



**ALACHUA COUNTY SHERIFF'S OFFICE**  
**Department of Administrative Services/Records Bureau**  
*Public Records Request Exemption Notification*

Case #: ASO 24- 07993

Date: 09/17/2024

Attached are the public records pertaining to your request. In accordance with Florida State Statute or Federal law, certain portions are confidential and/or exempt from public record release and have been redacted. The statute specific to the redaction is indicated below. If you have any questions please call us at (352) 367-4006.

✓	Statute	Description	*
	119.071(2)(c)	Active Criminal Investigative or Intelligence Information	E
	406.135	Autopsy Photographs, Video, or Audio Records	C
	119.071(5)(b)	Bank Account Numbers, Debit, Charge, and Credit Card Numbers	E
	119.071(2)(l)2	Body-Worn Camera interiors of a private residence, health care, mental health care, or social services facility, and places a reasonable person expects to be private.	C
	119.071(2)(e)	Confessions of Arrested Person (until adjudication, dismissal, or other final disposition)	E
	119.071(2)(f)	Confidential Informant or Confidential Source Identifying Information	E
	316.066(2)(a)	Crash Reports prior to 60 days after the date the report is filed	C
	365.171(12)	Emergency 911 Requests for Service / Assistance – Identity of Caller	C
	119.071(5)(g)	Fingerprint Records	E
	119.071(2)(j)	Home or employment addresses, telephone numbers, assets of victim of certain crimes upon request ( <i>Crimes include sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, and domestic violence</i> )	E
	985.04	Juvenile Misdemeanor Offenses	C
	119.071(4)(d)2a	Law Enforcement Agency Personnel's Home Addresses and Family Information to include Former/Current, Sworn/Civilian/Corrections	E
	119.071(4)(d)2d	Former/Current Firefighter Personnel and Family Information	E
	119.071(2)(o)	Mass Violence Victim's address ( <i>four or more people, not including the perpetrator</i> )	E
	395.3025(7)(a) 456.057(7)(a)	Medical Records	C
	119.071(2)(i)	Personal assets of a crime victim, other than property stolen or destroyed during the commission of a crime	E
	119.071(2)(p)	Photograph, video, or audio recording depicting the killing of a law enforcement officer acting in accordance with official duties or the killing of mass violence victims ( <i>three or more people, not including the perpetrator</i> )	C
	943.059(4)	Sealed Record	C
	119.071(2)d 119.071(3)	Surveillance Techniques and Emergency Response Plans Security, Fire Safety or Evacuation Plans Held by Agency	C
	119.071(5)(a)5	Social Security Number	C
x	119.071(2)(h)1 119.071(2)(n)	Victim of Child Abuse or Victim of Sex Offense Victim of Alleged Sexual Harassment	C
	119.071(2)(m)1	Witness to a Murder	C
		Other:	



# Arrest Report

ALACHUA COUNTY SHERIFFS OFFICE  
2621 SE HAWTHORNE RD

012024CF003059A

Report Date / Time 9/12/2024 03:41 PM	Report Number ASOCHG00011028M	Case Number/Cad Number ASO24OFF007993 / 091224-0514	Reporting Officer Name BURKS, LEXI
Originating Agency ORI FL0010000	Occur Date Time Range 09/11/2024 09:35:00 - 09/11/2024 09:35:00	Jurisdiction ASO	
OBTs Number 0108067268	Other Number 24-004802	Clearance	

### Location of Occurrence

County ALACHUA	Location Type BUSINESS	Location Description CHILD CENTER FOR EARLY LIVING			
Street Number 820	Street SW 62nd Ter	Apt/Lot/Bldg	City ALACHUA COUNTY UNINC	State FL	Zip Code 32607

### Suspect

First Name KEONI	Middle Name BRENEAJA	Last Name ELLIS	Suffix	Race BLACK	Sex FEMALE	Height 5'05	Weight 145	Hair BRO	Eyes BRO
MNI # ASO15MNI013428	SSN [REDACTED]	Date of Birth 11/20/1995	Age 28	ID Type DL	Drivers License or other ID E420502959200	State FL	OCA / Agency ID 201602615		
Place of Birth:	GAINESVILLE UNITED STATES								
Address * RESIDENCE / 412 SW 69TH TER E, ALACHUA COUNTY UNINC, FL 32607 / (352)275-7652									

### Arrest Report Data

Question Domestic Violence	Answer No
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### Arrest

Arrest Date/Time 9/12/2024 3:33:05 PM	Arrest Location Type BUSINESS	Arrest Location Description				
Street Number 820	Street SW 62nd Ter	Apt/Lot/Bldg	County ALACHUA	City ALACHUA COUNTY UNINC	State FL	Zip Code 32607

### Charge :

Counts 1	Charge 827.03.2c	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree T	Charge Level FELONY		
General Offense Code COMMITTED	Arrest Offense Code CRUELTY TOWARD CHILD		
Charge Description ABUSE CHILD WITHOUT GREAT BODILY HARM			
Administrative Code - Description -			

### Probable Cause

Report Date / Time 9/12/2024 03:41 PM	Report Number ASOCHG00011028M	Case Number/Cad Number ASO24OFF007993 / 091224-0514	Reporting Officer Name BURKS, LEXI
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On Thursday, September 12th, 2024, at approximately 1337 hours, I responded to 820 SW 62nd Ter. (Child Center for Early Living) in reference to a DCF investigation. The parties listed in this case are Keoni Ellis (DEFENDANT) and [REDACTED]. Keoni is an employee of the listed location and [REDACTED].

The investigation revealed the following:

On Wednesday, September 11th, 2024, the DEFENDANT was working as an employee at Child Center for Early Living. The DEFENDANT was assigned to the [REDACTED] which is a classroom to several children between the ages of two and three years old.

As demonstrated in classroom video surveillance, the DEFENDANT can be seen working in the classroom [REDACTED]. At approximately 09:32:35 hours in the video, the DEFENDANT can be seen approaching the VICTIM as [REDACTED] appeared to be horse-playing with another student. The DEFENDANT then appears to crouch down in front of the VICTIM and pinch [REDACTED] in the area of [REDACTED] groin/upper thigh. This is evident by the VICTIM immediately backing away from the DEFENDANT and reaching for and rubbing the area of [REDACTED] upper thigh. The VICTIM then backs further away and sits with [REDACTED] legs crossed as if [REDACTED] is in a state of discomfort.

At approximately 9:33:40 hours in the video, the DEFENDANT can be seen re-approaching the VICTIM as [REDACTED] is once again horse-playing with another student. The DEFENDANT proceeds to grab the VICTIM by what appears to be [REDACTED] ear and shoulder, and drag [REDACTED] away from the other student. The VICTIM is seen reaching for [REDACTED] face in the process. The DEFENDANT then sits the VICTIM down and places [REDACTED] against the wall away from other students.

It should be noted that the VICTIM is diagnosed with autism and placed in a classroom with other students who experience similar behavioral issues. Additionally, the VICTIM is personally known to the DEFENDANT due to the DEFENDANT being [REDACTED] the VICTIM's parents. The VICTIM's [REDACTED].

Post Miranda, the DEFENDANT initially advised that [REDACTED] did not have any physical contact with the VICTIM on September 11th, 2024. The DEFENDANT also advised that [REDACTED] boundaries for punishing children is dependent upon each individual child's behavior (case by case basis). The DEFENDANT alleged that [REDACTED] was granted permission by the VICTIM's [REDACTED] to punish [REDACTED] by pinching [REDACTED].

When shown the video footage of the incident, the DEFENDANT denied pinching the VICTIM or dragging [REDACTED] by his ear. The DEFENDANT explained that she simply placed [REDACTED] hand on the VICTIM's leg as [REDACTED] whispered in his ear and threatened to get [REDACTED] for [REDACTED] bad behavior.

Per photos provided by the VICTIM's [REDACTED] the VICTIM suffered from apparent minor injuries to [REDACTED] left arm and the side of [REDACTED] neck.

Based on the video evidence, it is apparent that the DEFENDANT knowingly and willfully abused the victim by committing an intentional act that could reasonably be expected to result in physical injury. Therefore, the DEFENDANT is being charged with child abuse in accordance with F.S.S. 827.03.

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**Jail Booking Facility**

Booking Date/Time 9/12/2024 04:33 PM	Booking County ALACHUA	Booking Facility ALACHUA COUNTY JAIL	Booking Facility Phone (352) 491-4460
Booking Facility Location 3333 NE 39TH AVE GAINESVILLE, FLORIDA 32609			Booking Number
Booking Comments			

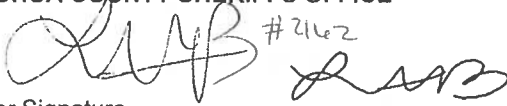
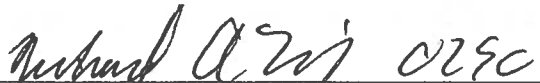
**Person: VICTIM**

First Name	Middle Name	Last Name	Suffix	Race BLACK	Sex MALE	Height 3'00"	Weight 40	Hair BRO	Eyes BRO
MNI #	SSN	Date of Birth	Age 3	ID Type	Drivers License or other ID	State	OCA / Agency ID		
Place of Birth:									
Address * RESIDENCE /									

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
BURKS, LEXI DEPUTY 2162	REPORTING OFFICER	ALACHUA COUNTY SHERIFFS OFFICE T2 NIGHTS

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

**Reporting Officer**

Officer Name BURKS, LEXI	Office Rank DEPUTY	Officer ID No 2162	Sworn and subscribed before me, the undersigned authority This the <u>12</u> day of <u>September</u> , <u>2024</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency ALACHUA COUNTY SHERIFFS OFFICE			
Officer Signature 			

<input type="radio"/> No Bill / Petition	<input type="radio"/> Issue Warrant	<input type="radio"/> Prosecution Approved	Signature of Assistant State Attorney	Date
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