

**NOTICE**

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2015 IL App (4th) 140837-U

NO. 4-14-0837

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

**FILED**

February 17, 2015  
Carla Bender  
4<sup>th</sup> District Appellate  
Court, IL

In re: A.M., a Minor,	)	Appeal from
THE PEOPLE OF THE STATE OF ILLINOIS,	)	Circuit Court of
Petitioner-Appellee,	)	Macon County
v.	)	No. 13JA182
MISTY MORROW,	)	
Respondent-Appellant.	)	Honorable
	)	Thomas E. Little,
	)	Judge Presiding.

JUSTICE APPLETON delivered the judgment of the court.  
Justices Turner and Harris concurred in the judgment.

**ORDER**

¶ 1 *Held:* In this juvenile proceeding, the finding of neglect is not against the manifest weight of the evidence, and respondent has forfeited any other challenge to the dispositional order.

¶ 2 Respondent, Misty Morrow, appeals from a dispositional order, in which the trial court made her seven-year-old daughter, A.M. (born May 9, 2007), a ward of the court and awarded custody and guardianship of her to the guardianship administrator of the Illinois Department of Children and Family Services (DCFS). (A.M.'s two-year-old brother, K.S., was the subject of a separate petition, in Livingston County case No. 13-JA-183.) Respondent challenges the court's findings of neglect, which preceded the dispositional order, and she also challenges the decision to make A.M. a ward of the court and to grant custody and guardianship of her to DCFS.

¶ 3 We are unable to say the finding of neglect is against the manifest weight of the evidence, and respondent has otherwise forfeited any challenge to the dispositional order. Therefore, we affirm the trial court's judgment.

¶ 4 I. BACKGROUND

¶ 5 A. The Petition for Adjudication of Neglect

¶ 6 On November 22, 2013, the State filed a petition to adjudicate A.M., to be a neglected minor and to make her a ward of the court.

¶ 7 Count I of the petition alleged as follows:

"CT. I: NEGLECTED, pursuant to 705 ILCS 405/2-3(1)(a) of the Juvenile Court Act, by reason of being a minor under 18 years of age who is not receiving the proper or necessary care recognized under State law as necessary for the minor's well-being, in that the mother has ongoing mental health issues that are not under control. The mother reported in the presences of her children that she was suicidal and the children were not safe with her. The daughter [A.M.], age 6 years, reports her mother has 'manic episodes' and throws things 'very hard' when she is 'manic.' [A.M.] reports she has been injured once as a result; she also reports her mother knocks everything off desks and tables during her 'manic' episodes, and that [A.M.] cleans up and puts things away after the episode passes. The mother has also been arrested for Violating an Order of Protection the father of her other child has against her, as well as an arrest for damaging an[] ex-

boyfriend's car; she reportedly rammed her car into his. The mother is an unreliable reporter: she has told some people she is taking her prescribed medications, yet told other people she is not taking her medications. The putative father is not involved. His whereabouts are unknown[.]"

¶ 8 Count II alleged as follows:

"CT. II: NEGLECTED, pursuant to 705 ILCS 405/2-3(1)(b) of the Juvenile Court Act, by reason of being a minor under 18 years of age whose environment is injurious to her welfare, in that the mother has ongoing mental health issues that are not under control."

The rest of count II repeated the factual allegations of count I.

¶ 9 B. Evidence in the Adjudicatory Hearing

¶ 10 On July 7 and 28, 2014, the trial court held an adjudicatory hearing, in which the witnesses testified substantially as follows.

¶ 11 1. *Brian Beard*

¶ 12 Brian Beard testified he used to date respondent but that by October 2013, they had decided to end their relationship.

¶ 13 Around October 23, 2013, Beard was moving his belongings out of respondent's apartment, and he had her cell phone, and she had his cell phone. The two of them were in their separate vehicles, and respondent pulled up alongside him and requested her cell phone. He responded he would relinquish her cell phone only if she let him into her apartment so he could

retrieve the rest of his belongings. According to Beard, respondent then became irate and intentionally drove her vehicle into his vehicle. He called the police.

¶ 14 Beard admitted he had been arrested for the domestic battery of respondent, and he could not remember for sure, but he believed he was arrested at the same time she was arrested for criminal damage to property. His understanding, however, was that the charge against her had been dropped, just as the charge against him had been dropped.

¶ 15 *2. Barry Hitchens*

¶ 16 Barry Hitchens testified he was a detective with the Decatur police department and that he investigated the confrontation that Beard and respondent reportedly had on October 23, 2013.

¶ 17 Hitchens went to respondent's residence and saw her car, which appeared to have damage consistent with having collided with Beard's truck. Hitchens questioned respondent, and she was unable to give him a reasonable explanation of how her car had suffered this damage. At first, she claimed the damage had resulted from a collision with a shopping cart. Then she suggested that someone else might have driven her car, although she could not say who had done so. Respondent was issued a notice to appear in court for criminal damage to property.

¶ 18 A month or so after talking with respondent about the damage to Beard's truck, Hitchens was assigned to investigate an allegation by her that she was the victim of a criminal sexual assault. When Hitchens tried, unsuccessfully, to interview her about this allegation, she complained to his supervisors that he was harassing her. Hitchens arrived at the conclusion that respondent was "unreasonable" and that she had "issues." Respondent's attorney asked him what was his basis for that conclusion. He answered: "It is based on the fact, for one, that she claimed that I was harassing her for doing nothing more than knocking on her door on a couple of

occasions and leaving a business card. She complained[,] I believe in open court[,] that I was harassing her."

¶ 19 3. *A.M.*

¶ 20 A.M. testified outside of respondent's presence, although respondent's attorney was present. She testified she was in third grade. She did not remember talking with Sherea James in 2013, around Thanksgiving. She did not remember telling anyone that her mother had suffered "manic episodes"; or that her mother had become upset and "mov[ed] things around in the house"; or that, after sliding things off a desk, her mother had made her pick the things up; or that when "moving things around," her mother "hurt [her] once"; or that her mother had thrown a pillow in her face. A.M. denied that her mother went to St. Mary's Hospital.

¶ 21 The guardian *ad litem* asked A.M. how often she ate each day, and A.M. answered three times a day: breakfast, lunch, and supper. Sometimes her mother cooked (chicken and pizza, for example), and sometimes they went out. A.M. denied ever being afraid at her mother's house while her mother was taking care of her. Her mother treated her younger brother "nicely."

¶ 22 4. *Deborah Reid*

¶ 23 Deborah Reid testified she had known respondent for about three years, during which she had been respondent's day-care provider and also her friend.

¶ 24 Reid remembered there was an occasion (she could not remember the date or even the time of year) when the police brought the children over to her house because respondent was "having some kind of little issues"—she was "just overburdened or something like that"—and she needed to go to the hospital. Respondent picked the children up later in the evening, right

after she was released. Afterward, respondent never explained she had been thinking about hurting herself.

¶ 25 Although Reid knew that respondent was seeing a counselor in Champaign, she never noticed that respondent had an anger problem, mood swings, or any other "mental issues." Periodically, though, Reid stopped by respondent's house to remind her to take her medications (Reid did not specify what kind of medications). Sometimes, maybe for a day, respondent forgot to take her medications. But she would not forget for long; she would get right back on them.

¶ 26 Never had there been any occasion when Reid doubted respondent's ability to take care of her children. She thought respondent was "an excellent mother." Her house was always "immaculate" and orderly. Her children were clean, smart, well-mannered, and nicely dressed, and it was a pleasure to watch over them every day. She never saw any indication they had been abused. Indeed, as a mandated reporter, she would have had to report any suspected abuse.

¶ 27 *5. Sherea James*

¶ 28 Sherea James testified that in November 2013, she was a child protective specialist for DCFS. She had been with DCFS for 18 years and had investigated hundreds of cases. She had a bachelor's degree in social work and was presently a foster home licensing representative for DCFS.

¶ 29 On November 17, 2013, someone called the child abuse hot line. The call pertained to A.M. and her younger brother, K.S. James began her investigation the next day.

¶ 30 In the course of her investigation, James interviewed the children's mother, respondent. The assistant State's Attorney asked James:

"Q. And what did [respondent] have to tell you?"

A. She informed me that she had become upset on November 17th because she was accused of wrecking an ex-boyfriend's car. She told me that she became very upset to the point where she was suicidal. She informed me that she was given [a notice] to appear in court and just became very upset.

At that time, the police—she told me that the police [were] having her admitted into the hospital, the psychiatric hospital involuntarily. They had allowed her to call a friend to come pick up her children.

Q. That would be Mr. [sic] Reid?

A. Yes.

Q. What else did [respondent] tell you?

A. She also informed me that, uh, she does have a lot of— she told me she has a lot of issues, emotional and anger issues. She informed me that after she had gone to the hospital they let her out five hours later. She informed me that Ms. Reid picked her up from the hospital and then took her and her children home. She stated that once she got home she was still very upset so she began calling her youngest child's father, who did not answer the phone, was basically refusing to care for him because she was still very upset and did not believe that she could safely care for her children. She informed me that she drove to his house. She honked the horn until he came outside. Found that he was there.

He still refused to take the youngest child. She said that she wanted him to take the youngest child because she did not feel like he was safe in her care.

She told me that she then called the police. The police came out to her son's father's house where she was at and that the police at that point made the father take the youngest son. They then followed her—allowed her to make a care plan for her daughter. They followed her to Ms. Reid's house where she was to drop her daughter off and, basically, leave them [*sic*] there until DCFS figured everything out for her.

Q. Did you talk to [respondent] about whether or not she had mental health issues?

A. Yes, I did.

Q. What did she say?

A. She said, yes, she does. She told me that she takes thirteen different medications but could only remember the names of four of them. She also told me that she was seeing a therapist and that she did have issues."

James had the impression that respondent was being honest when telling her these things.

During the interview, respondent "was emotional; she was tearful."

¶ 31 Next, James had a meeting with A.M. at Reid's house. The assistant State's Attorney asked James:

"Q. Okay. All right. Without saying anything about what [A.M.] told you, based upon your interview with [A.M.], did you consider that that she was at risk?

A. Yes, absolutely.

\* \* \*

Q. \*\*\* Did [A.M.] know, did she indicate to you at any time that she knew that her mother had been taken to St. Mary's Hospital?

\* \* \*

A. Yes, she was aware that her mother had gone to St. Mary's."

¶ 32 Although neither of the children had any injuries and there was no sign of abuse, James "indicated the minor children for being at substantial risk of harm due to [respondent's] apparent mental health issues based on the fact that she informed [James] herself that she was having mental health issues [and] that even after she had gone to the hospital and [been] released, the issues were still very apparent where she, herself, felt [that] she couldn't care for her own son and that he was at risk."

¶ 33 On cross-examination, respondent's attorney showed James a document, which purported to be a medical record from St. Mary's Hospital, dated November 17, 2013, and pertaining to respondent. According to this document, which James had never seen before, "a twenty-seven[-]year[-]old female [was] brought in for evaluation of depression," and the [p]atient denied any suicidal or homicidal ideas." Respondent's attorney asked James:

"Q. That's different than what you are talking, isn't it?

A. That's different than what [respondent] told me, yes.

\* \* \*

Q. And she was released from St. Mary's Hospital that evening, wasn't she?

A. She was released, approximately, five hours later from what she told me.

Q. Do they release \*\*\* people who they believe are suicidal \*\*\*?

A. No. If the person they believe is suicidal they usually do not release them."

¶ 34 James had spoken with respondent's counselor at Carle Foundation Hospital (Carle), Christine McElroy, who diagnosed respondent as having post-traumatic stress disorder with borderline tendencies. But McElroy never suggested to James that respondent was suicidal.

¶ 35 Respondent's attorney seemed to suggest that, by attributing a suicidal impulse to respondent, James was indulging a bias against respondent. Purportedly, James was biased against respondent because James had been served a *pro se* "Notice of Claim," in which respondent sought damages from James, under section 1983, in the amount of \$10 million for fabricating evidence, slandering her with the allegation that she was suicidal, and refusing to return the children "to the loving care of their own mother" (whether respondent had, as of yet, filed this claim in a court is unclear from the record). Respondent's attorney asked James:

"Q. All right. So what you are telling me is the only idea of suicidal comes from your conversation with [respondent], who

you now know has put you on notice that she wants to sue you for \$10 million, right?

A. And the report that came into the hot line, sir, from the police stated that she told them she was suicidal as well."

¶ 36

6. *Carol Jolly*

¶ 37 Carol Jolly, who lived in Warrensburg, testified she was a volunteer, a "best consultant," at New Life Pregnancy Center (New Life) and that respondent, whom Jolly had known for 2 1/2 years, was one of her clients there. Although Jolly was not a psychologist or a licensed therapist, respondent came to New Life once a month and received one-on-one counseling from her on children and parenting.

¶ 38 New Life, Jolly explained, had the following mode of operation: "The clients they are required to see a consultant in order to receive care cash. It is kind of like [M]onopoly money, it is made there at the center. The client can use that care cash and buy money in our boutique—or buy clothes or items for the children."

¶ 39 During the 2 1/2 years Jolly had known respondent, she had been in respondent's house only three times. Nevertheless, in addition to seeing respondent at New Life, she saw respondent and her two children every Sunday and Wednesday at church, and now and then Jolly and her husband took respondent and her children out to lunch.

¶ 40 The children were always clean and neat in appearance, and they appeared to be happy and cheerful. Although Jolly was aware of respondent's involuntary admission into St. Mary's Hospital, she had never observed respondent having any ongoing emotional upset or any mental-health problems, such as uncontrolled anger or suicidal tendencies. She had never known respondent to say or do anything that would harm or endanger her children. She did not think

the children would be unsafe with respondent. In fact, she was of the opinion that the children, especially the two-year-old, would be better off with respondent.

¶ 41 *7. Christine McElroy*

¶ 42 a. Her Occupation and Qualifications

¶ 43 Christine McElroy testified that since August 1, 2013, she had been employed as a licensed professional counselor in the psychology department of Carle. She worked there under the supervision of a licensed psychologist, John Baker, and she was in the final three weeks of her doctoral internship. Her doctoral degree would be in clinical psychology, the same field in which she had a master's degree.

¶ 44 b. Her Diagnosis

¶ 45 Respondent's physician had referred respondent to Carle for "diagnostic clarity." McElroy had been seeing respondent since August 2013. Initially, she saw respondent every week, and later, every other week. McElroy's diagnosis was post-traumatic stress disorder with borderline tendencies. A history of sexual abuse had caused this condition.

¶ 46 The symptoms, which had lasted longer than six months, were episodes of panic and anxiety, hypervigilance, flashbacks, intrusive memories, nightmares, depression, and anxiety. Stressful circumstances, such as being beaten by her ex-boyfriend and being charged with a criminal offense, could reactivate traumatic memories and trigger a panic attack.

¶ 47 c. Medications

¶ 48 Respondent was taking Wellbutrin and Xanax as needed. She previously was on several other medications at doses that were less than therapeutic. Over the course of a year, she was weaned off the old medications. To McElroy's knowledge, respondent had never failed to take her medications.

¶ 49 d. Counseling and the Question of Suicidal Tendencies

¶ 50 In the counseling sessions, McElroy taught respondent some techniques to manage stress and regulate her emotions, such as "relaxation mindfulness" and acknowledging her presence in the moment. Also, each time she counseled respondent, she reviewed the "safety contract" with her. The contract was to refrain from harming herself and others.

¶ 51 To McElroy's knowledge, respondent never had suicidal ideations with a plan—and if the personnel at St. Mary's Hospital thought she had suicidal ideations with a plan, they would not have released her. Having fleeting thoughts of suicide was not unusual for someone who suffered from panic attacks. But there was a difference between having fleeting thoughts of suicide and having suicidal ideations with intent and a plan. During counseling, respondent denied that the incident with her ex-boyfriend had caused her to contemplate suicide.

¶ 52 Being arrested and held overnight for criminal damage to property made respondent very distraught, but as far as McElroy knew, she was not suicidal. Upon being released from jail, respondent merely wanted K.S.'s father, Brian Sanderson, to take K.S. for a while because, as she pleaded to Sanderson in a text message, she was "manic" (respondent's word, not McElroy's) and she needed to practice "relaxation mindfulness" and subdue her panic attack. Meditation was difficult in the presence of a two-year-old who demanded constant attention.

¶ 53 In McElroy's opinion, nothing about respondent's psychological condition at that time would have raised safety concerns about the children. Nothing McElroy had seen or heard led her to be concerned about the children's safety. She testified: "The way I interpreted it was, uh, she knew she was at that point just starting to identify when she needs to kind of take care of herself and work on coping skills, and she was just acknowledging that she needed to work on

her coping skills at the time and that it made more sense for her to focus on that and ground herself so that she could better take care of him when she is less anxious."

¶ 54

e. Prognosis

¶ 55

Respondent's attorney asked McElroy:

"Q. And what is your professional opinion of [respondent] at this point?

A. At this point, I think she has made a lot of progress. I think in the beginning when I initially saw her, there were some distress tolerance problems, emotion regulation issues. Part of that I think could be contributed at the time, she also has a diagnosis of type 1 diabetes, and that was uncontrolled. \*\*\*

The reason why I am bringing this up is because that significantly affects someone's cognitive abilities and emotion regulation. So that was something that I was actively monitoring at the time. Since then, I noticed—well, she did get a pump, a[n] insulin pump. Once that—when she did receive that her blood sugar levels started to come down and become more regular and so did her mood.

Q. Do you know when she got the insulin pump[?]

A. I think it was like January maybe.

Q. So, as of November she was having the diabetes issues?

A. Yes. And that in combination with a past history of abuse, the diagnosis of PTSD, all of that together would be really difficult on someone's mood, and thinking, too, their cognition.

Q. So, am I right by saying you believe that what happened in November was a mood issue?

A. I think that could be attributed to it; but I think it was the situational stress that was occurring at the time, the domestic violence, the accusations of the damage to Brian's vehicle, and the medical issue, the uncontrolled diabetes, difficulty working on min[d]fulness and grounding, things like that, identifying triggers."

¶ 56

8. Respondent

¶ 57

a. Diabetes

¶ 58 After introducing herself as the mother of A.M. (and also of K.S.), respondent testified she had type 1 diabetes; that she had had this condition for 25 years, since she was 3 years old; and that she used an insulin pump. She testified: "[The diabetes] goes back and forth with stress."

¶ 59

b. Post-Traumatic Stress Disorder

¶ 60

Respondent's physician, Kathryn Avery, referred her to McElroy, who diagnosed her as having post-traumatic stress disorder.

¶ 61

Respondent's attorney asked her:

"Q. What do you understand that to be?"

A. It is a diagnosis of trauma from my past experiences I have had.

Q. And what past experiences are those?

A. My mother and father died when I was ten and thirteen. I have been sexually, physically, and emotionally abused my whole entire life.

Q. Now, have you been working on triggers?

A. Yes.

Q. Were you working on those back in October, November?

A. Yes."

¶ 62 c. Tension Between Herself and Beard

¶ 63 In October 2013, respondent was dating Brian Beard, and they were having "a lot of communicational issues." He laid violent hands on her, she called the police, and they arrested him for domestic battery.

¶ 64 Four or five days after the police arrested Beard, they arrested her and gave her a notice to appear for criminal damage to property. Ultimately, no charge ever was filed against her, and she denied running into Beard's truck.

¶ 65 d. Her Meeting With Brian Sanderson at Buffalo Wild Wings

¶ 66 On November 13, 2013, K.S.'s father, Brian Sanderson, sent a text message to respondent, asking her to meet him at Buffalo Wild Wings because he had some matters to discuss with her. She met him there, and he told her he had resigned from his job because he had contracted pneumonia and consequently could not work. A further consequence was that he

could not pay any further child support. Because he was no longer working, however, he was willing to watch K.S. whenever respondent needed him to do so.

¶ 67 Respondent's attorney asked her:

"Q. How did this affect you?

A. It made me upset because he was already—he was paying child support, but he was in arrears. So, as a single mom, yes, I was upset that he just decided to quit his job."

¶ 68 e. Involuntary Admission Into St. Mary's Hospital

¶ 69 On November 17, 2013, four days after meeting with Brian Sanderson at Buffalo Wild Wings, she called the police on the ground that her ex-boyfriend, Brian Beard, had been "harassing [her] and \*\*\* texting [her]."

¶ 70 Respondent testified: "[The police] came to my house. Officer Snyder began asking me questions. One of his questions was, ['H]ave you ever had any suicidal thoughts[?]' I said, ['Y]es, when my mother and my father pas[sed] away I had suicidal thoughts.['] I was then involuntarily t[a]ken to St. Mary's."

¶ 71 A couple of hours later, she was released from St. Mary's Hospital. As stated in a medical record she had obtained from the hospital, she was suffering from anxiety, but she had denied any suicidal or homicidal tendencies. Respondent's attorney asked her:

"Q. Have you had any suicidal or homicidal tendencies or thoughts?

A. When I was younger; but not recently.

Q. You have no thoughts recently of doing yourself in, so to speak?

A. No."

¶ 72 f. Taking K.S. to Brian Sanderson

¶ 73 On November 17, 2013, while in St. Mary's Hospital, respondent telephoned Brian Sanderson and asked him "to come and get his son because she [was] still stressed out about the whole harassment thing" and she "needed somebody to take him." (The children were with Reid while respondent was in the hospital.) He texted her back to just put K.S. to bed.

¶ 74 After respondent was released from the hospital, she picked up her two children from Reid's house, and she informed Sanderson (presumably by text) that she was bringing K.S. over to his house. Sanderson replied, falsely, that he was not home. When she arrived at his house, a party was going on. He came out of his house and asked her what she wanted. He refused to accept K.S. She "called the police to make an exchange so it wasn't a problem." The police arrived and persuaded Sanderson to take K.S.

¶ 75 The police then followed respondent to Reid's house, and she "dropped [her] daughter off there for the evening." She picked up A.M. the next day.

¶ 76 Respondent's attorney asked her:

"Q. Do you think your mental health issues were under control on November 17th?

A. I believe they were.

Q. What were you basically doing? Tell the Judge.

A. I was trying to get some help because I was overwhelmed.

Q. By all of the incidents that occurred before that?

A. That's correct.

Q. Was there anything else—any other incidents that overwhelmed you?

A. That was pretty much it."

¶ 77 Although (on some unspecified occasion or occasions) respondent referred to herself, incorrectly, as being "manic," she had since learned that the correct term was "panic attack." A.M. might have overheard respondent describing herself as "manic."

¶ 78 On cross-examination by the guardian *ad litem*, respondent testified she had panic attacks prior to November 17, 2013, but she denied that any of those previous panic attacks had affected her ability to parent her children.

¶ 79 On re-cross examination, the assistant State's Attorney asked respondent:

"Q. How often prior to November of [2013], did you need a place to put your children because you were overwhelmed and needed a break?

A. Maybe two or three times.

Q. And that was close to the November date or spread out?

A. No. It was spread out, I mean . . ."

¶ 80 C. The Findings of Neglect

¶ 81 After hearing the evidence, the trial court found that the State had proved, by a preponderance of the evidence, the first two counts of its petition for an adjudication of neglect. The court dismissed the remaining two counts.

¶ 82 D. The Dispositional Hearing

¶ 83 The trial court held a dispositional hearing on August 21, 2014, and at the beginning of the hearing, the court stated: "I have read the disposition report."

¶ 84 The dispositional report was dated August 15, 2014, and signed by two employees of Lutheran Child and Family Services: a foster care case manager, Lisa Jacoby, and a foster care supervisor, Rachaun Wilkins. In their report, Jacoby and Wilkins made the following recommendations: (1) the guardianship administrator of DCFS should receive guardianship of A.M., (2) A.M. should remain in substitute care until further order of the court, (3) respondent should comply with the court-ordered client service plan, (4) respondent should correct the conditions that required A.M. to be placed in shelter care, and (5) unsupervised and overnight visitation should be at the discretion of DCFS.

¶ 85 The assistant State's Attorney told the trial court:

"[ASSISTANT STATE'S ATTORNEY]: Uh—Your Honor, with regard to [A.M.]—uh—[respondent's attorney]—uh—says he has reviewed the report, and they have no problem with it. We would recommend at this point that the child remain a ward of the Court; DCFS granted guardianship with the power to place and consent to medical treatment; set it for Permanency Review November 12th at 9:00.

THE COURT: All right.

[ASSISTANT STATE'S ATTORNEY]: And DCFS be given discretion for unsupervised, overnights, and extended visits due to the mother's very good progress.

THE COURT: Uh-huh. (Yes.) Uh-huh. (Yes.) All right.

Anybody have anything they want to say with respect to [the assistant State's Attorney's] recommendation in the 182 case regarding the Minor [A.M.]?

[RESPONDENT'S ATTORNEY]: Judge, only—uh—that some of the facts that are set out that were not the ones brought out in court, but I understand they were in the previous reports, we would take exception to that, but we're really concentrating on the recommendations, and I think they're—the recommendation is about as good as we get.

THE COURT: All right. Very good.

Anybody else have anything they want to say about that?

In that case then, in the 182 case, I believe we are ready for a docket entry."

¶ 86 The docket entry of August 21, 2014, referenced a dispositional order. The dispositional order, entered the same day, adjudicated A.M. to be neglected; made her a ward of the court; awarded custody and guardianship of A.M. to the guardianship administrator of DCFS; and authorized DCFS, at its discretion, to allow unsupervised, overnight, and extended visitation with respondent.

¶ 87 This appeal followed.

## II. ANALYSIS

¶ 88 A. Neglect: An Injurious Environment

¶ 89 1. *The Dispute Over What Respondent Said About Her Psychological Condition*

¶ 90 In both counts I and II of the petition for an adjudication of neglect, the State alleged: "The mother reported in the presences of her children that she was suicidal and [that] the children were not safe with her." Not all the factual allegations in count I and II were proven, but the record appears to contain some evidence that, on November 17, 2013, while the children were with her, respondent was contemplating suicide and that the children were unsafe with her at the time. The evidence is James's testimony as to what respondent told her.

¶ 91 Respondent points to some evidence in the record that could be used to dispute James's testimony. In her own testimony, respondent denied saying these things to James or to anyone else. McElroy did not think respondent had any suicidal ideations with a plan. And according to the record from St. Mary's Hospital, respondent denied suicidal ideations.

¶ 92 It is not our place to choose, however, between competing items of evidence or to reweigh the credibility of witnesses. See *In re Diamond M.*, 2011 IL App (1st) 111184, ¶ 31. A rational trier of fact, observing James as she testified (see *id.*), could have concluded that she was telling the truth when recounting what respondent had told her, and a rational trier of fact could have further concluded that respondent would not have made these admissions to a child protective specialist unless they were true.

¶ 93 Although a trier of fact could believe James's testimony in and of itself, we note that there are perhaps some corroborating circumstances. If indeed, in her encounters with the police on November 17, 2013, respondent told them she was contemplating suicide and that the children were unsafe in her care, that would explain the behavior of the police. It could strike a trier of fact as incredible that the police took respondent involuntarily to the psychological ward of St. Mary's Hospital merely because she told them she contemplated suicide long ago, when her parents died. Generally, police do not compel people to go to the psychological ward for

trivial reasons. One could infer that, probably, the police observed that respondent was extremely distraught, and they asked her if she was thinking of suicide, and she said yes. Likewise, a statement by respondent that the children were unsafe in her care would explain why the police forced an unwilling Brian Sanderson to take K.S., even though he must not have come across to them as very responsible, and then followed respondent to Reid's house so that she could drop off A.M. there. That respondent denied, to the staff at St. Mary's Hospital, that she had suicidal ideations is not determinative. People with suicidal ideations do not always admit having them, and respondent might not have wanted to stay in the hospital for perhaps days or weeks and overburden Reid by leaving the children with her for too long.

¶ 94 *2. Being Punished for Doing Everything Correctly*

¶ 95 In respondent's view, she is being penalized for doing the right thing. She argues: "Kudos should be given to [respondent] for everything she tried to do to ensure that her children were taken care of while she was dealing with being falsely accused of both destroying property and then of being suicidal. [Respondent] did everything correctly yet she is still being punished for it. The children were receiving proper care. They were not in danger with her."

¶ 96 We agree that respondent did the right thing by immediately seeking help when a panic attack rendered her incapable of taking care of her children. The purpose of an adjudicatory hearing, however, is to determine whether a child is neglected, not whether a parent is at fault. *In re Arthur H.*, 212 Ill. 2d 441, 467 (2004). An adjudication of neglect is not punishment for parental wrongdoing.

¶ 97 A parent could be blameless, and through no fault of the parent, a psychological disorder could become exacerbated to the point that the parent is incapacitated from safely taking care of the child. Respondent insists in her brief that the children "were not in danger with her,"



We agree with the State that because respondent's counsel agreed with the disposition, or at least acquiesced to it, respondent has forfeited this contention. See *In re William H.*, 407 Ill. App. 3d 858, 870 (2011); *In re Christopher S.*, 364 Ill. App. 3d 76, 89 (2006).

¶ 101

### III. CONCLUSION

¶ 102 For the foregoing reasons, we affirm the trial court's judgment. We note that, according to the assistant State's Attorney, respondent is making "very good progress." If respondent continues to successfully engage in therapy and parenting education, her disability could be effectively treated, and she could recover custody of A.M.

¶ 103

Affirmed.