Quisano, Khayden **BIRTHDATE(S):** 09/18/09
CASE NAME: Rodriguez, Christina
CASE WORKER: Iwaland Lum - Diamond Head Child Welfare Services Unit 3

<u>FAMILY</u>	<u>Name</u>	<u>Birthdate</u>	<u>Whereabouts</u>
Mother	Rodriguez, Christina	08/19/84	Kapolei
Father	Quisano, Jonathan	10/10/86	Kapolei
Children	Quisano, Jayden	12/15/07	Deceased
	Quisano, Khayden	09/18/09	FC
	Quisano, Khayden	09/05/10	FC

CONF DATE: 01/20/11 **CONF TIME:** 10:00 a.m. **CONF PLACE:** Harbor Court

PRELIMINARY REPORT DATE: 01/20/11 **FINAL REPORT DATE:** 01/24/11

TEAM MEMBERS: Erin Tanaka, M.S.W., KCPC Team Coordinator
Brenda Wong, Ph.D., KCPC Team Psychology Consultant
Carol Titcomb, M.D., KCPC Team Medical Consultant
Sean Wheelock, M.S.N., APRN-C, KCPC Team Nurse Consultant - BY PHONE
Marjorie Higa-Funai, M.S.W., L.C.S.W., KCPC Team Social Work Consultant

<u>PARTICIPANTS:</u>	<u>NAME</u>	<u>ROLE/ORG</u>	<u>ATTEND</u>
	Iwaland Lum	DHS Worker	Yes
	Roxano Silva	Foster parent	Yes
	Dr. Lyle Herman	Couples therapist	No
	Patricia Weston-Lee	ABC pilot	No
	Linda Tungking	Enhanced Healthy Start	No
	Clont Gumboc	CCSS outreach	Yes
	Kim Hasegawa	GAL	Yes

DA - Quisano 000070

MULTIDISCIPLINARY TEAM CONFERENCE REPORT
CASE NAME: Rodriguez, Christina
PAGE 2

REASON FOR TEAM

1. Address the appropriateness of Family Supervision.

SOURCE OF INFORMATION

INFORMATION	MD	RN	PHD	MSW
Information obtained at the MDT meeting	X	X	X	X
MDT Report, 01/07/10	X	X	X	X
Safe Family Home Report, 02/18/10	X	X	X	X
Psychological evaluation of Jonathan Quisano, 03/18/10	X	X	X	X
Psychological evaluation of Christina Rodriguez, 03/17/10	X	X	X	X
KMCWC Child Protection Attending consultation, 01/07/10 re: Khayden	X	X		X
Short Report to Court, 07/30/10	X	X	X	X
Safe Family Home Report, 09/10/10	X	X	X	X
Ohana Conference Report #3, 01/10/11	X		X	X
Letter from Lyle Herman, Psy.D., 01/12/11	X		X	X
Autopsy re: Jayden Quisano	X			
Consultation with Dr. Daniel Buehler 01/20/11	X			

CASE ANALYSIS

Child(ren)'s Status, Functioning, Needs

Pediatrician, Dr. Buehler, has seen the infant Khaysen since birth. He is always accompanied by his mother and supervised by the Grandmother. Mother provides the care and he feels she is doing a good job. Both children are up to date with preventative health visits and childhood immunizations. Both Khaysen and his brother Khayden are well with no active medical concerns or chronic conditions. There have been no serious illnesses and no surgeries noted for either child. Khaysen was hospitalized at 1 month of age with fever (sepsis was ruled out); he was discharged after three days. Both brothers are not on any medications at this time and they have no known allergies according to their medical records.

Khaysen's 16-month-old brother, Khayden, was seen by his pediatrician on 10/29/09 with cough and runny nose. He was referred to KMCWC (Kapolei Medical Center) for a chest x-ray, which was normal. On 01/04/10, he presented with a fever of 4 or 5 days duration in the range of 99 to 101°. Khayden looked "good" according to resource parent Ms. Sylvia; however, Khayden's pediatrician had given explicit instructions to bring him in promptly for any illness. This instruction by the doctor to Khayden's mother was based specifically on the family history of sudden demise in infancy of older sibling Jayden from pneumonia. The chest x-ray obtained for Khayden that day (01/04/10) at KMCWC revealed multiple healing rib fractures of the left 4th through 6th posterior ribs and healing mid-axillary fractures of the right 4th through 6th ribs, which are associated with compression. Skeletal survey showed a healing metaphyseal fracture of the medial aspect of the right femur, which is associated with shearing injury. Parents denied knowledge of any trauma, such as a fall. They described Khayden as being fussy since birth. Both parents work during the day; a maternal cousin

DA - Quisano 000071

MULTIDISCIPLINARY TEAM CONFERENCE REPORT
CASE NAME: Rodrigues, Christina
PAGE 3

Shantelle McKinney cared for Khayden for one week from 11/16/09, while babysitter Roberta Fernandez provided childcare for the month of December. The maternal grandmother was visiting with them from Las Vegas for the week prior to presentation and there are other household members including two maternal Great Uncles and a sibling of the mother. Khayden's pediatrician had been concerned because the rate of his weight gain was slowing so that his weight was below the 5th percentile. Failure to thrive was attributed to inadequate volume of formula feeding; mother said she had reduced the volume of Khayden's feeding because he looked to her that he was gaining too much weight. On examination in the hospital, Khayden was microcephalic and fussy. His foster mother, Roxane Silva describes him as now bright, active, and healthy -- a reportedly normal appearing one year old. Please see prior MDT report dated 01/07/10 for further details regarding Khayden's injury and hospitalization.

Child(ren)'s Functional Analysis: From a strictly biomedical standpoint, Khayden and Khayden are average needs children at this time.

Caretaker's Status, Functioning, Needs

Physical and Psychosocial Status: After the last Team was held a year ago, both parents participated in psychological evaluations in March 2010. Results were summarized at the Team. Both parents were notably defensive during their respective sessions, denying responsibility for any harm to Khayden and minimizing personal faults or weaknesses. Both seemed to place culpability upon his babysitter (who had not been considered a suspect by the police investigation, per DHS). Both parents are high school graduates with no overall cognitive deficit, but there were some limitations with regard to their reading comprehension skills. Neither parent acknowledged past childhood abuse despite information to the contrary. The assessment of parenting stress showed child-related stresses revolving around Khayden being perceived by both parents as demanding and having difficulties with adaptability. Ms. Rodrigues presented with flat affect and sadness when asked about the death of her first baby in 2008. Diagnostically, Bereavement was offered along with a Rule Out of Depressive Disorder Not Otherwise Specified. Because parents' defensive stance invalidated some test measures, no other specific diagnoses could be offered with regard to Mr. Quisano's emotional status or both parents' personality traits.

A review of services and parent participation revealed completion of some services (parenting classes in May 2010, ABC hands-on parenting program in December 2010) and ongoing participation in others (Bahanced Healthy Start, Couples therapy with Dr. Herman, and CCSS outreach counseling). It was shared that after the 10 week ABC program, progress had been noted by both parents and mother demonstrated improvement in her ability to interact with the children. A letter from Dr. Herman noted good attendance to couples therapy since June 2010 (bi-monthly), but resistance and low motivation to actually address possible risk factors or to acknowledge some responsibility for Khayden's harm. The CCSS worker reported having had only several sessions with mother who interacted appropriately with Khayden in the home while denying any need for individual therapy related to bereavement.

The DHS worker indicated that overnight visits of the children with their parents commenced after the birth of Khayden in September 2010, increasing in duration to the point that the children now spend 5 days a week at home with safeguards in a set of relatives who take turns being in the home to monitor the situation and support the family. Given that Mr. Quisano works, Ms. Rodrigues has been in the role of primary caretaker. Concerns were expressed at the Team about Ms. Rodrigues' reluctance to reach out or to communicate her needs to others. There was no information yet available regarding her ability to manage two very young children.

DA - Quisano 000072

MULTIDISCIPLINARY TEAM CONFERENCE REPORT
CASE NAME: Rodrigues, Christina
PAGE 5

service providers are working with the parents. However, parents are selective about what they are willing to do. The critical support of therapy is not been utilized to its fullest advantage. Thus, though there are supports in place, the social support is inadequate because parents are not utilizing the most significant service, therapy, to address their issues.

TEAM ASSESSMENT

A multidisciplinary team was held to assess the appropriateness of Family Supervision. Khayden and Khayson were assessed as average needs children. Both children are up to date with their medical care and have no medical concerns or chronic conditions.

Christina Rodrigues and Jonathan Quisano, parents, continue to be assessed as inadequate caretakers. They continue to deny harming Khayden and blame the babysitter for the injury despite the babysitter being ruled out by the police (per CWS). Parents have completed parenting education as well as hands-on parenting and continue with Enhanced Healthy Start, couples therapy and CCSS outreach services. However, their resistance and low motivation to address the possible risk factors to acknowledge responsibility for Khayden's injury still remains. There has been only superficial compliance in services and no internalized changes in parents to indicate lowered risk for future maltreatment. The couple's social support system was also assessed as inadequate. They have an extensive natural support and formal support system however they are not adequately utilizing them. Therefore, the home continues to be assessed as unsafe.

TEAM RECOMMENDATIONS

1. Placement Recommendations: The Team could not support a transition of the children out of Foster Custody and back home to parents at this time.

Family Supervision might later be considered if there is a more sustainable safety network put into place in the household, which can appropriately safeguard the children.

Child(ren) Recommendations

1. Children should continue to maintain a medical home with Dr. Buchler where they appear to have no special needs and are up to date with their preventive health visits and further requirements for immunizations.
Desired Outcome: Optimal health.
2. Establish a dental home for Khayden where he may receive routine surveillance and hygiene.
Desired Outcome: Optimal dental health.
3. Continue Enhanced Healthy Start for the children.
Desired Outcome: Optimal development and monitoring.

DA - Quisano 000073

MULTIDISCIPLINARY TEAM CONFERENCE REPORT
CASE NAME: Rodriguez, Christina
PAGE 6

Caretaker(s) Recommendations

1. Obtain the report from the ABC hands-on parenting program to verify completion of services and areas of parent progress.
Desired Outcome: Complete database. Confirm parental progress in specific areas.
2. Continue couples' therapy.
Desired Outcome: Increase parents' ability to communicate openly with one another. Identify stresses impinging on the couple and help in building their coping skills.
3. Even more critical at this point than couples' work would be individual therapy for mother as a primary parent. See whether Dr. Herman would be able to start individual work with Mr. Rodriguez in addition to couples' sessions.
Desired Outcome: Lower defense level so that self-awareness and insight can improve, thereby strengthening her ability to identify stresses and accessing support as needed. Fortify this primary parent's awareness of her own limitations and reinforce use of resources around her.
4. Check with all service providers and observers of parent-child interaction for data on mother's ability to manage both children simultaneously under demanding or potentially stressful conditions. Also check if she can demonstrate improved awareness of physical symptoms the children might display that would warrant medical attention.
Desired Outcome: Obtain evidence of changes in maternal functioning with respect to being a more protective, attentive, and involved parent.

Social System Recommendations

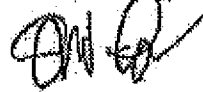
1. Engage informal supports to assist parents in addressing concerns regarding the abuse that occurred.
Desired Outcome: To assure that the people who they trust understand the concerns and assist the parents in making the changes that would benefit them.
2. Continue with services in place.
Desired Outcome: To assure the safety of the children and to assure that their needs are met.

Submitted by:



Erin S. Tanaka, M.S.W.
Team Coordinator

Reviewed and Approved by:



Steven J. Choy, Ph.D.
KCPC Program Director

DA - Quisano 000074

06/10/13
06:48:28.7

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
LOG OF CONTACTS REPORT - CASE PROCESS

KPHCR52R

CASE NO 00093499 CASE NAME RODRIGUES, CHRISTINA STATUS CLOSED
CONTACT DATE/TIME 02/28/2013 19:33 ENTRY DATE/TIME 02/28/2013 19:33
TYPE OF CONTACT OTH WORKER 1702 NOTATION CLOSING SUMMARY

NARRATIVE ACCOUNT

CASE NAME: CHRISTINA RODRIGUES CPSS: 93499
PC-S: 11-00001

ON 1/4/10, THE DEPARTMENT OF HUMAN SERVICES (DHS) RECEIVED A REPORT OF PHYSICAL ABUSE, MEDICAL NEGLECT, THREAT OF ABUSE, AND THREATENED NEGLECT TO 3 MONTH OLD KHAYDEN QUISANO BY HIS PARENTS, 35 YEAR OLD CHRISTINA RODRIGUES AND 22 YEAR OLD JONATHAN QUISANO. IT WAS REPORTED THAT MS. RODRIGUES BROUGHT KHAYDEN TO HER CHILD'S PRIMARY CARE PHYSICIAN (PCP), DR. JASON NINOMYA, MD. RODRIGUES INFORMED THE PCP THAT KHAYDEN HAD A FEVER FOR THE PAST 4 DAYS AND HIS FEVER HAD REACHED 101 DEGREES. HOWEVER, BY THE TIME MS. RODRIGUES BROUGHT KHAYDEN IN TO SEE DR. NINOMYA, KHAYDEN'S FEVER ISSUES HAD LARGELY BEEN RESOLVED.

DR. NINOMYA REPORTED THAT A PREVIOUS SIBLING'S (JAYDEN SCOTT QUISANO) DENISE SECONDARY TO PNEUMONIA AT TWO MONTHS OF AGE. AS A RESULT OF JAYDEN'S DEATH, DR. NINOMYA GAVE SPECIFIC INSTRUCTIONS TO BOTH PARENTS' THAT THEY ARE TO SEEK IMMEDIATELY MEDICAL ATTENTION IF KHAYDEN DISPLAYED SIMILAR CONDITIONS AS JAYDEN PRESENTED PRIOR TO HIS DEATH. MS. RODRIGUES AND MR. QUISANO REPORTED DELAY IN MEDICAL ATTENTION PLACED KHAYDEN AT RISK FOR FURTHER HARM.

AS A PRECAUTION, MR. NINOMYA ONCE AGAIN DECIDED TO OBTAIN A CHEST RADIOGRAPH, AND REFERRED KHAYDEN TO KAPIOLANI MEDICAL CENTER WOMEN AND CHILDREN (KMCWC) FOR AN OUTPATIENT RADIOLOGY APPOINTMENT. MS. RODRIGUES TOOK KHAYDEN TO (KMCWC) FOR A CHEST X-RAY. AFTER THE RADIOLOGY WAS COMPLETED, KHAYDEN LEFT WITH HIS PARENTS. DR. NINOMYA WAS NOTIFIED OF THE RESULTS AND REQUESTED THAT THE FAMILY RETURN TO KMCWC TO THE ER FOR FURTHER EVALUATION AND TREATMENT. THE X-RAY REVEALED MULTIPLE FRACTURES, AND DR. NINOMYA DID NOTE SOME REDDISH SPOTS IN OR NEAR THE EYES OF KHAYDEN.

IT WAS REPORTED THAT KMCWC NEED TO RULE OUT RETINAL DAMAGE TO KHAYDEN. DR. NINOMYA ALSO NOTICED A MARK OR BRUISE ON KHAYDEN'S LEG BUT DR. NINOMYA WAS NOT CLEAR IF THIS WAS AN INJURY OR A BIRTH MARK. KHAYDEN WAS ADMITTED TO KMCWC PEDIATRIC WARD ON 1/4/10.

UPON ADMISSION TO KMCWC, A PHYSICAL EXAMINATION WAS ALSO COMPLETED. WHEN KMCWC COMPLETED A SKELETAL SURVEY ON KHAYDEN, IT REVEALED HEALING POSTERIOR FRACTURES OF THE LEFT 4TH THROUGH 6TH RIBS. THERE WERE HEALING MIDAXILLARY FRACTURES OF THE RIGHT 4TH THROUGH 6TH RIBS. A METAPHYSAL FRACTURE WAS NOTED ON THE MEDIAL ASPECT OF THE DISTAL RIGHT FEMUR. AN OPHTHALMOSCOPIC EVALUATION REVEALED NO RETINAL HEMORRHAGES, AND A SMALL SUBCONJUNCTIVAL HEMORRHAGE ON THE . AN MRI OF THE BRAIN WAS UNREMARKABLE FOR HEMORRHAGE OR OTHER TRAUMA.

THE SKIN HAD A CURVED HEALING ABRASION OF 1 CM ON THE RIGHT UPPER BACK. MONGOLIAN SPOT WERE NOTED IN THE LEFT LOWER BACK. NO FRACTURES WERE ABLE TO BE PALPATED.

THE ER DOCTOR AT KMCWC COULD NOT DETERMINE WHEN THE FRACTURES OCCURRED, BUT DA - Quisano 000075

06/10/13
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STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
LOG OF CONTACTS REPORT - CASE PROCESS

KPMCR52R

CASE NO 08093499 CASE NAME RODRIGUES, CHRISTINA STATUS CLOSED
CONTACT DATE/TIME 02/28/2013 19:33 ENTRY DATE/TIME 02/28/2013 19:33
TYPE OF CONTACT OTH WORKER 1702 NOTATION CLOSING SUMMARY

NARRATIVE ACCOUNT

THEY ASSESSED THAT KHAYDEN'S INJURIES COULD HAVE OCCURRED BETWEEN 10/24/09 AND 12/2009. IT WAS REPORTED THAT KHAYDEN WAS ORDERED BY DR. NINOMYA TO COMPLETE A CHEST X-RAY ON 10/24/09, DUE TO COUGHING AND CONGESTION OF KHAYDEN AND THERE WERE NO INJURIES DISCOVERED ON THAT CHEST X-RAY.

THERE WERE NO OVERT SKELETAL ABNORMALITY OTHER THAN THESE SPECIFIC TRAUMATIC FRACTURES, AND THEY WERE REPORTED TO BE MOST LIKELY THE RESULT OF A NON-ACCIDENTAL INJURY. THE RIB FRACTURES ARE MOST LIKELY THE RESULT OF COMPRESSIVE OR SQUEEZING FORCES AND THE METAPHSEAL FRACTURE IS FROM SHEARING INJURY. KHAYDEN IS DIAGNOSED AS FAILURE TO THRIVE DUE TO HIS LOW BIRTH WEIGHT AND GROWTH STATUTE AND INADEQUATE REPORTED FORMULA BEING OFFERED TO HIM (2/5 OUNCES EVERY 2-5 HOURS).

ON 1/5/10, ASSESSMENT WORKER, CHAD KOJIMA, INTERVIEWED MS. RODRIGUES AND MR. QUISANO AT THEIR RESIDENCE. THEY BOTH REPORTED THAT THEY DID NOT KNOW HOW THEIR SON RECEIVED THOSE INJURIES. MS. RODRIGUES REPORTED THAT SHE DID NOT DROP HIM NOR DID HE FALL DOWN, SO SHE DOES NOT UNDERSTAND HOW KHAYDEN RECEIVED THOSE INJURIES. MS. RODRIGUES REPORTED THAT ON 11/16/09, SHE HAD HER COUSIN, SHANTELE MARTINEY WATCH KHAYDEN FOR ONE WEEK WHILE SHE WENT BACK TO WORK. MS. ON 1/7/10, THE DHS COMPLETED A MULTIDISCIPLINARY TEAM CONFERENCE AND THE TEAM CONCLUDED THAT MS. RODRIGUES AND MR. QUISANO ARE UNABLE TO PROVIDE A SAFE FAMILY HOME FOR KHAYDEN AT THIS TIME AND HE SHOULD REMAIN IN FOSTER CARE. THE TEAM RECOMMENDED THAT MS. RODRIGUES AND MR. QUISANO COMPLETE A PSYCHOLOGICAL EVALUATION, INDIVIDUAL AND COUPLES COUNSELING, AND PARENTING EDUCATION. THE MDT IDENTIFIED THE FOLLOWING RISK FACTORS REGARDING MS. RODRIGUES AND MR. QUISANO: 1.) JAYDEN QUISANO, WHO PASSED AWAY APPROXIMATELY THE SAME AGE THAT KHAYDEN CURRENTLY IS (2 MONTHS) WITH THE SAME PRESENTING CONDITION (RUNNING NOSE AND HIGH FEVER) AND ARE CONSIDERED FIRST TIME PARENTS WHO REPORTEDLY WAS NOT GIVING KHAYDEN SUFFICIENT FOOD; 2.) KHAYDEN SUFFERED SEVERAL FRACTURES AND PARENTS DID NOT KNOW WHAT HAPPENED TO CAUSE THESE INJURIES. IT IS A CONCERN BECAUSE THEY ARE PRIMARY CAREGIVER OF KHAYDEN AND THE PERPETRATOR OF HARM IS UNKNOWN; 3.) MR. QUISANO AND MS. RODRIGUES WERE INVOLVED IN A CHILD WELFARE CASE AS CHILDREN AND THE EFFECTS OF THE MALTREATMENT AND WHETHER THEY .) MR. QUISANO AND MS. RODRIGUES WERE INVOLVED IN A CHILD WELFARE CASE AS CHILDREN AND THE EFFECTS OF THE MALTREATMENT AND WHETHER THEY ADDRESSED THIS IS UNKNOWN AT THIS TIME.

ON 7/12/10, THIS CASE WAS TRANSFERRED TO DIAMOND HEAD CHILD WELFARE SERVICES UNIT 3 (DNCRS3) AND ADMITTED INTO ZERO TO THREE COURT. UPON TRANSFERRING THE CASE, THIS DHS SOCIAL WORKER WAS ASKED TO RE-INVESTIGATE THE ALLEGATIONS BASED UPON THE DOCUMENTS AND INFORMATION GATHERED FROM THE PREVIOUS INVESTIGATOR, MEDICAL RECORDS, HUD INFORMATION, DOCTOR REPORTS, AND OTHER INFORMATION PROVIDED TO THIS DHS SOCIAL WORKER. BASED UPON INTERVIEWS OF MS. RODRIGUES, 3/19/10 KCPC PSYCHOLOGICAL EVALUATION OF JONATHAN QUISANO, 3/17/10 KCPC PSYCHOLOGICAL EVALUATION OF CHRISTINA RODRIGUES, KMCNC MEDICAL REPORTS OF 1/4/10, MDT REPORT OF 1/7/10, DR. NINOMYA MEDICAL REPORTS, AND OTHER COLLATERAL CONTACTS, THE DHS MADE THE FOLLOWING INVESTIGATION FINDINGS: ALLEGATIONS OF MEDICAL NEGLECT, THREAT OF NEGLECT, AND THREE (3) OF NEGLECT. 000076

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STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
LOG OF CONTACTS REPORT - CASE PROCESS

KHCHRS2R

CASE NO 00091499 CASE NAME RODRIGUES, CHRISTINA STATUS CLOSED
CONTACT DATE/TIME 02/28/2013 19:33 ENTRY DATE/TIME 02/28/2013 19:33
TYPE OF CONTACT CTH WORKER 1702 NOTATION CLOSING SUMMARY

NARRATIVE ACCOUNT

ABUSE OF KHAYDEN QUISANO BY HIS MOTHER, CHRISTINA RODRIGUES, ARE CONFIRMED.

ALLEGATIONS OF MEDICAL NEGLECT, THREAT OF NEGLECT OF KHAYDEN QUISANO BY HIS FATHER, JONATHAN QUISANO, ARE CONFIRMED.

THEREFORE, BASED UPON ALL THE INFORMATION GATHERED THROUGHOUT THE CASE, THE DHS HAS IDENTIFIED BOTH PARENTS AS THE PERPETRATORS OF HARM. THIS CASE IS NO LONGER CONSIDERED AN UNIDENTIFIED PERPETRATOR CASE.

DURING THE PERIOD OF 7/12/10-9/6/10, MS. RODRIGUES AND MR. QUISANO CONTINUED TO PARTICIPATE IN ENHANCED HEALTHY START SERVICES, COUPLES COUNSELING WITH DR. HERMAN (SWITCHED FROM DR. KANG OF MAIANAH COAST COMPREHENSIVE HEALTH CENTER), COMPREHENSIVE COUNSELING AND SUPPORT SERVICES (CCSS) WITH CHILD & FAMILY DHS IN CONSULTATION WITH THE GAL, KIM HASEGAWA, AGREED THAT THEIR THERAPIST RECOMMENDATION AND CONTINUAL INCREASE IN FREQUENCY OF THE VISITATIONS, AND COMPLIANCE WITH ENHANCED HEALTHY START SERVICES WOULD ASSIST THE DHS IN DETERMINING IF REUNIFICATION IS APPROPRIATE. THESE REPORTS WOULD ALSO ASSESS IF BOTH PARENTS ARE ABLE TO PROTECTIVE AND PROVIDE A SAFE FAMILY HOME FOR THEIR CHILD.

ON 9/6/2010, THE DEPARTMENT OF HUMAN SERVICES (DHS) RECEIVED A REPORT OF THREAT OF ABUSE AND THREATENED NEGLECT OF NEW BORN MALE CHILD, KHAYSEN QUISANO, BY HIS PARENTS, 26 YEAR OLD CHRISTINA RODRIGUES AND FATHER JONATHAN QUISANO 23 YEAR OLD JONATHAN QUISANO. BOTH PARENTS WERE PARTICIPATING IN SERVICES; HOWEVER THERE CONTINUES TO BE SERIOUS SAFETY FACTORS REGARDING BOTH PARENTS' ABILITY TO CARE FOR AN INFANT CHILD DUE TO THE FACT THEIR OLDEST CHILD, JAYDEN, DIED OF PNEUMONIA AND KHAYDEN PRESENTED THE SAME CONDITION, BUT BOTH PARENTS WERE PARTICIPATING IN SERVICES; HOWEVER THERE CONTINUES TO BE SERIOUS SAFETY FACTORS REGARDING BOTH PARENTS' ABILITY TO CARE FOR AN INFANT CHILD DUE TO THE FACT THEIR OLDEST CHILD, JAYDEN, DIED OF PNEUMONIA AND KHAYDEN PRESENTED THE SAME CONDITION, BUT BOTH PARENTS WERE NOT DILIGENT PROVIDING THE MEDICAL ATTENTION THAT HE NEEDED; MS. RODRIGUES AND MR. QUISANO CONTINUED TO LACK IN SIGHT REGARDING THEIR ROLE AND RESPONSIBILITY AS A PARENT; AND DR. HERMAN'S REPORT THAT HE SEES MINIMAL PROGRESS IN THERAPY WITH MS. RODRIGUES.

ON 1/5/2011, THIS DHS SOCIAL WORKER, INALANI K. LUM, REQUESTED AN MDT MEETING AFTER CONSULTATION WITH DHS TA SUPERVISOR, DINA KOYAMAGI, AND SECTION ADMINISTRATOR, DANA KANO. THE PURPOSE OF THE MDT MEETING WAS TO ASSIST THE DHS

IN EVALUATING IF FAMILY SUPERVISION IS APPROPRIATE FOR THE QUISANO CHILDREN. AN OHANA CONFERENCE WAS ALSO RECOMMENDED TO DEVISE A CONSISTENT AND DETAILED ON 1/5/2011, THIS DHS SOCIAL WORKER, INALANI K. LUM, REQUESTED AN MDT MEETING AFTER CONSULTATION WITH DHS TA SUPERVISOR, DINA KOYAMAGI, AND SECTION ADMINISTRATOR, DANA KANO. THE PURPOSE OF THE MDT MEETING WAS TO ASSIST THE DHS IN EVALUATING IF FAMILY SUPERVISION IS APPROPRIATE FOR THE QUISANO CHILDREN. AN OHANA CONFERENCE WAS ALSO RECOMMENDED TO DEVISE A CONSISTENT AND DETAILED VISITATION PLAN SCHEDULE.

AN OC WAS HELD ON 1/10/2011 TO DISCUSS THE SERVICES AND INFORMATION OF ACTIVE 000077

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STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
LOG OF CONTACTS REPORT - CASE PROCESS

KPHCR52K

CASE NO 00093499 CASE NAME RODRIGUES, CHRISTINA STATUS CLOSED
CONTACT DATE/TIME 02/28/2013 19:33 ENTRY DATE/TIME 02/28/2013 19:33
TYPE OF CONTACT OTH WORKER 1702 NOTATION CLOSING SUMMARY

NARRATIVE ACCOUNT

PARTICIPATION IN ALL SERVICES RECOMMENDED. THERE WERE SEVERAL CONCERNS DISCUSSED IN THE OC AS WELL AS A LIST OF DOCUMENTS THAT WERE REQUESTED BY MS. RODRIGUES IN ORDER TO COMPLETE AN EVALUATION OF THE THEIR HOME. MS. RODRIGUES SUBMITTED AND REQUESTED ALL OF THE DOCUMENTS LISTED IN THE OC REPORT. THE INFORMATION AND DOCUMENTS PROVIDED WERE USED TO IDENTIFY THE PERPETRATOR OR PERPETRATORS OF HARM IN THIS CASE.

DURING THE PERIOD OF 7/12/10-1/21/11, DR. HERMAN, WHO HAD BEEN WORKING WITH MS. RODRIGUES AND MR. QUISANO FOR OVER 6 MONTHS, REPORTED THAT PARENTS HAVE NOT PROGRESSED IN THERAPY. DR. HERMAN ALSO REPORTED THAT PARENT'S LACK INSIGHT AS TO THE REASON CWS IS INVOLVED WITH THE FAMILY. THE DHS ALSO IDENTIFIED ONGOING CONCERNS REGARDING, MR. QUISANO AND MS. RODRIGUES' RELATIONSHIP, MEDICAL CONCERNS AND THE DELAY IN FOLLOWING THE PCP'S RECOMMENDATIONS, AND THE MEDICAL RECORDS DOCUMENTING THE INJURIES. THUS, ALTHOUGH BOTH PARENTS MADE SIGNIFICANT EFFORTS IN ADDRESSING MEDICAL CONCERNS, BONDING AND ATTACHMENT ISSUES, AND HAVE APPEARED TO BE PROTECTIVE, THE DHS COULD NOT ENSURE THAT THEIR HOME WOULD BE SAFE FOR BOTH CHILDREN DUE TO THEIR LACK OF INSIGHT REGARDING KHAYDEN'S INJURIES. DR. HERMAN'S REPORT IS SIGNIFICANT BECAUSE HE HAS BEEN WORKING WITH BOTH PARENTS FOR OVER SIX MONTHS AND HAS NOT PROGRESSED IN THERAPY. CONTINUAL SUPERFICIAL DISCUSSIONS WILL NEGATIVELY IMPACT THIS CASE AS WELL AS FURTHER EVALUATIONS FROM OTHER SERVICE PROVIDERS.

THE FOLLOWING SERVICES WERE OFFERED/RECOMMENDED FOR MS. RODRIGUES AND MR. QUISANO:

T PSYCHOLOGICAL EVALUATION; MS. QUISANO COMPLETED ON 3/17/10 AND RECOMMENDATIONS FROM THE PSYCHOLOGICAL EVALUATION COMPLETED ON 5/17/12; MR. QUISANO COMPLETED ON 3/18/10 AND RECOMMENDATIONS WERE COMPLETED ON 12/15/11. THEY WERE BOTH COMPLIANT AND ENGAGING IN THE RECOMMENDED SERVICES.

T INDIVIDUAL THERAPY FOR MS. RODRIGUES-MDT TEAM RECOMMENDED THAT MOTHER CONTINUE WITH THERAPY UNTIL CLINICALLY DISCHARGED. SHE WAS DISCHARGED ON 3/17/12. MS. RODRIGUES BEGAN WITH DR. KING THEN DR. HERMAN, AND SINCE 3/29/11 WAS BEING MONITORED BY TRENDA BERKEY, LCSW. IN TRENDA BERKEY'S 1/30/12 CLINICAL SUMMARY, SHE STATES THAT THEY HAVE ADDRESSED PARENTING, GRIEVANCE ISSUES, ANGER MANAGEMENT, AND INDIVIDUAL GOALS FOR MS. RODRIGUES. THE DHS THE DHS PROVIDED A CWS SAFETY PLAN DATED 1/9/12 TO MS. RODRIGUES AND TRENDA BERKEY, LCSW. TOGETHER, THEY ADDRESSED EACH OF THE DEPARTMENT'S CONCERNS AND PROVIDED A STATEMENT. MS. RODRIGUES HAS PROGRESSED SIGNIFICANTLY IN THERAPY AND IS NOW ABLE TO DESCRIBE HER ROLE AS A PARENT AND PROVIDE THIS THERAPIST WITH MORE INSIGHT IN HER THINKING AND UNDERSTANDING OF CWS INVOLVEMENT. MS. RODRIGUES IS ABLE TO DESCRIBE AND IDENTIFY SPECIFIC ATTACHMENT AND BONDING ACTIVITIES, IDENTIFY HER STRESSORS, DEVELOPED A SAFETY PLAN REGARDING HOW SHE WILL HANDLE NEW PROBLEMS AND DEVELOPED COPING MECHANISMS IN ORDER TO EASE HER STRESS.

FT COUPLE'S COUNSELING; DR. HERMAN WAS PROVIDING BOTH PARENTS WITH THERAPY TO HELP ADDRESS THE CONCERNS REGARDING PARENTING, INJURIES SUFFERED BY KHAYDEN, AND COMMUNICATION ISSUES WITHIN THEIR RELATIONSHIP. DR. HERMAN REPORTED TO DHS IN JULY 2010 THAT HE DID NOT FIND THAT MR. QUISANO NEEDED TO PARTICIPATE WITH HE HAD THE NECESSARY SKILLS AND DID NOT IDENTIFY ANY PROBLEMS. Quisano 000078

06/10/13
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STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
LOG OF CONTACTS REPORT - CASE PROCESS

KPHCR52R

CASE NO 00093499 CASE NAME RODRIGUES, CHRISTINA STATUS CLOSED
CONTACT DATE/TIME 02/28/2013 19:33 ENTRY DATE/TIME 02/28/2013 19:33
TYPE OF CONTACT OTH WORKER 1702 NOTATION CLOSING SUMMARY

NARRATIVE ACCOUNT

T ENHANCED HEALTHY START SERVICES/ EASTER SEALS KAPOLEI- LINDA TINGKANG, DHS SENIOR FAMILY SUPPORT WORKER, HAS MET WITH THE FAMILY SINCE 6/10/10. SOME CONCERNS REGARDING MS. RODRIGUES' ATTITUDE AND ANGER ISSUES WERE REPORTED, HOWEVER, SHE HAS PROGRESSED AND NO CONCERNS WERE IDENTIFIED. THE HOME WAS ASSESSED TO BE SAFE.

~~T COMPREHENSIVE COUNSELING AND SUPPORT SERVICES/ HOME-BASED PARENTING- BOTH PARENTS WERE REFERRED TO CCM FOR PARENTING AND COUPLE'S COUNSELING SERVICES. CIONE GUNHOC PROVIDED SERVICES FOR 1 YEAR. ON 12/15/11, HER FINAL REPORT STATED THAT PARENTS ARE APPROPRIATE; DHS AGREED THAT THE CASE SHOULD BE CLOSED SINCE THEY MET ALL OF THEIR OBJECTIVES.~~

ON 12/11/11, THIS DHS SOCIAL WORKER DEVELOPED A SAFETY PLAN FOR MS. RODRIGUES TO DISCUSS IN THERAPY WITH TRENDIA BERKEY. TRENDIA BERKEY PROVIDED THE DHS WITH A DETAILED LETTER STATING HOW SHE ADDRESSED EACH ISSUE IN THERAPY. ON 5/17/12,

TRENDIA BERKEY PROVIDED ANOTHER LETTER TO THE DHS STATING THE REASONS WHY MS. RODRIGUES WAS DISCHARGED FROM HER THERAPY. TRENDIA BERKEY STATED THAT MS. RODRIGUES WAS DISCHARGED DUE TO AN ATTENDANCE ISSUES, HOWEVER, SHE DID NOT FEEL AS IF THERAPY WOULD BE BENEFICIAL FOR MS. RODRIGUES. THE CONCERNS THAT WERE DETAILED IN THE DHS SAFETY PLAN ADDRESSED ALL THE CONCERNS IN THERAPY SHE HAD. BASED UPON HER RECOMMENDATIONS THE DHS WILL BE RECOMMENDING THE COURT TO REVOKE AND TERMINATE JURISDICTION. PARENTS ARE ABLE TO PROVIDE A SAFE FAMILY HOME FOR THE CHILDREN.

FAMILY COURT REVOKED FAMILY SUPERVISION AND JURISDICTION WAS TERMINATED ON 7/25/12.

CASE CLOSED.

IVALANI K. LUM, MSW DHCWS3
2/28/13

DA - Quisano 000079

EXHIBIT "G"

TCM Activity Type(s)

ASSESS NEEDS

Contact About

QUISANO, JONATHAN

QUISANO, KHAYSEN

RODRIGUES, CHRISTINA

Author: WATTS, JOANNA, L.

Title: SR FAMILY SERVICES SPEC

On 06.10.13 this specialist was able to speak with Department of Family Services Supervisor Barbara Hain in Hawaii at which time the following information was provided: Family had an open case in Hawaii dating from 01.04.10 until the close of case on 07.25.12. Allegations were in regards to Physical Abuse, Medical Neglect, and Threat of harm and Threat of Abuse as to Khayden. Report was received into the reporting hotline stating Khayden was taken to his pediatrician due to a fever of 101 for the last four days. Xrays were taken at which time three skeletal fractures were noted along the left and fourth rib posterior. Red spots near the eyes, however ruled out with retinal exam, bruising to the leg. Fractures were dated over three months old. At this time Khayden was placed into protective custody as there was no credible explanation given from either parent. Injury was determined not accidental injury from "compression or squeezing function."

Maternal mother nine months later had another child, Khaysen at which time he was taken into protective care due to prior concerns with Khayden's injury. Both parents were then provided a case plan which included enrollment to a court program called Q23 which requires court appearances once a month as well as required psychological exams, couples counseling, and parenting. Both parents completed their case plans and children were returned to their care on 04.13.11 for in home supervision and case closed on 07.25.12.

It should be noted another child, Jayden Scott Quisano passed away at the age of two months according to medical reports from pneumonia. At the time Khaysen was seen by his primary physician he was three months of age prompting the x-rays to rule out any concerns.

Case was court substantiated with unknown perpetrator as both NM and MP were held accountable. Maternal great grandmother, [REDACTED] was in the home to provide supervision when children were reunified. Per supervisor Barbara Hain "something was off about mom and we actually thought it was her, but couldn't prove it."

Barbara can be reached at [REDACTED] and on going worker was a Iwafani Lani at [REDACTED]

This specialist requested all records be faxed over.

Start Date: 06-10-2013

Start Time: 10:00:00

Stop Date: 06-10-2013

Stop Time: 10:30:00

In Placement Contact: NO

Contact Type: FAX

Travel Time:

Note Type(s)

COLLATERAL

LAW ENFORCEMENT

TCM Activity Type(s)

ASSESS NEEDS

Contact About

QUISANO, JONATHAN

QUISANO, KHAYSEN

RODRIGUES, CHRISTINA

Author: WATTS, JOANNA, L.

Title: SR FAMILY SERVICES SPEC

EXHIBIT "H"

KAPI'OLANI
CHILD PROTECTION
CENTER
An Affiliate of Hawaii Pacific Health



MULTIDISCIPLINARY TEAM CONFERENCE REPORT
CONFIDENTIAL

This report is consultative in nature and case management decisions are left up the Department of Human Services. Assessments are based on the information available at the time of the team conference.

- _____ Reabuse on an active case, or a case closed within 90 days.
_____ Suspected Child Abuse/Neglect Death on an active case or a case closed within 90 days
_____ Hospitalization due to suspected Child Abuse/Neglect on an active case or a case closed within 90 days

CHILD(REN): Oulsano, Khayden BIRTHDATE(S): 09/18/09
CASE NAME: Rodriguez, Christina
CASE WORKER: Iwafani Lum - Central Child Welfare Services Unit 3

FAMILY	Name	Birthdate	Whereabouts
Mother	Rodriguez, Christina	08/19/84	Kapolei
Father	Oulsano, Jonathan	10/16/86	Kapolei
Children	[REDACTED]	12/15/07	Deceased
	Oulsano, Khayden	09/18/09	FS
	[REDACTED]	[REDACTED]	FS

CONF DATE: 07/21/11 CONF TIME: 9:15 a.m. CONF PLACE: Harbor Court

PRELIMINARY REPORT DATE: 07/21/11 FINAL REPORT DATE: 10/09/11

TEAM MEMBERS: Erin Tanaka, M.S.W., KCPC Team Coordinator
Brenda Wong, Ph.D., KCPC Team Psychology Consultant
Carol Titcomb, M.D., KCPC Team Medical Consultant
Sean Wheelock, M.S.N., APRN-C, KCPC Team Nurse Consultant - BY PHONE
Majorie Higa-Fuad, M.S.W., L.C.S.W., KCPC Team Social Work Consultant

PARTICIPANTS:	NAME	ROLE/ORG	ATTEND
	Iwafani Lum	DHS Worker	Yes
	[REDACTED]	GAL	Yes
	[REDACTED]	Enhanced Healthy Start	Yes
	[REDACTED]	CCSS Outreach Worker	Yes
	[REDACTED]	Therapist for mother	No

REASON FOR TEAM

- I. Assess the safety and adequacy of the home for both children.

700-1 100/200-1 212-1

2221534109

KAPI'OLANI CHILD PROTECTION CENTER

001-10-1011 1102-01-150

MULTIDISCIPLINARY TEAM CONFERENCE REPORT

CASE NAME: Rodriguez, Christina

Page 2

SOURCE OF INFORMATION

INFORMATION	MD	RN	PHD	MSW
Information obtained at the MDT meeting	X	X	X	X
Prior MDT Report 01/20/11	X	X		
Telephone consultation with Dr. [redacted] office, 07/20/11	X			

CASE ANALYSIS

Children's States, Functioning, Needs

and Khayden, age 22 months, are siblings. Their pediatrician (PCP) is Dr. Daniel Buehler, M.D. who has seen the younger child [REDACTED] since birth. They are always accompanied by the mother and supervised by the maternal grandmother. Mother primarily provides the care for both children, and is felt by Dr. Buehler to be doing a good job. Both children are up to date with their preventive health visits, having been seen appropriately; Khayden at 18 months on 03/09/11, and [REDACTED]. No medical or behavioral concerns were reported; however, Khayden is said not to be speaking and has been referred for a potential speech / language disorder. Both are up to date on childhood immunizations. Both are well with normal growth. Both have wheezing with upper respiratory infections, but are not on controller (asthma) medications. Khayden was seen last on 03/30/11 for an upper respiratory infection, at which time no wheezing was appreciated. When [REDACTED] was seen for his 4 month PHV on 03/09/11 wheezing was appreciated. Neither brother is on any medications or as any known allergies.

Kheyden [REDACTED] were returned home to their parents under Family Supervision on 04/13/11, after a process of graduated visitations and with safety measures in place.

Child's Functional Analysis: Khayden has additional need related to his communication delays while is considered to have average medical needs.

Caretaker's Status, Functioning, Needs

Physical and Psychosocial Status: This is the third Team conference held on this family and the reader should refer to the past reports for background information. At the time of the last Team meeting in January 2011, parents continued to deny knowledge of how Khayden had been injured a year prior, but were complying with services even though their motivation was described as low. With a safety net of relatives in the home, the DHS gradually increased visits and returned the children in April 2011. This third Team was to consider whether Family Supervision could be safely withdrawn at this point. Thus, updated information about the parents' responses to services was reviewed.

Already completed by parents were their psychological evaluations in March 2010, parenting services, and some couples treatment (6 months completed in March 2011). Continuing services include Enhanced Healthy Start, OCSS outreach couples counseling, and individual therapy for Ms. Rodrigues whose involvement

evaluation had a Rule Out of Depressive Disorder Not Otherwise Specified. Service providers reported that parents are doing well in their in-home services, where mother now is less irritable and guarded, showing improvements in her ability to interact in a nurturing manner with her sons. She continues to be the more dominant individual in the couple relationship, as Mr. Quisano is more reserved and less verbal. Nonetheless, Mr. Quisano appears to be more naturally nurturing than his partner and was believed by involved service providers to be a protective parent at this time.

Per her individual therapist contacted by phone, Ms. Rodrigues has had seven sessions since the end of March 2011, with good attendance. However, she has continued to deny responsibility for Khayden's prior injuries and in fact has maintained a stance of extensive generalized denial about any stresses or issues with her coping abilities, partner relationship, parenting skills, and her family of origin. This has made therapy nonproductive thus far as any risk factors for child maltreatment have been denied and thus dismissed for exploration.

It should be noted that reinforcing this posture of denial and resistance to work on issues has been the advice of parents' legal counsel not to discuss the abuse of Khayden. Thus, it was recognized that neither parent has been able to be forthright about the circumstances surrounding his severe injuries back in late 2009, early 2010.

Caretakers' Functional Analysis: The updated information provided for this Team conference showed continued parental compliance with services after return of the children to their home in April. Mother has taken the role of primary caretaker due to paternal employment, but both have been participating in in-home parenting and couples' counseling. Their motivation, in particular maternal attitude, has been good in this regard, with improvements seen in mother's attunement to and nurturing of the children. Individual therapy for mother, however, only began recently and has not been productive due to continued denial of responsibility for Khayden's earlier serious injuries. The denial could be related to trust issues, fear of legal repercussions, or a more generalized avoidance of self-examination. If mother was involved in the harm to Khayden, then the possibility of a postpartum depression will need to be ruled out.

At this juncture, with their relative safety not in place as well as service providers as noted, parents are both considered adequate caretakers of the children. Nonetheless, DHS oversight is still viewed as necessary until Ms. Rodrigues can lower her defenses in therapy to address potential child maltreatment risk factors.

Social Environment and Social Support System

Based on the analysis of the social environment and support system, the following are the protective and risk factors in this case:

Protective Factors:

- The parents, Christina Rodrigues and Jonathan Quisano, have been compliant in working with the service providers. They work with the Enhanced Healthy Start worker and the CCSS worker. Ms. Rodrigues participates in individual therapy. Easter Seals accepted Khayden into their program and will begin working with the parents in the very near future. These service providers are part of her formal support system.
- Ms. Rodrigues and Mr. Quisano also have an extensive natural support system comprised of Ms. Rodrigues' extended family members. Currently, maternal great grandmother and maternal uncles live in the home and assist mother in her caretaking responsibilities. They also supervise the interaction between the parents and children.

MULTIDISCIPLINARY TEAM CONFERENCE REPORT
CASE NAME: Rodrigues, Christina
PAGE 4

- The family live with extended family members and there is always someone who can assist the parents in the caregiving responsibilities.

Risk Factors:

- Although the homebased service providers state that [REDACTED] is not as defensive since the children were returned home, she is unable to discuss the injuries to [REDACTED] and denied to the therapist that stressors exist. Ms. Rodrigues is the identified perpetrator of harm and she has not made progress in her individual therapy.
- Once this case is closed, the homebased service providers will need to terminate their services and it is these formal supports that assist the parents in establishing and maintaining a safe environment. Enhanced Healthy Start will be able to transfer the case to Healthy Start but that would mean establishing a new relationship which might take time for Ms. Rodrigues to be comfortable with the new worker.

Social System Analysis: Since the last MDT meeting (January 20, 2011), it is reported by the homebased service providers that the parents have made significant progress and the interaction with their children is very positive. They are appropriately utilizing their social support system except for Ms. Rodrigues as it relates to the individual therapy where progress has not been as positive. Because it is both the natural and formal supports that assist the parents in making the home safe, the social support system is adequate only with services. The parents need more time with the children and service providers to assure that lowered risk can be maintained.

TEAM ASSESSMENT

A multidisciplinary team was held to assess the safety and adequacy of the home for the children. Khayden was assessed as having additional needs due to a possible speech/language disorder. [REDACTED] was assessed as having average medical needs. On 04/13/11, the children were returned home under Family Supervision after a process of gradual visitations and safety measures in place.

Christina Rodrigues and Jonathan Quisano, parents, were assessed as adequate caretakers with services. Ms. Rodrigues is the primary caretaker of the children as Mr. Quisano is employed. Parents have shown continued compliance with formal services since the return of their children and motivation in services has been positive. Individual therapy for Ms. Rodrigues has only recently started and there are concerns of continued denial about Khayden's serious injuries. She will need to continue in therapy to address the identified risk factors. The couple's support system was assessed as adequate with services as they continue to have both formal and informal supports available to them. Therefore, given the positive progress, the home is assessed as safe with services.

TEAM RECOMMENDATIONS

1. Placement Recommendations: The children may remain in the family home as it has been assessed as safe with services and with the continued safety network in place.
2. Other Recommendation: Family Supervision was viewed as still necessary to assure that services and safety measures can be received properly by the family.

Child(ren) Recommendations

1. Children have a medical home with Dr. [REDACTED] where they are up to date with their preventive health visits and further requirements for immunizations. Both children will need to be seen in September of 2011 for their 1 and 2 year preventive health visits (PHV) respectively.
Desired Outcome: Optimal health.
2. Arrange parental referral to respiratory therapy at Kapi'olani Hospital for specific health education so that [REDACTED] Khayen develop upper respiratory infections, parents properly initiate empiric treatment for wheezing as instructed by Dr. Buchler.
Desired Outcome: Increase parents ability to monitor for, and correctly recognize, increased work of breathing (i.e. respiratory distress) in their children and seek medical attention appropriately; this is a critical intervention to safeguard the children's wellbeing given the prior death of [REDACTED] and delay to medical care for another child (Khayeden) associated with respiratory illness.
3. Both children need to have an identified primary dental care provider and need to be seen for surveillance and hygiene every 6 months. Children need to be on fluoride supplementation 0.25 mg daily.
Desired Outcome: Optimal dental health
4. Khayden should begin participation in early intervention services (Easter Seals) to address speech delay.
Desired Outcome: Optimize speech / language development.
5. Khayden will require hearing, speech and language evaluation, including referral for audiologic testing.
Desired Outcome: Optimal health.
6. Both children need to continue their participation in Enhanced Healthy Start.
Desired Outcome: Optimal development.

Caretaker(s) Recommendations

1. Ms. Rodrigues should continue with individual therapy to address potential risk factors. The possibility of postpartum depression should be ruled out as a contributory factor. Continue to provide psychoeducation with regard to general self-care and stress management. Help mother identify sources of help and respite from caretaking demands.
Desired Outcome: Improve mother's capacity to see stresses and personal vulnerabilities and seek out help as needed. Optimize parental functioning and reduce risk of child maltreatment in the future.
2. Parents should continue with Enhanced Healthy Start.
Desired Outcome: Ongoing services to improve their parenting skills along with understanding their child's development and needs.

MULTIDISCIPLINARY TEAM CONFERENCE REPORT
CASE NAME: Rodriguez, Christina
PAGE 6

Social System Recommendations

1. Continue OCSS and Enhanced Healthy Start services.
Desired Outcome: To assure that parents have the support they need to make their home safe for the children.
2. Increase father and other family members' roles in assessing mother's stress level.
Desired Outcome: To assure the safety of the children by monitoring her stress level.

Submitted by:

[Redacted]
[Redacted] M.S.W.
Team Coordinator

Reviewed and Approved by:

[Redacted]
[Redacted] M.S.W., L.S.W.
Manager, KCPC Social Work Services

EXHIBIT "I"

91841 Fort Weaver Road
 Ewa Beach, Hawaii 96706
 Phone 808 681-1500
 Fax 808 681-5380
 Email: childwelfare@hawaii.gov
 www.childwelfare.hawaii.gov

DEC 22 2011



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 Early Childhood Consultant

ACCREDITATION
 Council on Accreditation

ADULTIATION
 Alliance for Children
 and Families

Harvey Shad

United Way

Parent United Way

Parent United Way



Alpha United Way

December 16, 2011

Waiant Lum
 Department of Human Services
 Child Welfare Services
 Diamond Head Child Welfare Unit 3
 420 Waiakamilo Rd., Suite 300B
 Honolulu, HI 96817

Re: Christina Rodrigues (DOB: 9/11/84)
 Jonathan Quisano (DOB: 10/18/86)
 Khayden Quisano (DOB: 9/18/09)
 [REDACTED] (DOB: [REDACTED])

The following is a closing report concerning the above-mentioned family. Our contracted service is the Comprehensive Counseling & Support Services program. Services that have been provided include home based services.

REPORT PERIOD: July 25 to December 10, 2011

DATE REFERRED BY DHS SOCIAL WORKER: November 16, 2010

DATE SERVICE BEGAN: December 1, 2010

RISK FACTORS BEING ADDRESSED (as identified by DHS social worker):

- Threatened Neglect
- Threat of Abuse

PARTICIPATION OF CLIENT:

Service(s) Provided	Provider	Attendance
Home based counseling	[REDACTED]	Jul. 25 Aug. 1, 8, 29 Sept. 12, 19, 26 Oct. 3, 17, 24, 31 Nov. 7, 14, 21, Dec. 5

Our Mission: Strengthening Families and Fostering the Healthy Development of Children

Home based counseling

Aug. 8; Sept. 19

Oct. 17; Nov. 21

ASSESSMENT OF CLIENT'S CURRENT ABILITY TO ADDRESS/RESOLVE RISK FACTORS:

Parenting Issues:

Since the reunification of the family, Christine and Jonathan report strong bonds and healthy attachments with the children. They are utilizing nurturing abilities and demonstrate appropriate parenting skills at all times. They are able to attend to the practical, emotional and physical needs of the children. They understand that children need a loving, nurturing and consistent environment to grow in. During visits there was no indication of physical, emotional abuse or neglect.

We also discussed the expansion of their roles as the children grow and caring for the children's physical, emotional and intellectual needs at each step of the growing process. This writer observed that both parents are positive and appropriate.

It is this worker's opinion that Christina and Jonathan are child-centered in their daily lives. The well-being of their children is their main priority. It is also easy to observe that they enjoy and adore their children.

Home Based Counseling:

This writer spent considerable time talking to Christina about frustration. She acknowledges that in dealing with frustration, she needs to reevaluate her expectations. The following tips to deal with frustration were discussed:

- Change negative mindset and focus on the positives.
- Keep an accomplishment log. Write down everything she has accomplished for the month. Doing it punctiliously on a daily basis will help her assess where she has been focusing her energy.
- Focus on what she wants to happen.
- Believe in herself. Anything that takes time and effort that isn't adding value should be eliminated.
- Have multiple solutions. Always have options. Brainstorm and figure them out. Knowing that you have lots of options will help to make you feel better.
- Take action. Keep taking steps forward and don't give up.
- Visualize a positive outcome to the situation. Imagine your feelings upon achieving your desired outcome.

- Stay positive. A positive mind is more open to solutions and answers.

Christina is open to suggestions and is learning to transform her frustrations into creative opportunities to avoid stress, burn-out or depression.

During sessions, we also discussed stress. Christina was able to identify the major stressors. We discussed how she could eliminate some of the stressors. We also talked about signs, causes, how to prevent stress, side effects, managing and coping with stress.

Signs of stress:

- Physical symptoms could include but not limited to headache, back pain, chest pain, high blood pressure, stomach upset, weight problem and sleep problems.
- Mental and emotional symptoms such as feeling out of control, forgetfulness, feeling insecure, lack of focus, depression, anxiety, irritability.
- Behavioral symptoms include overeating, under eating, drug or alcohol abuse, increased smoking, angry outbursts and social withdrawal.

Preventing stress:

- Know your stressors.
- Avoid controllable stressors.
- Set limits.
- Try not to get overwhelmed.
- Involve other people.
- Be active.

Side effects of stress:

- Stress can impede thought processes and hamper thinking.
- People dealing with chronic stress may be easily frustrated and quick to lose their temper.
- Stress hormones speed up heart rate.
- It may cause increased incidence of nausea, vomiting and diarrhea.
- May cause skin problems such as psoriasis.
- Muscle pain throughout your body.
- Stress affects immune system making you more susceptible to infection.

Tips for stress management and coping skills were also discussed. We discussed alternative coping strategies and basic skills to remind her how to respond effectively. This worker also encouraged her to modify coping mantras for different kinds of conflict. She has been receptive to suggestions. We also discussed her need to nurture herself so that she can nurture her children.

Sessions with Jonathan were focused on educating him how to recognize if Christina gets frustrated and/or stressed. Tips to support Christina were also

suggested. Christina reports that Jonathan helps considerably in caring for the children.

In summary, Christina and Jonathan seem prepared to handle events and to provide a loving and nurturing environment for their children. They are determined to do whatever is necessary to keep their children. They demonstrate a strong bond.

ESTIMATED DATE OF COMPLETION: CWS to determine date of completion.

Respectfully submitted by:


Purification [Redacted]
Social Worker IV, CCSS-Central

Forwarded by:


Program Director, CCSS-Central & Leeward



Easter Seals Hawaii

Kapolei Early Intervention Program
92-461 Hialekio Drive
Kapolei, HI 96707
Tel: 808-478-3814
Fax: 808-478-3820
www.easterseals-hawaii.org

Fax Cover Sheet

To: Iwalei Lum Date: 12/2/11Organization: CWSPhone No: _____ Fax No: 832-5668From: [REDACTED]Re: KQ -- IFSP Meeting NotificationNo. of pages including cover sheet: 2

Confidentiality Notice: This facsimile message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by telephone and destroy all copies of the original message.



Department of Health
Early Intervention

EASTER SEALS HAWAII
Kapoel Early Intervention Program
92-461 Makakilo Drive
Kapoel, HI 96707
Ph: 678-3814 Fax: 678-3820

INDIVIDUALIZED FAMILY SUPPORT PLAN
Meeting Notification

RE: Child's Name: Khyden Quisora Birth Date: 9/18/09
FROM: Core Coordinator (CC): [Redacted] Phone: 629-4827
E-Mail: alleana@eastersealshawaii.org Fax: 678-3820
DATE: 12/2/11
cc: Family: Jonathan Quisora & Christina Rodriguez

The Individualized Family Support Plan (IFSP) is a dynamic plan of action and support developed by families and early intervention service providers that are based on a multidisciplinary evaluation and assessment of the child and family. A team of people including family members comes together to plan for supports and services in the family's natural environments and identifies the resources that exist which will meet the concerns and priorities that the family has expressed.

Purpose of this notification:

☐ Interim IFSP ☐ Initial IFSP ☒ Periodic Review ☐ Annual IFSP

Meeting Date: 12/5/11 Time: 8:15a.m. Place: Family home
Address: 92-535 Unlehai St, Kapoel, HI 96707

In addition to the family and the Core Coordinator, the following persons, with the family's consent, have been invited to attend this meeting: (Please indicate your attendance and return to the Core Coordinator listed above)

NOTE: ☒ CC has consent on file to send/receive via: ☒ e-mail ☒ fax
☐ CC does not have consent to e-mail/fax on file; send response via mail to Agency/Program address listed above.

NAME	POSITION	Will Attend	Unable to Attend*
[Redacted]	EI Teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[Redacted]	SLP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[Redacted]	SFSW	<input type="checkbox"/>	<input type="checkbox"/>
Iwatalani Lum	DHS SW	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	PCP	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

*If you are unable to attend, please note child/family strengths, areas of concerns, and any additional information that you feel would benefit the team in developing the IFSP. Attach additional sheets if necessary.

Perflection to complete: Consent form attached for your records,

Developmentally within Age Range: ☐ Yes ☐ No. If no, please explain in comments area above

Immunizations Up-to-date: ☐ Yes ☐ No

Well Baby Visits Up-to-date: ☐ Yes ☐ No

Percentile for: Height: _____ and Weight: _____

Date height and weight taken: _____

Hearing Status: _____

Vision Status: _____

EE-4a: IFSP Meeting Notification, 09/27/10

85 Merchant Street, 22nd Floor
Honolulu, HI 96813

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808-534-7700
www.kapiolani.org/child-protection-center

FAX TRANSMITTAL

TO:	I. Lum	FROM:	[REDACTED] (on behalf of [REDACTED])
COMPANY:	DH CWS 3	DATE:	10/01/2011
FAX NUMBER:	832-5868	TOTAL NO. OF PAGES INCLUDING COVER:	7
PHONE NUMBER:	832-5349	SENDER'S PHONE NUMBER:	535-7707
RE:	Team meeting	SENDER'S FAX NUMBER:	535-7790

Hi Iwalani,

Here is the Final MDT report for the Rodriguez/Quisano report. Thanks for calling us about this, and sorry for the extreme delay. It got lost in the mix of other reports that need to be reviewed!

Aloha,

10 OCT '11 14:24

This communication is intended solely for the individual or the entity to which it is addressed, and may contain information that is privileged, confidential or prohibited from disclosure. If the reader of this communication is not the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address listed above via the U.S. Postal Service. Thank you.

1-712 2-001/007 4-924

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1001-10-2011 11:20AM FROM KAPI'OLANI CHILD PROTECTION CENTER

EXHIBIT "J"

Expert Witness Report prepared by
John W. Farley, Ph. D.
Professor of Physics
May 26, 2014
Updated June 10, 2014

Prepared for Ms. Nancy Lemcke, Esq.
Office of the Public Defender
Clark County NV

Experimental Measurements performed on an
Anthropomorphic Test Device (ATD)
in connection with the Quisano case

Summary

Physics experiments were performed on a crash test dummy that is a surrogate for a 3-year-old child. In the experiments, the dummy was placed on a sofa and dropped onto a rigid tile floor. Conditions were as close as possible to the June 6, 2013 fall: the physics tests were conducted in the same house at 4720 Trimwater Court. The sofa used in these experiments was the same height as the sofa in the house on Trimwater Court. The tile floor is the same tile floor that was present in the house on June 6, 2013. The peak acceleration of the head of the dummy, caused by impact with the floor, was measured in 41 experiments. Most of the measured accelerations exceeded 100 g, and some exceeded 200 g. The Head Injury Criterion (HIC) was computed using the measured peak acceleration of the head of the dummy. The acceleration, and the resulting HIC, varied from one experiment to another. Assuming a fall of 32 inches, the HIC for an acceleration of 100 g is 808, and the HIC for an acceleration of 200 g is 2285. The threshold of injury for a 3 year old child is an HIC of 570. The HIC exceeds the threshold for injury by large margins. The probability of skull fracture is 37.5% for an acceleration of 100 g, or 81.9% for an acceleration of 200 g. The force of the fall was easily large enough to cause serious injury or death of an infant.

Physics experiments were performed to measure the acceleration of the head of a crash test dummy, caused by impact of a fall onto a rigid tile floor. The dummy was an "Anthropomorphic Test Device", but informally called a crash test dummy. The dummy was rented from Humanetics, Inc., which manufactures them for automobile safety testing. The dummy is designed for its "biofidelity", meaning that the dummy is a faithful reproduction of the mechanical properties of a human body. The dummy was child-sized: 36 lb weight and 37 inches tall. The height of the dummy matches the height of the infant in the Quisano case (36 inches).

On April 25, 2014, a number of tests were conducted in the family room of the house at 4720 Trimwater Court, Las Vegas, 89130, where the accident occurred on June 6, 2013. The dummy was dropped from a couch whose back is 32 inches high.

The signal was recorded before and after each drop. The technology of the accelerometers gives an offset that must be subtracted. The data has the difference (after - before), recorded in column 4 of the tables. All accelerations are measured in terms of g, the acceleration of an object near the surface of the Earth.

Small corrections are applied to the measured values of the acceleration. A discussion of this and other details about the sensitivity of the accelerometer and the signal processing are found in Appendix 1.

Two practice runs were conducted first, to verify that everything is working correctly. In run #1, the back of the head struck the floor, and while in run #2 the face struck the floor.

The detector is a peak detector, recording the largest positive signal. In run #2, the signal is negative. The detector does not record negative signals, so the signal in run #2 should be quite small. Thus we expected the signal in run #1 to be much larger than the signal from run #2. And that is exactly what we found: the signal in run #1 was 17 times as large as the signal in run #2. This provided reassurance that the experiment is working correctly.

Table 2. Practice runs					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
1	294.1	22.5	271.6	251.0	impact on back of head
2	40.1	24.5	15.6	14.4	impact on face

In all the tests (other than run #2) conducted on April 25, the back of the head struck the floor.

First set of runs (run # 3-11): falling backwards from standing on arm

Table 3 records the results of 9 runs (runs 3-11) in which the dummy fell from an initial position standing on the arm of the couch. The acceleration ranged from 135.0 g to 192.9 g, with a mean of 170.6 g. Table 3 is displayed in Appendix 2.

Second set of runs (runs #12-22): the dummy was dropped from different heights.

Table 4 records the results, which are displayed in Appendix 2. In three runs (14, 15 and 18) the acceleration was unusually low, likely because the dummy did not strike the back of the head on the floor, but struck the top of the head instead. The accelerations, measured in g, ranged from a low of 57.2 g to a high of 146.5 g. The average (mean) was 98 g.

The experiments showed significant variation from one run to another. This is expected for several reasons. Drops from larger heights are expected to produce larger acceleration upon impact with the floor. It is difficult to drop the dummy precisely the same way every time. Finally, if the head strikes the floor at an angle to the back of the head, the experiment will only measure part of the acceleration, meaning that the experimental measurement will be less than the true value.

Weight of the dummy

The weight of the dummy (36 lb) is larger than the weight of the infant in the Quisano case (23 lb), by a factor of 1.56 ($=36/23$). Experiments were performed to see if the weight difference had a significant effect on the acceleration of the head. As shown in Appendix 3 to this report, the weight difference did not have a significant, consistent effect on the acceleration of the head.

From head acceleration to Head Injury Criterion (HIC)

To determine how likely a given acceleration is to cause serious injury or death, automobile engineers use the Head Injury Criterion (HIC). The formula is

$$HIC = (a/g)^{3/2} \Delta t,$$

where a/g is the peak acceleration of the head, and Δt is the duration of the acceleration in seconds. The time Δt , and hence HIC, can be calculated from a/g and the height H of the fall. See Appendix 4 for the algebraic details of the derivation. Table 12 shows the results.

Table 12. Δt and Head Injury Criterion (HIC) for values of a/g (for $H=0.8$)			
a/g	Δt (milliseconds)	HIC	Probability of skull fracture (%)
50	16.1	286	6.1
79.2	10.2	570	23.3
100	8.1	808	37.5
150	5.4	1484	65.5
200	4.0	2285	81.9
250	3.2	3194	90.4

The National Highway Safety Traffic Administration, after a review of the scientific and engineering literature, recommended a *threshold of injury* for adults and children, shown in Table 13. A 3 year old child should not experience a HIC greater than 570, which corresponds to a/g of 79.2

Table 13. Threshold of injury	
passenger	HIC
large adult male	700
mid-size adult male	700
small female	700
6 year old child	700
3 year old child	570
12 month old infant	390

Probability of skull fracture

The National Highway Traffic Safety Administration (NHTSA) cites a formula giving the probability of skull fracture as a function of the HIC. The formula and graph are shown below. For the data points in Table 12 above, the probability of skull fracture is listed in the right hand column. The probability of skull fracture rises from 23% at a HIC of 570 to 37.5% at a HIC of 808, to over 90% at HIC of 3,000 or higher.

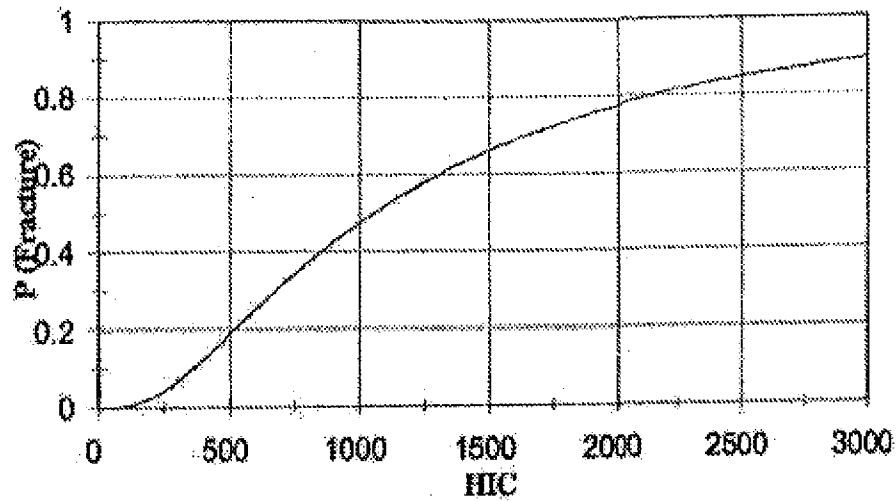


Figure 2-3. Injury risk curve for the Head Injury Criterion (HIC).

The probability of skull fracture ($ALS \geq 2$) is given by the formula,

$$p(\text{fracture}) = N\left(\frac{\ln(HIC) - \mu}{\sigma}\right)$$

where $N()$ is the cumulative normal distribution, $\mu = 6.96352$ and $\sigma = 0.84664$.

Conclusion

Realistic experiments that reproduce the fall in the Quisano case yield values of the accelerations of the head upon impact with a rigid tile floor. The accelerations in the range of 100g to 200g are realistic, and they are large enough to cause fatal injury and skull fracture.

Appendix 1: Experimental details

The head of the dummy is equipped with three accelerometers to measure the acceleration of the head. The accelerometers are manufactured by Endevco (model 7264D-2K). The three accelerometers are oriented along the X-, Y-, and Z-axes. The positive X-axis points out from the front of the face of the dummy, the positive Y-axis points out of the left side of the head, and the positive Z-axis points out from the top of the head.

The sensitivity of the accelerometers was carefully measured by Humanetics. Documentation accompanying the dummy included an accelerometer calibration report. The sensitivity is found in Table 1. Here, the acceleration of gravity at the Earth's surface is denoted g .

Table 1. Accelerometer sensitivity		
Axis	S/N	sensitivity (mV/g)
X-axis	11762	0.2020
Y-axis	11764	0.1931
Z-axis	11765	0.2000

In the experiments described here, only the X-axis accelerometer was used because the location of impact was the back of the head of the child.

The signal from the X-axis accelerometer was measured using a Sensotec signal conditioner, an electronic box which is a "capture and hold" or "peak detector". This instrument measures the momentary peak value of the acceleration signal from the accelerometer. The Sensotec will hold (and display) that peak value until the Sensotec is reset manually.

Two small corrections need to be applied to the signal from the accelerometer: First, the sensitivities in the above table apply if the excitation voltage from the Sensotec were exactly 10.0 Volts. In our case, the excitation voltage is slightly higher than 10.0 V, namely 10.19 V, which raises the values of the sensitivity by 1.9%. To correct for this, we have to decrease the acceleration from the value displayed by the Sensotec by 1.9%.

The Sensotec can measure one accelerometer at a time. The only axis used in these experiments, was the X-axis. The sensitivity of the Sensotec peak detector was calibrated to 0.191 mV/g, a good match to the Y-axis, and which needs to be corrected to match the X-axis sensitivity of 0.2020. This requires a correction by reducing the acceleration from the values displayed by the Sensotec by 5.7%

The upshot is that the total correction required is a reduction of $1.9\% + 5.7\% = 7.6\%$. This correction is applied to the data. In the tables, the measured acceleration, after this correction is applied, is labeled "final value of acceleration."

Appendix 2: First 20 runs

Table 3. First nine runs					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
3	213.7	24.6	189.1	174.4	dummy fell from standing on arm of couch
4	170.6	24.5	146.1	135.0	ditto
5	192.7	24.5	168.2	155.4	ditto
6	212.9	24.5	188.4	174.1	ditto
7	214.5	24.5	190.0	175.6	ditto
8	226.2	24.5	201.7	186.4	ditto
9	225.3	24.5	200.8	185.5	ditto
10	193.0	24.5	168.5	155.7	ditto
11	233.4	24.6	208.8	192.9	ditto
Average			184.6	170.6	

Table 4. Next 11 runs: Dummy dropped from different heights.					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
12	94.2	23.8	70.4	65.0	fall from sitting position on back of couch, hit on top of head
13	187.7	29.2	158.5	146.5	fall from standing position like runs 1,3-11
14	121.5	23.2	98.3	90.8	fall from sitting position on back of couch, hit on top of head
15	120.1	23	97.1	89.7	didn't hit ground with back of head
16	166.0	23	143.0	132.1	sitting position
17	142.5	23	119.5	110.4	sitting position
18	85.4	23.5	61.9	57.2	drop with head at height of couch, hit top of head
19	138	23.5	114.5	105.8	drop from initial horizontal position at top of couch
20	119.7	22.6	97.1	89.7	start prone, fall backwards, hit back of head
21	142.7	23	119.7	110.6	start prone
22	111.4	25	86.4	79.8	start prone
mean			106.0	98.0	

Appendix 3: weight of the dummy and weight of the child

The dummy is heavier (36 lb) than the Quisano child (23 lb). The question naturally arises whether or not this makes a difference in the results. To answer this question, we could not make the dummy lighter, but we could make it heavier. An eight-pound bag of dried beans was strapped to the abdomen of the dummy. Runs # 23-31 were conducted with the weighted dummy. In runs 23-25 (Table 5), the dummy fell backwards from a prone position on the couch. In runs 26-28 (Table 6), the dummy fell from a sitting position on the back of the couch. And in runs 29-31 (Table 7), the dummy fell from a standing position on the arm of the couch.

Table 5. Weighted dummy. Fell backwards from prone position					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
23	137.5	22.0	115.5	106.7	fall backwards from prone position on couch
24	138.7	23.0	115.7	106.9	ditto
25	130.3	24.7	105.6	97.6	ditto
mean				103.7	

Table 6. Weighted dummy. Fell from sitting position on couch					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
26	199.0	24.0	175	161.7	fall from sitting position back of couch
27	191.8	24.0	167.8	155.0	ditto
28	191.6	23.4	168.2	155.4	ditto
mean				157.4	

Table 7. Weighted dummy. Fall from standing position on couch.					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
29	239.2	23.6	215.6	199.2	fall from standing on back of sofa
30	230.0	23.9	206.1	190.4	ditto
31	233.9	24.7	209.2	193.3	ditto
mean				194.3	

Experiments with unweighted dummy

Next, the 8-lb bag of beans was removed from the dummy, and the runs in Tables 5, 6 and 7 were repeated. The results with an unweighted dummy are reported in Tables 8 through 10 (runs #32-41).

Table 8. Unweighted dummy. Fell backwards from prone position on couch					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
32	130.2	22.0	108.2	100.0	fall backwards from couch
33	119.9	24.3	95.6	88.3	ditto
34	132.3	24.7	107.6	99.4	ditto
35	126.8	24.0	102.8	95.0	ditto
mean				95.7	

Table 9. Unweighted dummy. Fell from sitting position on back of couch					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
36	209.0	23.2	185.8	171.7	fall from sitting position back of couch
37	190.2	23.7	166.5	153.8	ditto
38	201.4	24.6	176.8	163.4	ditto
mean				163.0	

Table 10. Unweighted dummy. Fell from standing on couch					
run number	after drop (g)	before drop (g)	difference (g)	final value of acceleration	comment
39	261.3	27.3	234.0	216.2	fall from standing on back of sofa
40	249.5	24.7	224.8	207.7	ditto
41	250.7	24.8	225.9	208.7	ditto
mean				210.9	

Next, we analyze the runs, to determine whether the runs with the additional weight (runs #32-41) have higher or lower acceleration than runs without the additional weight (runs 23-31). The analysis is found in Table 11. The heavy dummy has a weight of 36 lb with an 8-pound weight strapped to the abdomen, for a total of 44 lb. The light dummy has the 8-pound weight removed, and a weight of 36 lb.

In the first data line of Table 11, comparing runs 23-24 with runs 32-35, we see that the heavy dummy has larger acceleration than the light dummy.

But in the next line of Table 11, comparing runs 26-28 with runs 36-38, we see that the lighter dummy has larger acceleration.

And the next line, comparing runs 29-31 with runs 39-41, the light dummy has larger acceleration than the heavy dummy.

The upshot is that there is no definite, consistent pattern about whether the heavy dummy or the light dummy experiences the larger acceleration upon impact with the floor. The effect of the weight of the dummy is too small to detect in these experiments.

Table 11. Does the weight of the dummy make a difference?				
runs, weighted	weighted dummy, mean accel (g)	runs, unweighted	unweighted dummy, mean accel (g)	note
23-25	103.7	32-35	95.7	fell backwards from prone position
26-28	157.4	36-38	163.0	fell from sitting position back of sofa
29-31	194.3	39-41	210.9	fell from standing, back of sofa

Appendix 4: calculation of Δt and HIC from a/g and height H

According to the Impulse-Momentum Theorem, the impulse is equal to the change of momentum. The impulse is

$$\Delta t F_{ave} = \Delta t F_{max}/2,$$

where Δt is the time interval, F_{ave} is the average force and F_{max} is the maximum force, exerted on the head by the floor. The change in momentum is $M (V_{final} - V_{initial})$, where the initial velocity $V_{initial} = -\sqrt{2gH}$. H is the height from which the head falls. The final velocity V_{final} is zero, because the head makes an inelastic collision with the floor, and the head does not bounce.

Hence the change in momentum is $M \sqrt{2gH}$. The impulse momentum theorem is then

$$\Delta t F_{max}/2 = M \sqrt{2gH},$$

which can be solved to find the time interval Δt ,

$$\Delta t = (M/F_{max}) \sqrt{2gH}.$$

According to Newton's Second Law, $F_{max} = M a_{max}$, so M cancels and Δt can be expressed as

$$\Delta t = \frac{\sqrt{2gH}}{(a/g)_{max}}$$

In the experiments at Trimwater court, H is at least 0.8 meters (31.5 inches) because the height of the back of the couch is 32 inches. To be conservative, we'll assume $H=0.8$. Numerically the time interval Δt (in seconds) is given (for $H=0.8$ meters) by

$$\Delta t = \frac{0.807}{(a/g)_{max}}$$

For various values of $(a/g)_{max}$, this yields the following values, where the time is now in milliseconds. (Assume that $H=0.8$ meters.)

$(a/g)_{max}$	Δt (millisee)
50	16.1
53.8	15.0
79.2	10.2
100	8.1
150	5.4
200	4.0
250	3.2

The time intervals are more than 15 ms for accelerations less than 53.8 g, and less than 15 ms for accelerations higher than 53.8 g.

Knowing the time Δt , we can calculate the Head Injury Criterion (HIC).

$$HIC = (a/g)^{2.5} \Delta t$$

The HIC can also be calculated directly, without first computing the time interval, using the equation

$$HIC = (a/g)^{1.5} \sqrt{(8H/g)}, \text{ or } 0.808 (a/g)^{1.5} \text{ for } H=0.8 \text{ meter.}$$

References

Eppinger *et al.*, Supplement: Development of Improved Injury Criteria for the Assessment of Advanced Automotive Restraint Systems - II (2000).
Available at website of National Highway Traffic Safety Administration (NHTSA)
<http://www.nhtsa.gov/Research/Biomechanics++Trauma/Biomechanics+Software+Reports>

Humanetics, Inc., 47460 Gallcon Dr., Plymouth MI 48170.

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THE ATTACHED EXHIBIT "K" FILED ON
06/25/2014 HAS BEEN INTENTIONALLY
OMITTED & CAN BE FOUND ON PGS
1010-1021

EXHIBIT "L"

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
CRIME SCENE INVESTIGATION REPORT

SCANNED

Incident: Homicide / Child Abuse		Sector/Beat: X2	Event Number: 130806-3235
Requesting Officer: M. Dosch 7907		Division: ISD	Date: 06/08/2013 Time: 2050
Victim(s): Quisano, Khayden (08-18-08)		Location(s): 4720 Trimwater Court	

Related Reports and Events (See narrative for further details.)

- ☒ Evidence Impound Report
 ☐ Firearms Report
 ☐ Officer's Report
 ☒ Diagram
☐ Additional Reports: _____
 ☐ Related Event #s: _____

1. PHOTOGRAPHY

- ☒ crime scene photography
☐ comparative photography
☐ _____

4. FOOTWEAR OR TIRE IMPRESSIONS

- ☐ footwear ☐ tire impression(s)
☐ cast/lift ☐ original surface recovered
☐ photographed ☐ _____

2. LATENT PRINT PROCESSING

- ☐ latent processing conducted
☐ finger/palm print(s) recovered
☐ finger/palm print(s) photographed
☐ eliminations recovered
☐ negative results
☐ _____

5. POSSIBLE BODY FLUIDS

- ☒ apparent blood ☐ apparent semen
☒ possible DNA ☐ unknown substance
☐ swabs recovered ☒ original surface
☐ buccal swabs ☐ _____

3. FIREARMS EVIDENCE

- ☐ bullet(s) / fragment(s) recovered
☐ cartridge case(s) recovered
☐ cartridge(s) recovered
☐ weapon(s) recovered
☐ _____

6. TOOL MARK EVIDENCE

- ☐ original surface ☐ cast
☐ photographed ☐ tools

7. OTHER

Area rug; Clothing; Back Scratcher; Electronics

VEHICLE:

- #1: 2008 silver Chevrolet Tahoe 4D NV086YKZ VIN/1GNFC13088J100696
 #2: 2007 white Toyota Camry 4D NV/411TXJ VIN/JTNBK46K473004771

GENERAL INFORMATION:

On 06-08-13 at approximately 2050 hours I arrived at the above listed location reference a death investigation at the request of Homicide Detective M. Dosch PN 7907. Also on scene and arriving shortly thereafter were the following people: Crime Scene Analyst Supervisor M. Perkins PN 4242; Senior Crime Scene Analyst R. McPhail PN 3326 and T. Kruse PN 9875; Homicide Lieutenant R. Steiber PN 3542; Homicide Sergeant J. Scott PN 4532; Homicide Detectives D. Boucher PN 4636, J. Kishor PN 4656, and T. Sanborn PN 5450; Abuse/Neglect Detective C. Grivas PN 8759; Coroner Investigator A. Modglin; and Patrol Officers A. Quijes PN 7433 and R. Rasch PN 4288. The victim had been transported to UMC Trauma prior to my arrival.

Approved: <i>M. Perkins</i>	PP: 4242	Crime Scene Analyst: <i>Stephanie Fletcher</i>	PP: 6650	Code: 12
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CLMPD 0004 (Rev. 5/15/2010)

CRIME SCENE INVESTIGATIONS
CONTINUATION REPORT

Incident: Homicide / Child Abuse

Event Number: 130606-3235

THE SCENE

The scene was located inside the one-story four-bedroom, two and one-half bathroom single family residence. The residence was situated on the east side of the street, at the end of the cul-de-sac, and faced west. The front entry door opened into the entry hallway, which ran in an east-west direction. Immediately to the north of the front entry was a threshold area which led to the gym room on the west end, the common hallway bathroom on the north side, and the northeast bedroom on the east side. The living room was situated at the east end of the front entry hallway. A threshold area was accessed from the north wall of the living room at the northeast corner and led to the northwest master bedroom on the west side and the northeast master bedroom on the east side. The dining room was located on the south side of the living room with the kitchen east side. A short east-west hallway led off the west wall of the dining room and accessed the laundry room on the south side and a half bath on the north side. The door leading to the garage was located at the west end of this hallway. The residence was in a neat and tidy condition throughout.

Both of the above listed vehicles were parked in the driveway of the residence.

Front Entry Hallway: Several pairs of shoes were lined up on the floor along the north and south walls of the hallway, near the front door. A pair of black "Adidas" shoes (Item #10), a pair of black colored "Scott" brand sandals (Item #11), and another pair of black colored "Scott" brand sandals (Item #12) were on the floor along the north side of the hallway, adjacent to the front entry door. A glass table was against the south wall with a beige colored dish towel on top (Item #04). The dish towel had pink colored stains on the front and brown colored stains on the rear side. A loveseat was against the north wall at the easternmost end of the hallway. The hallway was otherwise unremarkable.

Gym: The door to the gym opened along the east wall in the southeast corner of the room. The room was filled with gym equipment along with miscellaneous storage type items on the floor and furniture. The room was unremarkable.

Common Hallway Bathroom (Full): The door to the bathroom opened along the central south wall of the room. The vanity/sink was against the west wall in the southwest corner with the toilet on the north side. The bathtub was situated along the north wall. A small trash can was located in between the vanity and the toilet and contained a wad of paper towel with reddish and reddish brown stains (Item #05). The bathroom was otherwise unremarkable.

Northeast Bedroom: The door to the bedroom opened along the west wall in the southwest corner of the room. A closet occupied the entire west wall with a dresser along the south wall. A small make-shift bed, made from blankets, was on the floor in the southeast corner of the room. A queen bed was along the north wall in the northeast corner and a nightstand was against the north wall on the west side of the bed. A small trashcan was located on the floor on the west side of the dresser and contained a wad of toilet paper with apparent blood stains on one end (Item #07). A wooden back scratcher (Item #14) was on top of the dresser. A pair of gray colored sweat pants (Item #08) and a black colored tee-shirt (Item #09) were at the foot of the bed and an iPad mini (Item #17) was on top of the bed. A MacBook Pro laptop computer (Item #16) and a Samsung Metro PCS cell phone (Item #18) were on top of the night stand.

Living Room: The living room was a large open concept area and was divided, using furniture items, into two separate areas. A large television was against the central west wall with two (2) small tables on either side. A couch was situated at the south end of the room and divided the living room from the dining room. A coffee table was on the north side of the couch and a large area rug (Item #01) was on the floor just north of the couch. Two (2) armchairs were centrally positioned along the east end of the living room and divided the living room into two (2) areas. The easternmost section of the living room consisted of a television and slot machine in the northeast corner with an armchair positioned just southeast of the television. A massage armchair was located in the southeast corner of the room with a children's railroad track play table against the south wall, west of the massage chair. There were toys scattered on the floor throughout the room. A wad of paper towel with reddish/brown stains (Item #06) was on the area rug, near the center.

The dimensions of the couch in the living room were measured with the following results: width: 3'0"; length: 7'2"; height from the back to the floor: 2'8"; height from the seat cushion to the floor: 1'6".

Dining Room: The dining room was open to the living room and was divided by the couch. A large oval shaped wooden dining table was in the center of the room and was surrounded by eight (8) dining chairs. An iPhone (Item #19) was on top of the table. The room was otherwise unremarkable.

Stephanie Fletcher

Crime Scene Analyst	P#
Stephanie Fletcher	6650

**CRIME SCENE INVESTIGATIONS
CONTINUATION REPORT**

Incident: Homicide / Child Abuse

Event Number: 130606-3235

Kitchen: The kitchen was accessed from the dining room and had cabinets along the north, east, and south walls. An island was positioned in the center of the room. A trash can was against the north wall at the west end of the cabinets. Ten (10) wads of white colored paper towel with reddish/brown stains and pieces of food (Item #03) were inside the trash can. The room was otherwise unremarkable.

Laundry Room: The door to the laundry room opened along the central north wall. A washer and dryer were against the west wall with a utility sink along the west wall in the northwest corner of the room. A mop and bucket were inside the sink. A red "Dickie's" shirt (Item #13) was inside the washing machine. Miscellaneous cleaning supplies were located on a shelf attached to the west wall, above the washer and dryer. The room was otherwise unremarkable.

Half Bath: The door to the half bath was located along the south wall in the southeast corner of the room. The room contained a vanity/sink and toilet, which were both against the north wall. The room was unremarkable.

Northwest Master Bedroom: The door to the northwest master bedroom opened along the south wall in the southeast corner of the room. A dresser was against the south wall with a bed along the central west wall. The en suite bathroom was accessed along the north wall, in the northeast corner of the room. The room was unremarkable.

Northeast Master Bedroom: The door to the northeast master bedroom was opened along the west wall in the southwest corner of the room, and was locked upon our arrival. The room was mostly vacant with the exception of a bed against the east wall, a dresser along the central west wall, and a desk along the south wall. The bathroom was accessed along the north wall, at the northeast corner. The room was unremarkable.

Garage: The garage contained two (2) vehicles and miscellaneous other stored items. The garage was unremarkable.

PROCESSING AND COLLECTION OF EVIDENCE

JCSA R. McPhail recovered the following items from the scene and impounded them into evidence (refer to his Evidence Impound Report for more information): the area rug from the living room; the wad of paper towel from the area rug, the wads of paper towel from the kitchen trash can; the dishtowel from the front entry hallway glass table; the wad of paper towel from the common bathroom trash can; the wad of toilet paper from the trash can in the northeast bedroom; the clothing items from the bed in the northeast bedroom; multiple cotton swabs (Item #15) from the pocket of the gray sweatpants; the shoes on the front entry hallway floor along the north wall; the red shirt from inside the washing machine; the wooden back scratcher from the dresser in the northeast bedroom; the MacBook laptop, Samsung Metro PCS cell phone, and the iPad mini from the northeast bedroom; and the iPhone from the dining room table.

JCSA R. McPhail examined the area rug using the Coherent Laser (alternate light source) for possible biological evidence and multiple stains were identified but tested negative using the phenolphthalein presumptive test for blood. The rug was then treated using LeucoCrystal Violet (LCV) and multiple apparent blood drops and spatter stains were visualized near the center of the rug. These stains were test further using phenolphthalein resulting in a false positive. The stained areas were also tested for the presence of human blood using the HemaTrace OBTI test with negative results. The stained area was then cut from the rug and impounded as a separate item (Item #02).

JCSA R. McPhail examined the black shirt and the sweat pants using the Coherent Laser for the presence of possible biological evidence with negative results.

JCSA R. McPhail tested the paper towels from the kitchen trash can, the paper towel from the common bathroom trash can, the paper towel from the area rug, and the paper towel from the northeast bedroom trash can using phenolphthalein with positive results. The dishtowel from the front entry hallway glass table was also tested using phenolphthalein with negative results.

JCSA S. Fletcher treated the tile floor area around the couch in the living room and the tile area north of the couch using LCV for the presence of blood with negative results. The mop inside the laundry room sink was also treated with LCV with negative results.

Crime Scene Analyst Stephanie Fletcher	Pa 6850
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CRIME SCENE INVESTIGATIONS
CONTINUATION REPORT

Incident: Homicide / Child Abuse

Event Number: 130606-3235

PHOTOGRAPHY

Digital images were exposed by myself showing the location and overall condition of the following: the exterior and interior of the above listed vehicles; the interior of the residence for layout; the recovered items of evidence; the positions of a re-enactment doll used by the subject Jonathan Quisano (dob/10-18-86); and copies of the warrant/return.

CRIME SCENE DIAGRAM

A crime scene diagram was completed SCOSA R. McPhail and will be maintained in the LVMPD CSI major case file.

ADDITIONAL INFORMATION

SCOSA T. Kruse responded to UMC Trauma to photograph the victim and she also responded to the scene to photograph the subject Jonathan Quisano. Please refer to her report under the same event number for more information.

We cleared from this incident at approximately 0122 hours on 06-07-13. No further action taken.

2013 JUN 10 AM 10 37

Stephanie Fletcher

Crime Scene Analyst	PS
Stephanie Fletcher	6850

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
CRIMINALISTICS BUREAU
EVIDENCE IMPOUND REPORT

SCANNED

<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> FOUND PROPERTY	<input type="checkbox"/> SAFEKEEPING
Event Number: 130508-3235		
Incident: Homicide		Date: 08/08/2013
Victim(s): Quisano, Khayden (09-18-09)		
Location: 4720 Trimwater Court		
Vehicle(s):		
Additional Information:		

2013 JUN 10 PM 10 37

Description of Evidence

Location of Recovered Evidence

Package #01

Item #01: One (1) area rug measuring 7'3" X 11' with apparent blood stains.

On the floor of the living room, in front of (north of) the couch.

Package #02

Item #02: One (1) cut section of the area rug (Item #01) bearing apparent bloodstains.

Cut/ removed from near the center of the area rug (Item #01).

Package #03

Item #03: Ten (10) wads of white colored paper towel with reddish/ brown stains and pieces of food (possible vomit). Reddish/ brown stains positive with Phenolphthalein.

Inside the trash can on the north side of the kitchen.

Item #04: One (1) beige colored dish towel with pink colored stains on the front and brown colored stains on the rear side. Pink and brown stains both negative with Phenolphthalein.

On the glass table against the south wall, inside the entry area of the residence.

Item #05: One (1) wad of paper towel with reddish and reddish/ brown stains. Reddish/ brown stains tested positive with Phenolphthalein.

Inside the trashcan in the north common bathroom.

Item #06: One (1) wad of paper towel with reddish/ brown stains. The stains tested positive with Phenolphthalein.

On the area rug (Item #01) located inside the living room.

Item #07: One (1) wad of toilet paper with apparent bloodstains on one end. Stain tested positive with Phenolphthalein.

Inside the trash can on the south side of the northeast bedroom.

Package #04

Item #08: One (1) pair of gray colored sweat pants; Starter brand; size L (36-38).

On the foot of the bed, inside the northeast bedroom.

Item #09: One (1) black colored short sleeved tee-shirt with "Hurley" on the front. "Hurley" brand; size L.

Adjacent to Item #08.

Item #10: One (1) pair of black colored shoes; "Adidas" brand; size 11.

On the floor on the north side of the entry area of the residence.

Item #11: One (1) pair of black colored "Scott" brand sandals; size unknown.

Same as Item #10.

Approved: <i>MS Perkins</i>	PR: 4242	Crime Scene Analyst: Randall M. McPhail	P#: 3326
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LVMPD-RSD-10 (Rev. 3/13) WORD 2010

Randall M. McPhail

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
EVIDENCE IMPOUND REPORT
CONTINUATION

Event Number: 130606-3235

Description of Evidence	Location of Recovered Evidence
Package #04 (continued) <u>Item #12:</u> One (1) pair of black colored "Scott" brand sandals; size unknown.	Same as <u>Item #10</u> .
Package #05 <u>Item #13:</u> One (1) red colored "Dickies" brand shirt; size L.	Inside the washing machine, in the laundry room on the south side of the residence.
Package #06 <u>Item #14:</u> One (1) wooden back scratcher approximately 19 inches in length.	On the dresser on the south side of the northeast bedroom.
Package #07 <u>Item #15:</u> Multiple cotton swabs twisted together.	From the right pocket of the gray sweat pants (<u>Item #08</u>).
Package #08 <u>Item #16:</u> One (1) MacBook Pro notebook sized computer; Serial #C2QJW026F2J5.	On the night stand on the north side of the northeast bedroom.
<u>Item #17:</u> One (1) mini-iPad computer with blue and black cover; serial #F4NKG330F193.	On the bed inside the northeast bedroom.
<u>Item #18:</u> One (1) Samsung Metro PCS cell phone; Model #SCH-R250; FCC ID A3LSCHR250.	Same as <u>Item #16</u> .
<u>Item #19:</u> One (1) iPhone; Model #A1387; FCC ID BCG-E2430A.	On the dining table.

- The Sweat Pants (Item #08) and the black Shirt (Item #09) were examined with a Coherent Laser for biological evidence with negative results. The rug (Item #01) was also examined with the laser and multiple stains were identified but tested negative with Phenolphthalein.
- The rug (Item #01) was treated with LCV and multiple apparent blood drops and spatter stains were developed in an area approximately 550mm X 330mm near the center of the rug. The stains were tested further with Phenolphthalein yielding a false positive (sample changed color prior to adding reagent "B" (Peroxide). The stained area was also tested with Hematrace OBT, after the application of LCV, yielding negative results.

CHRISTINA
RODRIGUES
8-19-84
4720 TRIMWATER
CANTON
NV

Crime Scene Analyst Randall M. McPhail	P# 3326
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[Handwritten Signature]

2013 JUN 10 AM 10 37

**LAS VEGAS METROPOLITAN POLICE DEPARTMENT
AUTOPSY REPORT**

SCANNED

Incident Homicide/Child Abuse/Neglect				Coroner's Case Number 13-6465		Event Number 130606-3235	
Detective's Name and PI D. Boucher				Forensic Pathologist Dr. L. Gavin		Forensic Pathologist's Assistant Jenna Hergott	
Name of Decedent Khayden Quisano				Date 06/08/13		Time 0715	
Gender Male	Ethnicity Asian	Date of Birth 09/18/2009	Age 3	Height (inches) 36"	Weight (lbs.) 23lbs	Hair Color Black	Eye Color Brown

Identification Features (Photograph and describe scars, marks, tattoos, facial hair, etc.)

Scar- Left side forehead and left elbow
Birth Mark- Left side of abdomen

Clothing (Photograph and give a general description. Indicate specifics on Evidence Report.)

☒ *ON* Decedent Clothing Retained? ☐ Yes ☒ No
☐ *OFF* Decedent Clothing Retained? ☐ Yes ☐ No

Wearing a diaper and medical intervention items were present on and around the body.

General Photography

Body Bag Seal #: **150887** ☒ Clothed Body ☒ Pre-Cleaned Unclothed Body ☒ Post-Cleaned Unclothed Body

Specific Photography

☒ Wounds-Injuries ☒ X-Rays ☐ Personal Property ☐ Other
(With and without a scale. Describe below.) (Describe below.) (Describe below.)

Medical injuries on face, arms, hands, hips and legs.

Apparent injuries: Neck, chest, upper arms, hands, left hip, knees and feet.

DNA Standards

Non-decomposed Bodies:

☒ Buccal Swabs

☐ Kidney

☐ Deep Muscle

☐ Rib

☐ Section of Long Bone
(At Dry)

Evidence Collected

Sexual Assault Kit #

☐ Known Hair Standards

☒ Buccal (DNA) Standard

☐ Rectal Swabs

☐ Sheet

☐ Bags on Hands

☐ Other:

☐ Items Retained by Coroner (Describe below.)

☐ Underwear

☐ Bite Mark Swabs

☐ Decomposed (DNA) Standard

☐ Vaginal/Urinary Swabs

☐ Gunshot Residue Kit

☐ Fingernail (Scrapings/Cuttings/Swabs)

☐ Hair and/or Fibers (Trace Evidence)

☐ Oral Swabs/Floss

☐ External Genitalia Swabs

☐ Firearm Evidence ☐ Print Exemplars

Coroner Receipt #

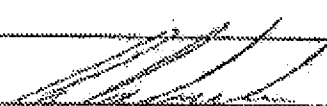
Connecting Reports

☒ Evidence Impound Report

☐ Money Accounting Report

☐ Other (Describe below.)

Additional Information

Approved 	PI 2611	Crime Scene Analyst D. CARVILLAS	PI 12712	Code 12
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LAS VEGAS METROPOLITAN POLICE DEPARTMENT
CRIMINALISTICS BUREAU
EVIDENCE IMPOUND REPORT

SCANNED



EVIDENCE



FOUND PROPERTY



SAFEKEEPING

Event Number: 130606-3235

Incident:	Date:
Homicide/ Child Abuse/Neglect	06/08/2013
Victim(s):	
Khayden Quisano (DOB- 09/18/2009)	
Location:	
CCOCME	
Vehicle(s):	
Additional Information:	

Description of Evidence

Location of Recovered Evidence

Package #1

Item #1- One (1) Buccal Swab Kit.

From the mouth of the victim, Khayden Quisano (DOB- 09/18/2009).

2013 JUN 17 AM 10 36

Approved:	PR:	Crime Scene Analyst:	PR:
	2045	D. Carvounaris	12712

LVMPD 750-10 (Rev. 6/11) WCRD 2007

Forensic Advantage Discovery Packet

Released Information

Regarding: 13-04203 1
Requested: 6/3/2014 FA
8:15:00 AM
Packet: Report Only
Report

Table of Contents:

LAB Report-Released-(10223).pdf	1
LAB Report-Released-(10223).pdf	

Additional Files:

The following files were included separately from the packet document:

EXHIBIT "M"

Las Vegas Metropolitan Police Department Forensic Laboratory Report of Examination Biology/DNA Forensic Casework		Distribution Date: June 3, 2014 Agency: LVMPD Primary Case#: 130606-3235 Incident: Homicide Requester: Dolphis R Boucher Location: Robbery/Homicide Bureau Lab Case #: 13-04203
Subject(s):	Jonathan QUISANO (Suspect) Khayden QUISANO (Victim)	

The following evidence was examined and results are reported below.

Lab Item #	Impound Pkg #	Impound Item #	Description	Summary
Item 2	003326 - 2	2	Cut section of area rug with various patterns	<ul style="list-style-type: none"> Negative presumptive blood test(s) Mixture profile
Item 3	003326 - 3	3	Wad of ten paper towels from the trash can in the kitchen	
Item 3.1			-- Paper towel	<ul style="list-style-type: none"> Negative presumptive blood test(s) No further testing at this time
Item 3.2			-- Paper towel	<ul style="list-style-type: none"> Positive presumptive blood test(s) Full male profile
Item 3.3			-- Paper towel	<ul style="list-style-type: none"> Positive presumptive blood test(s) Full male profile
Item 3.4			-- Paper towel	<ul style="list-style-type: none"> Positive presumptive blood test(s) Full male profile
Item 3.5			-- Paper towel	<ul style="list-style-type: none"> Negative presumptive blood test(s) No further testing at this time
Item 3.6			-- Five paper towels	<ul style="list-style-type: none"> No DNA analysis performed
Item 4		4	Beige dish towel from the glass table near entry way	<ul style="list-style-type: none"> Negative presumptive blood test(s) No apparent bloodstain(s) observed No further testing at this time
Item 5		5	Paper towel from the trash can in the bathroom	
Item 5.1			-- Stain	<ul style="list-style-type: none"> Positive presumptive blood test(s) Full male profile
Item 5.2			-- Stain	<ul style="list-style-type: none"> Positive presumptive blood test(s) Full male profile
Item 5.3			-- Stain	<ul style="list-style-type: none"> Positive presumptive blood test(s) Full male profile
Item 6		6	Paper towel from the area rug in the living room	
Item 6.1			-- Stain	<ul style="list-style-type: none"> Positive presumptive blood test(s) Full male profile
Item 6.2			-- Three stains	<ul style="list-style-type: none"> Negative presumptive blood test(s) No further testing at this time
Item 7		7	Toilet paper from the trash can in the bedroom	
Item 7.1			-- Stain	<ul style="list-style-type: none"> Positive presumptive blood test(s) Full male profile
Item 1	012712 - 1	1	Buccal swabs from Khayden Quisano	<ul style="list-style-type: none"> Full male profile

Results and Conclusions:

Item 2, Item 3.2, Item 3.3, Item 3.4, Item 5.1, Item 5.2, Item 5.3, Item 6.1, Item 7.1, and Item 1 were subjected to PCR amplification at the following STR genetic loci: D8S1179, D21S11, D7S820, CSF1PO, D3S1358, TH01, D13S317, D16S839, D2S1338, D19S433, vWA, TPOX, D18S51, D5S818, and FGA. The sex-determining Amelogenin locus was also examined.

Lab Item 2

The DNA profile obtained from the cut section of the area rug (Item 2) is consistent with a mixture of at least two individuals with at least one being a male. The major DNA profile is consistent with Khayden Quisano (Item 1). The estimated frequency of the major DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed). No conclusions

can be made regarding the minor contributor(s).

Lab Item 3.2

The DNA profile obtained from the paper towel from the kitchen trash can (Item 3.2) is consistent with Khayden Quisano (Item 1). The estimated frequency of the DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed).

Lab Item 3.3

The DNA profile obtained from the paper towel from the kitchen trash can (Item 3.3) is consistent with Khayden Quisano (Item 1). The estimated frequency of the DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed).

Lab Item 3.4

The DNA profile obtained from the paper towel from the kitchen trash can (Item 3.4) is consistent with Khayden Quisano (Item 1). The estimated frequency of the DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed).

Lab Item 5.1

The DNA profile obtained from the stain from the paper towel from the bathroom trash can (Item 5.1) is consistent with Khayden Quisano (Item 1). The estimated frequency of the DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed).

Lab Item 5.2

The DNA profile obtained from the stain from the paper towel from the bathroom trash can (Item 5.2) is consistent with Khayden Quisano (Item 1). The estimated frequency of the DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed).

Lab Item 5.3

The DNA profile obtained from the stain from the paper towel from the bathroom trash can (Item 5.3) is consistent with Khayden Quisano (Item 1). The estimated frequency of the DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed).

Lab Item 6.1

The DNA profile obtained from the stain from the paper towel from the area rug (Item 6.1) is consistent with Khayden Quisano (Item 1). The estimated frequency of the DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed).

Lab Item 7.1

The DNA profile obtained from the stain from the toilet paper in the bedroom trash can (Item 7.1) is consistent with Khayden Quisano (Item 1). The estimated frequency of the DNA profile among unrelated individuals in the general population is rarer than 1 in 700 billion (identity assumed).

The evidence is returned to secure storage.


 Kimberly D. Dannerberger, #13772 05/30/2014
 Forensic Scientist II

- END OF REPORT -

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THE ATTACHED EXHIBIT "N" HAS BEEN
INTENTIONALLY OMITTED & CAN BE
FOUND ON PGS 747-791

EXHIBIT "O"

PHILIP COLOSIMO, PhD
501 S RANCHO DR, STE C-14
LAS VEGAS, NEVADA 89106

Phone 702-384-7433

Fax 702-366-1204

Psychological Evaluation

Confidential

Name: JONATHAN QUISANO
Case No.: C-13-294266-1
Date of Evaluation: 09/21/2014
Date of Report: 09/23/2014

This patient was referred for a psychological evaluation for re-offending by his Attorney, Ms. Nancy Lemcke, Deputy Public Defender, Homicide Unit to determine within the limits of psychological certainty:

1. Whether this individual's behavior is a low risk to re-offend for child abuse/neglect. Also, to examine his mental, social, psychological, and interpersonal behaviors which may impact his functioning in society.
2. Whether this individual is safe in the community (to not re-offend).
3. Whether this individual is aware that this information will be submitted to his attorney and the court in compliance.
4. Whether this individual understands the importance of ongoing psychological therapy in order to make the necessary changes which will enable him the expected positive outcomes to get rehabilitation.

The historical and clinical information used to formulate an opinion about the above listed concerns was derived from a face to face clinical interview with the patient as well as psychological test data. The defendant was informed regarding the limits of confidentiality in regard to this consultation and indicated that he understood the conditions as they apply to his psychiatric record with this office. This report is available for release to the third party grantor per the written consent of the patient.

Materials Reviewed Prior To Assessment: Discovery available for review prior to conducting this assessment was: Justice Court Proceedings and Documents. CCDC Arrest Warrant Abstract, Declaration of Arrest, Temporary custody Record. Warrant for Arrest. Preliminary Hearing Hearing proceedings. Deposition proceedings; Voluntary Statement; Expert Witness Report prepared by John W. Farley, Ph. D, Professor of Physics;

Assessment Measures:

1. Clinical Interview
2. Mental Status Examinations
3. Observation
4. SVR-20
5. STATOC-99
6. Vermont Assessment of Sex Offender
7. Firo-B
8. Beck Depression Inventory
9. WASSI- Substance Abuse/Dependence Inventory
10. Shipley Institute of Living Scale

Historical Information: The client is a 27 year old male who weighs approximately 165 lbs. He is 5'9". He reported that he has been in jail (CCDC) for the following 2 convictions: Count 1 -- Voluntary Manslaughter (F); Count 2 -- Child abuse, Neglect, or Endangerment With Substantial Bodily Harm (F). He reports that he has never married his partner whom he has 3 children. He stated that his 1st child is 8 years old (this child died of SIDS) in 2008. The child was 3 months old. He reports that he was charged with Voluntary manslaughter and child abuse. He has make a plea for sentencing. He believes the sentence will be between 2 to 10 years for voluntary manslaughter and 1 to 20 for child abuse,, neglect or endangerment with substantial bodily harm.

The Defendant reports that he was watching TV after working all day. At the corner of his eye, he saw his oldest son fall off a chair. He reports that his son looked "shocked." He delayed calling his wife until he realized his son would not respond to him. When he called his wife, she urged him to call 911. He believes she called as well. The Defendant and his 2 children were staying at his common-law wife's family. Once AMR Medics arrived, they attempted to stabilize the child. Then, the child was taken by ambulance to UMC Trauma Care. The Defendant accompanied the ambulance with his son. After "5 or 6 hours" the child died. Autopsy revealed the child died of blunt force head trauma. The Defendant was accused of shaking the child or throwing him. He believes his problem was that he did not call 911 when his son fell (and he realized his son was in shock). Rather, he called his wife who urged him to call 911.

The defendant reports that his motivation for getting this evaluation is to show that he "is not a danger" and to get evaluated for not being at risk to the community (risk for violence to family members or others). He believes he is no threat to himself or others.

Personal and Family History:

Mr Quisano was born and raised in Oahu, Hawaii by both parents. He is the oldest of 3 brothers. His 2nd brother is a MSGT in the Marine Corps. His younger brother lives in Hawaii. The Defendant graduated from High school in special education for reading. He had school fights where he was sent home from school. Otherwise he has been arrested on one occasion for a DUI- before moving to Las Vegas, Nevada.

Psychological Evaluation.

Re: Quisano, Jonathan

Page 3

Psychiatric History: The defendant reports that he is not taking psychiatric medications. He denies any psychiatric treatment in the past. He reports not having any suicidal or homicidal attempts, ideations or plans to harm himself or others. He reports no current physical problems. He admits being depressed over his son's death.

Work History: The defendant has been working for a company that does draft line cleaning/technician in the Las Vegas area. In the past, he has worked for Budget Rental Car in Oahu, HI for 1 year (he met his common law wife there). He worked for a Construction Company in Oahu, HI for 7 years. He has been in a Local Union 872 in Hawaii and in Nevada since then.

Substance Abuse/Dependence History: The defendant denies any alcohol or drug abuse/addiction problems. He drinks 2 to 3 drinks per setting. He did drink once a week. He reports drinking heavy as a teenager (alcohol involved in his DUI). He had no further incidents. He has no history of domestic violence.

Mental Status Examination: The Defendant presented as an alert, cooperative male in no acute distress. His speech was equal in rate and rhythm. His posture was normal as were his body movements. His attitude/behavior was normal. His orientation was to time, person, place, and situation. His level of insight was with intellectual and emotional insight. His affect was labile but was appropriate to thought. His mood was depressed (he has lost 30 lb. Since the incident June 7, 2013, from 198 to 167). His perceptions were normal. In terms of thought content, he denied any history of hallucinations, delusions or paranoid ideations. His sensorium and cognitive functioning was intact. He was unable to do serial 7's, but he could spell the word "world" backwards. He could do simple calculations. His ability to abstract and generalize was below average (1/5). His attention and concentration appeared adequate. He showed deficits in learning (1/3 items in 5 minutes). His estimated IQ is in the low average range. His impulse control seemed normal. He denied preoccupations with sex, gambling, or repetitive behaviors.

Psychological Test Results:

TEST RESULTS

STATIC 99R

The Static 99R is a sexual offender risk assessment intended to measure long term risk potential of sexual offenders. The scale is -3 to 12 points-defining various levels of risk potential. The defendant had a total raw score of 1 (the risk factors identified were 18 to 34.9 ages). The defendant is assessed as a low risk.

VASOR

The defendant was assessed with Vermont Assessment of Sex Offender Risk. The purpose of the test is to assess the risk level of adult male sex offenders for re-offense and violence risk. Most offenders who score in low range can be safely supervised in the community (the VASOR is considered as a research tool with validity and reliability scores being very positive for its results. Offenders who score in the moderate range will need more intense supervision. Higher

scores require incarceration.

On the Violence Scale, the defendant's score was 30 out of 115 points (this includes physical harm to current victim). This places him in the low range for violence. His RE-Offense Risk scale showed a score of 14 points out of 125 points (this includes force used during current offense, prior adult convictions, address changed during past 2 years).

Overall, when combined with the Re-offense Risk Scale and Violence Scale the Re-offense scale the Defendant is LOW Risk.

SV-20

This assessment tool views 3 criteria: psychosocial adjustment, history of sexual offenses, and plans. This survey looks at future sexual violence. His psychosocial adjustment issues are prior learning disability diagnosis, substance use problems, and relationship problems. In terms of sexual offenses, he has none. For future plans he has realistic plans and positive attitude toward intervention. He desires treatment for his bereavement process (he maintains that he has 3 children when asked about his family.)

The results for this test showed a low risk for future violence

The client completed the Shipley Institute of Living Scale, which is a screening measure of intellectual functioning. His scores indicate that he is functioning within the well average range of intellectual ability with no evidence of cognitive impairment and would, therefore, be able to make decisions in his own best interest. In addition, he was given the SASSI (Substance Abuse Screening Inventory). This test is helpful in assessing a patient's proclivity for substance use or abuse.

The client's responses resulted in a SASSI score which was not clinically significant- demonstrating no concern for substance abuse/dependency or alcohol abuse/dependence. In addition, he completed several objective testing measures which have been found to be useful in a variety of clinical settings.

He completed the BDI-II, a self report measure of subjective depression and the Firo-B. On the BDI-II, he obtained an insignificant score, indicating clinical symptoms of depression. Finally, the client completed the Firo-B. This is an interpersonal test that reveals the defendant to being introverted. He enjoys time with his family and he has few friends. He would rather be in control rather than being controlled.

Both of these measures have been found to be helpful in several different contexts due to the use of validity scales which are designed to detect conscious distortion or denial of psychological concerns and adjustment of medical concerns.

This defendant can be extremely stressed or pressured when he cannot resolve conflicted situations. However, he struggles to deal with his severe losses. On the testing he denied any thoughts of self-harm. He feels much guilt and shame for the complications associated with his behavior. He appears to be always oriented to time, person, place, time, and situation. There was no evidence of delusional thought processes, auditory or visual hallucinations from the testing -suicidal ideation intent or homicidal ideation or intent are not present. The substance abuse indicators do not reveal any history

Psychological Evaluation
Re: Quisano, Jonathan
Page 5

of previous behavioral disorders or substance abuse/dependency proclivities.

His social responsibility, judgment, impulse control and social functioning appear normal. There appears to be no risk to re-offend.

Diagnosis: DSM-IV TR

AXIS I: 296.33 Major Depressive Disorder
300.02 Generalized Anxiety Disorder
V68.82 Bereavement

Axis II: Mixed Personality Traits

AXIS III: No diagnosis noted

AXIS IV Psychosocial Stressors: Legal -4

AXIS V CGAF-55, HGFP- 55

Recommendations:

This individual appears to be a low risk to re offend. As part of his treatment/release or probation, the undersigned would recommend the defendant be involved in individual and family therapy to focus on bereavement. Also, cognitive behavioral changes for managing stress and pressure (loss of their 2 children). The Defendant appears to be maturing, and concerned about his behavior during the tragedy with his child. He is working on making better judgments and decision making in interpersonal and emergent situations.

The defendant should be considered for psychotropic medications to ensure his psychological recovery.

Thank you for this consultation. Please do not hesitate to contact me with any questions or concerns.

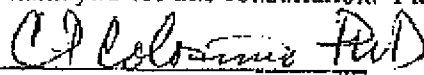

Charles P Colosimo, PhD
Licensed Psychologist-Nevada
PY0236

EXHIBIT "P"

Theresa H.P. Kuehu
PO Box 893534 • MILILANI, HAWAII 96789
(808) 347-2575

September 1, 2014

The Honorable Valerie Adair
Eighth Judicial District Court
Department 21
200 Lewis Avenue
Las Vegas, Nevada 89101

The Honorable Valerie Adair:

This letter is being written, in support of, and on behalf of *Jonathan Quisano*. Having known Jonathan for close to 10 years, I was taken aback when I learned of the charges that Jonathan was facing, and the incident that had occurred.

I have always known Jonathan to be a very quiet and gentle person. As I've watched him be a father to his children, he was always loving and caring towards them. Often times, my own child would be around him, and I never felt any concern or fear with allowing Jonathan to interact with my child.

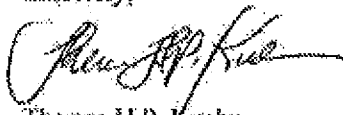
Beyond what the criminal justice system may view Jonathan as, I have known him to be a very responsible and reliable person - going to work to provide for his family, cooking and caring for his children, and being available to help family and friends in need.

My husband is employed as an Adult Corrections Officer, here, for the State of Hawaii. Therefore, I am aware of the true loss of time and the loss of positive impact that an individual can provide to society while being incarcerated, and the negative environment within the prison walls. Jonathan is a good-hearted person, he is a loving individual, and can be a very productive member of our society if allowed to do so. I believe Jonathan will be a valuable contributor, to our community, if leniency is shown to him - and he not continue to be incarcerated.

As a business owner and avid non-profit volunteer, I pride myself on ensuring that my family and I continue to give back to our community regularly. I am aware that often times those that come out to provide service, alongside us, may be individuals who may not have always lived a true honest life, but are looking to make amends, by giving back. I am available to be a support for Jonathan, and am willing to assist with his transition back into the community. My network includes many resources to assist individuals integrating back into communities, whether from incarceration or other rehabilitative services/institutions.

I appreciate this opportunity to share my thoughts and I humbly ask your consideration of leniency for Jonathan Quisano. Should you need to contact me, please call me at (808) 347-2575.

Sincerely,



Theresa H.P. Kuehu



UNITED STATES MARINE CORPS

MARINE CORPS RECRUITING COMMAND

OFFICER SELECTION OFFICE CHAMPAIGN

309 E. Green Street, Suite 101

Champaign, IL 61820

Phone: (217)384-3088 Fax: (217)384-6309

09 JULY 2014

From: Sergeant Justin K. Quisano, Officer Selection Assistant, Officer
Selection Team Champaign, Recruiting Station Saint Louis, 9th Marine
Corps District

To: The Honorable Valerie Adair

Subj: CHARACTER STATEMENT IN SUPPORT OF JONATHAN K. QUISANO, 1080005991702

My name is, Sergeant Justin K. Quisano with the United States Marine Corps. I have been serving in the Marine Corps for 7.5 years. My primary Military Occupational Specialty is Food Service Specialist. I have deployed twice, once on a Marine Expeditionary Unit to conduct humanitarian support in Philippines, and the other time to Afghanistan in support of Operation Enduring Freedom. Over the past two years I have been working as a recruiter in Central Illinois, looking for young college students to become Marine Corps Officers.

Jonathan Scott Keoni Quisano is my older brother and I have known him all my life (26 years / 1988 Jan 19). Jonathan and I weren't that close growing up, I played numerous sports while Jonathan went home after school to take care of the house and help our grandmother. We both took turns with the chores; however my brother did most of the labor around the house like cutting the grass, cleaning up the interior/exterior of the house, and helping others that needed an extra hand. No matter who needed help and what needed to be done, my brother was there to take care of it. Even if he didn't know how to fix the problem, he would find a way to figure it out and get the issue resolved. It wasn't until high school, where our brotherly bond grew tighter. We spent all of our free time together on the beaches of Hawaii with our cousins or at the mall movie theatre. Growing up Jonathan showed that he was a warm-hearted, reliable, and a caring person with tremendous integrity. Those qualities are why I knew he would not only be a good person but a great father one day. As the years went by I joined the United States Marine Corps and Jonathan went to work in construction. Now we have children of our own and raise them well. I would have no problem leaving my children with Jonathan because I know that he would take care of them as if they were his own.

At the end of the day, my brother is a very good person and deserves the most lenient sentence possible because of his many contributions to our family and all the good deeds he will continuing doing for others. I provide a lot of morale support to my brother; I would do so much more if physically I could be closer to him. My brother is a kind hearted individual whose generosity extends beyond family and friends. We have both prided ourselves on contributing to society and I feel that my service in the United States Marine Corps and Jonathan's generosity to others is evidence of the fact that we continue to work toward that goal.

J. K. QUISANO

The Honorable Valerie Adair
Eight Judicial District Court
Department 21
200 Lewis Avenue
Las Vegas, Nevada 89101

Regarding: Jonathan Quisano

Your Honor,

I Christina Rodriguez is writing to you on behalf of Jonathan Quisano, a defendant in one of your upcoming court cases. I understand that Mr. Quisano is being charged with Voluntary Manslaughter and Child Abuse, Neglect, or Endangerment with Substantial Bodily Harm. I am reaching out to you because Jonathan is my boyfriend. We have been together since October of 2006. Jonathan was a loving, caring, respectful, responsible, Down to earth, family oriented person. He worked as a laborer in the construction field, he took good care of me and his two children.

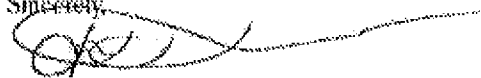
Jonathan has never been in this type of trouble before when we were together. He was always there for me and the children. He was a responsible father to his children whom he loved dearly. He always showed love and affection to his children every day. Jonathan would take the children with him when he goes out to his family or friends house. He would always read, play, and teach them when he's home after a long day of work or weekends. When Jonathan comes home from work he would always give the children a bath and spend time with them. We had lots of family time together and it was always wonderful and happy.

I'm willing to provide a shelter for him to stay and transportation. I will also support him emotionally and keep him on track and to move forward with his life. It's very heart breaking to see a loved one behind bars for a very long time.

I Christina Rodriguez has been a medical assistant since 2003. I currently work at Heart & Vascular Therapeutics as a medical assistant. I do front and back office work as a medical assistant, such as checking in/out patients, taking vital signs, scheduling, and answering phones.

I hope you consider this information in regards to the charges Jonathan is facing. Whatever the outcome of the sentencing, I want it to be known that Jonathan is an upstanding citizen, and sending him to prison will harm more than it will help. Thank you for taking the time to hear my thoughts on this matter.

Sincerely,



Christina Rodriguez

The Honorable Valerie Adair
Eight Judicial District Court
Department 21
200 Lewis Avenue
Las Vegas, Nevada 89101

Regarding: Jonathan Quisano

This letter is being submitted by myself Clara Rodrigues and my husband William Rodrigues. My husband and I met Jonathan in 2006, we known Jonathan for 8 years. Jonathan had a very kind, caring and gentle personality. Jonathan is also on the quiet side and yet enjoyed being with families and friends.

Jonathan Quisano and my granddaughter Christina resided in Honolulu, Hawaii and later moved to Las Vegas in 8/2012. Back in September of 2010 I went to Hawaii to help take care of Khayden and Khaysen for six months, at that time Jonathan was a very good father to his children. Jonathan would always go to work to support his family. After a long day of work he would come home and bath the children and play with them. Jonathan loved to cook, he loved to go fishing and diving, he helps with house chores like cleaning, cooking and laundry.

We are happy to help with the needs of Jonathan as they arise. We are here to help if he needs shelter, clothing, and food. I Clara Rodrigues is a house wife, and my husband William Rodrigues works full time at the Cannery Hotel and Casino in North Las Vegas.

I wish you consider this information to be helpful when sentencing Jonathan, for he has good characteristics, kindness, and is a hard worker. The charges he is facing is hard to believe that he had done this. Sending him to prison for a long time will break our hearts even more. Thank you for taking the time to hear my thoughts.

Sincerely,

Clara Rodrigues
Clara Rodrigues

William Rodrigues
William Rodrigues

The Honorable Valerie Adair
Eight Judicial District Court
Department 21
200 Lewis Avenue
Las Vegas, Nevada 89101

Regarding: Jonathan Quisano

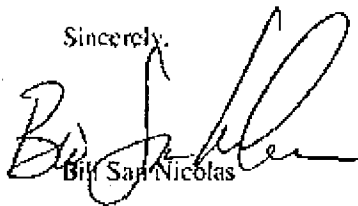
We Mr. and Mrs. Bill and Verna San Nicolas herby represent our nephew Jonathan Quisano. Over the six years that I known Jonathan, I found him to be a man of gentle wisdom and kindness. I always found him to be patient and compassionate. He was always a loving man of diverse interests and talents.

His strong ties to his children's a father, spouse, family and community suggest a depth of character that should encourage compassion. Its very heart breaking hearing my nephew whom is Jonathans child saying "I love my daddy".

I, Verna San Nicolas is a Security Officer at the Palazzo Resort and Casino since January 2008. My husband Bill San Nicolas works for Southern Nevada Pest Control since January 2011.

This unfortunate situation we find ourselves in as a family calls for sympathy. We sincerely hope responding in a like manner. As a family who is facing this tragedy, we continue to come together to support, counsel, and nurture each other as we would upon his rejoining our family. Thank you for your attention in this manner. I have a Blessed Day.

Sincerely,



Bill San Nicolas



Verna San Nicolas

Lester Rodrigues
6432 Plumcrest Rd.
Las Vegas, NV 89108

Honorable Valerie Adair
Eighth Judicial District Court,
Dept. 21, 200 Lewis Ave.
Las Vegas No 89101

You Honor,

I have known Jonathan Quisano since he has been in a relationship with my niece, Christina Rodrigues, in 2006.

In 2006, he has been in residence at 92 535 Ualehei St, Makakilo, Hawaii 96707.

We all live at that residence as there are different housing sections on the lot. My parents own that lot and my brother has taken over the residence.

Jonathan has always been helpful, polite, and friendly. He helps me or offers help whenever I am doing something. It can be cleaning the yard to fixing cars.

Jonathan has always been a hard worker. Back home (Hawaii), he had a construction job. He also like to cook, clean and draw.

Jonathan loves kids. At the time my son, Pono, was 3 years old. Jonathan would finish work, stop by the front house (our house), ask if Pono can come out to play, and they would go into the main house. They would play games, watch cartoons, or play video games. Pono always had a great time. Pono would wait at the door around the time that Jonathan finish work so that they could play.

Tina and Jonathan would take my son everywhere. They even had a car seat for him in their car.

When Tina and Jon found out that they were expecting they were very happy. When Jayden was born he was so loved. They were proud parents. Jayden had everything, toys, clothing and 2 parents who loved him so much.

In 2008 we moved to Washington state. Jonathan and Tina helped us pack as much as they could.

About two weeks later, my wife got a call from Tina saying that Jayden had passed away. She was very distraught. I called a close friend of mine to go check on Tina and Jonathan. I also called my son, Justin to find out what was going on. Jayden passed away from SIDS.

We could not attend the funeral because of our financial situation. It was very hard for them, losing a child.

Later on Khayden came along. Tina and Jonathan was very happy, they actually started to heal from the lost of Jayden. Khayden was a happy baby, he looked so much like his Dad. They were complete, they were a family. Tina would mention to me that Khayden would cry when taking a bath or changing his diaper. Tina would mention that to the Doctor when Khayden would go for his well-checks. The Doctor said that everything looked okay. At this time Tina went back to work. She found a babysitter in Ewa Beach to take care of Khayden. One day Tina was off and she noticed that Khayden wasn't feeling well. She called Jon (he was at work) to tell him that she was going to take Khayden to the hospital. The hospital told her that they will not turn the baby over to her because it looked like the baby had been abused. Tina was in shock, she called Jon and told him what happen. Now it seemed that they would lose another baby. They went through everything that CPS told them to do to get their son back.

While going through the process Tina became pregnant again. When Khaysen was born he was taken away. They were so sad, they had another son, but he too was taken away.

My mom, Clara Rodrigues went back home to Hawaii to take care of the kids. She was there for about 6 months. With my Mom's help the children were reunited with their parents. Tina and Jonathan got their children back.

In the mean time, we moved to Vegas. We had to go home because my mother-in-law was dying. As we boarded the plane she had passed away. We found out when we landed. So we stayed with my sister-in-law to help make arrangements. Because we were so busy, Jonathan said that we could leave Pono with them so we didn't have to worry about him. That was so helpful because there was so much to do at the mother-in-laws.

We had to fly back in May for the funeral, this time we stayed with Tina and Jonathan at the Makakilo house.

We laid my mother-in-law to rest. It was a sad, yet happy day, because she finally rested with her husband.

We spent time with Tina, Jonathan and the boys. We went to the beach and made dinners, the guys and boys played RC cars. It was nice! That is when we noticed how Jonathan took care of his boys. Tina would make breakfast, make the plates and Jonathan would sit the boys in front of him and feed them, than they would play games or play outside. Lunch would be the same, dinner and bath time, than sleep.

It was nice to spend time with them.

Tina and Jonathan decided to move to Vegas since all the family were here. Jonathan decided to stay in Hawaii for a while to work to make some money before joining Tina and the boys in Vegas. Tina stayed with her Dad, Patrick in Henderson. She decided it would be safer to move with her Mom, Lynelle in the northwest because it was a single story.

Tina was already working and soon so was Jonathan. While they worked my Mom and Dad would watch the boys, Jonathan would pick them up or my parents would drop them off.

Jonathan would go to work early in the morning and finish about 1 or 2.

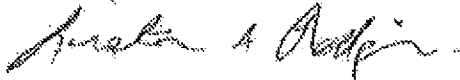
Tina would finish at 5 or 6. That was the routine until now.

Here we are today. Jonathan accused of manslaughter.

I know Jonathan Quisano to be a trustworthy, nice, polite, helpful, responsible person. He is well liked by everyone. He took good care of his children, even mine.

I hope that this information will help you to know Jonathan as I do.

Thank you,



7-27-14

Lester Rodriguez
(702 4739493)

August 29, 2014

To whom it may concern:

My name is George Lessary and I am a friend of Jonathan Quisano. I've known Jonathan for eight years. We worked with each on multiple projects, due to us being in the same trade. We both started our careers with the Hawaii Laborers Union, before relocating our families to Las Vegas. Jonathan and I spent a lot of time together outside of work with our families. I am also a father of two children. Jonathan treats my children as if they were his, I trust him to watch my own children. He is a very kind, caring and compassionate person. He is also a very responsible father. Jonathan has a lot of patience with his children and disciplines them with time out and verbal warning if needed.

Jonathan also has a big heart. His outgoing and friendly personality is what makes him a very well liked person and dear friend. He always has a smile on his face; it's like his smile is contagious. Whenever I was upset or sad he would always talk with me and cheer me up. He would always be willing to go out of his way to help others in need. If you ask anyone that knows him or has been introduced to him, they would tell you the same.

My family and I took what happen to Jonathan really hard. What happened to Khayden first off and then to Jonathan being accused of his death. I am certain that he would not do that to his own son. Besides, the evidence which I don't think is a 100% accurate. But what can we do.

I really and truly believe Jonathan deserves a second chance in life. He worked hard to provide for his family, especially for his children. I am asking you to please be open minded and as we say in Hawaii "Have Aloha" in your heart.

Sincerely,



George Lessary
9848 W Cherokee Ave.
Las Vegas, NV 89147
(808) 275-6646

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APPELLANT'S APPENDIX VOLUME V PAGES 1000-1249

Counsel for Respondent

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Case No. 66816

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ORIGINAL

1 **GPA**
2 STEVEN B. WOLFSON
3 Clark County District Attorney
4 Nevada Bar #001565
5 MICHAEL V. STAUDAHER
6 Chief Deputy District Attorney
7 Nevada Bar #008273
8 200 Lewis Avenue
9 Las Vegas, NV 89155-2212
10 (702) 671-2500
11 Attorney for Plaintiff

FILED IN OPEN COURT
STEVEN D. GRIERSON
CLERK OF THE COURT

JUN 10 2014

BY, Denise Husted
DENISE HUSTED, DEPUTY

DISTRICT COURT
CLARK COUNTY, NEVADA

9 THE STATE OF NEVADA,

10 Plaintiff,

11 -vs-

12 JONATHAN QUISANO,
13 #5991702

14 Defendant.

CASE NO: C-13-294266-1

DEPT NO: XXI

15 GUILTY PLEA AGREEMENT

16 I hereby agree to plead guilty, pursuant to North Carolina v. Alford, 400 U.S. 25 (1970),
17 to: **COUNT 1: VOLUNTARY MANSLAUGHTER (Category B Felony - NRS 200.040,**
18 **200.050, 200.080 - 50020) and COUNT 2: CHILD ABUSE, NEGLECT, OR**
19 **ENDANGERMENT WITH SUBSTANTIAL BODILY HARM (Category B Felony -**
20 **NRS 200.508(1) - 55222),** as more fully alleged in the charging document attached hereto as
21 Exhibit "1".

22 My decision to plead guilty by way of the Alford decision is based upon the plea
23 agreement in this case which is as follows:

24 The State retains the right to argue at rendition of sentence, but agrees not to argue for
25 more than ten (10) years on the bottom end of the sentencing range.

26 I agree to the forfeiture of any and all weapons or any interest in any weapons seized
27 and/or impounded in connection with the instant case and/or any other case negotiated in
28 whole or in part in conjunction with this plea agreement.

1 I understand and agree that, if I fail to interview with the Department of Parole and
2 Probation (P&P), fail to appear at any subsequent hearings in this case, or an independent
3 magistrate, by affidavit review, confirms probable cause against me for new criminal charges
4 including reckless driving or DUI, but excluding minor traffic violations, the State will have
5 the unqualified right to argue for any legal sentence and term of confinement allowable for the
6 crime(s) to which I am pleading guilty, including the use of any prior convictions I may have
7 to increase my sentence as an habitual criminal to five (5) to twenty (20) years, Life without
8 the possibility of parole, Life with the possibility of parole after ten (10) years, or a definite
9 twenty-five (25) year term with the possibility of parole after ten (10) years.

10 Otherwise I am entitled to receive the benefits of these negotiations as stated in this
11 plea agreement.

12 CONSEQUENCES OF THE PLEA

13 By pleading guilty pursuant to the Alford decision, it is my desire to avoid the
14 possibility of being convicted of more offenses or of a greater offense if I were to proceed to
15 trial on the original charge(s) and of also receiving a greater penalty. I understand that my
16 decision to plead guilty by way of the Alford decision does not require me to admit guilt, but
17 is based upon my belief that the State would present sufficient evidence at trial that a jury
18 would return a verdict of guilty of a greater offense or of more offenses than that to which I
19 am pleading guilty.

20 I understand that by pleading guilty I admit the facts which support all the elements of
21 the offense(s) to which I now plead as set forth in Exhibit "1".

22 AS TO COUNT 1: I understand that as a consequence of my plea of guilty by way of
23 the Alford decision the Court must sentence me to imprisonment in the Nevada Department
24 of Corrections for a minimum term of not less than one (1) year and a maximum term of not
25 more than ten (10) year. The minimum term of imprisonment may not exceed forty percent
26 (40%) of the maximum term of imprisonment. I understand that I may also be fined up to
27 \$10,000.00. I understand that the law requires me to pay an Administrative Assessment Fee.

28 //

1 **AS TO COUNT 2:** I understand that as a consequence of my plea of guilty by way of
2 the Alford decision the Court must sentence me to imprisonment in the Nevada Department
3 of Corrections for a minimum term of not less than two (2) years and a maximum term of not
4 more than twenty (20) years. The minimum term of imprisonment may not exceed forty
5 percent (40%) of the maximum term of imprisonment.

6 I understand that, if appropriate, I will be ordered to make restitution to the victim of
7 the offense(s) to which I am pleading guilty and to the victim of any related offense which is
8 being dismissed or not prosecuted pursuant to this agreement. I will also be ordered to
9 reimburse the State of Nevada for any e related to my extradition, if any.

10 **AS TO COUNT 1:** I understand that I am eligible for probation for the offense to
11 which I am pleading guilty. I understand that, except as otherwise provided by statute, the
12 question of whether I receive probation is in the discretion of the sentencing judge.

13 **AS TO COUNT 2:** I understand that pursuant to NRS 176a.110 and my plea of guilty
14 to an offense for which the suspension of sentence or the granting of probation is permitted, I
15 shall arrange for my own psychiatric/psychological evaluation as part of the division's
16 presentence investigative report to the Court.

17 I understand that I am not eligible for probation unless that psychiatric/psychological
18 evaluation certifies that I do not represent a high risk to reoffend. I understand that, except as
19 otherwise provided by statute, the question of whether I receive probation is in the discretion
20 of the sentencing judge.

21 I understand that I must submit to blood and/or saliva tests under the Direction of the
22 Division of Parole and Probation to determine genetic markers and/or secretor status.

23 I understand that if I am pleading guilty to charges of Burglary, Invasion of the Home,
24 Possession of a Controlled Substance with Intent to Sell, Sale of a Controlled Substance, or
25 Gaming Crimes, for which I have prior felony conviction(s), I will not be eligible for probation
26 and may receive a higher sentencing range.

27 //

28 //

1 I understand that if more than one sentence of imprisonment is imposed and I am
2 eligible to serve the sentences concurrently, the sentencing judge has the discretion to order
3 the sentences served concurrently or consecutively.

4 I understand that information regarding charges not filed, dismissed charges, or charges
5 to be dismissed pursuant to this agreement may be considered by the judge at sentencing.

6 I have not been promised or guaranteed any particular sentence by anyone. I know that
7 my sentence is to be determined by the Court within the limits prescribed by statute.

8 I understand that if my attorney or the State of Nevada or both recommend any specific
9 punishment to the Court, the Court is not obligated to accept the recommendation.

10 I understand that if the offense(s) to which I am pleading guilty was committed while I
11 was incarcerated on another charge or while I was on probation or parole that I am not eligible
12 for credit for time served toward the instant offense(s).

13 I understand that if I am not a United States citizen, any criminal conviction will likely
14 result in serious negative immigration consequences including but not limited to:

- 15 1. The removal from the United States through deportation;
- 16 2. An inability to reenter the United States;
- 17 3. The inability to gain United States citizenship or legal residency;
- 18
- 19 4. An inability to renew and/or retain any legal residency status; and/or
- 20 5. An indeterminate term of confinement, with the United States Federal
- 21 Government based on my conviction and immigration status.

22 Regardless of what I have been told by any attorney, no one can promise me that this
23 conviction will not result in negative immigration consequences and/or impact my ability to
24 become a United States citizen and/or a legal resident.

25 I understand that P&P will prepare a report for the sentencing judge prior to sentencing.
26 This report will include matters relevant to the issue of sentencing, including my criminal
27 history. This report may contain hearsay information regarding my background and criminal
28 history. My attorney and I will each have the opportunity to comment on the information

1 contained in the report at the time of sentencing. Unless the District Attorney has specifically
2 agreed otherwise, then the District Attorney may also comment on this report.

3 WAIVER OF RIGHTS

4 By entering my plea of guilty, I understand that I am waiving and forever giving up the
5 following rights and privileges:

- 6 1. The constitutional privilege against self-incrimination, including the right
7 to refuse to testify at trial, in which event the prosecution would not be
8 allowed to comment to the jury about my refusal to testify.
- 9 2. The constitutional right to a speedy and public trial by an impartial jury,
10 free of excessive pretrial publicity prejudicial to the defense, at which
11 trial I would be entitled to the assistance of an attorney, either appointed
12 or retained. At trial the State would bear the burden of proving beyond
13 a reasonable doubt each element of the offense(s) charged.
- 14 3. The constitutional right to confront and cross-examine any witnesses who
15 would testify against me.
- 16 4. The constitutional right to subpoena witnesses to testify on my behalf.
- 17 5. The constitutional right to testify in my own defense.
- 18 6. The right to appeal the conviction with the assistance of an attorney,
19 either appointed or retained, unless specifically reserved in writing and
20 agreed upon as provided in NRS 174.035(3). I understand this means I
21 am unconditionally waiving my right to a direct appeal of this conviction,
22 including any challenge based upon reasonable constitutional,
23 jurisdictional or other grounds that challenge the legality of the
24 proceedings as stated in NRS 177.015(4). However, I remain free to
25 challenge my conviction through other post-conviction remedies
26 including a habeas corpus petition pursuant to NRS Chapter 34.

27 VOLUNTARINESS OF PLEA

28 I have discussed the elements of all of the original charge(s) against me with my
attorney and I understand the nature of the charge(s) against me.

I understand that the State would have to prove each element of the charge(s) against
me at trial.

I have discussed with my attorney any possible defenses, defense strategies and
circumstances which might be in my favor.

//

1 All of the foregoing elements, consequences, rights, and waiver of rights have been
2 thoroughly explained to me by my attorney.

3 I believe that pleading guilty and accepting this plea bargain is in my best interest, and
4 that a trial would be contrary to my best interest.

5 I am signing this agreement voluntarily, after consultation with my attorney, and I am
6 not acting under duress or coercion or by virtue of any promises of leniency, except for those
7 set forth in this agreement.


8 I am not now under the influence of any intoxicating liquor, a controlled substance or
9 other drug which would in any manner impair my ability to comprehend or understand this
10 agreement or the proceedings surrounding my entry of this plea.

11 My attorney has answered all my questions regarding this guilty plea agreement and its
12 consequences to my satisfaction and I am satisfied with the services provided by my attorney.

13 DATED this 10th day of June, 2014.

14
15
16 
JONATHAN QUISANO
Defendant

17 AGREED TO BY:

18 
19 MICHAEL V. STAUDAHER
20 Chief Deputy District Attorney
Nevada Bar #008273

1 CERTIFICATE OF COUNSEL:

2 I, the undersigned, as the attorney for the Defendant named herein and as an officer of the court
3 hereby certify that:

- 4 1. I have fully explained to the Defendant the allegations contained in the
5 charge(s) to which Alford pleas are being entered.
- 6 2. I have advised the Defendant of the penalties for each charge and the restitution
7 that the Defendant may be ordered to pay.
- 8 3. I have inquired of Defendant facts concerning Defendant's immigration status
9 and explained to Defendant that if Defendant is not a United States citizen any
10 criminal conviction will most likely result in serious negative immigration
11 consequences including but not limited to:
- 12 a. The removal from the United States through deportation;
- 13 b. An inability to reenter the United States;
- 14 c. The inability to gain United States citizenship or legal residency;
- 15 d. An inability to renew and/or retain any legal residency status; and/or
- 16 e. An indeterminate term of confinement, by with United States Federal
17 Government based on the conviction and immigration status.

18 Moreover, I have explained that regardless of what Defendant may have been
19 told by any attorney, no one can promise Defendant that this conviction will not
20 result in negative immigration consequences and/or impact Defendant's ability
21 to become a United States citizen and/or legal resident.

- 22 4. All pleas of Alford offered by the Defendant pursuant to this agreement are
23 consistent with the facts known to me and are made with my advice to the
24 Defendant.
- 25 5. To the best of my knowledge and belief, the Defendant:
- 26 a. Is competent and understands the charges and the consequences of
27 pleading Alford as provided in this agreement,
- 28 b. Executed this agreement and will enter all Alford pleas pursuant hereto
voluntarily, and
- c. Was not under the influence of intoxicating liquor, a controlled
substance or other drug at the time I consulted with the Defendant as
certified in paragraphs 1 and 2 above.

Dated: This 10 day of June, 2014.

ATTORNEY FOR DEFENDANT

13F09094X/jr/MVU

1 AINF
2 STEVEN B. WOLFSON
3 Clark County District Attorney
4 Nevada Bar #001565
5 MICHAEL V. STAUDAHER
6 Chief Deputy District Attorney
7 Nevada Bar #00008273
8 200 Lewis Avenue
9 Las Vegas, Nevada 89155-2212
10 (702) 671-2500
11 Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

9 THE STATE OF NEVADA,

10 Plaintiff,

11 -vs-

12 JONATHAN QUISANO,
13 #5991702

14 Defendant.

CASE NO. C-13-294266-1

DEPT NO. XXI

SECOND AMENDED
INFORMATION

15 STATE OF NEVADA }
16 COUNTY OF CLARK } ss:

17 STEVEN B. WOLFSON, District Attorney within and for the County of Clark, State
18 of Nevada, in the name and by the authority of the State of Nevada, informs the Court:

19 That JONATHAN QUISANO, the Defendant(s) above named, having committed the
20 crimes of **VOLUNTARY MANSLAUGHTER (Category B Felony - NRS 200.040,**
21 **200.050, 200.080 - 50020) and CHILD ABUSE, NEGLECT, OR ENDANGERMENT**
22 **WITH SUBSTANTIAL BODILY HARM (Category B Felony - NRS 200.508(1) - 55222),**
23 on or about the 6th day of June, 2013, within the County of Clark, State of Nevada, contrary
24 to the form, force and effect of statutes in such cases made and provided, and against the peace
25 and dignity of the State of Nevada,

26 //

27 //

28 //

EXHIBIT 1

1 COUNT 1 - VOLUNTARY MANSLAUGHTER

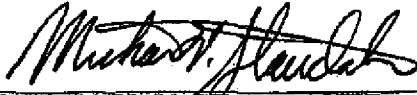
2 did then and there wilfully, unlawfully, feloniously, without malice and without
3 deliberation, kill KHAYDEN QUISANO, a human being, by striking the head and/or body of
4 the said KHAYDEN QUISANO and/or by shaking him and/or by throwing him against a hard
5 surface and/or by other manner or means unknown, all of which resulted in the death of the
6 said KHAYDEN QUISANO.

7 COUNT 2 - CHILD ABUSE, NEGLECT, OR ENDANGERMENT WITH SUBSTANTIAL
8 BODILY HARM

9 did wilfully, unlawfully, and feloniously cause a child under the age of 18 years, to-
10 wit: KHAYDEN QUISANO, being approximately three (3) year(s) of age, to suffer
11 unjustifiable physical pain or mental suffering as a result of abuse or neglect, to wit: severe
12 head trauma resulting in brain injury and/or lung contusions, and/or cause the said KHAYDEN
13 QUISANO to be placed in a situation where he might have suffered unjustifiable physical pain
14 or mental suffering as a result of abuse or neglect, to wit: severe head trauma resulting in brain
15 injury and/or lung contusions causing the death of the said KHAYDEN QUISANO, by the
16 Defendant striking the head and/or body of the said KHAYDEN QUISANO and/or by shaking
17 him and/or by throwing him against a hard surface and/or by other manner or means unknown,
18 resulting in substantial bodily harm or mental harm and causing death to the said KHAYDEN
19 QUISANO.

20 STEVEN B. WOLFSON
21 DISTRICT ATTORNEY
Nevada Bar #001565

22
23 BY


24 MICHAEL V. STAUDAHER
25 Chief Deputy District Attorney
26 Nevada Bar #00008273

27 DA#13F09094X/jr
28 LVMPD EV#1306063235
(TK12)

1 EXPR
2 PHILIP J. KOHN, PUBLIC DEFENDER
3 NEVADA BAR NO. 0556
4 309 South Third Street, Suite 226
5 Las Vegas, Nevada 89155
6 (702) 455-4685
7 Attorney for Defendant


CLERK OF THE COURT

8 DISTRICT COURT
9 CLARK COUNTY, NEVADA

10 THE STATE OF NEVADA,

11 Plaintiff,

CASE NO. C-13-294266-1

DEPT. NO. XXI

12 JONATHAN QUISANO,

13 Defendant.

14 EX PARTE ORDER FOR TRANSCRIPT

15 Upon the ex parte application of the above-named Defendant, JONATHAN
16 QUISANO, by and through, NANCY L. LEMCKE, Deputy Public Defender, and good cause
17 appearing therefore,

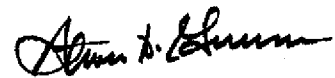
18 IT IS HEREBY ORDERED that the certified Court Recorder, JANIE OLSEN,
19 prepare at State expense, a transcript of the proceedings for case C-13-294266-1 heard on June 10,
20 2014 in District Court Department 21.

21 DATED this 12 day of June, 2014.

22 
23 DISTRICT COURT JUDGE

24 Submitted by:
25 PHILIP J. KOHN
26 CLARK COUNTY PUBLIC DEFENDER

27 By 
28 NANCY L. LEMCKE, 75416
Deputy Public Defender


CLERK OF THE COURT

1 TRAN

2
3 DISTRICT COURT
4 CLARK COUNTY, NEVADA

5
6 STATE OF NEVADA,

7 Plaintiff,

8 vs.

9 JONATHAN QUISANO,

10 Defendant.

CASE NO. C294266-1
DEPT. XXI

11
12
13 BEFORE THE HONORABLE VALERIE ADAIR, DISTRICT COURT JUDGE

14 TUESDAY, JUNE 10, 2014

15 TRANSCRIPT OF PROCEEDINGS RE:
16 EXTRADITION HEARING

17 APPEARANCES:

18 FOR THE STATE:

MICHAEL V. STAUDAHER, ESQ.
Chief Deputy District Attorney
MICHELLE JOBE, ESQ.
Deputy District Attorney

21 FOR THE DEFENDANT:

NANCY L. LEMCKE, ESQ.
NORMAN J. REED, ESQ.
Deputy Public Defenders

23
24
25 RECORDED BY: JANIE L. OLSEN, COURT RECORDER/TRANSCRIBER

1 LAS VEGAS, CLARK COUNTY, NV., TUES., JUNE 10, 2014

2
3 THE COURT: It appears this matter has been resolved; is that correct?

4 MS. LEMCKE: That is correct, Your Honor. They filed a guilty plea
5 agreement in open court just now. The terms of the negotiation are such that Mr.
6 Quisano is going to enter a plea of guilty pursuant to the Alford decision to a count
7 of voluntary manslaughter, which is a 1 to 10 and a count of child abuse, neglect,
8 and endangerment with substantial bodily harm, which is a 2 to 20. The State has
9 agreed not to argue under any mathematical formula or computation for more than
10 10 years on the minimum end of the sentence, and otherwise the parties would
11 retain the right to argue.

12 THE COURT: Okay. And this is going to be an Alford plea, correct?

13 MS. LEMCKE: That is correct.

14 MR. STAUDAHER: That is correct, Your Honor.

15 THE COURT: All right. And you've also filed here in open court, the State
16 has filed actually, a Second Amended Information; is that right?

17 MR. STAUDAHER: That's correct, Your Honor.

18 THE COURT: All right. Mr. Quisano, I need you to stand up.

19 The Court is in possession of a written plea of guilty signed by you.
20 Before I may accept your written plea of guilty, I must be satisfied that your plea is
21 freely -- plea pursuant to the Alford decision is freely and voluntarily given.

22 Are you doing this freely and voluntarily?

23 THE DEFENDANT: Yes, Your Honor.

24 THE COURT: All right. Other than what's contained in the written plea of
25 guilty and what has been stated here in open court by your attorney Ms. Lemcke,

1 have any promises or threats been made to induce you to enter your plea?

2 THE DEFENDANT: No, Your Honor.

3 THE COURT: Okay. Before you signed the written plea of guilty did you read
4 it?

5 THE DEFENDANT: Yes, Your Honor.

6 THE COURT: Did you understand everything contained in the written plea of
7 guilty?

8 THE DEFENDANT: Yes, Your Honor.

9 THE COURT: And did you also read the Second Amended Information
10 charging you with a felony, a Category B felony crimes of voluntary manslaughter
11 and child abuse, neglect or endangerment with substantial bodily harm?

12 THE DEFENDANT: Yes, Your Honor.

13 THE COURT: And did you understand everything contained in that Second
14 Amended Information?

15 THE DEFENDANT: Yes, Your Honor.

16 THE COURT: All right. And did you have a full and ample opportunity to
17 discuss your plea of guilty as well as the charges to which you're pleading guilty with
18 your attorneys Mr. Reed and Ms. Lemcke?

19 THE DEFENDANT: Yes, Your Honor.

20 THE COURT: Did you also go over and discuss with them the valuable
21 constitutional rights that you are waiving and giving up by virtue of pleading guilty
22 pursuant to the Alford decision in this case?

23 THE DEFENDANT: Yes, Your Honor.

24 THE COURT: Okay. And did Ms. Lemcke and Mr. Reed address any
25 questions or concerns you have about your plea or the charges to your satisfaction

1 at this point?

2 THE DEFENDANT: Yes, Your Honor.

3 THE COURT: Okay. So you don't have any questions that you want to ask
4 the Court, or if you do, the time to ask them is right now?

5 THE DEFENDANT: No, Your Honor.

6 THE COURT: Okay. And is it your desire today to enter a plea of guilty
7 pursuant to the Alford decision?

8 THE DEFENDANT: Yes, Your Honor.

9 THE COURT: Okay. Now, you understand that that means that you are
10 denying the facts constituting the offense; therefore, I must make a determination
11 that there was a factual basis for the plea.

12 The Deputy District Attorney will now state for the record what facts the
13 State would be able to prove if this matter were to proceed to trial.

14 Mr. Staudaher.

15 MR. STAUDAHER: Thank you, Your Honor.

16 The State would, if the case had gone to trial, would be able to prove
17 that on or about June 6th of 2013, Jonathan Quisano had started to care for his son
18 Khayden Quisano around 4:30 in the afternoon after Khayden had been deposited
19 in the home by his grandparents. Prior to that time Khayden had exhibited no
20 injuries or illnesses or any problems whatsoever; however, within an hour of -- a
21 period of about an hour and a half, a window of time that is between the time that
22 Khayden came into the home and 9-1-1 was called, the State believes we would
23 have been able to prove that Jonathan Quisano perpetrated child abuse upon the
24 child such that he eventually died.

25 Now, the other facts based on what took place that the State would

1 intend to provide evidence for to the jury would be this, that Jonathan Quisano was
2 in the care and custody of Jonathan -- or excuse me, Khayden Quisano was in the
3 care and custody of Jonathan Quisano.

4 No one else was in the home at the time with the exception of a
5 younger child which apparently Khayden may or may not have been playing with at
6 the time, that at some point during the time that Jonathan, excuse me, I keep saying
7 Jonathan, that Khayden gets injured, he does not call 9-1-1. He waits for a period of
8 time until his wife gets off work or about there, and then there is a series of calls
9 between himself and his wife; the first one initiated by his wife. The second couple
10 are initiated by him to his wife basically asking her to come home, not giving her
11 details about what has taken place in the home.

12 The second call to his wife is more urgent, and then the third call is from
13 his wife to him in which he finally tells her that Khayden is in trouble, that Khayden's
14 eyes were closed, that he's not responding and so forth.

15 Now, we know that in the interim between the calls that took place and
16 between the actual arrival of Jonathan -- excuse me, of Khayden at the house that
17 evening that after the injury to Khayden that there was some blood associated with
18 that because we found, and the evidence would show, that there were at least
19 attempts to clean up blood off of Khayden that were located in two different
20 bathrooms and in the kitchen area as well as the main living area.

21 In addition, there appears -- although the medical evidence later on
22 would show that there was some sort of lung contusions that were sustained by
23 Khayden when he was in the home that night, the evidence on the carpet in front of
24 where supposedly these events took place showed not just blood dripping on the
25 carpet but showed an expectoration of blood, meaning a coughing of blood with

1 micro droplets spraying over a period of -- over a space. That was later elucidated
2 by crime scene analysts when they came in and used Leucocrystal Violet to bring
3 that up so it was visible. That clearly is an injury which was not consistent with any
4 form of a fall off a couch and a head injury. It was a lung injury in addition to the
5 head injury that he sustained.

6 Now, initially after the calling between the wife and Jonathan, she
7 hangs up the phone. She calls 9-1-1. After she calls 9-1-1, she's on the phone with
8 the 9-1-1 operator, and she's not at home. They query her as to what's going on
9 because the person who has care and custody of the child isn't calling them, doesn't
10 indicate that there's a problem, and she is.

11 She implores them to go to the house; they do. They don't really know
12 what they're going to see when they get there. They don't know that there's a
13 serious problem, but when they arrive on scene, they knock on the door. He opens
14 the door and basically hands them Khayden in essentially an arrested state. He's
15 not breathing at the time. He is lifeless. They immediately take the child, put the
16 child down in the entryway -- entry hallway area.

17 In the area of where the child was at the time you could not see
18 because of the -- sort of the way the hallway was into the full extent of the great
19 room where the furniture was; however, you could see two recliners, kind of rocker
20 chairs that were in the living room at least from the perspective of where the first
21 responder was that dealt with Khayden initially.

22 In asking what had happened, Khayden -- about what happened to
23 Khayden, Jonathan says that he fell off of a recliner, rocker. They turn around and
24 they see the rockers. They point to those rockers, and they say, Those chairs, and
25 he says, yes.

1 They work on the child. They actually start to perform two finger CPR
2 and scoop the child and go out to the ambulance. That was a very brief window of
3 time that CPR was initiated during that period. When he gets to the ambulance,
4 they determine that he has a pulse; he's just not breathing. They put pads on him.
5 He's got a rhythm, and they transport him to the hospital.

6 Now, a couple of things related to that. Once he gives that information
7 to the first responders, there is another first responder who goes in afterward to try
8 and get more detail about what happened so that they can provide that information
9 to the police -- or not to the police but to the medical people when they get to the
10 hospital. At that point, Jonathan changes his story. Jonathan says that in fact -- he
11 doesn't say anything about a chair at this point or a couch. He says that Khayden
12 was on a bar counter and fell off of the counter or bar. That was the story that at
13 least they had at the time.

14 Now, when they get Khayden into the ambulance and they transport
15 him to the hospital, they do two sort of chemistry analyses of his blood. They stick
16 him to get blood glucose to see where he's at. His blood glucose is in the 400
17 range, which means he's been suffering trauma for quite some time. This is not
18 something that happens in a very short period of time. There would have been
19 evidence to come in to that effect. So it shows that he was down for a period before
20 help was summoned to the house.

21 Once he, Jonathan is at the house, they transport. He goes to the
22 hospital. He later comes back to the home at the request of the police to tell them
23 what had happened. He then changes his story again. And now the story is that he
24 has fallen off of the sofa. He shows the police officers the sofa. He actually -- they
25 have a doll, and he actually demonstrates exactly how the child Khayden fell or

1 slipped off, and he describes it as -- he may not use those words, but his actions are
2 that Khayden was not jumping on the couch, was not doing anything like that, but he
3 slipped over the couch and fell to the floor.

4 He describes Khayden's position on the other side of the couch as not
5 perpendicular away from the couch but parallel to the couch. They looked on the
6 floor around where Khayden would have been. There is no evidence of any blood at
7 that point or any sort of residue or anything along those lines despite the fact that at
8 some point Jonathan states that Khayden vomits and spits up. They don't find
9 evidence of that kind of thing around the house just the sort of coughing up of blood
10 that's on the carpet and evidence of that in the trash cans from the rags and so forth
11 that were there; so three different stories at that point and a demonstration of what
12 took place at the house.

13 When they get to the hospital, essentially Khayden is dead. He was
14 pronounced within a couple of hours of his arrival to the hospital. He never regained
15 consciousness, no resuscitative efforts were successful in any way, shape or form
16 for him. He didn't respond in any way. He had no gag reflex. He had no reaction to
17 painful stimuli. His reflexes were nonexistent, and he was -- he was gone. His
18 pupils were fixed and dilated, the whole works.

19 From that point, we know that the child's injuries are very catastrophic.
20 There were CT scans done. Later in the autopsy, the autopsy revealed that there
21 was a complex stellate fracture to the left posterior parietal occipital area that
22 extended across the back of the skull and along the right side of the skull as well.
23 There was also an area of not abrasion but an area of injury that was noted by the
24 ER physicians in the front left of the scalp, and underlying that at autopsy there was
25 hemorrhage in the tissues above that; although there wasn't a bony damage -- there

1 wasn't bony damage, the subdural hematomas that were present on Khayden's
2 brain essentially covered the entirety of the brain, actually more on the left side, up
3 and down from the front to the back than on the right side, although the right side
4 had extensive hemorrhage as well.

5 The complexity of the fracture, the nature of the hemorrhages and even
6 grossly at the time of autopsy, the optic nerves specifically on the right-hand side
7 had subdural hematoma present in it that was indicative of severe injury that was
8 not at least consistent with the story that had been provided by Mr. Quisano
9 regarding what had happened to the child.

10 The brain was subsequently sent out as were the eyes to Stanford
11 University. Those eyes and brain were examined. The neuropathologist
12 determined that there was evidence of deep axonal injury both to -- there was a
13 mixed etiology. There was some evidence that there was some sort of hypoxic
14 component which would not have anything to do with trauma; however, there was a
15 significant component of traumatic axonal injury which certainly was a component of
16 nonaccidental head trauma, especially in this particular setting.

17 Typically you would have heard -- the jury would have heard that deep
18 axonal injury in this case is due to more of a rotational sort of injury, severe
19 rotational injury as well as the -- that could be accompanied through shaking or
20 other things along those lines; certainly not consistent with the type of fall that's
21 described by Mr. Quisano.

22 That information combined with the remaining information of the fact
23 that at post there was also evidence of blood in both the alveolar and bronchial area
24 further corroborated the fact that Jonathan (sic) had a traumatic injury to his lungs
25 and that the blood at the scene was evident from that.

1 None of those, that constellation of injuries was consistent with a single
2 simple fall from a short distance on the back of the couch, and no evidence of any
3 trauma or evidence of trauma to the back -- or on the floor around the couch.

4 We believe that at the time of trial that evidence as well as all the
5 medical people who would have come forward to testify that those injuries were not
6 consistent with the actual story would prove that Jonathan in fact is guilty of child
7 abuse and neglect with substantial bodily harm that ultimately resulted in his death
8 and hence the charge of murder.

9 THE COURT: All right. Thank you.

10 Mr. Quisano, you understand that the Court is just going to rely upon
11 the facts just stated by the Deputy District Attorney in determining whether or not
12 there is a factual basis for your plea. Do you understand that?

13 THE DEFENDANT: Yes, Your Honor.

14 THE COURT: All right. And have you made a determination that it is in your
15 best interests to accept the plea negotiation offered by the State and enter your plea
16 of guilty pursuant to the Alford decision here today?

17 THE DEFENDANT: Yes, Your Honor.

18 THE COURT: And is one of the reasons that you've decided to do this to
19 avoid the possible harsher penalty if you were convicted of the original charges
20 against you?

21 THE DEFENDANT: Yes, Your Honor.

22 THE COURT: All right. The Court finds that there's a sufficient factual basis
23 for the plea as stated by Mr. Staudaher. The Court further finds that Mr. Quisano is
24 doing this freely and voluntarily, and so the plea pursuant to the Alford decision as to
25 both counts is accepted.

1 We'll set it over for rendition of sentence and --

2 MS. LEMCKE: I would ask Your Honor if we could set it a little bit later just to
3 give us more time to prepare, and I don't know if Your Honor would be so inclined
4 because I haven't done any sentencings in front of Your Honor, but if you would
5 consider putting us on a special setting maybe a little bit later at the end of the
6 calendar, something of that nature just in case there are some speakers that might
7 want to be heard relative to the sentence imposed here.

8 MR. STAUDAHER: No objection, Your Honor.

9 THE COURT: All right. Ms. Husted will give you the date.

10 THE CLERK: The in custody --

11 THE COURT: You can set it for 10:30.

12 MS. LEMCKE: Yeah, that's fine.

13 THE CLERK: The in-custody --

14 THE COURT: I mean, they're going to bring him over at 9:30 but --

15 MS. LEMCKE: Yeah, that's fine. I just would hate to have it disrupt the
16 calendar. I'd rather have an understanding that --

17 THE COURT: Normally we do those at the end anyway, I mean after all the
18 cases have been pulled and everything then we would do that kind of thing so that
19 other people who have status checks don't have to sit through --

20 MS. LEMCKE: That would be great.

21 THE COURT: -- all the family and all that. That's how I do the calendar
22 anyway.

23 MS. LEMCKE: Okay. That's perfect. So then 10:30 on?

24 THE CLERK: Well, I was going to say the in-custody date is August 12th, and
25 you want it later?

1 MS. LEMCKE: Yes, please.

2 THE CLERK: How much?

3 MR. STAUDAHER: I'm going to be out of town --

4 THE COURT: She can't do it the 12th anyway. Is September fine for the --

5 MS. LEMCKE: Yeah, September would be good if that's all right.

6 THE CLERK: September 9th.

7 MS. LEMCKE: Yeah, September 9th, that's fine.

8 THE CLERK: September 9th at 10:30.

9 THE COURT: Let's actually put it on for 9:30 for him so they bring him over,
10 and you guys just understand we'll do it at the end of the calendar because what I
11 don't want to have happen is the jail bring everybody and then we all sit here and
12 wait when they switch it out. I don't think that would happen but just to make sure
13 he's transported with the morning crowd.

14 MS. LEMCKE: That's perfect.

15 MR. REED: Fine.

16 MR. STAUDAHER: Thank you, Your Honor.

17 MS. LEMCKE: Thank you, Your Honor.

18 THE COURT: Thank you.

19 MR. REED: Thank you for your patience and everything, Your Honor,
20 appreciate it.

21 -oOo-

22 ATTEST: I do hereby certify that I have truly and correctly transcribed the audio/video
23 proceedings in the above-entitled case.

24

25


JANIE L. OLSEN
Recorder/Transcriber


CLERK OF THE COURT

MEMO
PHILIP J. KOHN, PUBLIC DEFENDER
NEVADA BAR NO. 0556
NANCY M. LEMCKE
Deputy Public Defender
Nevada Bar No. 5416
NORMAN J. REED
Deputy Public Defender
Nevada Bar No. 3795
309 South Third Street, Suite 226
Las Vegas, Nevada 89155
(702) 455-4685
Attorneys for Defendant

DISTRICT COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

v.

JONATHAN QUISANO,

Defendant.

CASE NO. C-13-294266-1

DEPT. NO. XXI

DATE: October 7, 2014
TIME: 9:30 a.m.

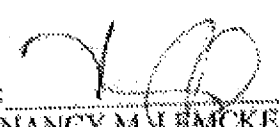
SENTENCING MEMORANDUM

COMES NOW, the Defendant, JONATHAN QUISANO, by and through NANCY M. LEMCKE and NORMAN J. REED, Deputy Public Defenders, and hereby submits the instant Sentencing Memorandum for this Honorable Court's consideration at the upcoming sentencing of the instant matter.

DATED this 2nd day of October, 2014.

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By: 
NANCY M. LEMCKE, #5416
Deputy Public Defender

By: 
NORMAN J. REED, #3795
Deputy Public Defender

THE INSTANT CASE

On June 6, 2013, three year-old Khayden Quisano died as the result of blunt force trauma to the head. I PHT p. 18-41, attached hereto as Exhibit A. Khayden lived with his mother, Christina Rodrigues; his father, Jonathan Quisano; his little brother, Khaysen; and his maternal grandmother, Lynn Rodrigues. I PHT p. 233. On the morning of June 6, Jonathan left for work just before dawn, in keeping with his usual work schedule. I PHT p. 239-24. Christina woke Khayden and Khaysen around 6:30. I PHT p. 240. She dressed them and drove them to her grandparents' home, after which she drove to work for her 8:30-5:00 shift at cardiovascular specialist's office. I PHT p. 239-241. As typically happened, Christina's grandparents drove Khayden and Khaysen home after Jonathan returned home from work, sometime in the afternoon. I PHT p. 233-40. At approximately 5:10 that evening, as Christina was driving home from work, she received a phone call from Jonathan. I PHT p. 241-42. Jonathan told her to hurry home. I PHT p. 243. A few minutes later, Christina called Jonathan back and asked why he needed her to hurry home. I PHT p. 243. Jonathan explained that Khayden fell off of the back of the couch in the tile-floored living room¹ and hit his head. I PHT p. 243-44; 261. Jonathan told Christina that Khayden was not opening his eyes and was spitting up. I PHT p. 244; 256. Christina hung up and called 911. I PHT p. 244.

Emergency personnel responded and found Khayden unresponsive and lifeless. I PHT p. 155. Paramedics immediately initiated life-saving measures, including CPR/chest compressions. I PHT p. 163-64; 176-79. When asked what happened to Khayden, Jonathan told paramedic Timothy Kline that Khayden fell from a living room chair onto the tile floor. I PHT p. 160-61. Notably, the living room housed a love seat, two recliner chairs, and a three-seat couch. I PHT p. 237; 243-46. Jonathan similarly told paramedic Patrick Burkhalter that Khayden fell backwards off of a chair/recliner onto the floor. I PHT p. 210-12. Jonathan later clarified that he did not

1 actually witness the fall; that he only saw Khayden playing on top of the chair when he fell. I PHT
2 p. 213. Las Vegas Fire Department Captain Mickey Pedrol also asked Jonathan how Khayden
3 sustained his injuries. I PHT p. 192-93. Jonathan purportedly told Capt. Pedrol that both of his
4 sons were playing on a bar when Khayden fell off, hitting his head on the floor. I PHT p. 193.
5 Notably, when asked, Christina Rodrigues could not identify anything in the home approximating
6 a 'bar,' nor was she aware of anything to which Jonathan referred as a 'bar' other than a barstool
7 located in the kitchen area. I PHT p. 257.

8
9 Christina arrived home to find paramedics already tending to Khayden. I PHT p. 249.
10 Suspicious of Jonathan's accounting of Khayden's injury(ies), Capt. Pedrol alerted LVMPD
11 officials. I PHT p. 190. Khayden was transported to UMC Hospital where doctors determined
12 him to be clinically brain dead. I PHT p. 38. Khayden died not long thereafter.

13 LVMPD detectives responded to the hospital and, ultimately, to Khayden's home to
14 investigate. I PHT p. 253-54. Investigating officers directed Jonathan to leave the hospital and
15 return home for further investigation of the incident. I PHT 253-54; II PHT p. 101. Initially,
16

17 LVMPD Abuse/Neglect detectives responded to the hospital and Jonathan's home. II PHT p. 101-
18 03. Once it appeared as though Khayden would succumb to his injuries, LVMPD officers
19 summoned homicide detectives. II PHT p. 101-03. Homicide Detectives Dolphis Boucher and
20 Tate Sanborn responded. II PHT p. 101-03.

21 Investigating officials obtained a warrant to search Jonathan's residence. II PHT p. 102. By
22 the time Dets. Boucher and Sanborn arrived at Jonathan's home, Jonathan had returned to the
23 residence, and numerous other LMVPD officials, including CSAs and LVMPD Child
24 Abuse/Neglect detectives, were (or had been) present in the home investigating. II PHT p. 103.

25
26 Dets. Boucher and Sanborn interrogated Jonathan in his kitchen. II PHT p. 77-100. They did
27 not *Mirandize* him. Jonathan told Det. Boucher that Christina's grandparents dropped Khayden
28

¹ Jonathan later reiterated this version of events to Christina when the couple drove to the hospital. PHT p. 244-49.

1 and Khaysen off at home at approximately 4:30 in the afternoon. II PHT p. 77. Jonathan indicated
2 that the children appeared to be fine. II PHT p. 77. Jonathan told Det. Boucher that everyone took
3 a nap for a short while, after which the kids played. II PHT p. 78. At some point, the kids were
4 playing on the living room sofa while Jonathan sat in one of the recliner chairs watching TV. II
5 PHT p. 78. Jonathan indicated that, at some point, he looked over at his kids and saw Khayden
6 falling over the back of the couch onto the tile floor. II PHT p. 127-28. Jonathan indicated to
7 detectives that he did not see the beginning of the fall; only the "split second" when Khayden was
8 going over the couch. II PHT p. 78-82; 127-28.
9

10 Jonathan explained that he immediately went to tend to Khayden, and found him lying on his
11 back, parallel to the couch. II PHT p. 85. Jonathan described Khayden as being "frozen up,"
12 making some type of noise. II PHT p. 87. Jonathan indicated he picked Khayden up, thinking he
13 had been knocked out from the fall. II PHT p. 87. Not seeing any blood, Jonathan tried to revive
14 Khayden by splashing water on his face. II PHT p. 88. Khayden did not respond to the cold water
15 and began to vomit, at which point Jonathan called Christina, a medical assistant in a doctor's
16 office, urging her to hurry home. II PHT p. 88.
17

18 Dr. Lisa Gavin performed an autopsy on Khayden. III PHT p. 4-10. Dr. Gavin found that
19 Khayden suffered a stellate skull fracture to the back of his head, slightly to the right of the
20 midline. III PHT p. 14. Dr. Gavin also found subgaleal and subdural hemorrhaging in this area.
21 III PHT p. 12-16; 52. Dr. Gavin noted a significant amount of bleeding on the left side of
22 Khayden's brain, along with some hemorrhaging around the eyes, as well. III PHT p. 19-20; 24;
23 52. Consistent with imaging performed at the hospital, Dr. Gavin observed a midline shift of the
24 brain of a few millimeters. III PHT p. 51-52. Neuropathologic testing further revealed diffuse
25 cerebral edema, as well as early-onset hypoxic ischemia and diffuse axonal injury. III PHT p. 40-
26 42; 52.
27
28

1 Dr. Michael Casey, the trauma surgeon who treated Khayden, opined that Khayden's
2 injuries could be consistent with Jonathan's description of Khayden's fall, as depicted in a police
3 re-enactment photo. I PHT p. 142. Specifically, Dr. Casey opined that Khayden's head injury(ies)
4 would be 'more consistent' with a fall in which Khayden "slipped over the back of the recliner or
5 the couch and landed on the back of his head..." versus a frontal fall.² I PHT p. 34. He indicated
6 that Khayden's injury(ies) were consistent with his head having struck a large, flat surface, such as
7 a tile floor.³ I PHT p. 123.

8
9 However, Dr. Casey noted that imaging of Khayden's chest suggested the presence of
10 pulmonary contusions, something he would not expect to see in a fall such as that described by
11 Jonathan. I PHT p. 143. But Dr. Casey acknowledged that the purported contusions could have
12 been caused by CPR.⁴ I PHT p. 67-68; 110. Indeed, the contusions likely did not exist. Dr.
13 Arthur Montes, a pediatric radiologist retained by the prosecution, opined that Khayden's scans
14 did not reveal the presence of pulmonary contusions. II PHT p. 22. Dr. Montes indicated that the
15 pulmonary scans disclosed a collapsed lung, a finding commonly associated with a head injury. II
16 PHT p. 13. Additionally, Dr. Gavin observed no lung contusions at autopsy. Exhibit 1, III PHT, p.
17 102-110.

18
19 Dr. Gavin opined that Khayden died as the result of blunt force trauma to the head.. III
20 PHT p. 53. *However, Dr. Gavin did not classify Khayden's death as a homicide.* III PHT p. 55-
21 56 (emphasis added). Rather, she could not determine the manner of Khayden's death. III PHT p.
22 55-56. Dr. Gavin explained that she could not rule out the possibility that Khayden's death was

23
24
25 ² While Dr. Casey initially indicated that Khayden's injury pattern was not consistent with a 40 inch fall (I PHT p. 37),
he later opined that Khayden's injuries could be consistent with a fall in which Khayden flipped over the back of a
sofa onto a tile floor. I PHT 54-56.

26 ³ As mentioned briefly below, Dr. Casey appeared to have an errant apprehension of certain of Khayden's injuries.
See, e.g., I PHT 136. Accordingly, counsel urges the Court to read the entire preliminary hearing transcript in order to
27 have a complete understanding of the nature and possible cause(s) of Khayden's injuries.

28 ⁴ Dr. Casey attributed the contusions to something other than CPR given his recollection that CPR had not been
performed on Khayden prior to the pulmonary imaging. I PHT p. 66-68. However, as set forth above, later testimony

the result of an accident, consistent with Jonathan's accounting of events.⁵ III PHT p. 55-56.
Despite this, prosecutors charged Jonathan with murdering Khayden.

JONATHAN'S DEFENSE TO THE INSTANT CHARGE(S)

Had the instant matter proceeded to trial, Jonathan would have asserted the claim, as he did in his statement to interrogating detectives, that Khayden and Khaysen were playing on a sofa in the family's home when Khayden fell over the back of the couch and hit his head on the tile floor. Law enforcement officials assumed, in the absence of any forensic testing or further research, that this explanation could not account for Khayden's skull fracture. Yet the examining coroner refused to declare Khayden's death a homicide, noting that she could not exclude the possibility of accidental injury. And the treating trauma surgeon, Dr. Michael Casey, conceded that a fall of this nature could, indeed, have caused Khayden's head injury(ies).

This opinion was later confirmed by testing conducted by Professor John Farley, Ph.D.. At the request of the defense, Dr. Farley conducted a series of tests using a crash test dummy that was a surrogate for a 3-year-old child. Those tests were designed to measure the forces at work on the human skull in a fall such as that described by Jonathan. Dr. Farley summarized his findings as follows:

...In the experiments, the dummy was placed on a sofa and dropped onto a rigid tile floor. Conditions were as close as possible to the June 6, 2013 fall: the physics tests were conducted in the same house at 4720 Trimwater Court. The sofa used in these experiments was the same height as the sofa in the house on Trimwater Court. The tile floor is the same tile floor that was present in the house on June 6, 2013. The peak acceleration of the head of the dummy, caused by impact with the floor, was measured in 41 experiments. Most of the measured accelerations exceeded 100 g, and some exceeded 200 g. The Head Injury Criterion (HIC) was computed using the measured peak acceleration of the head of the

from the EMT who treated Khayden revealed that paramedics performed CPR prior to transferring Khayden to UMC for further treatment.

⁵ Dr. Gavin opined that Khayden died as the result of blunt force injury to the head, but acknowledged that the injuries she observed in/around Khayden's brain "could" have been the result of "more than one component." III PHT p. 59-60. Dr. Gavin indicated that rotational injuries such as that observed with Khayden could be the result of a fall, accident, or "some people have argued you can see them when a child's been shaken." III PHT p. 58. Because she could not exclude the possibility that Khayden's death was accidental, she found the manner of death to be 'undetermined.' III PHT p. 55-56.

1 dummy. The acceleration, and the resulting HIC, varied from one experiment to
2 another. Assuming a fall of 32 inches, the HIC for an acceleration of 100 g is 808,
3 and the HIC for an acceleration of 200 g is 2285. The threshold of injury for a 3
4 year old child is an HIC of 570. The HIC exceeds the threshold for injury by large
5 margins. The probability of skull fracture is 37.5% for an acceleration of 100 g, or
6 81.9% for an acceleration of 200 g. The force of the fall was easily large enough to
7 cause serious injury or death of an infant.

8 Report of Dr. John Farley, (updated 6/10/14), attached hereto as Exhibit J. In other words, the
9 assumption that the fall described by Jonathan could not have caused Khayden's head injury and,
10 therefore, compelled Jonathan's arrest for murder, was patently wrong.

11 In the prosecution's factual basis for Jonathan's *Alford* plea, the presenting prosecutor
12 represented to this Honorable Court that, in essence, certain forensic evidence undercut Jonathan's
13 claim of an accident. In this regard, the prosecutor stated:

14 Now we know that in the interim between the calls that took place and
15 between the actual arrival of Jonathan -- excuse me, of Khayden at the house that
16 evening after the injury to Khayden that there was some blood associated with that
17 because we found, and the evidence would show, that there were at least attempts to
18 clean up blood off of Khayden that were located in two different bathrooms and in
19 the kitchen area as well as the main living area. In addition, there appears --
20 although the medical evidence later on would show that there was some sort of
21 lunch contusions that were sustained by Khayden when he was in the home that
22 night, the evidence on the carpet in front of where supposedly these events took
23 place showed not just blood dripping on the carpet but showed an expectoration of
24 blood, meaning a coughing of blood with micro droplets spraying over a period of --
25 over a space. That was later elucidated by crime scene analysts when they came in
26 and used the Leucocrystal Violet to bring it up so that was visible. That clearly is
27 an injury which was not consistent with any form of fall off a couch and a head
28 injury. It was a lung injury in addition to the head injury that he sustained.

Exhibit K, Transcript of Proceedings 6/10/14.

29 The prosecutor went on to describe Khayden's head injury as consisting of a complex
30 stellate fracture to the left posterior parietal occipital area; a non-abrasive injury to the front left
31 scalp with hemorrhaging in the underlying tissue(s); subdural hematomas covering the entirety of
32 the brain; hemorrhaging in the right optic nerves; and deep axonal injury to the brain consistent
33 with a rotational injury. Exhibit K, p. 8-9. This, the prosecutor contended, combined with the

1 lung injury and purported bloody carpet, combined to create a "constellation" of injuries
2 inconsistent with a simple fall from a couch (the prosecutor further noted the absence of any blood
3 in the area where Jonathan described the fall occurred). Exhibit K.

4 But these representations do not comport with much of the testimony and/or reporting in
5 the instant matter. First, as set forth above, while CT images of Khayden's lungs taken at UMC
6 appeared to the interpreting radiologist to disclose lung contusions, the autopsy later performed on
7 Khayden found no evidence of any bruising to the lungs. Second, Jonathan admitted to the first
8 responders as well as to investigating officers that Khayden vomited (and that the vomit contained
9 some amount of blood) after hitting his head. In fact, Jonathan directed authorities to the
10 location(s) of the towels he used to clean the bloody vomit.

11
12 Third, there is no evidence of the blood spatter described by the prosecutor. Indeed, the
13 CSA reporting on the stained living room carpet indicated:

14
15 SCSA R. McPhail examined the area rug using the Coherent Laser (alternate
16 light source) for possible biological evidence and multiple stains were identified by
17 tested negative using the phenolphthalein presumptive test for blood. The rug was
18 then treated using LeucoCrystal Violet (LCV) and multiple apparent blood drops
19 and spatter stains were visualized near the center of the rug. *These stains were test*
20 *[sic] further using phenolphthalein resulting in a false positive. The stained areas*
21 *were also tested for the presence of human blood using the HemaTrace OBTI test*
22 *with negative results. The stained area was then cut from the rug and impounded*
23 *as a separate item (Item #02).*

24 Crime Scene Investigation Report, p. 3, attached hereto as Exhibit L. Subsequent DNA testing on
25 the sectioned rug confirmed the negative blood tests, but revealed the presence of DNA
26 attributable to two individuals, one of which was consistent with Khayden. LVMPD DNA Report,
27 p. 1-2, attached hereto as Exhibit M. In short, while the rug contained DNA evidence of an
28 unspecified origin on a carpet where the family regularly played, the carpet *did not contain* the
blood spatter evidence as represented by the instant prosecutor. So the prosecution's theory that
Jonathan abused Khayden by striking him in the head and/or chest, thereby causing him to cough

bloody vomit, is without evidentiary foundation.

Fourth, the injury(ies) observed to Khayden's head were entirely consistent with a single-impact injury. First, there does not appear to be any reported cases of a shaken 3 year old. Shaken Baby Syndrome, occurs almost exclusively in infants who, by their very nature, have heads that are still disproportionately large in relation to the rest of the body and who lack the neck musculature necessary to control head movement. This makes an infant, unlike a 3 year old child, exceedingly vulnerable to the shearing forces created with a violent shaking.

Additionally, emerging medical literature increasingly points to the fact that the shaking deaths necessarily involve shearing of the C3, C4, and C5 spinal nerve roots, as those nerves control the diaphragm in infants. When those nerves are impaired as a result of violent shaking, they disrupt the operation of the diaphragm. Since the diaphragm controls breathing in young infants, compromised diaphragm function necessarily results in asphyxiation. And the asphyxiation then leads to the hypoxic events in the brain -- which trigger the secondary cascade of cerebral problems commonly associated with shaking, such as cerebral edema, hemorrhaging, etc.. In short, shaking-related deaths are unique to infants, not 3 year olds.⁶

Finally, the host of problems observed in/around Khayden's brain could have been resulted from the single skull fracture. Had the matter proceeded to trial, the jury would have learned that, once the brain and surrounding components are injured as a result of trauma significant enough to fracture the skull, a biochemical cascading effect occurs. The original trauma can result in subdural and/or subarachnoid hemorrhaging, as well as a shearing of the axons in the brain. That insult to the brain typically causes the brain to swell. And when the brain swells, more of the

⁶ Despite this, the prosecution's retained pediatric radiologist, Dr. Montes, indicated that he believed the bleeding in/around the brain to have resulted from two different events and/or injuries -- the impact injury that caused the skull fracture and related secondary injuries, as well as shaking. II PHT p. 25-27; 64. Dr. Montes later indicated that the shaking diagnosis was predicated, at least in part, upon the cerebral edema he observed in Khayden's scans. II PHT 51. While Dr. Montes conceded that cerebral edema could be caused by the secondary effects of a blunt force head injury, he did not believe Khayden's injuries, as disclosed by the radiology reporting, indicated trauma sufficient to cause the edema Khayden suffered. II PHT p. 51; 59; 69-70.

1 bridging veins in the subarachnoid and subdural spaces rupture, causing further bleeding in the
2 spaces around the brain. This, in turn, causes further brain swelling. The cycle will continue to
3 the point of death absent medical intervention. The result is a 'constellation' of injuries that, on
4 the surface, seem bi- or multi-faceted in origin, but in truth, are not.

5 Thus, despite the prosecutor's representations to the contrary, the forensic evidence does
6 not necessarily belie Jonathan's claim(s) that Khayden died after falling from the family's couch
7 onto a tile floor. Indeed, based on the evidence compiled in the instant matter, Khayden's
8 injury(ies) could have been caused by the fall Jonathan described.

9
10 Lastly, throughout this case, the prosecution has made much out of the fact that Jonathan
11 purportedly gave varying accounts as to which piece of living room furniture Khayden fell from.
12 In support of this, prosecutors cite to the fact that Jonathan purportedly referenced different pieces
13 of furniture when asked by the first responders to describe the location of the fall. It should be
14 noted that, from the beginning, Jonathan used the term 'sofa' and 'chair' interchangeably to
15 describe the location of the fall. The great room in the home where the fall occurred contained a
16 sofa, loveseat, and four chairs. Jonathan would refer to the sofa as a chair, even though it was
17 clear he was identifying the sofa as the location of the fall. For example, in his Voluntary
18 Statement to police, after directing officers to the great room sofa as the location of the fall,
19 Jonathan explained the incident as follows:
20

21 Q: Okay and tell me what happened?

22 A: Okay. I was outside -- brought 'em outside. Ah, sit down on the
23 chair -- they was just play' with their toys like normal -- they just started playing.
24 And they was on the chair. Then for -- for a split second he just fell right to ver.

25 Q: Okay this chair -- the couch right here that we're talking about?

26 A: Yeah, this one -- this one right here -- yeah.

27 Voluntary Statement of Jonathan Quisano, p. 13, attached hereto as Exhibit N. While one first
28 responder claimed that, when asked, Jonathan indicated Khayden fell from a 'bar', the house did

1 not have a bar area. And Jonathan never mentioned a 'bar' in describing the location of the fall to
2 anyone else. So the purported 'bar' statement was likely a miscommunication.

3 Ultimately, Khayden suffered a blow to the head that ended his life. The only question was
4 what happened that occasioned the fracture. While the fracture certainly could have been the
5 result of some non-accidental trauma, it is equally plausible, if not more likely, that the trauma
6 occurred in the manner described by Jonathan. The combination of these factors resulted in
7 Jonathan's *Alford* plea to Child Endangerment and Voluntary Manslaughter.
8

9 MR. QUISANO'S BACKGROUND

10 Jonathan is 27 years old; he was born and raised in Hawaii. He lived in Hawaii until he moved
11 to Las Vegas with his common-law wife, Christina Rodrigues, and their two sons, Khayden and
12 Khaysen, in 2012. He maintained steady employment as a laborer throughout much of his adult
13 life. In 2007, he joined Laborer's Union Local 368 in Hawaii; he transferred to Local 873
14 Laborer's Union in Las Vegas upon relocating to Nevada. At the time of his arrest on the instant
15 offense, Jonathan was employed as a draft line technician for Beverage Doctors. Jonathan's only
16 criminal conviction is a 2012 misdemeanor DUI for which he received a \$300 fine.

17
18 Jonathan began a romantic relationship with Christina Rodrigues in 2006. On December 14,
19 2007, their first son, Jayden, was born in Honolulu. Jayden died at approximately 2 months of age.
20 On the day of Jayden's death, Christina awoke in the pre-dawn hours to feed and change him.
21 Kapiolani Women and Children Hospital Records, DA Bates Stamp 000100-01, attached hereto as
22 Exhibit B. Jonathan was asleep. Jayden ate as usual and, after changing him, Christina returned
23 him to his crib. When Christina checked on Jayden a short time later, she found him unresponsive,
24 pale, and not breathing. Christina immediately woke Jonathan and the couple rushed Jayden to the
25 hospital. Jonathan drove while Christina held Jayden in the back seat. Hospital physicians tried
26 unsuccessfully to revive Jayden. Shortly after he was admitted, hospital officials pronounced him
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1 dead. Exhibit B, Bates Stamp 000101. In the days/hours preceding his death, Jayden exhibited no
2 signs of illness or distress. Exhibit B, Bates Stamp 000101.

3 A subsequent autopsy revealed that he died as the result of an unspecified pneumonic condition.
4 Exhibit B, Bates Stamp 000101. The autopsy disclosed that Jayden's body showed "no evidence
5 of injuries," and the "lividity pattern with the absence of perinasal or perioral blanching is
6 indicative of being in a supine position at the time of death which corroborates the statements
7 made by the parents." Autopsy Report, attached hereto as Exhibit C. Accordingly, Jayden's death
8 certificate indicated the cause of death to be "Pneumonitis, organism unspecified," and the manner
9 of death to be "Natural causes." Death Certificate, attached hereto as Exhibit D. Jonathan and
10 Christina were cleared of any wrongdoing in connection with Jayden's death. Exhibit B, Bates
11 Stamp 000101.

12 Over a year later, on September 18, 2009, Christina gave birth the Khayden, the victim in the
13 instant case. Christina initially stayed home following Khayden's birth while Jonathan worked
14 full-time. After approximately two months on maternity leave, Christina returned to work. As a
15 result, the couple enlisted the help of a full-time babysitter. The babysitter cared for Khayden on
16 weekdays from approximately 6:15 a.m. until 5 p.m.. During this time, Christina and Jonathan
17 also enlisted the help of other family members, including a cousin, to help with Khayden's care.

18 In early January, 2010, when Khayden was approximately 3 months old, he began running a
19 fever and had a cough and runny nose. Exhibit B, Bates Stamp 000100. After a few days with no
20 decrease in symptoms, Christina took him to the pediatrician. Given Jayden's pneumonic-related
21 death, Khayden's pediatrician, Dr. Ninomiya, referred Jayden for a chest xray. Exhibit B, Bates
22 Stamp 000100. The xray revealed the presence of several healing rib fractures. Exhibit B, Bates
23 Stamp 000100. On/about January 4, 2010, Khayden was then admitted to Kapiolani Hospital for
24 Women and Children for further evaluation and treatment.

1 A subsequent skeletal survey revealed a distal femur fracture, as well. Khayden's treating
2 doctors indicated that the location of the rib fractures on the posterior part of the rib(s) suggested
3 "the possibility of squeezing of thoracic cavity or shaken baby syndrome." Exhibit B, Bates
4 Stamp 000103. However, doctors noted that the fractures could have resulted from conditions
5 such as "osteogenesis imperfecta, rickets, endocrinologic-hypo, hyperparathyroid, renal disease
6 affecting calcium and/or phosphorous metabolism." Exhibit B, Bates Stamp 000103. While the
7 treating doctors at the hospital indicated that Khayden was small for his age, thereby prompting a
8 diagnosis of symmetric failure to thrive (FTT), the doctors also noted that Khayden was small for
9 his gestational age (SGA) at birth. Exhibit B, Bates Stamp 000126; 000129. Indeed, at Khayden's
10 2 month checkup just over a month prior to his hospitalization for the fractures, his treating
11 pediatrician, Dr. Ninomiya, found that he was "growing well with normal development for his
12 age." Report of Dr. Ninomiya, 11/20/09, Attached hereto as Exhibit E

14 As a result of Khayden's rib/femur fractures, Jonathan and Christina were referred to the
15 Hawaii Department of Family Services for further investigation. For some inexplicable reason,
16 authorities never investigated Khayden's then full-time babysitter, nor did they investigate the
17 extended family members who had been helping care for him. While HDPS ultimately identified
18 "both parents as perpetrators of harm," it appears as though the referenced 'harm' included
19 neglect. See generally, Kapiolani Child Protection Center Team Report, attached hereto as Exhibit
20 F.

22 Notably, HDPS determined that only Christina posed a threat of abuse to Khayden.
23 Specifically, the department found that: "Allegations of medical neglect, threat of neglect, and
24 threat of physical abuse by his mother, Christina Rodrigues, are confirmed." Exhibit F, Bates
25 Stamp 000076-77 (emphasis added). By contrast, the HDPS confirmed only allegations of
26 medical neglect, and threat of neglect" as to Johnathan. Exhibit F, Bates Stamp 000077. When
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1 interviewed by Clark County Department of Family Services (CCDFS) following Khayden's
2 death. HDFS Supervisor Barbara Haia related that: "...Something was off about mom, and we
3 actually thought it was her [who caused Khayden's rib fractures] but we couldn't prove it." Clark
4 County Department of Family Services Report, attached hereto as Exhibit G. Ultimately, neither
5 Christina nor Jonathan were charged criminally in connection with Khayden's fractures.
6 Accordingly, neither parent was adjudicated guilty of abusing or otherwise injuring Khayden.

7
8 CPS/DFS officers in Hawaii required that Jonathan and Christina undergo a host of
9 psychological evaluations, parenting classes, and counseling sessions before the Family Court
10 granted them reunification with Khayden and his younger brother Khaysen, who was born during
11 the pendency of the Family Court proceedings. Records indicate that the couple completed their
12 first round of psycho-social evaluations in March, 2010, followed by parenting services, and
13 couples treatment. Kapiolani Child Protection Center Final Report, attached hereto as Exhibit H.
14 During the pendency of the CPS proceedings, both Jonathan and Christina participated in several
15 social services programs, including Enhanced Healthy Start, CCSS outreach couples counseling
16 and individual therapy for Christina. The service providers reported that the couple did well with
17 their in-home services. Interestingly, in the final report submitted on their case, the assigned social
18 worker noted that Jonathan "appears to be more naturally nurturing than [Christina] and was
19 believed by involved service providers to be a protective parent." Exhibit H. Additionally, in that
20 same final report, the author noted that "[Christina] is the identified perpetrator of harm..."
21 Exhibit H.
22
23

24 By mid-2011, Khayden and Khaysen were reunified with Jonathan and Christina. The
25 family remained under the supervision of the Family Court until December of that year. In the last
26 report submitted before the case was closed, the reporting social worker opined that "Christina and
27 Jonathan are child-centered in their daily lives. The well-being of their children is their main
28

1 priority. It is also easy to observe that they enjoy and adore their children." Hawaii Child and
2 Family Services Closing Report, attached hereto as Exhibit I. The reporting social worker
3 concluded that "Christina and Jonathan seem prepared to handle events and to provide a loving
4 and nurturing environment for their children. They are determined to do whatever is necessary to
5 keep their children. They demonstrate a strong bond." Exhibit I. With that, the nearly two-year
6 long DFS/CPS case in Hawaii was closed, and Jonathan and Christina were no longer under the
7 jurisdiction of local Family Court.
8

9 FACTORS BEARING ON PROBATION GRANT

10 Dr. Philip Colossimo, Ph.D., found that Jonathan presents as a low risk to re-offend.
11 Report of Dr. Philip Colossimo, Ph.D., attached hereto as Exhibit O. As the Pre-Sentence Report
12 indicates, Jonathan has virtually no criminal history -- he has sustained only one misdemeanor DUI
13 conviction for which he received a fine. Upon his release from custody, Jonathan will have a
14 stable residence with either his longtime close friend, George Lessary, or Christina Rodrigues.
15 Exhibit P. Friend Frank Lessary, who works in/around the automotive business, has expressed his
16 willingness to help Jonathan find gainful employment.
17

18 Numerous individuals have taken the time to write letters in support of Jonathan. Exhibit
19 P. From those character references -- authored, in some instances, by people who would have
20 reason to harbor tremendous animosity toward Jonathan, such as Khayden's maternal relatives --
21 emerges the portrait of a gentle, caring soul who cherished time with his family and friends.
22 Jonathan is consistently described as someone who worked hard to provide for his family, was
23 always willing to lend a helping hand when needed, and delighted in his children and loved ones.
24 In short, the letters reveal Jonathan to be a good and decent person, despite the circumstances that
25 brought him before this Honorable Court.
26

27 The Nevada legislature saw fit to make probation a sentencing option for the offenses to which
28

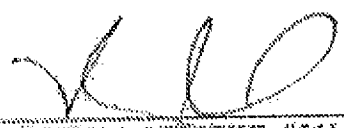
Jonathan plead guilty. Jonathan will have spent nearly a year and a half in custody by the time he is sentenced by this Honorable Court. If ever a defendant was deserving of consideration for a probationary sentence on offenses such as those at bar here, it is Jonathan -- a man who, by all accounts, has proven himself worthy. Accordingly, the Defendant herein respectfully requests that this Honorable Court sentence him to a term of probation on the offenses to which he as plead guilty.

DATED this 3rd day of October, 2014.


PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By:


NANCY M. LEMCKE, #5416
Deputy Public Defender

By:

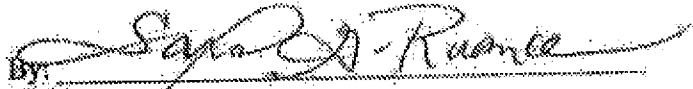

NORMAN J. REED, #3795
Deputy Public Defender

CERTIFICATE OF ELECTRONIC SERVICE

I hereby certify that service of SENTENCING MEMORANDUM, was made this
6TH day of October, 2014, by Electronic Filing to:

CLARK COUNTY DISTRICT ATTORNEY'S OFFICE
Motions@clarkcountyda.com

MICHAEL STAUDAHER, Chief Deputy District Attorney
E-Mail: michael.staudaher@clarkcountyda.com

By: 
Sara Ruano
Secretary for the Public Defender's Office

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10 THE ATTACHED EXHIBITS A-1 FILED ON
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13 12/09/2013, A-2 FILED ON 12/16/2013, AND
14
15 A-3 FILED ON 12/22/2013 HAVE BEEN
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18 INTENTIONALLY OMITTED & CAN BE
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20 LOCATED ON PGS 027-461
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EXHIBIT "B"



KAPIOLANI WOMEN & CHILDREN
HQS
1319 Punchbowl St
Honolulu, HI 96826-1091
History and Physical

QUISANO, KHAYDEN K
MRN: 32949460
DOB: 9/18/2009, Sex: M
Acc #: 132506809
Adm: 1/4/2010, OAC: 1/6/2010

History & Physicals

HSP signed by: Parvathi, Prashant J, RES

01/04/10 2652

Access	Referral	Service	Pediatrics	Attending Type	Resident
Print	01/04/10-2012	New Trans	01/04/10 1740		
Related	Co-signed by: Lix, James C, MD Not at 01/04/10 2141				
Note:					

PHYSICIAN HISTORY AND PHYSICAL - PEDIATRICS

ADMISSION DATE: 1/4/2010

PRIMARY CARE PHYSICIAN: Jason T Ninomiya, MD

PCP CONTACT NUMBER: 808-693-7300

SOURCE OF INFORMATION: Mother

CHIEF COMPLAINT: Multiple rib fractures

HISTORY OF PRESENT ILLNESS: Khayden K Quisano is a 3 mo old male, was in good of his health until 5 days prior to admission. Since Thursday (5 days PTA) Khayden started having fever, cough and runny nose. Mom used to record the temperature under the arm and maximum temperature in last 5 days has been 101 F. Mom used to give Tylenol for fever and she reported that at the max she would have given 2 times in one day. He has been afebrile since yesterday. Mom described cough mainly dry. Runny nose - was watery, and sometimes just congested nose and no runny nose. There was no history of diarrhea, vomiting, ear discharge, pulling at ears, rash, increased work of breathing, cyanosis or apnea. There is no history of sick contacts. Mom did not give any other medication and consulted PMD today only. PMD wanted to do a chest X- Ray to rule out pneumonia, because mom said - there is a history of other elder sibling dying at the age of 2 months from pneumonia, and the CXR suggested multiple rib fractures and so was sent here to KMCWC for further management.

Mom says, there is no history of trauma. She gives a history of fussiness - while putting him on his back in bed and while picking him up from bed. This has been history since birth. Mom says, the PMD knows about it and he has been crying while doing the same at his office visits. Mom says, they used to make him sleep in mom's arm and after getting slept, they put him in the bed - on his own bassinot and he sleeps on his back.

PAST MEDICAL HISTORY:

BIRTH HISTORY: Delivered at Castle hospital, 2 weeks prior to EDD, NSVD, birth weight - 6'5", no complications, no jaundice, discharged home the next day. No history of birth trauma.

MEDICAL CONDITIONS: None

HOSPITALIZATIONS AND SURGERIES: No hospitalization, procedures - circumcision, but no surgeries, no injuries, no broken bones.

IMMUNIZATIONS: UTD per mom, got his 2 months shot. Not rotavac (she could not afford it)

DEVELOPMENT: Appropriate for age - head holding in upright position, while lying on his stomach he lies to roll over, recognizes parents, social smile present

DIET: Similac 20 cal formula, 2.5 - 3 oz, every 3-5 hours. No breast feeding

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Page 1

DA - Quisano 000096



KAPIOLANI WOMEN & CHILDREN
HQS
1319 Punchou St
Honolulu, HI 96826-1001
History and Physical

QUISANO, KHAYDEN K
MRN: 32049450
DOB: 9/18/2009, Sex: M
Acc #: 132509809
Adm: 1/4/2010, Dis: 1/6/2010

History & Physicals (continued):

ETHNICITY: Hawaiian, Puerto Rican, Spanish, Indian, Caucasian, Filipino, Chinese

FAMILY HISTORY:

- No family history of recurrent broken bones or bone disease
- Elder sib died at 2 months of age, SIDS. Per mom, the child took his feeding at around 4 Am in the morning, she burped him and put him back in his basket on his back. At around 6 or 7 Am in the morning, they noticed that he was not breathing. They did CPR. It did not help him and brought to the ER and was found dead. There was no history of fever, cough, trouble breathing or any other medical illness in the child prior to this incident.
- HTN in maternal grandfather and maternal grandmother. Asthma maternal grandfather, DM in maternal grandfather and maternal great grandmother.

SOCIAL HISTORY:

- Parents are not married, both parents are employed. Mom is medical assistant.
- Both parents are primary care taker of the child, but since past month a baby sitter is also involved in the care. They put him at baby sitter's place at 6:15 AM and pick him around 5 PM.
- For past 1 week, maternal grandmother was there with them and so she was also involved in the care.
- Other members in the house: Mother's uncles - 2, mother's brother - 1, mother's cousin - 1, father of the child.
- Uncles - smoke outside the house, father of the child drinks - socially, no history of drug abuse, violence, any CPS history in the past.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Positive for Fever, Negative for weight loss, fatigue, decreased activity and depressed appetite

EYES: Negative for discharge, swelling and icterus

ENT: Negative for otalgia and ear discharge, Positive for rhinorrhea

CV: Negative for cyanosis

RESP: Negative for tachypnea, retractions, flaring, apnea, wheezing and stridor, Positive for cough and runny nose

GI: Negative for nausea, vomiting, diarrhea and constipation

GU: Negative for dysuria and frequent voiding

GYN: Not applicable

MSK: Negative for joint swelling

SKIN: Negative for rash, ecchymoses, birthmarks, hemangiomas

NEURO: Negative for seizures, altered mental status, abnormal movements, spastic and developmental delay

PSYCH: Not applicable

ENDOCRINE: Negative for weight change and polyuria

HEME: Negative for anemia, easy bruising, easy bleeding, pallor, lymphadenopathy

IMMUNOLOGY/ALLERGY: Negative for immunocompromised, urticaria, itchy eyes

MEDICATIONS:

No Taking medications on file for 1/4/10 encounter (Hospital Encounter).

ALLERGIES: No Known Allergies

PHYSICAL EXAMINATION:

Is the patient in pain? Yes

Pain scale (0 = No Pain): When upright held by mom, no pain, while lying down - starts crying. FLACC scoring

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DA - Quisano 000097



Hawaii Pacific Health

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KAPIOLANI WOMEN & CHILDREN
HOS
1315 Punchbowl St
Honolulu, HI 96825-1001
History and Physical

QUISANO, KHAYDEN K
MRN: 32048480
DOB: 9/18/2009, Sex: M
Acc #: 132506309
Adm: 1/4/2010, D/C: 1/5/2010

History & Physicals (continued)

Face: 1, Leg: 1, Activity: 1, Cry: 1, Consolability: 1, Total: 5

Describe:

Quality/Character: Not possible

Location: Not possible

Onset:

Date, Time, Duration: Since birth, per mom

What makes the pain worse? sleeping

What makes the pain better? Holding upright

Comments regarding variation in pain management history, pain management plan, effects of pain on ADL's and physiologic responses to pain:

VITAL SIGNS:

Blood pressure: 100/75, pulse 140, temperature 36.7 °C (98 °F), temperature source Tympanic, resp. rate 40, height 0.89 m (1' 11.23"), weight 4.546 kg (10 lb 4 oz), head circumference 38.5 cm (15.16"), SpO2 100%, O2 mode: Room air

WEIGHT: Wt Scale: 4.549 kg (10 lb 4 oz) WT %: < 5% (Birth Weight 8'5", so gained 3'15" in 3 months)

HEIGHT: Height 89 cm (1' 11.23") HT %: 9%

BODY MASS INDEX: Body mass index is 13.36 kg/m². BMI %: Normalized BMI data available only for age 2 to 20 years.

HEAD CIRCUMFERENCE: Head Cir 38.5 cm (15.16") HC %: < 5%

CONSTITUTIONAL: Comfortable in mom's arm, active, alert, fixes and tracks, intermittent - jerky respiration, very fussy when put on his back on the bed.

HEAD: Microcephalic, atraumatic, no palpable fractures, AF - soft and full and no bulging/soft tense

EYES: red reflexes x 2, fixes and tracks, conjugate gaze and no discharge

ENT: tympanic membranes clear with good light reflex, no nasal discharge, mucous membranes moist and oropharynx non-injected

CV: regular rate, rhythm and normal S1, S2, no murmur, symmetric pulses in all 4 extremities, no S3 or S4 and capillary refill < 3 seconds

RESP: clear to auscultation, good aeration, no nasal flaring, no retractions and no grunting

GI: soft, non-tender, normal bowel sounds, no distension and no hepatosplenomegaly

GU: normal male for age, testes descended and circumcised penis

EXTREMITIES: full ROM, no edema and no tenderness over bones

SKIN: warm and dry, no petechiae or purpura and no rashes

MUSCULOSKELETAL: all limbs normally developed and functional, good muscle tone in neck, trunk, and limbs, no joint tenderness and no muscle tenderness

NEURO: good strength and tone in all extremities, normal knee-jerk reflexes, symmetric, no abnormal posturing or movement and no focal deficit on exam

DEVICES: None

OTHER: No palpable fracture anywhere in the body, no bony tenderness on any part of body

LAB RESULTS:

None

DIAGNOSTICS:



Hawaii Pacific Health

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KAPIOLANI WOMEN & CHILDREN
HOS
1318 Punahoa St
Honolulu, HI 96828-1001
History and Physical

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132500809
Adm: 1/4/2010, D/C: 1/8/2010

History & Physicals (continued)

Reviewed Chest X-ray, 1/4/2010, and significant for: 1. No definite focal pulmonary infiltrates are visualized. 2. Interval finding of healing left fourth, fifth, sixth and seventh rib fractures and possibly a right 6th rib fracture. Chest X-ray on 10/24/2009 - was normal, no fracture

ASSESSMENT: Khayden K Quisano is a 3 mo old male who has Ribs, multiple fractures on his problem list. Given the fact that there is no history of trauma - the first possibility of non accidental trauma - due to child abuse would be the first possible etiology. The chest xray was normal on 10/24/2009 and this X-ray is showing healing fractures, so it gives timing of the fracture around 6 weeks before this X-ray and after CXR on 10/24/2009. Given the fractures on the posterior part of the rib - suggests a possibility of shaken baby syndrome.

The other cause of non accidental trauma would be Osteogenesis Imperfecta - given no similar history in the past or family and normal physical exam makes this possibility less likely. The other cause to be ruled out would be rickets, endocardial - hypo, hyperparathyroid, renal disease affecting calcium and/or phosphorus metabolism.

PLAN:

1. FEN, GI: NPO for MRI since midnight and IV fluids 1 X M, otherwise PO simlac 20 cal ad lib later on, Monitor Daily weights and I/O's.
2. CV: Continue vital checks q4hrs
3. RESP: Continue vital checks q4hrs
4. ID: No antibiotics for now
5. HEME: CBC as routine screen
6. RENAL: Urine analysis
7. NEURO: Head MRI to rule out intraventricular or intracerebral hemorrhage, shear injury to brain - due to shaken baby syndrome, tylenol for fussiness and pain
8. SOCIAL: Consult social service
9. OTHER: Consult CPS, consult Ophtho - for retinal hemorrhage, Whole body skeletal survey
10. DISP: Stable vitals, CPS opinion - either ok to go home with parents or foster home established

Prashant Purohit, RES
1/4/2010

H&P signed by Lin, James C, MD

01/04/10 2141

Author	Lin, James C, MD	Source	Pediatrics	Access Type	Physician
First	01/04/10 2141	Note Time	01/04/10 1740		
Related Notes	Related Note by: Purohit, Prashant J, RES Date: 01/04/10 2052				
Original Note	Original Note by: Lin, James C, MD Date: 01/04/10 2130				

PHYSICIAN HISTORY AND PHYSICAL - PEDIATRICS

ADMISSION DATE: 1/4/2010

PRIMARY CARE PHYSICIAN: Jason T Ninomiya, MD

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DA - Quisano 000099



KAPIOLANI WOMEN & CHILDREN
HOS
1310 Punahoa St
Honolulu, HI 96826-1001
History and Physical

QUISANO, KHAYDEN K
MRN: 32040469
DOB: 01/18/2009, Sex: M
Acct #: 132506909
Adm: 1/4/2010, D/C: 1/10/2010

History & Physicals (continued)

PCP CONTACT NUMBER: 808-893-7300

SOURCE OF INFORMATION: Mother and father

CHIEF COMPLAINT: Multiple rib fractures

HISTORY OF PRESENT ILLNESS: Khayden K Quisano is a 2 mo old male, was in good of his health until 5 days prior to admission. Since Thursday (5 days PTA) Khayden started having fever, cough and runny nose. Mom used to record the temperature under the arm and maximum temperature in last 5 days has been 101 F. Mom used to give Tylenol for fever and she reported that at the max she would have given 2 times in one day. He has been afebrile since yesterday. Mom described cough mainly dry with the last cough occurring this AM. Runny nose - was watery, and sometimes just congested nose and no runny nose. There was no history of diarrhea, vomiting, ear discharge, pulling at ears, rash, increased work of breathing, cyanosis or apnea. There is no history of sick contacts. Mom did not give any other medication and consulted PMD today only for ongoing cough. PMD wanted to do a chest X-Ray to rule out pneumonia, because mom said - there is a history of other elder sibling dying at the age of 2 months from pneumonia; and the CXR suggested multiple left posterior rib fractures and possible right lateral 6th rib fracture and so was sent here to KMCWC for further management.

Mom says, there is no history of trauma. She denies any falls or any objects falling on patient, and has no idea how he could have developed rib fractures. She gives a history of fussiness - while putting him on his back in bed and while picking him up from bed. Frequency or severity of fussiness has not changed in recent weeks. This has been history since birth. Mom says, the PMD knows about it and he has been crying while doing the same at his office visits. Mom says, they used to make him sleep in mom's arm and after falling asleep, they put him in the bed - on his own bassinnet and he sleeps on his back. Mother seemed appropriately tearful and concerned over patient's condition.

I briefly met the father and spoke with him. He denied any knowledge of how patient could have developed the rib fractures. He denies any trauma or falls for the patient. He seemed cooperative with interview and had no questions regarding ongoing evaluation.

PAST MEDICAL HISTORY:

BIRTH HISTORY: Delivered at Castle hospital, 2 weeks prior to EDD, NSVD, birth weight - 6 lb 5 oz (2.87 kg), no complications, no jaundice, discharged home the next day. No history of birth trauma. Mother reports HTN at delivery but no other pregnancy complications.

MEDICAL CONDITIONS: None. Saw Dr. Sorbella Guillermo for 1 visit post discharge but then switched to Dr. Ninomiya for further care and has seen him approximately for 3 visits for well child care. Had a CXR on 10/24/09 which was negative for fracture or pathology.

HOSPITALIZATIONS AND SURGERIES: No hospitalization, procedures - circumcision, but no surgeries, no injuries, no broken bones.

IMMUNIZATIONS: UTD per mom, got his 2 months shot. Not rotavac (she could not afford it).

DEVELOPMENT: Appropriate for age - head holding in upright position, while lying on his stomach he tries to roll over, recognizes parents, social smile present.

DIET: Similac 20 cal formula, 2.5 - 3 oz, every 3-5 hours. No breastfeeding.

ETHNICITY: Hawaiian, Puerto Rican, Spanish, Indian, Caucasian, Filipino, Chinese

FAMILY HISTORY:

- No family history of recurrent broken bones or bone disease or genetic/metabolic disorders.
- Elder sib died at 2 months of age, SIDS. Per mom, the child took his feeding at around 4 Am in the morning, she burped him and put him back in his bassinnet on his back. At around 6 or 7 Am



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KAPOLANI WOMEN & CHILDREN
HOS
1319 Punahoa St
Honolulu, HI 96828-1681
History and Physical

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acc #: 132506609
Adm: 1/8/2010; DCR: 1/8/2010

History & Physicals (continued)

In the morning, they noticed that he was not breathing. They did CPR, it did not help him and brought to the ER and was found dead. There was no history of fever, cough, trouble breathing or any other medical illness in the child prior to this incident. But PCP reports death due to pneumonia. Per PCP/HPD investigation of sibling's death cleared parents of suspicion.
- HTN in maternal grandfather and maternal grandmother. Asthma maternal grandfather. DM in maternal grandfather and maternal great grandmother. One paternal aunt with breast cancer.

SOCIAL HISTORY:

- Parents are not married, both parents are employed. Mom is medical assistant and working dayshifts. Father is in construction and currently working during dayshifts.
- Both parents are primary care taker of the child with mother more than father in direct care, but since past month a baby sitter is also involved in the care. They put him at baby sitter's place at 6:15 AM and pick him around 5 PM. Per mother, babysitter's name is Roberta Fernandez. She located babysitter through craigslist. She said babysitter is applying for licensure, had a negative background check, and has checked babysitter's references prior to placing him in her care.
- For past 1 week, maternal grand mother was there with them and so she was also involved in the care.
- Other members in the house: Mother's uncle - 2, mother's brother - 1, mother's cousin - 1, father of the child.
- Uncles - smoke outside the house, father of the child drinks - socially, no history of drug abuse, violence, any CPS history in the past

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Positive for Fever and fussiness, Negative for weight loss, fatigue, decreased activity and depressed appetite
EYES: Negative for discharge, swelling and icterus
ENT: Negative for otalgia and ear discharge, Positive for rhinorrhea
CV: Negative for cyanosis
RESP: Negative for tachypnea, retractions, flaring, apnea, wheezing and stridor, Positive for cough and runny nose
GI: Negative for nausea, vomiting, diarrhea and constipation
GU: Negative for dysuria and frequent voiding
GYN: Not applicable
MSK: Negative for joint swelling Positive for rib fractures.
SKIN: Negative for rash, ecchymoses, birthmarks, hemangiomas
NEURO: Negative for seizures, altered mental status, abnormal movements, specific and developmental delay
PSYCH: Not applicable
ENDOCRINE: Negative for weight change and polyuria
HEME: Negative for anemia, easy bruising, easy bleeding, pallor, lymphadenopathy
IMMUNOLOGY/ALLERGY: Negative for immunocompromised, urticaria, lichen eyes

MEDICATIONS:

Medications marked Taking as of 1/4/10 encounter (Hospital Encountered):

TYLENOL INFANTS PO Take by mouth. Dispr RR.

ALLERGIES: No Known Allergies.

PHYSICAL EXAMINATION:

Is the patient in pain? Yes



KAPOLANI WOMEN & CHILDREN
HOS
1318 Punahoa St
Honolulu, HI 96826-1001
History and Physical

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acc #: 132598888
Adm: 1/4/2010, D/C: 1/6/2010

History & Physical (continued)

Pain scale (0 = No Pain): When upright held by mom, no pain, while lying down - starts crying. FLACC

scoring:
Face: 1, Leg: 1, Activity: 1, Cry: 1, Consolability: 1, Total: 5

Describe:

Quality/Character: Not possible

Location: Not possible

Onset:

Date, Time, Duration: Since birth, per mom

What makes the pain worse? sleeping

What makes the pain better? Holding upright

Comments regarding variation in pain management history, pain management plan, effects of pain on ADL's and physiologic responses to pain:

VITAL SIGNS:

Blood pressure 100/75, pulse 140, temperature 36.6 °C (97.9 °F), temperature source Tympanic, resp. rate 48, height 0.89 m (1' 11.23"), weight 4.649 kg (10 lb 4 oz), head circumference 38.5 cm (15.16"), SpO2 90%. O2 mode: Room air

WEIGHT: Wt - Scale: 4.649 kg (10 lb 4 oz) WT %: < 5% (Birth Weight 8'5", so gained 3'15" in 3 months)

HEIGHT: Height 59 cm (1' 11.23") HT %: 9%

BODY MASS INDEX: Body mass index is 13.36 kg/(m²). BMI %: Normalized BMI data available only for age 2 to 20 years.

HEAD CIRCUMFERENCE: Head C/c 38.5 cm (15.16") HC %: < 5%

CONSTITUTIONAL: Comfortable in mom's arm, active, alert, fixes and tracks, intermittent - jerky respiration, very fussy when put on his back on the bed. No abnormal respirations seen on my exam. Fussy when not held by mother.

HEAD: Microcephalic; atraumatic; no palpable fractures, AF - soft and full font and no bulging/not tense

EYES: red reflexes x 2, fixes and tracks, conjugate gaze and no discharge

ENT: tympanic membranes clear with good light reflex; no nasal discharge; mucous membranes moist and oropharynx non-injected

CV: regular rate, rhythm and normal S1, S2, no murmur, symmetric pulses in all 4 extremities, no S3 or S4 and capillary refill < 3 seconds

RESP: clear to auscultation, good aeration, no nasal flaring, no retractions and no grunting

GI: soft, non-tender, normal bowel sounds; no distention and no hepatosplenomegaly

GU: normal male for age, testes descended and circumcised penis

EXTREMITIES: full ROM, no edema and no noticeable tenderness over bones

SKIN: warm and dry, no petechiae or purpura and no rashes (Mongolian spots noted on left back (lower thoracic area), right buttock. Shallow curved healing abrasion of 1 cm on right upper back.

MUSCULOSKELETAL: all limbs normally developed and functional, good muscle tone in neck, trunk, and limbs, no joint tenderness and no muscle tenderness

NEURO: good strength and tone in all extremities, normal knee-jerk reflexes, symmetric, no abnormal posturing or movement and no focal deficit on exam

DEVICES: None

OTHER: No palpable fracture anywhere in the body, no bony tenderness on any part of body

LAB RESULTS:

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KAPOLANI WOMEN & CHILDREN
HOSP
1319 Punahou St
Honolulu, HI 96826-1001
History and Physical

QUISANO, KHAYDEN K
MRN: 32049800
DOB: 9/13/2009, Sex: M
Acc #: 132508809
Adm: 1/12/2010, D/C: 1/6/2010

History & Physicals (continued)

None

DIAGNOSTICS:

Reviewed Chest X-ray, 1/4/2010, and significant for: 1. No definite focal pulmonary infiltrates are visualized.
2. Interval finding of healing left fourth, fifth, sixth and seventh rib
Fractures on posterior ribs and possibly a right lateral 6th rib fracture.
Chest X-ray on 10/24/2009 - was normal, no fracture

ASSESSMENT: Khayden K Quisano is a 3 mo old male who has Ribs, multiple fractures on his problem list. Given the fact that there is no history of trauma - the first possibility of non accidental trauma - due to child abuse would be the first possible etiology. The chest xray was normal on 10/24/2009 and this X-ray is showing healing fracture, so it gives timing of the fractures around 6 weeks before this X-ray and after CXR on 10/24/2009. Given the fractures on the posterior part of the rib - suggests a possibility of squeezing of thoracic cavity or shaken baby syndrome.

The other cause of non accidental trauma would be Osteogenesis imperfecta - given no similar history in the past or family and normal physical exam makes this possibility less likely. The other cause to be ruled out would be rickets, endocrinologic - hypoparathyroidism, renal disease affecting calcium and/or phosphorus metabolism.

PLAN:

1. FEN, GI: NPO at midnight and IV fluids 1 X M for MRI otherwise PO simlac 20 cal ad lib later on, Monitor Daily weights and I/O's.
2. CV: Continuous vital checks q4hrs.
3. RESP: Continuous vital checks q4hrs
4. ID: No antibiotics for now
5. HEME: CBC as routine screen
6. RENAL: Urinalysis
7. NEURO: Per Dr. Hyden, Head MRI in AM to evaluate for intraventricular or intracerebral hemorrhage, shear injury to brain due to shaken baby syndrome. Tylenol for fussiness and pain
8. SOCIAL: Consult social service
9. OTHER: Consult CPS (Called by PCP, HPD and CPS have seen and interviewed parents), Kapolei Child Protection Team and Dr. Hyden, consult Ophtho - for retinal hemorrhage, Whole body skeletal survey in AM
10. DISP: Stable vitals, CPS opinion - either ok to go home with parents or foster home established
11. Ortho - Check CMP, phosphorus, review CXR, skeletal survey with radiology in AM. Will hold on rickets, endocrine, osteogenesis imperfecta workup pending initial evaluation of labs, skeletal survey, retinal exam, and consultant recommendation.

Prashant Purohit, RES
1/4/2010

PEDIATRIC ATTENDING PATH STATEMENT

I saw and evaluated the patient on 1/4/2010. Discussed with resident and agree with resident's findings and plan as documented in the resident's note except where noted in red. In addition, my findings are:

History: As noted in resident note.

ROS as noted in resident note. All other systems not mentioned are negative.

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DA - Quisano 000103



KAPOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu, HI 96828-1001
History and Physical

QUISANO, KHAYDEN K
MRN: 32049450
DOB: 9/18/2009, Sex: M
Acct #: 132538509
Adm: 1/4/2010, D/C: 1/6/2010

History & Physicals (continued)

Physical Exam and Labs: As noted in resident note.

Diagnostics:

car reviewed personally by me and by my interpretation significant for multiple left posterior rib fractures.

Assessment: Khayden K Quisano is a 3 mo old male who has has Ribs, multiple fractures on his problem list.

Plan: as above

Jason T Ninomiya, MD. Called in the admit and was sent a copy of the H&P.

I explained the plan to the family and patient and they expressed their understanding.

JAMES LIN, MD

01/04/10 2130 H&P signed by Lin, James C, MD

OP Reports

No notes of this type exist for this admission.

Consult Notes

Consults signed by Young, David A, MD

Author	YOUNG, David A MD	Service	Ophthalmology	Author Type	Physician	01/05/10 1513
Field	01/05/10 1549	Ref Time	01/05/10 1549			

Consult Orders

1: CONSULT - PHYSICIAN (36447387) ordered by Dept. YOUNG, A RES at 01/04/10 1217

History of rib fracture. Asked to examine for retinal hemorrhages. On examination, the patient is able to fix and follow with each eye. There is no strabismus, and EOMs are full. Pupils are equal, round and reactive to light in both eyes. There is no afferent pupillary defect. The portable slit lamp examination reveals normal lids, lashes, conjunctiva, cornea, anterior chamber/iris and lens in both eyes except for a 2 mm subconjunctival hemorrhage on the left eye medially. The dilated fundus examination with extended ophthalmoscopy reveals normal discs, macula, and vessels in both eyes. Impression: No retinal hemorrhages. Left eye subconjunctival hemorrhage is nonspecific and should resolve spontaneously and is not visually significant. Recommend follow up pm. Thank you very much.



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KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu, HI 96826-1001
Consult Notes

QUISANO, KHAYDEN K
MRN: 32049400
DOB: 9/19/2009, Sex: M
Acct #: 132000809
Adm: 5/4/2010, DIC: 1/8/2010

Consult Notes (continued)

Consults signed by Hyden, Philip W, MD

6/18/12 1233

Author	Hyden, Philip W, MD	Series	Pediatrics	Author Type	Physician
Filed	06/07/10 1233	Notes Time	01/05/10 1052		
Related Notes	Original Note by Hyden, Philip W, MD filed at 01/05/10 1423				

Consult Center

C CONSULT - PHYSICIAN [30447302] signed by Gail, Yufeng A, RES at 5/16/10 1517

CHILD PROTECTION ATTENDING CONSULTATION NOTE

Philip W. Hyden, MD

The Child Protection Attending was notified regarding Kayden Quisano who sustained multiple rib fractures, and was asked to evaluate for suspected nonaccidental injury.

Khayden is a 3 month old male who was a 38 week gestational product of a spontaneous vaginal delivery without complications. He weighed 6 lbs, 5 ounces (2.87 kg) at birth. He has been followed by Dr. Jason Ninomiya for his ongoing medical care, and his immunizations are up to date. He had a chest X-ray performed on October 24, 2009 for cough and runny nose which was normal, with no fractures or infiltrate. The child has been following along his growth curve, although small for age, until the most recent office visit, where he had been ill for five days with fever, cough and runny nose. Because of a previous sibling's demise secondary to pneumonia at two months of age, Dr. Ninomiya once again decided to obtain a chest radiograph, and referred the patient to KMCWC for an outpatient radiology appointment. Dr. Ninomiya was concerned that the family did not bring the child in sooner with respiratory symptoms, in light of their other child's tragic outcome. After the radiograph was completed, the patient left with his parents. The x-ray revealed multiple fractures, and Dr. Ninomiya was notified, so he sent the family back to KMCWC to the ER for further evaluation and treatment. He also reported the case to CWS, and by the time the family arrived at KMCWC, both CWS and HPD were present. The child was admitted to the Pediatric Ward.

The parents were not available for interviewing at the time of the CPT assessment, so the history is from discussion with Dr. Ninomiya, Dr. Purohit, and the medical records. The mother reported that there was no history of trauma to the child, and denied any fall or contact with any falling objects. She recalls that the child has been fussy when picking him up or laying him down in his bassinet. He has always acted in this manner since his birth. The mother was reported to be tearful and appropriately concerned about her son's injuries. Dr. Lin, the admitting attending, spoke with the father, who denied any knowledge of trauma or other explanation for the fractures. He was reported to be cooperative during questioning and appeared to understand the reason for the evaluation.

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DA - Quisano 000105



KAPOLANI WOMEN & CHILDREN
HDS
1319 Punahou St
Honolulu, HI 96826-1001
Consult Notes

QUISANO, KHAYDEN K
MRN: 32049480
DOB: 9/18/2009, Sex: M
Acc #: 132506809
Adm: 1/4/2010, D/C: 1/6/2010

Consult Notes (continued)

The parents had reported that the child had Similac 20 cal/ounce formula, ingesting 2.5-3 ounces every 3-5 hours and no breastfeeding. They also denied any history of bony abnormalities or disorders in their respective families.

Dr. Ninomiya reported that he was informed by the medical examiner that the deceased sibling died of pneumonia, but that the family did not inform him that the child was dead or bring him in because he was ill prior to the death.

Both parents work during the day, and the mother is involved more directly in childcare when at home. The parents have enlisted the use of a babysitter for the past month who cares for the child from 6:15 am to 5 pm.

The sitter does not have a license but reportedly had a negative background check. For past 1 week, maternal grandmother was there with them and so she was also involved in the care. There are several other household members, including two maternal uncles, a maternal sibling and a maternal cousin.

Physical Examination:

Blood pressure 100/75, pulse 140, temperature 36.6 °C (97.9 °F), temperature source Tympanic, resp. rate 48, height 0.59 m (1' 11.23"), weight 4.649 kg (10 lb 4 oz), head circumference 38.5 cm (15.16"), Wt % Scale: 4.649 kg (10 lb 4 oz) WT %: < 5% (Birth Weight 6.5", so gained 3'15" in 3 months)

Height 59 cm (1' 11.23") HT %: 9%

Head Ctr 38.5 cm (15.16") HC %: < 5%

The child's physical examination was significant for fussiness when moved, but otherwise he appeared small for age, well developed, and alert during the examination.

The skin had a curved healing abrasion of 1 cm on the right upper back. Mongolian spots were noted on the left lower back. No fractures were able to be palpated.

The skeletal survey revealed healing posterior fractures of the left fourth through sixth ribs. There were healing midaxillary fractures of the right fourth through six ribs. A metaphyseal fracture was noted on the medial aspect of the distal right femur. A ophthalmoscopic evaluation revealed no retinal hemorrhages, and a small subconjunctival hemorrhage on the left eye, which was not considered specifically related to trauma. An MRI of the brain was unremarkable for hemorrhage or other trauma.

Impression and Recommendations:

Khayden is a 3-mo old male who has sustained multiple posterior and axillary healing rib fractures, in addition to a metaphyseal fracture of the distal femur, without any etiology provided by the caretakers. There is no overt skeletal abnormality other than these highly specific traumatic fractures, and they are most likely the result of nonaccidental injury. The rib fractures are most likely the result



KAPIOLANI WOMEN & CHILDREN
HCS
1319 Puhou St
Honolulu, HI 96826-1001
Consult Notes

QUSANO, KHAYDEN K
MRN: 32049468
DOB: 9/19/2009, Sex: M
Acl #: 132500009
Adm: 1/4/2010, D/G: 1/5/2010

Consult Notes (continued)

of compressive or squeezing forces, and the metaphyseal fracture is from shearing injury. The child is also failure-to-thrive, with inadequate formula being offered to the child based on the history of 2.5 ounces q 3-5 hours.

The case is being investigated by both law enforcement and CWS. The child is medically ready for discharge, and will go into a foster home. A multidisciplinary team will be held at KCPC on January 7, 2010 to assist CWS in disposition and planned services. Dr. Ninomiya is available for this child for follow-up when the child has been placed into foster care. A repeat skeletal survey should be performed in two weeks to discern any fractures which may not be detected at this hospitalization. The skeletal survey may also assist in discerning the timing of the metaphyseal femur fracture.

The child should also continue feeding Similac 20, with increase in amount and frequency of feeding to allow the child to have 28-32 ounces of formula daily. GER precautions should be observed.

Two hours were utilized in evaluating the patient, discussion with the primary care team, the PCP, and speaking to CWS and law enforcement.

Philip W. Hyden, MD
Child Protection Attending

8156/10-1423 Consulted/Ordered by Hyden, Philip W, MD

Orders



Hawaii Pacific Health

Kapolei • Kailua • Honolulu

KAPOLANI WOMEN & CHILDREN
HOS
1310 Punahoa St
Honolulu, HI 96826-1001
Lab Results

OLISANO KHAYDEN K
MRN: 32049480
DOB: 9/18/2009, Sex: M
Acct #: 132508809
Adm: 1/4/2010, D/C: 1/8/2010

Lab Orders

COMP METABOLIC PANEL (36447381)

Standing

Ordering User: Ogal, Yulys A, RES 0104/10 1917

Ordering Provider: Ogal, Yulys A, RES

Electronically signed by: Ogal, Yulys A, RES 0104/10 1917

URINALYSIS, COMPLETE (36447382)

Standing

Ordering User: Ogal, Yulys A, RES 0104/10 1917

Ordering Provider: Ogal, Yulys A, RES

Electronically signed by: Ogal, Yulys A, RES 0104/10 1917

CBC PLT W/MANUAL DIFF (36447384)

Standing

Ordering User: Ogal, Yulys A, RES 0104/10 1917

Ordering Provider: Ogal, Yulys A, RES

Electronically signed by: Ogal, Yulys A, RES 0104/10 1917

PHOSPHORUS BLOOD (36448383)

Standing

Ordering User: Lin, James C, MD 0104/10 2144

Ordering Provider: Lin, James C, MD

Electronically signed by: Lin, James C, MD 0104/10 2144

Comments:

Add on Test to: Complete metabolic panel Dept Contact: Dr. J. Lin Lab Contact: A/med

BASIC METABOLIC PANEL (36449361)

Standing

Ordering User: Wong, Kara 0105/10 0941

Ordering Provider: Wong, Patricia, Kara N, FELLOW

Electronically signed by: Wong, Kara 0105/10 0941

PHONED RESULTS (36475541)

Final result

Ordering User:

Electronically signed by: 0105/10 1030

SPECIMEN TYPE (36485530)

Final result

Ordering User: Interface, Labtech 0105/10 1037

Ordering Provider: Ackermann, Bettina, MD

Electronically signed by: Interface, Labtech 0105/10 1037

BASIC METABOLIC PANEL (36474057)

Final result

Ordering User: Interface, Labtech 0105/10 1030

Ordering Provider: Ackermann, Bettina, MD

Electronically signed by: Interface, Labtech 0105/10 1030

CRITICALS NOTIFICATION (36483761)

Final result

Ordering User:

Electronically signed by: 0105/10 1029

BASIC METABOLIC PANEL (36454038)

Standing

Ordering User: Ackermann, Bettina, MD 0105/10 0731

Ordering Provider: Ackermann, Bettina, MD

Electronically signed by: Ackermann, Bettina, MD 0105/10 0731
Comments:

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KAPIOLANI WOMEN & CHILDREN
HQS
1318 Punchbou St
Honolulu, HI 96826-1001
Lab Results:

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acc #: 132609809
Adm: 1/4/2010, D/C: 1/5/2010

Lab Orders (continued)

BASIC METABOLIC PANEL (30494036) (continued)

Venipuncture please. Need non-hemolyzed specimen.

Standing

AMINO ACID PLASMA-GT (35509493)

Canceled

Ordering User: Rida, Bernard 01/05/10 1248
Electronically signed by: Rida, Bernard 01/05/10 1248
Canceled by: Interface, Labresh 01/05/10 1757 (Other)
(Reordered on correct code. PER NATALIE RUNCARTER)

Ordering Provider: Zs-Rida, Bernard A, RES

ORGANIC ACIDS, URINE QUAL (35509454)

Canceled

Ordering User: Rida, Bernard 01/05/10 1248
Electronically signed by: Rida, Bernard 01/05/10 1248
Canceled by: Interface, Labresh 01/05/10 1802 (Other)
(Reordered on correct code. PER NATALIE RUNCARTER)

Ordering Provider: Zs-Rida, Bernard A, RES

BASIC METABOLIC PANEL (35509495)

Canceled

Ordering User: Rida, Bernard 01/05/10 1248
Electronically signed by: Rida, Bernard 01/05/10 1248
Canceled by: Rida, Bernard 01/05/10 1250

Ordering Provider: Zs-Rida, Bernard A, RES

ELECTROLYTE PANEL (35509571)

Standing

Ordering User: Rida, Bernard 01/05/10 1250
Electronically signed by: Rida, Bernard 01/05/10 1250

Ordering Provider: Zs-Rida, Bernard A, RES

AMINO ACID PLASMA-GT (35518243)

Final result

Ordering User: Interface, Labresh 01/05/10 1755
Electronically signed by: Interface, Labresh 01/05/10 1755

Ordering Provider: Zs-Rida, Bernard A, RES

ORGANIC ACIDS, URINE QUAL (35519341)

Final result

Ordering User: Interface, Labresh 01/05/10 1801
Electronically signed by: Interface, Labresh 01/05/10 1801

Ordering Provider: Zs-Rida, Bernard A, RES

Results

Lab Results

COMP METABOLIC PANEL (Abnormal)

Received 01/04/10 2120, Result Status: Final result

Ordering Provider: Ogal, Yulisa A, RES 01/04/10 1937

Ordering User:

Completed

Resulting Lab: CLIA, KACWC_K

Specimen:

010140 2020

Test	Result	Reference Range	Units	Abn	Comment
Sodium	134	136 - 145	mmol/L	L	CLIX
Potassium	5.0	3.3 - 5.1	mmol/L	N	CLIX
Chloride	105	96 - 108	mmol/L	N	CLIX
CO2	17	21 - 31	mmol/L	L	CLIX
Anion Gap	36	4 - 16		N	CLIX

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Hawaii Pacific Health

Kapolei, HI 90754 • 808-445-1100

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahoa St
Honolulu, HI 96825-1001
Lab Results

QUISANO, KHAYDEN K
NRN: 32049480
DOB: 9/19/2009, Sex: M
Acc #: 132596809
Adm: 7/4/2013, D/C: 10/20/10

Lab Results (continued)

COMP METABOLIC PANEL (Abnormal) (continued)

Revised: 01/04/10 2120, Result Status: Final result

BUN	18	8 - 24 mg/dL		CLH_K
Creatinine	0.27	0.20 - 0.70 mg/dL		CLH_K
Glucose	183	80 - 100 mg/dL	H	CLH_K
Calcium	11.3	9.0 - 10.5 mg/dL	H	CLH_K
Total Protein	0.8	6.7 - 8.7 g/dL	H	CLH_K
Albumin	4.6	4.0 - 5.1 g/dL		CLH_K
A/G Ratio	2.1	1.2 - 2.3		CLH_K
Globulin	2.2	2.0 - 3.5 g/dL		CLH_K
AST (SGOT)	41	0 - 37 U/L	H	CLH_K
ALT (SGPT)	62	7 - 51 U/L	H	CLH_K
Alk Phos	444	22 - 383 U/L	H	CLH_K
Bilirubin, Total	0.5	0 - 1.2 mg/dL		CLH_K
Comments:				CLH_K
Result:	Slightly hemolyzed			

Caution: Hemolysis may falsely increase AST, phosphorus, potassium and LD values and falsely decrease direct bilirubin and CO2 values.

URL

CLH_K

Next:

CBC PLT W/MANUAL DIFF (Abnormal)

Revised: 01/04/10 2120, Result Status: Final result

Ordering Provider	Oga, Tanya A, RES	08/04/10 1017	Order Status	Completed
Receiving Lab	CLH, HAWAII, K		Specimen	01/04/10 2020
DIFFERENTIAL				
WBC	9.8	6.5 - 16.0 (10 ⁹ /L)		CLH_K
RBC	4.72	2.8 - 4.8 (10 ¹² /L)		CLH_K
Hemoglobin	12.7	10.0 - 13.0 g/dL		CLH_K
Hematocrit	37.0	32.0 - 36.0 %		CLH_K
MCV	73.0	84 - 104 fL	L	CLH_K
MCH	26.8	25 - 35 pg		CLH_K
MCHC	32.9	30 - 36 g/dL		CLH_K
RDW	13.5	11 - 15 %		CLH_K
Platelet Count	429	275 - 366 (10 ⁹ /L)		CLH_K
Diff Method	Manual			CLH_K
Segs	18	10 - 40 %		CLH_K
Lymphocytes	79	51 - 71 %	H	CLH_K
Monocytes	8	4 - 10 %		CLH_K
Eosinophils	2	0 - 6 %		CLH_K
Neutrophils, Absolute	1.67	0.5 - 3.8 (10 ⁹ /L)		CLH_K
Lymphs, Absolute	7.35	6.8 - 27.0 (10 ⁹ /L)		CLH_K
Monocytes, Absolute	0.59	0.2 - 1.8 (10 ⁹ /L)		CLH_K
Eosinophils, Absolute	0.20	0 - 1.1 (10 ⁹ /L)		CLH_K
RBC Morphology	Normal			CLH_K
URL				CLH_K

PHOSPHORUS-BLOOD

Revised: 01/04/10 2120, Result Status: Final result

Ordering Provider	La, James C, MD	01/04/10 2143	Order Status	Completed
Receiving Lab	CLH, HAWAII, K		Specimen	01/04/10 2143
DIFFERENTIAL				
Phosphorus	5.8	3.5 - 6.0 mg/dL		CLH_K
URL				CLH_K



KAPOLANI WOMEN & CHILDREN
HOS
1313 Punchbowl St
Honolulu, HI 96820-1001
Lab Results

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 01/19/2009, Sex: M
Acct #: 112505809
Adm: 1/4/2010, D/C: 1/6/2010

Lab Results (continued)

URINALYSIS, COMPLETE (Abnormal)				Result: 01/05/10 0122, Result Status: Final result
Ordering Provider:	Oga, Yulys A, RES 01/04/10 1017	Order Status:	Completed	
Residing Lab:	CLH, KMCWC_K	Specimen:	Urine Clean Catch, Urine 01/05/10 0010	
Color	Yellow			CLH_K
Appearance	Clear			CLH_K
Specific Gravity	1.015	1.000 - 1.030		CLH_K
Leukocyte Esterase	Negative	NEG		CLH_K
Nitrite	Negative	NEG		CLH_K
pH	7.5	5.0 - 7.5		CLH_K
Protein	30	NEG mg/dL		CLH_K
GLUCOSE	Negative	NEG mg/dL		CLH_K
Ketones	Negative	NEG mg/dL		CLH_K
Urobilinogen	1.0	0.2 - 1.0 EU/dL		CLH_K
Bilirubin	Negative	NEG		CLH_K
Blood	Negative	NEG		CLH_K
WBC	0-1	0 - 5 /hpf		CLH_K
RBC	0-2	0 - 2 /hpf		CLH_K
Epithelial Cells	None	NONE /hpf		CLH_K
Mucus	Few	Apf		CLH_K
Amorphous	Negative	Apf		CLH_K
Epithelial Cells	Occ	Apf		CLH_K
Casts	None	NONE /hpf		CLH_K
Crystals	None	NONE /hpf		CLH_K
URL				CLH_K

SPECIMEN TYPE				Result: 01/05/10 1017, Result Status: Final result
Ordering Provider:	Ackerman, Melissa, MD 01/05/10 1017	Order Status:	Completed	
Residing Lab:	CLH, KMCWC_K	Specimen:	01/05/10 1030	
Specimen type	Cervical specimen			CLH_K
URL				CLH_K

BASIC METABOLIC PANEL				Result: 01/05/10 1252, Result Status: Final result
Ordering Provider:	Wong Ramsey, Karen, FELLOW 01/05/10 0941	Order Status:	Completed	
Residing Lab:	CLH, KMCWC_K	Specimen:	01/05/10 1030	
Bilirubin	1.0	1.0 - 1.5 mg/dL		CLH_K
Albumin	4.9	3.3 - 5.1 mg/dL		CLH_K
Creatinine	1.06	0.6 - 1.0 mg/dL		CLH_K
CO2	Quantity Not Sufficient	23 - 31 mmHg		CLH_K
Anion Gap	Unable to calculate	3 - 16		CLH_K
BUN	11	8 - 24 mg/dL		CLH_K
Glutamate	Quantity Not Sufficient	0.20 - 0.70 mg/dL		CLH_K
Glucose	Quantity Not Sufficient	50 - 200 mg/dL		CLH_K
Calcium	10.2	9.0 - 11.0 mg/dL		CLH_K
Comments	QNS FOR CO2, GLUCOSE, CREAT			CLH_K
URL				CLH_K

PHONE RESULTS				Result: 01/05/10 1255, Result Status: Final result
Order Status:	Completed	Residing Lab:	CLH, KMCWC_K	
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KAPIOLANI WOMEN & CHILDREN
HQS
1315 Punchbun St.
Honolulu, HI 96826-1001
Lab Results

QUISANO, KHAYDEN K
MRN: 32049490
DOB: 9/18/2009, Sex: M
Add #: 132500809
Adm: 1/4/2010, D/C: 1/5/2010

Lab Results (continued)

PHONED RESULTS (continued)

Revised: 01/05/10 1235, Result Status: Final result

Specimen: 01/05/10 1030

Phoned results
Result: NOTIFIED TONI RX, SAMPLE QNS TO COMPLETE BASIC, NO RESULTS FOR CO2, GLUCOSE AND CREATININE 1/5/10/1253.518
URL: CLN_K
Result: CLN_K

BASIC METABOLIC PANEL (Abnormal)

Revised: 01/05/10 1735, Result Status: Final result

Ordering Provider	Adelmann, Betha, MD 0105/10 1024	Order Status	Completed
Resulting Lab	CLN_KMCWC_K	Specimen	01/05/10 1024
Sodium	130	130-145 mmol/L	CLN_K
Potassium	5.5	3.5-5.1 mmol/L	CLN_K
Chloride	108	96-106 mmol/L	CLN_K
CO2	18	21-31 mmol/L	CLN_K
Anion Gap	12	4-16	CLN_K
BUN	14	8-24 mg/dL	CLN_K
Creatinine	0.25	0.20-0.70 mg/dL	CLN_K
Glucose	81	50-90 mg/dL	CLN_K
Calcium	10.3	9.2-11.0 mg/dL	CLN_K
Comments			CLN_K
Result	Moderately hemolyzed Caution: Hemolysis may falsely increase AST, phosphorus, potassium and LD values and falsely decrease direct bilirubin and CO2 values.		
URL			CLN_K
Result			

CRITICALS NOTIFICATION

Revised: 01/05/10 1006, Result Status: Final result

Order Status	Completed	Resulting Lab	CLN_KMCWC_K
Specimen	01/05/10 1024		
Critical Notification			CLN_K
Result	Critical value called: CALLED K WHEN TO MARY RN 1/5/10 1905/2996 Readback done and verified as correct.		
URL			CLN_K
Result			

BASIC METABOLIC PANEL (Abnormal)

Revised: 01/05/10 0734, Result Status: Final result

Ordering Provider	Adelmann, Betha, MD 01/05/10 0737	Order Status	Completed
Resulting Lab	CLN_KMCWC_K	Specimen	01/05/10 0738

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KAPOLANI WOMEN & CHILDREN
HDS
1319 Punchbowl St
Honolulu, HI 96826-1001
Lab Results

QUISANO, KHAYDEN K
MRN: 32080460
DOB: 9/19/2000, Sex: M
Acc # 132506959
Adm 1/4/2010, Dis 1/18/2010

Lab Results (continued)

BASIC METABOLIC PANEL (Abnormal) (continued)				Revised: 01/05/10 0534, Result Status: Final result
Sodium	134	136 - 145 mmol/L	L	CLH_K
Potassium	4.7	3.3 - 5.1 mmol/L		CLH_K
Chloride	103	96 - 108 mmol/L		CLH_K
CO2	26	21 - 31 mmol/L	L	CLH_K
Anion Gap	15	4 - 16		CLH_K
BUN	19	8 - 24 mg/dL		CLH_K
Creatinine	0.22	0.20 - 0.70 mg/dL		CLH_K
Glucose	99	50 - 90 mg/dL	H	CLH_K
Calcium	10.2	9.0 - 11.0 mg/dL		CLH_K
URU				CLH_K

ORGANIC ACIDS, URINE QUAL

Ordering Provider:	Zs-Rida, Bernard A, RES 01/05/10 1218	Order Status:	Cancelled	Revised: 01/05/10 1510, Result Status: In process
Receiving Lab:	CLH, HMC WEST	Specimen:		Urine, Clean Catch, Uric # 0106/10 1530

AMINO ACID, PLASMA GT

Ordering Provider:	Zs-Rida, Bernard A, RES 01/05/10 1248	Order Status:	Cancelled	Revised: 01/05/10 1645, Result Status: In process
Receiving Lab:	CLH, HMC WEST	Specimen:		01/05/10 1645

ELECTROLYTE PANEL (Abnormal)

Ordering Provider:	Zs-Rida, Bernard A, RES 01/05/10 1250	Order Status:	Cancelled	Revised: 01/05/10 1724, Result Status: Final result
Receiving Lab:	CLH, HMC/HO_K	Specimen:		01/05/10 1645
Sodium	135	136 - 145 mmol/L	L	CLH_K
Potassium	4.7	3.3 - 5.1 mmol/L		CLH_K
Chloride	102	96 - 108 mmol/L		CLH_K
CO2	18	21 - 31 mmol/L	L	CLH_K
Anion Gap	14	4 - 16		CLH_K
URU				CLH_K

ORGANIC ACIDS, URINE QUAL

Ordering Provider:	Zs-Rida, Bernard A, RES 01/05/10 1601	Order Status:	Cancelled	Revised: 01/13/10 1515, Result Status: Final result
Receiving Lab:	CLH, HMC WEST	Specimen:		01/05/10 1530
Organic Acids Urine Qual				CLH



KAPOLANI WOMEN & CHILDREN
HDS
1319 Penshaw St
Honolulu, HI 96826-1001
Lab Results

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506808
Adm: 1/4/2010, DAC: 1/8/2010

Lab Results (continued)

ORGANIC ACIDS, URINE QUAL (continued)

Revised: 6/13/10 1315 Result Status: Final result

Result ORGANIC ACIDS, URINE

Organic Acids, Urine:

Elevation of several peaks related to medication (acetaminophen propofol); no clinically significant abnormalities detected.

Interpretation

Pattern of organic acid excretion not suggestive of any specific inborn error of metabolism.

Test performed by STANFORD HOSPITAL AND CLINICS
300 Pasteur Dr, Rm R1924
Stanford, CA 94305

URL
Result

CLH

AMINO ACID, PLASMA-OT

Revised: 6/13/10 1321 Result Status: Final result

Ordering Provider: Zs-Rosa, Bernard A, MS4 6106/10 1739

Order Status: Completed

Resulting Lab: CLH, RMC WEST

Specimen: 01/28/10 1545

Resulting Lab: CLH, RMC WEST
Amino Acids Plaz UH

CLH



KAPICLAN WOMEN & CHILDREN
HQS.
1319 Punches St
Honolulu, HI 96826-1001
Lab Results

QUISANO, KHAYDEN K
MRN: 32943460
DOB: 9/10/2009, Sex: M
Acc #: 132508809
Adm: 1/4/2010, D/C: 1/6/2010

Lab Results (continued)

AMINO ACID PLASMA-CT (continued)

Resulted 01/13/10 1324, Batch 8589, Final result

Result	AMINO ACID, Plasma, nmol/ml		Reference Range
	Taurine	74	15-143
	Aspartic Acid	7	0-63
	Hydroxyproline	28 R	0-21
	Threonine	183 R	34-174
	Serine	165	11-186
	Asparagine	47	11-25
	Glutamic Acid	59	10-123
	Glutamine	631	245-1192
	Sarcosine	0	0
	Alpha-Aminoadipic Acid	0	0
	Proline	274	62-298
	Glycine	269	81-436
	Alanine	433	341-429
	Citrulline	19	2-36
	Alpha-Aminobutyric Acid	17	3-26
	Valine	199	64-294
	Cysteine	29	16-24
	Methionine	37	3-42
	Cystathionine	0	0-3
	Isoleucine	61	31-86
	Ileucine	196	47-155
	Tyrosine	106	22-108
	Beta-Alanine	5	0-7
	Phenylalanine	59	31-75
	Beta-Aminoisobutyric Acid	0	0
	Homocysteine	0	0
	Ethanolamine	0	0-4
	Ornithine	64	27-103
	Lysine	141	52-196
	Histidine	73	41-131
	Tryptophan	62	23-71
	Arginine	98	17-133

INTERPRETATION:

Essentially normal pattern of amino acids for age.

FLAGS: LL: below critical L: below reference H: above reference

HH: above critical N: abnormal

Caution: Out-of-reference range flagging will only occur when a reference range is displayed. The absence of a flag does not necessarily indicate a normal result. If gender or birthdate is unknown, reference range defaults to a male born Jan. 1, 1991.

Interpreted by: Tina M. Cowan, Ph.D.

Director, Biochemical Genetics Laboratory

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KAPIOLANI WOMEN & CHILDREN
HCS
1319 Punchou St
Honolulu, HI 96826-1001
Lab Results

QUISANO, KHAYDEN K
MRN: 32045460
DOB: 9/16/2008, Sex: M
Acid #: 132586809
Adm: 1/4/2010, D/C: 1/6/2010

Lab Results (continued)

AMINO ACID, PLASMA, CT (continued)

Result: 01/19/10 11:21, Result Source: Pineda, J.

Test performed by: Stanford Hospital and Clinics
300 Pasteur Dr., Rm. H1524
Stanford, CA 94306

URL
Result

CLH

Testing Performed By

Name	Company	Address	City	State	Zip
B-CLH	CLH, HMC WEST	Unshown	01-2135 Ft Weaver Rd	112808 1430	0223/11 5417
			Essex		
7-CLH.K	CLH, KMEWC.K	Unshown	1319 Punchou St	040209 1322	0411/11 1121
			Honolulu HI 96822		

Order

Discharge Summary Notes

D/C Summary signed by Ackermann, Bettina, MD

0185/10 1508

Author	Ackermann, Bettina, MD	Source	Referrals	Author Type	Physician
File #	0185/10 1508	Note Time	0155/10 1448		

Peds Hospitalist Attending Progress Note

No acute events O/R. Discussed with Dr. Hyden, SW, radiologist. No family at the bedside. No acute events. Hungry but RN's do not think he is in pain. No fevers. No O2 requirement. Work of breathing has been stable. MRI unable to be done today.

Abt 120-140's 30-40's 100-110/70's 90-100% RA Wt - no new wt.

NPO, MIVE

Alert, interactive. Easily consoled when upset. Small but W/DWN.

AFOP. MMM with small patches on buccal mucosa. No rhinorrhea. Small, medial scleral hemorrhage on L.

PERRL, EOMI

CTA BL, no increased WOB

RRR no murmur

Abd soft, no HSM

Tanner I MEG with testes down

MAE's with normal tone

~3 mm superficial, scabbed abrasion on R upper back. Mongolian spots on mid-back. No other lesions

Labs: Skeletal survey with 4-5 healing rib fractures (with callus formation) on L posterior, 3 healing rib fractures on R lateral chest. R distal femur metaphyseal fracture

AP: 3 mo M with multiple healing rib fractures and distal R femur buckle fracture consistent with NAT.

Symptomatic FTT with probable SGA at birth based on history

URI - resolving

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DA - Quisano 000116



KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu, HI 96826-1601

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132505809
Adm: 1/4/2010, D/C: 1/6/2010

Discharge Summary Notes (continued)

- MRI brain with sedation to evaluate for acute or chronic bleeds, any signs of shearing. Patient assessed. No significant changes from original H&P. Stable for sedation. ASA score 2.
- currently NPO with MIVF for sedation. SL IV and advance diet post-procedure
- repeat BMP to document normalization of CO2
- please obtain growth chart from PCP and birth records from Castle. Obtain autopsy results from sib if possible
- needs repeat skeletal survey in 10-14 days to monitor for callus formation at femur fracture
- anticipate discharge when MRI complete and disposition finalized by CPS (likely to foster care).
- no family may visit at this time but can update parents by phone per SW

I spent 45 minutes in direct patient care. More than 50% of time was spent counseling or coordinating care.

Bettina Ackermann, MD

DIC Summaries signed by Bette, Bernard

Author	Blade, Bernard	Service	Pediatrics	Author Type	Resident
Fax#	010000 1257	Role Title	010010 0017	Codepage	Ackermann, Bettina, MD at 010010 1257

PATIENT CARE SUMMARY - PEDIATRICS

ADMISSION DATE/TIME: 1/4/2010 6:37 PM

DISCHARGE DATE/TIME: 1/6/2010/12:56 PM

PRIMARY CARE PHYSICIAN: Jason T Ninomiya, MD

REASON FOR ADMISSION (BRIEF HPI): Khayden K Quisano is a 3 mo old male, was in good of his health until 5 days prior to admission. Since Thursday (5 days PTA) Khayden started having fever, cough and runny nose. Mom used to record the temperature under the arm and maximum temperature in last 5 days has been 101 F. Mom used to give Tylenol for fever and she reported that at the max she would have given 2 times in one day. He has been afebrile since yesterday. Mom described cough mainly dry with the last cough occurring this AM. Runny nose - was watery, and sometimes just congested nose and no runny nose. There was no history of diarrhea, vomiting, ear discharge, pulling at ears, rash, increased work of breathing, cyanosis or apnea. There is no history of sick contacts. Mom did not give any other medication and consulted PMD today only for ongoing cough. PMD wanted to do a chest X-Ray to rule out pneumonia, because mom said - there is a history of other elder sibling dying at the age of 2 months from pneumonia, and the CXR suggested multiple left posterior rib fractures and possible right lateral 6th rib fracture and so was sent here to KMCWC for further management.

Mom says, there is no history of trauma. She denies any falls or any objects falling on patient, and has no idea how he could have developed rib fractures. She gives a history of fussiness - while putting him on his back in bed and while picking him up from bed. Frequency or severity of fussiness has not changed in recent weeks. This has been history since birth. Mom says, the PMD knows about it and he has been crying while doing the same at his office visits. Mom says, they used to make him sleep in mom's arm and after falling asleep, they put him in the bed - on his own bassinnet and he sleeps on his back. Mother seemed appropriately fearful and concerned over patient's condition.

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Hawaii Pacific Health

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KAPIOLANI WOMEN & CHILDREN
HOS.
1319 Punchbowl St
Honolulu, HI 96826-1001

QUISANO, JAYDEN K
MRN: 32049480
DOB: 9/19/2009, Sex: M
Adm # 132506989
Adm: 1/4/2010, D/C: 1/8/2010

Discharge Summary Notes (continued)

I briefly met the father and spoke with him. He denied any knowledge of how patient could have developed the rib fractures. He denies any trauma or falls for the patient. He seemed cooperative with interview and had no questions regarding ongoing evaluation.

FINAL PRINCIPAL DIAGNOSIS: Non-accidental trauma

FINAL PROBLEM LIST/HOSPITAL COURSE:

Active Hospital Problems:

Ribs, multiple fractures

Resolved Problems:

No resolved problems to display

Hospital Course:

During hospital stay, patient was stable, did not develop any fevers, had good PO intake. Biological parents were not allowed to stay. The patient had multiple imaging done (see below). In summary, there was no retinal hemorrhages, skeletal scan showed multiple rib fractures and metaphyseal fracture of the distal right femur, and head MRI was normal. Ortho was called regarding metaphyseal femur fracture, and did not feel that patient needed follow-up unless patient was tender in that area. Dr. Hyden was consulted regarding concern for non-accidental trauma; it was felt that the patient should have a repeat skeletal survey in 2 weeks to look for fractures that were not evident. Initial BMP's on the patient was significant for CO2 being 17; repeat BMP were with CO2 of 18 and then 20. Patient also with mild elevation of hepatic enzymes of AST 41, ALT 62, and ALP 444. Because of the concern for metabolic/genetic disorders, a serum amino acid and urine organic acid test was drawn, as well as a final BMP (pending) prior to discharge.

PROCEDURE/IMAGING:

1/5/09 Skeletal survey - Multiple bilateral healing rib fractures and metaphyseal fracture of the distal right femur. Findings are compatible with child abuse.

1/5/09 Ophtho exam - no retinal hemorrhages

1/6/09 Brain MRI - IMPRESSION: Unremarkable MRI of the brain.

CONSULTANTS/SERVICE:

PCP: Jason T Ninomiya, MD

Admitting Provider: Barry M Mizuo, MD

Attending Provider: Bettina Ackermann, MD

Consulting Physician: David A Young, MD

Consulting Physician: Phillip W Hyden, MD

Resident: Bernard A Riola, RES

IMMUNIZATIONS GIVEN DURING HOSPITALIZATION: None

FINAL PROGRESS NOTE

S: Afebrile overnight. Feeding well, but NPO this morning for planned MRI at 9:30 AM. Stool x2, large soft. Growth charts obtained from PCP shows drop-off in weight during the last few months. Gained 114 g since admission. Foster parents found; both biological parents and foster parents are aware of the patient's situation and likely discharge today. Ophtho did not see any retinal hemorrhages, only 2 mm subconjunctival hemorrhage on the left eye medially. Ortho did not feel metaphyseal fracture of the distal right femur needed follow-up if patient was not tender in that area.

O:

VITAL SIGNS (LAST 24 HOURS):

Temp Avg: 36.8 °C (98.3 °F) Max: 36.3 °C (97.1 °F) Max: 37.1 °C (98.8 °F)

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DA - Quisano 000118



Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu, HI 96826-1001

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acc #: 132506809
Adm: 1/4/2010, Dis: 1/6/2010

Discharge Summary Notes (continued)

Pulse Avg: 124.3 Min: 100 Max: 156
Resp Avg: 40.4 Min: 30 Max: 48
SpO2 Avg: 99.3 % Min: 97 % Max: 100 %

BLOOD PRESSURES:

Systolic (24hrs), Avg: 88 mmHg, Min: 89 mmHg, Max: 106 mmHg
Diastolic (24hrs), Avg: 60 mmHg, Min: 58 mmHg, Max: 61 mmHg

O2 mode: Room air
O2 flow rate (L/min): 6 L/min

Wt - Scale: 4.76 kg (10 lb 7.9 oz) Height: 59 cm (1' 11.23") (1/5/10 7:20 AM) Head Cir: 38 cm (14.96") (1/5/10 7:20 AM) Body mass index is 13.67 kg/m².
Normalized BMI data available only for age 2 to 20 years.

Intake/Output Summary (Last 24 hours): at 01/06 1256
Last data filed at 01/06 1201

	Gross per 24 hour
Intake	558 ml
Output	352 ml
Net	206 ml

TOTAL IN (ml/kg/day):

URINE OUTPUT (cc/kg/hr):

STOOLS: 2x, soft

PHYSICAL EXAM:

CONSTITUTIONAL: Fixes and tracks, fussy when picked up but NAD when lying in bed wrapped

HEAD: Microcephalic, atraumatic, no palpable fractures, AFSF

EYES: red reflexes x 2, fixes and tracks, conjugate gaze

ENT: no nasal discharge, mucous membranes moist and oropharynx non-injected

CV: regular rate, rhythm and normal S1, S2, no murmur, symmetric pulses in all 4 extremities

RESP: clear to auscultation, good ventilation, no nasal flaring, no retractions

GI: soft, non-tender, normal bowel sounds

GU: normal male for age, testes descended and circumcised penis

EXTREMITIES: full ROM, no edema and no noticeable tenderness over bones, including left distal humerus

SKIN: warm and dry, no petechiae or purpura and no rashes-Mongolian spots noted on left back (lower thoracic area), right buttock. Small abrasion on right upper back.

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DA - Quisano 000119



KAPOLANI WOMEN & CHILDREN
HOS
1319 Punchow St
Honolulu, HI 96826-1801

QUIRANO, KHAYDEN K
MRN: 52049460
DOB: 9/18/2009, Sex: M
Acd #: 132506809
Adm: 1/4/2010, D/C: 1/5/2010

Discharge Summary Notes (continued)

MUSCULOSKELETAL: all limbs normally developed and functional, good muscle tone in neck, trunk, and limbs, no joint tenderness and no muscle tenderness. Fair head control when upright.

NEURO: good strength and tone in all extremities, normal knee-jerk reflexes, symmetric, no abnormal posturing or movement and no focal deficit on exam.

OTHER: No palpable fractures, no bony tenderness on any part of body

LAB RESULTS:

CBC with AUTO DIFF

Basename	1/4/16 2020
WBC	9.8
RBC	4.77
HGB	12.2
HCT	37.0
MCV	77.8*
MCH	25.6
MCHC	32.9
RDW	13.8
PLTC	429
DRYTP	Manual
SEG	17
BAND	--
LYM	76*
MONO	6
ALYMA	7.35
AMONQA	0.59
PRCOM	--
PWCOM	--
PPLTE	--
PPCOM	--

BMP:

Basename	1/5/10 0750	1/5/10 1624	1/5/10 1030
NA	134*	136	140
K	4.7	6.5*	4.9
CL	103	105	106
CO2	20*	18*	Quantity Not Sufficient
AGAP	11	13	Unable to calculate.

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DA - Quisano 000120



KAPIOLANI WOMEN & CHILDREN
HCS
1319 Punahoa St
Honolulu, HI 96828-1001

QUISANO, KHAYDEN K
MRN: 32049480
DOB: 01/19/2009, Sex: M
Acc #: 132500809
Adm: 7/4/2010, D/C: 7/6/2010

Discharge Summary Notes (continued)

BUN	10	14	11
CRE	0.22	0.25	Quantity Not Sufficient
GLU	93*	81*	Quantity Not Sufficient
GLUR	--	--	--
CAL	10.2	10.8	10.2

7/6/09 - serum amino acid and urine organic acid pending, BMP (pending at discharge)

DIAGNOSTICS: See above for results of ophtho exam, head MRI, skeletal survey.

PATIENT DISPOSITION: Foster Care

Discharge Instructions

Follow up

Follow up with Jason T Ninomiya, MD in 1-2 days. Please call 808-693-7300 for an appointment.

Call your doctor for these signs and symptoms

Fever, vomiting, decreased eating or urine

Additional discharge instructions or home services/supplies

Need to recheck electrolytes in 1-2 weeks. Need to recheck skeletal survey in 2-3 weeks.

DISCHARGE MEDICATIONS:

CONTINUE these medications which have NOT CHANGED

TYLENOL INFANTS PO

Take by mouth.

DISCHARGE SUPPLIES: None

SPECIAL INSTRUCTIONS: None

PATIENT RECEIVED ASTHMA ACTION PLAN: Not applicable

PATIENT RECEIVED PEAK FLOW METER: Not applicable

ASTHMA EDUCATION/TEACHING WAS COMPLETED BY RT? Not applicable

I certify that the narrative descriptions of the principal & the major procedures are accurate and complete.

Bernard A. Biale Jr., RES

DIC Summary signed by Ritea, Bernard

01/06/10 1601

Author	Editor	Reviewer	Podiatric	Active Type	Resident
File #	01/06/10 1601	File Times	01/06/10 1257		

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DA - Quisano 000121



KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punchbou St
Honolulu, HI 96826-1801

QUISANO, KHAYDEN K.
MRN: 32049460
DOB: 8/18/2009, Sex: M.
Acc #: 132588909
Adm: 1/4/2010, D/C: 1/6/2010

Discharge Summary Notes (continued)

D/C Summary signed by Riola, Bernard (continued)

01/06/10 1805

Refined Original Note by: Ackermann, Bettina, MD Sent at 01/06/10 1432
Hosps
Cskgptn: Ackermann, Bettina, MD at
01/06/10 1845

PATIENT CARE SUMMARY - PEDIATRICS

ADMISSION DATE/TIME: 1/4/2010 5:37 PM

DISCHARGE DATE/TIME: 1/6/2010 11:57 PM

PRIMARY CARE PHYSICIAN: Jason T Ninomiya, MD

REASON FOR ADMISSION (BRIEF HPI): Khayden K Quisano is a 3 mo old male, was in good of his health until 5 days prior to admission. Since Thursday (5 days PTA) Khayden started having fever, cough and runny nose. Mom used to record the temperature under the arm and maximum temperature in last 5 days has been 101.F. Mom used to give Tylenol for fever and she reported that at the max she would have given 2 times in one day. He has been afebrile since yesterday. Mom described cough mainly dry with the last cough occurring this AM. Runny nose - was watery, and sometimes just congested nose and no runny nose. There was no history of diarrhea, vomiting, ear discharge, pulling at ears, rash, increased work of breathing, cyanosis or apnea. There is no history of sick contacts. Mom did not give any other medication and consulted PMD today only for ongoing cough. PMD wanted to do a chest X- Ray to rule out pneumonia, because mom said - there is a history of other elder sibling dying at the age of 2 months from pneumonia; and the CXR suggested multiple left posterior rib fractures and possible right lateral 6th rib fracture and so was sent here to KMCWC for further management.

Mom says, there is no history of trauma. She denies any falls or any objects falling on patient, and has no idea how he could have developed rib fractures. She gives a history of fussiness - while putting him on his back in bed and while picking him up from bed. Frequency or severity of fussiness has not changed in recent weeks. This has been history since birth. Mom says, the PMD knows about it and he has been crying while doing the same at his office visits. Mom says, they used to make him sleep in mom's arm and after falling asleep, they put him in the bed - on his own bassinot and he sleeps on his back. Mother seemed appropriately fearful and concerned over patient's condition.

I briefly met the father and spoke with him. He denied any knowledge of how patient could have developed the rib fractures. He denies any trauma or falls for the patient. He seemed cooperative with interview and had no questions regarding ongoing evaluation.

FINAL PRINCIPAL DIAGNOSIS: Non-accidental trauma

FINAL PROBLEM LIST/HOSPITAL COURSE:

Active Hospital Problems

Ribs, multiple fractures

Resolved Problems

No resolved problems to display

Hospital Course:

During hospital stay, patient was stable, did not develop any fevers; had good PO intake. Biological parents were not allowed to stay. The patient had multiple imaging done (see below); in summary, there was no retinal hemorrhages, skeletal scan showed multiple rib fractures and metaphyseal fracture of the distal right femur, and head MRI was normal. Ortho was called regarding metaphyseal femur fracture, and did not feel

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DA - Quisano 000122



KAPOLANI WOMEN & CHILDREN
HQS
1319 Punahoa St
Honolulu, HI 96826-1001

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/18/2003, Sex: M
Acct #: 132506909
Adm: 1/4/2010, DIC: 1/6/2010

Discharge Summary Notes (continued)

that patient needed follow-up unless patient was tender in that area. Dr. Hyden was consulted regarding concern for non-accidental trauma; it was felt that the patient should have a repeat skeletal survey in 2 weeks to look for fractures that were not evident. Initial BMP's on the patient was significant for CO2 being 17; repeat BMP x/ix with CO2 of 18 and then 20. Patient also with mild elevation of hepatic enzymes of AST 41, ALT 62, and AlkPhos 444. To evaluate for possible metabolic/genetic disorders, a serum amino acid and urine organic acid test was drawn, as well as a final BMP (pending) prior to discharge.

PROCEDURE/IMAGING:

1/5/09 Skeletal survey - Multiple bilateral healing rib fractures and metaphyseal fracture of the distal right femur. Findings are compatible with child abuse.

1/5/09 Ophtho exam - no retinal hemorrhages.

1/6/09 Brain MRI - IMPRESSION: Unremarkable MRI of the brain.

CONSULTANTS/SERVICE:

PCP: Jason T Ninomiya, MD

Admitting Provider: Barry M Mizuo, MD

Attending Provider: Bettina Ackermann, MD

Consulting Physician: David A Young, MD

Consulting Physician: Phillip W Hyden, MD

Resident: Bernard A Riola, RES

IMMUNIZATIONS GIVEN DURING HOSPITALIZATION: None

FINAL PROGRESS NOTE

S: Afebrile overnight. Feeding well, but NPO this morning for planned MRI at 9:30 AM. Stool x2, large soft. Growth charts obtained from PCP shows drop-off in weight at the time of the last visit. Seen by nutrition who recommended 24 kcal formula. Gained 114 g since admission. Foster parents found; both biological parents and foster parents are aware of the patient's situation and likely discharge today. Ophtho did not see any retinal hemorrhages, only 2 mm subconjunctival hemorrhage on the left eye medially. Ortho did not feel metaphyseal fracture of the distal right femur needed follow-up if patient was not tender in that area.

O:

VITAL SIGNS (LAST 24 HOURS):

Temp Avg: 36.8 °C (98.3 °F) Min: 36.2 °C (97.1 °F) Max: 37.1 °C (98.8 °F)

Pulse Avg: 124.3 Min: 100 Max: 136

Resp Avg: 40.4 Min: 30 Max: 48

SpO2 Avg: 99.3 % Min: 97 % Max: 100 %

BLOOD PRESSURES:

Systolic (24hrs): Avg: 98 mmHg, Min: 89 mmHg, Max: 100 mmHg

Diastolic (24hrs): Avg: 60 mmHg, Min: 59 mmHg, Max: 61 mmHg

O2 mode: Room air

O2 flow rate (L/min): 6 L/min

Wt - Scale: 4.76 kg (10 lb 7.9 oz) Height: 69 cm (5' 11.23") (1/5/10 7:20 AM) Head Cir: 38 cm (14.96") (1/5/10 7:20 AM) Body mass index is 13.67 kg/m².

Normalized BMI data available only for age 2 to 20 years.

Intake/Output Summary (Last 24 hours) at 01/06 1357

Last data filed at 01/06 1301

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DA - Quisano 000123



Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN
HOS
1315 Rianhwa St
Honolulu, HI 96826-1001

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/19/2009, Sex: M
Acc #: 132586589
Adm: 1/4/2010, D/C: 1/5/2010

Discharge Summary Notes (continued)

	Gross per 24 hour
Intake	593 ml
Output	402 ml
Net	191 ml

TOTAL IN (ml/kg/day):

URINE OUTPUT (cc/kg/hr):

STOOLS: 2x, soft

PHYSICAL EXAM:

CONSTITUTIONAL: Fixes and tracks, fussy when picked up but NAD when lying in bed wrapped. Alert, easily consolable when picked up

HEAD: Microcephalic, atraumatic, no palpable fractures, AFSF

EYES: red reflexes x2, fixes and tracks, conjugate gaze. Unchanged, small subconjunctival hemorrhage of medial L eye

ENT: no nasal discharge, mucous membranes moist and oropharynx non-injected

CV: regular rate, rhythm and normal S1, S2, no murmur, symmetric pulses in all 4 extremities

RESP: clear to auscultation, good aeration, no nasal flaring, no retractions

GI: soft, non-tender, normal bowel sounds

GU: normal male for age, testes descended and circumcised penis

EXTREMITIES: full ROM, no edema and no noticeable tenderness over bones, including left distal humerus femur

SKIN: warm and dry, no petechiae or purpura and no rashes Mongolian spots noted on left back (lower thoracic area), right buttock. Small abrasion on right upper back (3-4 mm superficial scab).

MUSCULOSKELETAL: all limbs normally developed and functional, good muscle tone in neck, trunk, and limbs, no joint tenderness and no muscle tenderness. Fair head control when upright.

NEURO: good strength and tone in all extremities, normal knee-jerk reflexes, symmetric, no abnormal posturing or movement and no focal deficit on exam.

OTHER: No palpable fractures, no bony tenderness on any part of body

LAB RESULTS:

CBC with AUTO DIFF

Basename 1/4/10 2020

WBC 9.8

RBC 4.77

HGB 12.2

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DA - Quisano 000124



Hawaii Pacific Health
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KAPICLANI WOMEN & CHILDREN
 HOS
 1319 Punchou St
 Honolulu, HI 96826-1001

QUISANO, KIMAYDEN K
 MRN: 32048480
 DOB: 9/18/2000, Sex: M
 Acc #: 132506809
 Adm: 1/4/2010, Dis: 1/8/2010

Discharge Summary Notes (continued)

HCT	37.0
MCV	77.6*
MCH	25.5
MCHC	32.9
RDW	13.8
PLTC	429
DFTYP	Manual
SEG	17
BAND	--
LYM	15*
MONO	6
ALYMA	7.35
AMONOA	0.59
PRCOM	--
PWCOM	--
PPLTE	--
PPCOM	--

BMP:	1/6/10 0750	1/5/10 1624	1/5/10 1030
Baseanase	134*	136	140
NA	134*	136	140
K	4.7	5.5*	4.9
CL	103	105	106
CO2	28*	18*	Quantity Not Sufficient
AGAP	11	13	Unable to calculate.
BUN	10	14	11
CRE	0.22	0.25	Quantity Not Sufficient
GLU	93*	81*	Quantity Not Sufficient
GLUR	--	--	--
CAL	10.2	10.8	10.2

1/6/09 - serum amino acid and urine organic acid pending; BMP (pending at discharge)
 DIAGNOSTIC: See above for results of ophtho exam, head MRI, skeletal survey.

PATIENT DISPOSITION: Foster Care

Discharge Instructions

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DA - Quisano 000125



Hawaii Pacific Health
Keolu - Kailua - Kaneohe - Wahiawa

KAPIOLANI WOMEN & CHILDREN
HOS
1319 Penshou St
Honolulu, HI 96826-1801

QUISSANO, KHAYDEN K
MRN: 32049460
DOB: 5/18/2000, Sex: M
Acct #: 132506860
Adm: 1/4/2010, D/C: 1/5/2010

Discharge Summary Notes (continued)

Follow up

Follow up with Jason T Ninomiya, MD in 1-2 days. Please call 808-693-7300 for an appointment.

Call your doctor for these signs and symptoms

Fever, vomiting, decreased eating or urine

Additional discharge instructions or home services/supplies

Need to recheck electrolytes in 1-2 weeks to look for resolution of acidosis. Need to recheck skeletal survey in 10-14 days. Patient with serum amino acids and urine organic acids drawn prior to discharge.

DISCHARGE MEDICATIONS:

CONTINUE these medications which have NOT CHANGED

TYLENOL INFANTS PO

Take by mouth.

DISCHARGE SUPPLIES: None

SPECIAL INSTRUCTIONS: None

PATIENT RECEIVED ASTHMA ACTION PLAN: Not applicable

PATIENT RECEIVED PEAK FLOW METER: Not applicable

ASTHMA EDUCATION/TEACHING WAS COMPLETED BY RT? Not applicable

I certify that the narrative descriptions of the principal & the major procedures are accurate and complete.

Bernard A. Riola Jr., RES

Peds Hospitalist Attending Final Progress Note

No acute events O/R. No family at the bedside. I agree with Dr. Riola's findings with my additions documented above (in black) and below.

Labs: 1/5: BMP hemolyzed with K+ 6.5, HCO3 18

1/6: BMP with Na 134, HCO3 20

MRI brain WNL

Pending Labs: serum amino acids, urine organic acids

A/P: 3 mo M with multiple healing rib fractures and distal R femur metaphyseal fracture consistent with NAT.

Symmetric FTT with probable SGA at birth based on history

Low HCO3 - likely due to hemolyzed specimens but initial metabolic evaluation started prior to discharge

URI - resolving

-d/c to home with foster family

-d/c meds: Tylenol prn pain

-f/u with: KMCWC outpatient clinic on 1/8/09 11:15 AM. Call sooner for difficulty breathing, inconsolability

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DA - Quisano 000126



HAWAIIAN WOMEN & CHILDREN
HOS
1319 Punahoa St.
Honolulu, HI 96826-1001

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 8/18/2009, Sex: M
Acct #: 132506009
Adm: 1/6/2010, D/C: 1/6/2010

Discharge Summary Notes (continued)

or other concerns.

-recommend repeat skeletal survey in 10-14 days to evaluate for possible callus formation at femur fracture site

-consider repeat BMP as outpatient with additional visit if low bicarb persists

I discussed with Dr. Ninomya and faxed summary.

I spent 45 minutes examining the patient, providing discharge instructions, counseling to the patient and family, and coordinated with other agencies and providers. I prepared discharge records, prescriptions, and referral forms.

Bettina Ackermann, MD

01/06/10 1432 DX Summary Signed by Ackermann, Bettina, MD

All Notes

Progress Notes signed by Jirasakuldej, Suda

01/06/10 1448

Author	Service	Notes	Author Type	Resident
Jirasakuldej, Suda				
File#	01/06/10 1448	Note Time	01/06/10 1442	

Khayden K Quisano is a 3 mo old male

Patient presents with:

HOSPITAL FUJ

3 month-old male here for follow. He was admitted 1/4/10 for NAI after found to have multiple rib fracture from CXR.

Investigation: Eye exam, MRI brain normal. Electrolyte showed mild acidosis CO2 18-20, plasma aminoacid and urine organic acid sent pending. Skeletal survey 1/5/09: Multiple bilateral healing rib fractures and metaphyseal fracture of the distal right femur. Dr Hyden, CPS involved. Parents are not allowed to take of baby at this time, d/c home with foster mom. Giving simlac 24 cal/oz for poor weight gain.

She has vomiting x2, therefore foster mom changed to regular simlac, thought that he is better. He takes regular simlac 6 oz q 3 hour. D/c weight 4.75 grams, today weight 5 kgs

Feel warm, no high fever, gave tylenol this morning. Here today for follow up.

REVIEW OF SYSTEMS:

GENERAL: no decreased activity, no decreased appetite and no decreased oral intake, +ve vomiting

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DA - Quisano 000127



Hawaii Pacific Health

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KAPOLANI WOMEN & CHILDREN

HOS:
1319 Punahoa St
Honolulu, HI 96826-1001
All Notes

QUISANO, KHAYDEN K

MRN: 32940460
DOB: 9/18/2009, Sex: M
Enc. Date: 07/09/10

All Notes (continued)

HEAD/FACE/NECK: no swollen glands
EYES: no eyelid redness, no eye discharge
ENT: no ear drainage
RESPIRATORY: no cough
CARDIOVASCULAR: no cyanosis
GI: no constipation and no diarrhea
URINARY: no decreased urine output
MUSCULOSKELETAL: no deformity
SKIN: no rash
NEUROLOGIC: no decreased responsiveness
PSYCHIATRIC: no behavior abnormalities
HEMATOLOGIC: negative, no bleeding

PAST HISTORY: As reviewed in the History Activity.

FAMILY HISTORY: No family history on file.

EXPOSURE TO: not reviewed

MEDICATIONS: no

IMMUNIZATIONS:

There is no immunization history on file for this patient.

ALLERGIES: No Known Allergies.

PHYSICAL EXAM:

Pulse 120 | Temp (Sre) 37.1 °C (98.7 °F) (Temporal Scan) | Resp 28 | Wt 11 lb 0.4 oz
(5 kg)

There is no height on file for this encounter.

GENERAL: alert, well appearing, no acute distress

HEAD: normocephalic, atraumatic

EYES: no eyelid swelling, no conjunctival injection and no conjunctival exudate

EARS: no external swelling or tenderness, canals clear, tympanic membranes normal in appearance and position

NOSE: nares patent, normal mucosa

MOUTH/THROAT: mucous membranes moist, no focal lesions, no tonsillar enlargement or exudate

TEETH: deferred

NECK: nontender, full range of motion, no mass, no focal lymphadenopathy

CHEST/LUNGS: breath sounds clear and equal bilaterally, no respiratory distress

CARDIOVASCULAR: regular rate and rhythm, no murmur and brisk capillary refill

ABDOMEN: soft, nontender, no hepatosplenomegaly and no mass

GENITALIA: normal male; testes descended bilaterally; no lesions, discharge, mass, swelling or tenderness; no hernia

EXTREMITIES: nontender, no deformity, full range of motion

BACK: nontender, no deformity, no defect

SKIN: warm, dry, no rash, no lesions

NEURO: alert, normal tone, no focal deficit

ASSESSMENT:

3 month-old male with NAI, doing well

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DA - Quisano 000128



KAPOLANI WOMEN & CHILDREN
HOS
1310 Punchou St
Honolulu, HI 96828-1001
All Notes

QUISANO, KHAYDEN R
MRN: 32049460
DOB: 9/18/2009, Sex: M
Enc. Date: 01/08/10

All Notes (continued)

PLAN:

Medical record release from PMD office
Follow up plasma amino acid and urine organic acid
RTC next week for weight follow up and WCC, plan to do skeletal survey next week

-RTC or call if worsening or having any concerns

Suda Jirassakuldej, RES
Route to Nancy Clarke, MD attending

Progress Notes signed by Clarke, Nancy S, MD

01/10/10 2332

Author	Clarke, Nancy S, MD	Series	(none)	Author Type	Physician
File#	0119410-2332	Note Type	01/01/10 1214		

I have seen and evaluated the patient and discussed with resident, Dr. Jirassakuldej. I agree with the resident's findings and plan as documented in the resident's note. In addition, my findings are:

3 mo male, new patient here with foster mother for follow-up hospital stay for non-accidental trauma. Prior PCP was Dr. Ninomiya; foster mother prefers to obtain care with KMCWC clinic due to closer location to her home.

On 1/4/10, mother had brought Khayden to Dr. Ninomiya's office for evaluation due to cough and fever x 4 days. Dr. Ninomiya obtained a CXR with findings specific for multiple rib fractures including findings of healing left fourth, fifth, sixth and seventh rib fractures and possibly a right sixth rib fracture.

Patient admitted and found on skeletal survey to additionally have metaphyseal fracture of the distal right femur. Ophthalmology consulted and found no retinal hemorrhages. MRI brain obtained and found normal. Orthopedics consulted and recommended no orthopedic follow-up unless area of femur fracture seems tender.

Patient also found to have symmetric failure to thrive though there is reported history of patient being small for gestational age at birth. Per nutrition recommendation, patient was discharged on 24 cal/oz per ounce formula. Foster mother has switched back to regular 20 cal/oz formula due to Khayden not tolerating the 24 cal/oz formula and vomiting each time it is given. He is taking 6 oz/feed every 3 hours without problems. Foster mother reports he seems fussy at times when he is moved, especially when his right leg is moved.

PMH:
Reported SGA
Symmetric FTT

Family history: Sibling died at age 2 months from pneumonia; no other family history known

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KAPIOLANI WOMEN & CHILDREN
HOS
1315 Punahoa St
Honolulu, HI 96829-1801
All Notes

QUISANO KHAYDEN K
MRN: 12049460
DOB: 9/10/2005, Sex: M
Enc Date: 9/10/10

All Notes (continued)

Social history: Biological parents have been allowed to visit Khayden; currently with foster family; case under investigation by CWS.

O: gen: awake, alert, not fussy during exam
Heent: oral, normal, neck soft and supple, bilateral red reflex present
CV: rr, rls 1/2, no murmurs
Chest: clear
Abd: soft, ntd, nls, no masses
Gut: nil male for age
Ext: wwp, no deformities, no hip clicks
Skin: Mongolian spot on back, ~5 cm bruise on right upper back, no abrasions
Neuro: no focal abnormalities, normal tone and strength

A: 3 mo male here for hospital follow-up, new patient
-non-accidental trauma with multiple rib fractures and with right distal femur metaphyseal fracture
-under foster care, case under investigation by CWS
-failure to thrive; discharged home on 24 cal/oz formula which he has not been tolerating, now on 20 cal/oz formula and with excellent interval weight gain since discharge from hospital

P:
-obtain records from PCP; foster mother unable to sign medical release form; resident MD disgusted with CWS case worker, tel. 692-7861 CHAD KOJIMA; however, we will need to have release forms signed by the CWS social worker
-skeletal survey to follow-up initial survey next week
-if pending amino acids and urine organic acids
-reasonable to continue on 20 cal/oz formula as not tolerating 24 cal/oz formula and has had good interval weight gain
-if weight next week
-if appears to have persistent/increasing pain in area of right distal femur metaphyseal fracture, will consider referral to orthopedics
-clinic numbers to call reviewed

Order: 10 CHEST, 2 VIEWS FROM CHINA CENTER

Exam Info: 10/2/2013 11:13 AM Final ELIJAH A. KIM M

Added: 10/2/2013 11:13 AM Mon Jan 4, 2013 4:15:27 PM PST

10/2/2013

XR, CHEST, 2 VIEWS

REASON FOR EXAM: Fever x 4 days and cough



KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahoa St
Honolulu, HI 96828-1801
Results Imaging (S)

QUISANO, KHAYDEN K.
MRN: 33049468
DOB: 9/13/2005, Sex: M

COMPARISON: 10/24/09

RESULT: Frontal and lateral views of the chest demonstrate no focal pulmonary infiltrate, consolidation, or pleural effusion. The heart size is normal. No pneumothorax is appreciated.

There are healing fractures involving the left fourth, fifth, sixth and seventh ribs posteriorly. There is a rounded opacity superimposing the right fifth rib, possibly due to healing fracture. There is a rounded opacity overlying the right fifth rib laterally, which could also be due to a healing fracture.

IMPRESSION:

1. No definite focal pulmonary infiltrates are visualized.

2. Interval finding of healing left fourth, fifth, sixth and seventh rib fractures and possibly a right fifth rib fracture.

Results called to Dr. Nhemaya 1/4/2010 at 3:23.

Signed Study

1/4/2010

XR CHEST, 2 VIEWS

REASON FOR EXAM: Fevers 4 day and cough

COMPARISON: 10/24/09

RESULT: Frontal and lateral views of the chest demonstrate no focal pulmonary infiltrate, consolidation, or pleural effusion. The heart size is normal. No pneumothorax is appreciated.

There are healing fractures involving the left fourth, fifth, sixth and seventh ribs posteriorly. There is a rounded opacity superimposing the right fifth rib, possibly due to healing fracture.

IMPRESSION:

1. No definite focal pulmonary infiltrates are visualized.

2. Interval finding of healing left fourth, fifth, sixth and seventh rib fractures and possibly a right fifth rib fracture.

Results called to Dr. Nhemaya 1/4/2010 at 3:23.
#1803389

Results

Scan on 7/23/2013 1:17 PM by Kaleda, Kevin A.: imaging sign out sent

Scan on 7/11/2013 3:03 AM by Fauna, Alesia: CO SIGN(OUT, CO PAYMENT RECEIPT

Scan on 1/4/2010 11:12 AM by Ho, Candace Josephine: dis orders

Study

XR CHEST, 2 VIEWS (Order #7430085) on 1/4/2010 - Study Information

Result History

XR CHEST, 2 VIEWS (Order #8413085) on 1/4/10 - Order Result History Report

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KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahoa St.
Honolulu, HI 96820-1001
Results Imaging(S)

QUISANO, KHAYDEN K
MRN: 32049400
DOB: 9/18/2009, Sex: M

Order Information

01/04/10	100	(none)	01/04/10
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Provider Information

Dr. Candace J. J. de	Dr. James T. Moore
Dr. James T. Moore	Dr. James T. Moore

Order

1/3/2010 7:55 AM	Final	DI MAURO, ROBERT M
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Signed Study

1/3/2010
XR- SKELETAL SURVEY <1 YR

REASON FOR EXAM: 3 mo male with col

RESULT: Fifteen views of the skeleton reveal healing fractures of the posterior portions of the left fourth through seventh ribs. There may also be a healing fracture of the posterior portion of the left eighth rib. There are healing fractures of the anterior portions of the right fourth through sixth ribs. There is a bucket handle fracture of the medial aspect of the distal right femoral metaphysis. There are small exostoses of the shafts of the distal tibiae bilaterally and the shaft of the left second metatarsal.

IMPRESSION: Multiple bilateral healing rib fractures and metaphyseal fracture of the distal right femur. Findings are compatible with child abuse.

J. J. J. J.

Results

Scan on 7/13/2013 3:03 AM by Patricia, ASide: CO SIGNOUT, CD PAYMENT RECEIPT

Study

XR- SKELETAL SURVEY 01/1 YR (Order 335448258) on 7/13/13 - Study Information

Result History

XR- SKELETAL SURVEY 01/1 YR (Order 335448258) on 7/13/13 - Order Result History Record

Order Information

01/04/10	200	Med Surg Peds	01/04/10	1000	01/04/10
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Provider Information

Dr. James T. Moore	Dr. James T. Moore
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KAPIOLANI WOMEN & CHILDREN
NCS
1319 Punchow St
Honolulu, HI 96826-1001
Results Imaging (3)

QUISANO, KHAYDEN K
MRN: 32049460
DOB: 9/19/2009, Sex: M

Provider Information (continued)

Opel, Yulys A, MD	Opel, Yulys A, MD	Opel, Yulys A, MD
Dr. Barry M. MD	Dr. Barry M. MD	Dr. Barry M. MD
Dr. James C. MD	Dr. James C. MD	Dr. James C. MD
Dr. Barry M. MD	Dr. Barry M. MD	Dr. Barry M. MD

Order

Exam Info	Final	ALBRITTON, RYAN L
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Signed Study

10/29/10

MR BRAIN WITHOUT CONTRAST

REASON FOR EXAM: 3 mo neck with nat

COMPARISON: None available

TECHNIQUE: MRI of the brain was performed on a 1.5 Tesla Magnet without intravenous contrast using the following pulse sequences: midplanar localizer sagittal T1, axial proton density, T2 - GRE, T1, FLAIR, T2 and SWHSE.

FINDINGS: The ventricles and sulci are within normal limits for age. There is normal white matter volume and myelination and subcortical pattern given for age.

No extracranial foci collections, mass, mass effect are identified.

There are no areas of restricted diffusion to suggest acute infarction nor areas of abnormal susceptibility to suggest prior hemorrhage.

The orbits, globes, paranasal sinuses, mastoid air cells, middle ear and major intracranial flow voids appear within normal limits.

IMPRESSION: Unremarkable MRI of the brain.

J. 99293/sp

Results

Seen on 1/13/2010 2:02 AM by Facsim, Alerts: CO SIGNOUT, CO PAYMENT RECEIPT

Seen on 1/6/2010 2:44 PM by Salinas, Tanya A: MRI PAPERWORK

Study

MR BRAIN WITHOUT CONTRAST (Order#32049460) on 1/6/2010 - Study Information

Result History

MR BRAIN WITHOUT CONTRAST (Order#32049460) on 1/6/2010 - Order Result History Report

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