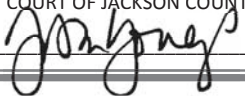


Probable Cause Statement Form

Date: 06/02/2024

Report: 24-1465

FILED DIVISION 6 02-Jun-2024 16:41 CIRCUIT COURT OF JACKSON COUNTY, MO BY  DCA
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I, Det Robert Fox #1855, knowing that false statements on this form are punishable by law, state that the facts contained herein are true.

I have probable cause to believe that on 05-31-2024, in Jackson County, Missouri, James Griffin, Jr. (DEFENDANT) committed one or more criminal offense(s).

The facts supporting this belief are as follows:

On 05-31-2024 at approximately 2353 hours, Raytown Police Officer [REDACTED] was dispatched to Children's Mercy Hospital regarding a report of child abuse.

Upon arrival, PO [REDACTED] contacted children's division case worker REPORTING PARTY who stated that a juvenile male (VICTIM) was brought into the emergency department and presented with extensive injuries over his body, including apparent scars, open sores, bruises, and burns. His ear appeared to be infected and almost swollen shut with scabbing over it. Most of VICTIM's teeth were missing and there was significant swelling to his mouth. PO [REDACTED] noted that he was missing a portion of the bridge of his nose, and his feet had open sores and bruises. Underneath VICTIM's chin was skin that appeared to have been burned and scarred over, and there were a multitude of scars consistent with lacerations on his body.

REPORTING PARTY stated VICTIM was brought in by his mother, [REDACTED], and that [REDACTED] had not been in contact with her son for years as he was living with his godmother, CO-DEFENDANT. [REDACTED] informed REPORTING PARTY that she was unexpectedly contacted by CO-DEFENDANT, telling her that she couldn't handle him anymore and that she needed to pick him up, however while taking him home, he soiled himself, and she was unable to assist him into her apartment. VICTIM was transported from the area of [REDACTED]'s apartment to North Kansas City Hospital before being transported to Children's Mercy Hospital. [REDACTED] advised PO [REDACTED] that VICTIM made a partial statement that his sister had hurt him, but he then lost consciousness.

On 06-01-2024 at approximately 0332 hours, [REDACTED] responded to Children's Mercy and contacted social worker [REDACTED]. She advised that VICTIM was a trauma transport from North Kansas City Hospital, and received a mass transfusion at NKCH. He presented with an altered mental status, apparent chronic malnutrition over time, hypothermia, hypotension, and a compression fracture in his spine. Also noted were:

- Abrasions and lacerations over the head, face, neck, upper and lower extremities, all in multiple stages of healing
- Second degree burns to the forehead
- Penile edema
- Pleural effusion (buildup of fluid in lungs)
- Concern of osteomyelitis
- Missing teeth / oral trauma or infection

VICTIM's body temperature upon admission at NKCH was 88 degrees Fahrenheit with a blood pressure of 60/30. At the time of contact a forensic exam and forensic photos had not been completed. [REDACTED] informed [REDACTED] that there was some kind of allegation that VICTIM attempted to sexually assault his sister, but did not have any further information regarding that. She further indicated that it appeared that VICTIM appeared as if he could have been bound or tied.

[REDACTED] contacted [REDACTED]. During the contact, [REDACTED] stated that CO-DEFENDANT was looking after two of her children for the past several years, as she was an alcoholic and while she was trying to get sober, decided it would be best if they lived with CO-DEFENDANT. [REDACTED] stated that she did not have regular contact with CO-DEFENDANT or her children, but did not want to intrude and disrupt their lives, and that they could be with her [REDACTED] in their own time. [REDACTED] said she never received any photos of the children as they got older as CO-DEFENDANT would have an excuse for why, and was only able to provide [REDACTED] with a photo of VICTIM from when he was approximately 9 years old. [REDACTED] stated she was contacted by CO-DEFENDANT out of the blue on Thursday (05-30-2024) and CO-DEFENDANT told her that she couldn't handle VICTIM's behavior anymore and that he was always fighting with his sister. [REDACTED] thought she was just upset about how teenagers could act, but received a second call on Friday (05-31-2024) that she needed to come and get VICTIM. [REDACTED] said when she arrived, VICTIM was laying in his bed and appeared cold, and she could see the injuries on his face. Not wanting to make a scene, and get VICTIM out to get help, she helped VICTIM to her car and began driving. During this time VICTIM wet himself in the back seat, and [REDACTED] tried to get him to her apartment to clean him up and then get him to the hospital. [REDACTED] stated to [REDACTED] that she tried helping VICTIM descend the stairs to get to her apartment but was unable to hold him steady, causing him to collapse by her, and thinks a neighbor saw this and called 911. VICTIM was transported to North Kansas City Hospital, and then to Children's Mercy Hospital. [REDACTED] said while she was there, she tried to get her [REDACTED] to come with her, but she did not press the issue as she kept looking up at CO-DEFENDANT. It was then that [REDACTED] said she noticed that [REDACTED] – VICTIM2 - had a cut on her lip.

Regarding VICTIM's medical history, [REDACTED] said that he was diagnosed with ADHD in fourth grade, and that he had struggled with eczema when he was young, and would sometimes scratch his legs aggressively, causing them to bleed on occasion.

VICTIM was given a diagnosis of "child torture" by the SCAN physician due to the degree of injury both present and past going beyond traditional diagnoses of child abuse.

Information provided from clinical staff along with medical records provided for VICTIM advised that there is a high probability of sudden, clinically significant or life-threatening deterioration in the patient's (VICTIM) condition which requires the highest level of physician preparedness to intervene urgently. "This patient needed critical care due to impending deterioration of the following system(s): infectious, respiratory, cardiac, metabolic, neurologic, SCAN, orthopaedic/spine. Associated risk factor(s) were the following: undifferentiated shock, profound anemia, at risk for cardiopulmonary failure, suspicion of child abuse and neglect, thoracic compression fractures."

VICTIM further showed possible indications of heart failure following an ultrasound, and was still at risk of death due to refeeding syndrome, likely stemming from chronic malnutrition.

Following an MRI conducted on VICTIM on 06-01-2024, [REDACTED] was notified by the SCAN physician that additional injuries of concern were noted, and that VICTIM's condition had begun to regress, requiring him to remain intubated on a ventilator, as they were unable to wean him off of it to breathe on his own. He began having seizures, and a constant epinephrine drip was necessary to keep his blood pressure up. She advised that there were more areas of concerns pertaining to bone breaks and areas of infection, specifically noting that the collarbone was broken and was at least 7-10 days old based upon the scans, along with broken bones in each foot. She indicated there was concern about the shoulder blades but at that time they were unable to determine if it was a break or a mass of infection. I was informed that broken shoulder blades only occur in instances of extreme trauma such as high speed car crashes.

It should be noted that upon review of forensic photos taken of VICTIM, he presented with distinct, linear impressions on his leg which were now a white color. The upper impression went semicircular around the leg, while the two lower impressions were relegated to the back of the leg, but were deeper impressions. They appear to be consistent with what would be found on a person bound by a ligature.

On 06-01-2024 a search warrant was executed at the residence of DEFENDANT/VICTIM.

During the course of the search of the residence, [REDACTED] observed a bedroom cluster containing three bedrooms. Two bedrooms contained bedding and furniture consistent with that

of what would normally be found in a bedroom. One appeared to be a child's bedroom with cartoon character bedding and dolls/toys. The second bedroom had a large bed with blankets, and pillows, along with a closet containing some clothing and a second closet that was empty except for clothes hangers.

The third bedroom was empty with the exception of a partially broken bedframe with no mattress, and a piece of cloth tied around one of the exterior rails. The door from the bedroom leading to the kitchen was screwed shut with a bookcase blocking the door. The door frame of the door that was not secured had damage on the interior of the door frame appearing to be consistent with that found by the door being pulled inward against the frame. Upon further examination of the room, small dots of a reddish-brown substance was found on the upper section of the wall and on the ceiling. There was apparent blood also on the blade of the ceiling fan. A field test of one of the spots yielded a positive result for the presence of blood with a Heme stick. Black circular/oval marks were noted along the ceiling, which would be consistent with being hit by a thin flexible object such as an extension cord.

Upon further examination of the bedroom, apparent blood spots were found on the carpet beneath the bedframe. Luminol was used to test an approximate two-foot square section of the carpet beneath the bedframe's location. Upon exposure to the Luminol, a large section of the carpet began to luminesce, indicating the presence of blood. The positive result yielded by the Luminol coupled with the absence of a large blood pool on the carpet suggests that the carpet may have been cleaned in an attempt to remove the blood evidence. Multiple sections of the wall appeared to have been recently sanded/patched as there was a large amount of dust on the wall, while other areas of the wall had a dried unidentified liquid on them.

In the basement, men's clothing (sizing XXL on many items) was found in the dryer, several pairs of men's shoes, which along with documents relating to DEFENDANT along with medicine prescribed to the daughter-in-common of CO-DEFENDANT and DEFENDANT. This discovery indicated that he not only resided there but as such he would also be aware of the conditions of VICTIM and VICTIM2. Two extension cords and an electrical cord were found in the basement and recovered as evidence. [REDACTED] was unable to locate any male clothing of a size that would be consistent with what would be likely worn by someone of the male victim's size, and was later informed by [REDACTED] that CO-DEFENDANT gave her a bag of clothes for VICTIM.

It should be noted that SGT Greer contacted neighbors who knew there to be a man and woman living at the residence, and advised seeing the man and woman along with two younger girls, but never recalled seeing a boy outside.

CO-DEFENDANT and DEFENDANT were separately taken into custody, and VICTIM2 along with the daughter of CO-DEFENDANT and DEFENDANT were taken into protective custody. [REDACTED] was later notified by REPORTING PARTY that VICTIM's [REDACTED] – VICTIM2

- was examined at Children's Mercy Hospital after being taken into protective custody following the arrest of CO-DEFENDANT. During the exam, it was found that she had bruises and marks all over her body including linear and circular patterns that could be consistent with being whipped or struck with a cord or like object. REPORTING PARTY stated that VICTIM's [REDACTED] said VICTIM caused the injuries to her. She was diagnosed with physical child abuse.

An in-custody interview was conducted with CO-DEFENDANT. During the interview, she stated she worked in the medical field and was familiar with abuse and neglect, and initially denied any allegations of abuse or knowledge of such. She stated that VICTIM and VICTIM2 always fought, and that is how VICTIM was injured. She said that they fought three days prior because VICTIM was trying to sexually assault VICTIM2. CO-DEFENDANT said when she came home two days ago, she saw VICTIM cut up and VICTIM2 was crying, and when she asked what happened, she said that VICTIM told her that VICTIM2 attacked him, but then admitted he was trying to sexually assault VICTIM2. Prior to two days ago, VICTIM did not have any marks on his body other than his face, and the only marks on his face were scratches from VICTIM2. CO-DEFENDANT said VICTIM moved around with no difficulty prior to calling [REDACTED] on Friday. She alleged that she had VICTIM2 tell [REDACTED] what happened and that she had to come get VICTIM as he couldn't stay there now out of fear that VICTIM2 would get pregnant by VICTIM. CO-DEFENDANT said the kids never got sick or been to the doctor. She clarified that the room that VICTIM slept in was the room in which the black bedframe was located in the search warrant. During the interview, she originally stated that she did not use any type of cord or whip on the children, and that the only thing she's ever used was a belt on the bottoms, and that DEFENDANT never whipped the children. After being confronted with VICTIM's condition, she would recant and admit to using a telephone cord but had not use it on them in a while, but that DEFENDANT would regularly whip him with a cord. When confronted with the various afflictions present on VICTIM, she admitted that she should have taken him for medical care but did not. Concerning VICTIM's teeth, she insisted that VICTIM2 did it with a mason jar, and caused a lot of bleeding from his mouth, and that she made a dentist appointment but never took him. CO-DEFENDANT eventually stated that DEFENDANT locked the windows and secured VICTIM's bedroom doors, and that the cord marks were from DEFENDANT and he would beat VICTIM every other day for the past six months. Concerning the malnutrition, CO-DEFENDANT stated she works and does not know what goes on when she is not there, but was adamant that she did not withhold food from VICTIM. She later said that she thinks his intake slowed down and didn't think he was eating as much. CO-DEFENDANT said DEFENDANT would be at the house two or three days a week to watch the children. She stated VICTIM had become less responsive over the past week and would just lay around and did not want to go to the hospital. She later stated that she was fearful of DEFENDANT which is why she did not take any action, permitting the abuse and neglect to continue. CO-DEFENDANT repeatedly acknowledged that she was the primary caregiver of VICTIM and VICTIM2, and exercised full care and control over them, and her inaction to address the ongoing abuse and neglect of the victims.

An in-custody interview was conducted with DEFENDANT. Regarding the issue of abuse and neglect, DEFENDANT stated that although he was at the residence, he was not responsible for the kids, and that he did not watch the kids at the house. He stated that he would just take his daughter with him and leave when he was left alone with the kids. He continued to assert that VICTIM2 caused the injuries to VICTIM, and that VICTIM admitted to him that he “did it all” to VICTIM2. When confronted about beating VICTIM with an extension cord, he refused to speak about it, stating he was done and that “[police] didn’t have anything on him” and that he did not cause any marks to VICTIM and “Ain’t no way that Penny can say I’m the one that did that shit,” and that all of the injury on VICTIM was caused by VICTIM2 because they fight all the time, and that the incident in which VICTIM2 stabbed VICTIM occurred approximately two weeks ago (where CO-DEFENDANT stated it was a few days prior.)

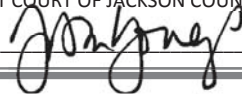
Name: Det Robert Fox #1855

Signature: /s/ Det Robert Fox #1855

Probable Cause Statement Form

Date: 24-1465

Report: 06022024

FILED DIVISION 6 02-Jun-2024 16:55 CIRCUIT COURT OF JACKSON COUNTY, MO BY  DCA
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I, Det Robert Fox #1855, knowing that false statements on this form are punishable by law, state that the facts contained herein are true.

I have probable cause to believe that on 05-31-2024, in Jackson County, Missouri, PENNY WOODS (DEFENDANT) committed one or more criminal offense(s).

The facts supporting this belief are as follows:

On 05-31-2024 at approximately 2353 hours, Raytown Police Officer [REDACTED] was dispatched to Children's Mercy Hospital regarding a report of child abuse.

Upon arrival, PO Houston contacted children's division case worker REPORTING PARTY who stated that a juvenile male (VICTIM) was brought into the emergency department and presented with extensive injuries over his body, including apparent scars, open sores, bruises, and burns. His ear appeared to be infected and almost swollen shut with scabbing over it. Most of VICTIM's teeth were missing and there was significant swelling to his mouth. PO Houston noted that he was missing a portion of the bridge of his nose, and his feet had open sores and bruises. Underneath VICTIM's chin was skin that appeared to have been burned and scarred over, and there were a multitude of scars consistent with lacerations on his body.

REPORTING PARTY stated VICTIM was brought in by his mother, [REDACTED], and that [REDACTED] had not been in contact with her son for years as he was living with his godmother, DEFENDANT. [REDACTED] informed REPORTING PARTY that she was unexpectedly contacted by DEFENDANT, telling her that she couldn't handle him anymore and that she needed to pick him up, however while taking him home, he soiled himself, and she was unable to assist him into her apartment. VICTIM was transported from the area of [REDACTED]'s apartment to North Kansas City Hospital before being transported to Children's Mercy Hospital. Freeman advised [REDACTED] that VICTIM made a partial statement that his sister had hurt him, but he then lost consciousness.

On 06-01-2024 at approximately 0332 hours, Det. Fox responded to Children's Mercy and contacted social worker [REDACTED]. She advised that VICTIM was a trauma transport from North Kansas City Hospital, and received a mass transfusion at NKCH. He presented with an altered mental status, apparent chronic malnutrition over time, hypothermia, hypotension, and a compression fracture in his spine. Also noted were:

- Abrasions and lacerations over the head, face, neck, upper and lower extremities, all in multiple stages of healing
- Second degree burns to the forehead
- Penile edema
- Pleural effusion (buildup of fluid in lungs)
- Concern of osteomyelitis
- Missing teeth / oral trauma or infection

VICTIM's body temperature upon admission at NKCH was 88 degrees Fahrenheit with a blood pressure of 60/30. At the time of contact a forensic exam and forensic photos had not been completed. Samantha informed [REDACTED] that there was some kind of allegation that VICTIM attempted to sexually assault his sister, but did not have any further information regarding that. She further indicated that it appeared that VICTIM appeared as if he could have been bound or tied.

[REDACTED]x contacted [REDACTED]. During the contact, [REDACTED] stated that DEFENDANT was looking after two of her children for the past several years, as she was an alcoholic and while she was trying to get sober, decided it would be best if they lived with DEFENDANT. [REDACTED] stated that she did not have regular contact with DEFENDANT or her children, but did not want to intrude and disrupt their lives, and that they could be with her ([REDACTED]) in their own time. [REDACTED] said she never received any photos of the children as they got older as DEFENDANT would have an excuse for why, and was only able to provide [REDACTED] with a photo of VICTIM from when he was approximately 9 years old. [REDACTED] stated she was contacted by DEFENDANT out of the blue on Thursday (05-30-2024) and DEFENDANT told her that she couldn't handle VICTIM's behavior anymore and that he was always fighting with his sister. [REDACTED] thought she was just upset about how teenagers could act, but received a second call on Friday (05-31-2024) that she needed to come and get VICTIM. [REDACTED] said when she arrived, VICTIM was laying in his bed and appeared cold, and she could see the injuries on his face. Not wanting to make a scene, and get VICTIM out to get help, she helped VICTIM to her car and began driving. During this time VICTIM wet himself in the back seat, and [REDACTED] tried to get him to her apartment to clean him up and then get him to the hospital. [REDACTED] stated to [REDACTED] that she tried helping VICTIM descend the stairs to get to her apartment but was unable to hold him steady, causing him to collapse by her, and thinks a neighbor saw this and called 911. VICTIM was transported to North Kansas City Hospital, and then to Children's Mercy Hospital. [REDACTED] said while she was there, she tried to get her [REDACTED] to come with her, but she did not press the issue as she kept looking up at DEFENDANT. It was then that [REDACTED] said she noticed that her [REDACTED] – VICTIM2 - had a cut on her lip.

Regarding VICTIM's medical history, [REDACTED] said that he was diagnosed with ADHD in fourth grade, and that he had struggled with eczema when he was young, and would sometimes scratch his legs aggressively, causing them to bleed on occasion.

VICTIM was given a diagnosis of "child torture" by the SCAN physician due to the degree of injury both present and past going beyond traditional diagnoses of child abuse.

Information provided from clinical staff along with medical records provided for VICTIM advised that there is a high probability of sudden, clinically significant or life-threatening deterioration in the patient's (VICTIM) condition which requires the highest level of physician preparedness to intervene urgently. "This patient needed critical care due to impending deterioration of the following system(s): infectious, respiratory, cardiac, metabolic, neurologic, SCAN, orthopaedic/spine. Associated risk factor(s) were the following: undifferentiated shock, profound anemia, at risk for cardiopulmonary failure, suspicion of child abuse and neglect, thoracic compression fractures."

VICTIM further showed possible indications of heart failure following an ultrasound, and was still at risk of death due to refeeding syndrome, likely stemming from chronic malnutrition.

Following an MRI conducted on VICTIM on 06-01-2024, Det. Fox was notified by the SCAN physician that additional injuries of concern were noted, and that VICTIM's condition had begun to regress, requiring him to remain intubated on a ventilator, as they were unable to wean him off of it to breathe on his own. He began having seizures, and a constant epinephrine drip was necessary to keep his blood pressure up. She advised that there were more areas of concerns pertaining to bone breaks and areas of infection, specifically noting that the collarbone was broken and was at least 7-10 days old based upon the scans, along with broken bones in each foot. She indicated there was concern about the shoulder blades but at that time they were unable to determine if it was a break or a mass of infection. I was informed that broken shoulder blades only occur in instances of extreme trauma such as high-speed car crashes.

It should be noted that upon review of forensic photos taken of VICTIM, he presented with distinct, linear impressions on his leg which were now a white color. The upper impression went semicircular around the leg, while the two lower impressions were relegated to the back of the leg, but were deeper impressions. They appear to be consistent with what would be found on a person bound by a ligature.

On 06-01-2024 a search warrant was executed at the residence of DEFENDANT/VICTIM.

During the course of the search of the residence, [REDACTED] observed a bedroom cluster containing three bedrooms. Two bedrooms contained bedding and furniture consistent with that

of what would normally be found in a bedroom. One appeared to be a child's bedroom with cartoon character bedding and dolls/toys. The second bedroom had a large bed with blankets, and pillows, along with a closet containing some clothing and a second closet that was empty except for clothes hangers.

The third bedroom was empty with the exception of a partially broken bedframe with no mattress, and a piece of cloth tied around one of the exterior rails. The door from the bedroom leading to the kitchen was screwed shut with a bookcase blocking the door. The door frame of the door that was not secured had damage on the interior of the door frame appearing to be consistent with that found by the door being pulled inward against the frame. Upon further examination of the room, small dots of a reddish-brown substance was found on the upper section of the wall and on the ceiling. There was apparent blood also on the blade of the ceiling fan. A field test of one of the spots yielded a positive result for the presence of blood with a Heme stick. Black circular/oval marks were noted along the ceiling, which would be consistent with being hit by a thin flexible object such as an extension cord.

Upon further examination of the bedroom, apparent blood spots were found on the carpet beneath the bedframe. Luminol was used to test an approximate two-foot square section of the carpet beneath the bedframe's location. Upon exposure to the Luminol, a large section of the carpet began to luminesce, indicating the presence of blood. The positive result yielded by the Luminol coupled with the absence of a large blood pool on the carpet suggests that the carpet may have been cleaned in an attempt to remove the blood evidence. Multiple sections of the wall appeared to have been recently sanded/patched as there was a large amount of dust on the wall, while other areas of the wall had a dried unidentified liquid on them.

In the basement, men's clothing (sizing XXL on many items) was found in the dryer, several pairs of men's shoes, which along with documents relating to CO-DEFENDANT along with medicine prescribed to the daughter-in-common of DEFENDANT and CO-DEFENDANT. This discovery indicated that he not only resided there but as such he would also be aware of the conditions of VICTIM and VICTIM2. Two extension cords and an electrical cord were found in the basement and recovered as evidence. [REDACTED] was unable to locate any male clothing of a size that would be consistent with what would be likely worn by someone of the male victim's size, and was later informed by [REDACTED] that DEFENDANT gave her a bag of clothes for VICTIM.

It should be noted that [REDACTED] eer contacted neighbors who knew there to be a man and woman living at the residence, and advised seeing the man and woman along with two younger girls, but never recalled seeing a boy outside.

DEFENDANT and CO-DEFENDANT were separately taken into custody, and VICTIM2 along with the daughter of DEFENDANT and CO-DEFENDANT were taken into protective custody. [REDACTED] was later notified by REPORTING PARTY that VICTIM's [REDACTED] – VICTIM2

- was examined at Children's Mercy Hospital after being taken into protective custody following the arrest of DEFENDANT. During the exam, it was found that she had bruises and marks all over her body including linear and circular patterns that could be consistent with being whipped or struck with a cord or like object. REPORTING PARTY stated that VICTIM's [REDACTED] said VICTIM caused the injuries to her. She was diagnosed with physical child abuse.

An in-custody interview was conducted with DEFENDANT. During the interview, she stated she worked in the medical field and was familiar with abuse and neglect, and initially denied any allegations of abuse or knowledge of such. She stated that VICTIM and VICTIM2 always fought, and that is how VICTIM was injured. She said that they fought three days prior because VICTIM was trying to sexually assault VICTIM2. DEFENDANT said when she came home two days ago, she saw VICTIM cut up and VICTIM2 was crying, and when she asked what happened, she said that VICTIM told her that VICTIM2 attacked him, but then admitted he was trying to sexually assault VICTIM2. Prior to two days ago, VICTIM did not have any marks on his body other than his face, and the only marks on his face were scratches from VICTIM2. DEFENDANT said VICTIM moved around with no difficulty prior to calling [REDACTED] on Friday. She alleged that she had VICTIM2 tell [REDACTED] what happened and that she had to come get VICTIM as he couldn't stay there now out of fear that VICTIM2 would get pregnant by VICTIM. DEFENDANT said the kids never got sick or been to the doctor. She clarified that the room that VICTIM slept in was the room in which the black bedframe was located in the search warrant. During the interview, she originally stated that she did not use any type of cord or whip on the children, and that the only thing she's ever used was a belt on the bottoms, and that CO-DEFENDANT never whipped the children. After being confronted with VICTIM's condition, she would recant and admit to using a telephone cord but had not used it on them in a while, but that CO-DEFENDANT would regularly whip him with a cord. When confronted with the various afflictions present on VICTIM, she admitted that she should have taken him for medical care but did not. Concerning VICTIM's teeth, she insisted that VICTIM2 did it with a mason jar, and caused a lot of bleeding from his mouth, and that she made a dentist appointment but never took him. DEFENDANT eventually stated that CO-DEFENDANT locked the windows and secured VICTIM's bedroom doors, and that the cord marks were from CO-DEFENDANT and he would beat VICTIM every other day for the past six months. Concerning the malnutrition, DEFENDANT stated she works and does not know what goes on when she is not there, but was adamant that she did not withhold food from VICTIM. She later said that she thinks his intake slowed down and didn't think he was eating as much. DEFENDANT said CO-DEFENDANT would be at the house two or three days a week to watch the children. She stated VICTIM had become less responsive over the past week and would just lay around and did not want to go to the hospital. She later stated that she was fearful of CO-DEFENDANT which is why she did not take any action, permitting the abuse and neglect to continue. DEFENDANT repeatedly acknowledged that she was the primary caregiver of VICTIM and VICTIM2, and exercised full care and control over them, and her inaction to address the ongoing abuse and neglect of the victims.

An in-custody interview was conducted with CO-DEFENDANT1. Regarding the issue of abuse and neglect, CO-DEFENDANT stated that although he was at the residence, he was not responsible for the kids, and that he did not watch the kids at the house. He stated that he would just take his daughter with him and leave when he was left alone with the kids. He continued to assert that VICTIM2 caused the injuries to VICTIM, and that VICTIM admitted to him that he “did it all” to VICTIM2. When confronted about beating VICTIM with an extension cord, he refused to speak about it, stating he was done and that “[police] didn’t have anything on him” and that he did not cause any marks to VICTIM and “Ain’t no way that Penny can say I’m the one that did that shit,” and that all of the injury on VICTIM was caused by VICTIM2 because they fight all the time, and that the incident in which VICTIM2 stabbed VICTIM occurred approximately two weeks ago (where DEFENDANT stated it was a few days prior.)

Name: Det Robert Fox #1855

Signature: /s/ Det Robert Fox #1855