2025 IL App (4th) 241537-U

NO. 4-24-1537

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

FILED
April 21, 2025
Carla Bender
4th District Appellate
Court, IL

In re A.D., a Minor	)	Appeal from the
	)	Circuit Court of
(The People of the State of Illinois,	)	Mercer County
Petitioner-Appellee,	)	No. 24JA1
v.	)	
Christine D.,	)	Honorable
Respondent-Appellant).	)	Matthew W. Durbin,
	)	Judge Presiding.

JUSTICE STEIGMANN delivered the judgment of the court.
Justices Doherty and Grischow concurred in the judgment.

ORDER

¶ 1 *Held:* The trial court's neglect finding was not against the manifest weight of the evidence.

¶ 2 Respondent, Christine D., is the mother of A.D. (born September 2020). In October 2024, the trial court adjudicated A.D. a neglected minor under the Juvenile Court Act of 1987 (Act) (705 ILCS 405/2-3 (West 2022)). In November 2024, following a dispositional hearing, the court placed guardianship and custody of A.D. with the guardianship administrator of the Illinois Department of Children and Family Services (DCFS), finding (1) respondent unfit for reasons other than financial circumstances alone to care for, protect, train, educate, supervise, or discipline A.D. and (2) it was in the best interest of A.D. to be made a ward of the court.

¶ 3 Respondent appeals, arguing that the trial court's neglect finding at the adjudicatory hearing was against the manifest weight of the evidence because (1) the court

improperly considered inadmissible (a) hearsay evidence and (b) medical record exhibits and (2) the State did not meet its burden of proof. We disagree and affirm.

¶ 4 I. BACKGROUND

¶ 5 A. The Neglect Petition and Temporary Custody Order

¶ 6 In July 2024, the State filed a juvenile neglect petition in which it alleged two counts. Count I alleged that on or around June 30, 2024, A.D. was a neglected minor because he was in an environment injurious to his welfare due to his mother and father having unaddressed substance abuse issues and his mother and father not providing him with necessary medical care. (see 705 ILCS 405/2-3(1)(b) (West 2022)). Count II alleged that on the same date, A.D. was a neglected minor because he was "not receiving the proper or necessary support, medical or other remedial care recognized under State law as necessary for a minor's well-being." Specifically, the State alleged that A.D.'s parents allowed him "to have a fever, vomiting and coughing for a week before seeking medical treatment and that the minor then had to be life flighted to another hospital" (see *id.* § 2-3(1)(a)).

¶ 7 The same day, the trial court entered a temporary custody order, finding an immediate necessity to remove A.D. from the home, making him a ward of the court, and placing his guardianship with DCFS.

¶ 8 B. The Adjudicatory Hearing

¶ 9 In October 2024, the trial court conducted an adjudicatory hearing at which Jamie Rich and respondent testified. The court also admitted into evidence A.D.'s medical records.

¶ 10 1. *Jamie Rich*

¶ 11 Jamie Rich testified that she was an investigator for DCFS in Rock Island, Illinois. At the end of June 2024, she was assigned to investigate A.D.'s household due to a

report of the possible abuse and neglect of A.D., who had already been taken into protective custody.

¶ 12 The report came into existence because respondent brought A.D. into MercyOne Genesis Aledo Medical Center (Genesis) in Aledo, Illinois, and hospital staff was concerned about his breathing. Rich explained, "[I]t was reported that the child had been sick for three to five days and had high temperatures and fever and it had been awhile for the parents—or Mother to bring the child in." A.D. was initially brought into Genesis and then was flown to OSF Saint Francis Medical Center in Peoria (OSF). OSF could not get ahold of the parents, but the grandfather eventually showed up. Rich testified, "They tried to do a safety plan with the grandfather because there was concerns that he was possibly underneath the influence; he declined that." Rich explained, "It was reported that [the grandfather] was shaky, that he was sweaty. There was information in the narrative that we received that Grandfather, Grand—Step-Grandmother, Mother were all using and selling drugs."

¶ 13 Respondent's counsel objected, asking the trial court to strike from the record testimony about the grandfather's being under the influence because Rich was testifying to someone else's impression. The court overruled the objection, explaining that hearsay is allowed at the proceeding.

¶ 14 Rich continued her testimony as follows:

> "Then the mother and paramour came up. There was some concerns about Mother and paramour possibly being underneath [*sic*] the influence. They were—she was offered a substance abuse test and requested information for a safety plan. The mother was not cooperative with that, and, at that point, the child was taken into protective custody."

¶ 15 Regarding respondent's paramour, Rich stated, "There was concerns about him having some pending drug cases. There was some concerns about his behavior at the hospital, possibly being underneath [*sic*] the influence as well." Because a safety plan could not be implemented with A.D.'s family, he was taken into protective custody.

¶ 16 As part of her investigation, Rich learned through DCFS databases that respondent had two indicated reports of possible neglect. The databases showed that in 2021, A.D. was born testing positive for methamphetamines, and in 2022, A.D.'s father, she believed, was, "pulled over and there was drugs in the car, and [respondent] and the child was in the car at the time."

¶ 17 Rich also obtained A.D.'s medical records, which the State requested be admitted into evidence. Respondent objected to the records' admission, stating:

> "I understand that the State has provided them to the Court with a certificate of authenticity—or I don't remember the exact term that she just stated, but I guess—I think that's compliant with what the law requires, so I guess I just object, for the record, given that the doctor's not here to say it themselves."

The trial court overruled the objection, explaining, "705 ILCS 405/2-18(4)(a) [(West 2022)] allows for the admission of these medical or agency records, and they will be admitted."

¶ 18 Rich testified that she was able to speak with respondent the day after A.D. was taken into protective custody. Rich testified to the following:

> "First, there was some confusion about who had guardianship over the child because, in [a] previous investigation, the grandparents had had guardianship. So we clarified that she was the primary caregiver of [A.D.]
>
> We discussed that he had been in the hospital previous to that a few days

and that the hospital hadn't done anything. When she went to the hospital, she had to wait—she went to the hospital, then the uncle was going to go there. She had to go get some stuff and let the dogs out and was going to be there, that there was problems with her dad's phone. There was a tower down and that's why they were unable to.

We discussed—there was an incident noted *** in the medical records and in the investigation where the physician [at OSF] tried [to] wake [respondent] up and boyfriend up and had to yell to get [respondent] woken up. We talked [about] whether or not she was offered a drug test and the option of [a] safety plan."

¶ 19 According to Rich, respondent said that she was never offered the opportunity to be on a safety plan. Rich stated that she had some concerns about respondent's behavior when they spoke because respondent had chosen not to take a drug test.

¶ 20 Rich also spoke to the grandfather. Her investigation showed that he (1) had pending criminal charges for drugs in Muscatine County, Iowa, (2) had been taking care of A.D., and (3) "had given a breath treatment [to A.D.] and was trying to get ahold of [respondent] to come get [A.D.] and—so they could all go to the hospital." Rich's primary concern with the grandfather was his conduct at the hospital and the pending criminal charges. Rich also spoke to one of the treating physicians at OSF, who believed that A.D.'s condition rose to the level of medical neglect.

¶ 21 Based on her investigation, Rich believed A.D. was being subjected to an injurious environment and there were no efforts that DCFS could make to keep the family together.

¶ 22 2. *Respondent*

¶ 23 Respondent testified to the following:

> "Two days after I had taken him in for the pink eye, you could just tell, like, his energy was just really down. You could tell he was getting ready to come down with a cold or something, but he still hadn't showed any other symptoms, just that he was worn out.
>
> The next day, he had developed a runny nose, which isn't uncommon. He has *** problems with allergies. And that night, he had started to develop a little bit of a cough, nothing outside of basic summer cold. I gave him a little bit of cough medicine that evening, and he went to bed, then I had left him with my dad so I could go to work.
>
> My dad called me, told me that his breathing was getting pretty bad. He had given him a breathing treatment, and he didn't feel that it had made any of a difference.
>
> * * *
>
> And then so I—it took—it did take me a little bit to get home, but I left work. I came home, and I took him into the ER, where they tested him positive for pneumonia and strep. They said that they'd like *** to transport him from Genesis to [OSF], just to general pediatrics for observation because Genesis isn't equipped here in Aledo to handle pediatrics."

¶ 24 Respondent explained that she did not drive A.D. to OSF because "they weren't going to let me take him out of the hospital and transport him myself." The reason he was flown was because the hospital staff could not locate an ambulance to drive A.D. after calling "five or six" different ambulance services.

¶ 25 At around 8:15 p.m., respondent left Genesis but did not head directly to OSF in Peoria. She stated, "[I]t had been noted with the life flight that my father would be there before me because" her stepmother was at work and needed to be picked up and the animals at the house needed to be taken care of before respondent left to be at the hospital with A.D. Respondent testified that once A.D. was settled in his room at OSF, the life flight nurse called her and told her which room he was in. After this point, respondent could no longer make or receive phone calls because a cell phone tower in Peoria went out and she did not have service.

¶ 26 After picking her stepmother up from work and attending to her animals, respondent departed Keithsburg, Illinois, at about 11:30 p.m. for OSF. Her roommate, Matthew Millage, gave her a ride in his truck. She was then delayed because the truck broke down outside of the Galesburg exit on I-74. Respondent stated that it took about two and a half hours to get the truck started again. During this time, they did not have cell phone service.

¶ 27 Ultimately, she arrived at OSF in the early morning, "before sunrise;" "it wasn't daylight quite yet." When she arrived at OSF, she went to A.D.'s room and fell asleep on the couch next to him. DCFS met her in the room after she had been there for "quite a few hours." Respondent asked the DCFS worker to explain to her what was happening. She said that the DCFS worker "immediately called her supervisor and security and asked me to leave. She didn't give me the opportunity to even answer her with a yes or no." Respondent was never asked to be part of a safety plan or take a drug test.

¶ 28 3. *A.D.'s Medical Records*

¶ 29 The medical records from Genesis documented that on June 24, 2024, A.D. presented with eye drainage and red eyes. The records indicated that he was diagnosed with conjunctivitis and was sent home with vancomycin, an antibiotic. On June 29, 2024, at 4:37 p.m.,

A.D. arrived in the emergency room at Genesis and presented with a cough, which began "3 days ago." The emergency department doctor wrote, "The course/duration of symptoms is constant and worsening."

¶ 30 The doctor further wrote the following: "Associated symptoms: shortness of breath, sore throat and fever," and

> "3-year-old brought in by mother with complaints of cough and shortness of breath since the last 3 days. Symptoms have been progressing. Patient has not been eating or drinking over the last 1 to 2 days time. On arrival patient obviously looks sick. He is breathing at 25-30 times a minute. He is 89% on room air. He looks pale. I hear rhonchi on the left side of the lungs."

¶ 31 At 12:23 p.m. the same doctor noted the following:

> "I have reviewed labs and imaging studies. Patient has developed lingular pneumonia. His strep throat culture is positive. My most likely diagnosis for him is strep pneumonia. I will go ahead and give him IV Rocephin at 50 mg/kg. Will also give him IV bolus fluid of 20 mill per kilogram. He has got 1 breathing treatment so far and is on 2 L of oxygen and is feeling better. I spoke to pediatric hospitalist Dr. Habibi and she has gratefully accepted the admission. Mother updated."

¶ 32 The medical records from OSF documented that A.D. arrived at the hospital by life flight at 8:27 p.m. on June 29, 2024. According to notes from treating staff, at 9 p.m., the staff called respondent and other family members using phone numbers listed in A.D.'s chart about "facial drooping" A.D. was experiencing. No one answered the phone calls; the grandfather's phone was not in service, and messages were left for respondent and the

stepgrandmother. At 9:30 p.m., the staff contacted DCFS, and DCFS personnel arrived shortly after. At 10 p.m., "Mom called back and confirmed facial drooping is his baseline." At 10:05 p.m., A.D.'s grandfather arrived at the hospital. The attending physician wrote that "[h]e was obviously high, or stone[d] or both."

¶ 33 The records noted that the DCFS worker reported to hospital staff that there had been "multiple calls to DCFS with allegations of the grandparents and bio mom using meth, heroin, THC, alcohol, etc. we were still unable to contact any other family than the grandfather who showed up." At 10:30 p.m., the DCFS worker asked for the grandfather to submit to a drug screen. Because he refused, he was escorted out of the unit. He also refused to give an active phone number for the grandmother.

¶ 34 The medical records documented that during respondent's pregnancy, she "was positive for amphetamine, methamphetamine, & cannabis early in the pregnancy (1st & 2nd trimester), but only cannabis subsequent to that. Mother admits to the cannabis use but not the stimulants. Cord toxicology only positive for cannabis."

¶ 35 The medical records contained numerous other notes. One nurse's note stated, "RN unable to complete admission due to no guardian at bedside in the state to answer questions." A note regarding an attending physician's physical examination of A.D. when he was admitted assessed "recent strep pharyngitis" and "hypoxia associated with 2-3 day [history] of cough with concern for pneumonia." That doctor also noted, "There is limited history due to no guardian being present."

¶ 36 Later, a different attending physician noted, among other things, the following:

> "Regarding the social situation. It was reported that patient was under the guardianship of grandparents prior to arrival, but concerns for medical neglect

> given the ongoing fevers at home and delayed sought [*sic*] of medical care. Also upon arrival after transfer, medical team unable to reliably contact family as they were not at bedside. DCFS was involved as we could not get in touch with family after patient arrival to our facility. Grandfather was escorted out of the hospital per DCFS request and ongoing concerns when mother and mother's boyfriend were at bedside. *** [A]ll family members were escorted off the hospital premises."

¶ 37 4. *The Trial Court's Decision*

¶ 38 Following the parties' arguments, the trial court stated that it had heard the evidence and the arguments of counsel and reviewed the medical records. The court noted that the medical records indicated that A.D.'s illness began two or three days prior to his being admitted to OSF. The court noted that when the grandfather showed up, he was likely under the influence of some drug, and respondent had not been cooperative with DCFS.

¶ 39 After noting that the standard of proof was by a preponderance of the evidence, the trial court found, "The State has made their case on that legal standard just based upon a cursory review of as much as medical record [*sic*] I can get through. That was enough." Accordingly, the court entered a finding of neglect, which was filed in a written order on October 8, 2024.

¶ 40 C. The Dispositional Order

¶ 41 In November 2024, following a dispositional hearing, the trial court placed guardianship and custody of A.D. with the guardianship administrator of DCFS, finding that (1) respondent was unfit for reasons other than financial circumstances alone to care for, protect, train, educate, supervise, or discipline A.D. and (2) it was in the best interest of A.D. to be made

a ward of the court.

¶ 42 This appeal followed.

¶ 43 II. ANALYSIS

¶ 44 Respondent appeals, arguing that the trial court's neglect finding at the adjudicatory hearing was against the manifest weight of the evidence because (1) the court improperly considered inadmissible (a) hearsay evidence and (b) medical record exhibits and (2) the State did not meet its burden of proof. We disagree.

¶ 45 A. Rich's Testimony

¶ 46 Respondent argues that Rich's "entire course of testimony was hearsay that was improperly permitted by the trial judge who announced at the outset of the hearing that hearsay would be allowed." Accordingly, respondent asserts that the trial court's judgment should be set aside because the hearsay testimony substantially contributed to the court's decision.

¶ 47 In response, the State argues that respondent forfeited this argument by failing to object to many of the hearsay statements at the adjudicatory hearing. To the extent respondent did object, the State contends that the hearsay admitted amounted to harmless error. We agree.

¶ 48 At the adjudicatory hearing, respondent objected to Rich's testimony only once on the basis of hearsay—specifically, to Rich's statement that there were concerns that A.D.'s grandfather was under the influence. The trial court overruled the objection, incorrectly noting that hearsay was allowed at the adjudicatory hearing. See *In re G.V.*, 2018 IL App (3d) 180272, ¶ 28 ("Although hearsay may be admitted at the dispositional hearing, it is inadmissible at the adjudicatory hearing unless it falls under an exception under the [Act]."). After that objection, respondent made no further objections to Rich's testimony on the basis of hearsay.

¶ 49 Because respondent did not indicate she was making a continuing objection to

Rich's testimony and the trial court did not recognize the objection as a continuing objection, respondent has forfeited any argument pertaining to the unobjected to testimony. See *In re A.S.*, 2020 IL App (1st) 200560, ¶ 24 ("Where a party fails to make an appropriate objection in the court below, he or she has failed to preserve the question for review." (Internal quotation marks omitted.)); *Rowsey v. Breitman*, 2024 IL App (4th) 230742, ¶ 48 ("[O]rdinarily, continuing objections are not recognized unless the trial court indicates its recognition of the continuing objection." (Internal quotation marks omitted.)).

¶ 50 Regardless of whether respondent's objection was adequate to preserve the issue for review, because we conclude that the remaining testimony and medical records were more than sufficient for the State to prove its case by a preponderance of the evidence (*infra* ¶¶ 61-65), any errors in the statements' admissions were harmless. See *In re J.C.*, 2012 IL App (4th) 110861, ¶ 29 ("Errors in the admission of evidence may be deemed harmless where ample evidence supported the court's neglect finding.").

¶ 51 B. The Admission of the Medical Records

¶ 52 Respondent argues that the trial court incorrectly admitted State's exhibit Nos. 1 and 2, which were the medical records from Genesis in Aledo, Illinois, and OSF in Peoria, Illinois, respectively. The State argues, however, that respondent forfeited this issue by failing to adequately object to the records' admission. We agree with the State.

¶ 53 When the State moved to admit the medical record exhibits, respondent replied:

> "I understand that the State has provided them to the Court with a certificate of authenticity—or I don't remember the exact term that she just stated, but I guess—*I think that's compliant with what the law requires*, so I guess I just object, for the record, given that the doctor's not here to say it themselves."

(Emphasis added.)

Although respondent argues on appeal that the certification issued for the medical record exhibits pursuant to section 2-18(4)(a) of the Act (705 ILCS 405/2-18(4)(a) (West 2022)) was insufficient, her objection to the admission of those medical records not only failed to specify that the objection was made because of an inadequate certification—the issue on appeal—but it was an affirmative acquiescence to the compliance of those certificates. See *Klesowitch v. Smith*, 2016 IL App (1st) 150414, ¶ 35 ("A specific objection only preserves the ground specified."); *In re Detention of Swope*, 213 Ill. 2d 210, 217 (2004) (The rule of invited error dictates that "a party cannot complain of error which that party induced the court to make or to which that party consented.").

¶ 54 Accordingly, because respondent acquiesced to the admission of the medical records by saying the certifications were "compliant with what the law requires," she has waived the issue, and we will not reach the merits of her argument on appeal.

¶ 55 C. The Trial Court's Decision Was Not Against the Manifest Weight of the Evidence

¶ 56 Last, respondent argues that the State failed to meet its burden to prove the allegations of neglect by a preponderance of the evidence. We disagree.

¶ 57 1. *The Applicable Law and Standard of Review*

¶ 58 The Act establishes a process for deciding whether a child should be removed from his parents and made a ward of the court. After a petition for wardship has been filed and the minor has been placed in temporary custody, the trial court must make a finding that the child is abused, neglected, or dependent at an adjudicatory hearing. 705 ILCS 405/2-21 (West 2022). "The issue at adjudication is whether the child is neglected because adverse conditions exist, not

whether a parent caused the neglect." *In re J.T.*, 2024 IL App (1st) 232041, ¶ 42.

¶ 59 "Neglect is generally viewed as a failure to exercise the regard that circumstances justly demand. [Citation.] It encompasses willful as well as unintentional disregard of parental duties." (Internal quotation marks omitted.) *In re K.C.*, 2024 IL App (1st) 240430, ¶ 88. "The State has the burden to prove allegations of abuse or neglect by a preponderance of the evidence." *In re Z.L.*, 2021 IL 126931, ¶ 61. We review the trial court's finding of abuse or neglect under the manifest weight of the evidence standard. *Id.* "A finding is against the manifest weight of the evidence only if the opposite conclusion is clearly evident." *Id.*

¶ 60 2. *This Case*

¶ 61 Respondent argues that the trial court's neglect finding was against the manifest weight of the evidence—that is, the opposite conclusion is clearly evident—because the evidence shows only "that a poor mother on food stamps took her child to the hospital because he had breathing trouble, and when he was airlifted to a hospital far away for better treatment it took her some time to be able to arrange her own transportation there." However, as the State points out, the evidence presented to the trial court shows that respondent's deficient care for A.D. was more than a mere difficulty in finding transportation.

¶ 62 The trial court found that A.D.'s medical concerns "were not addressed by [respondent] in an appropriate time or manner." This finding was supported by the record.

¶ 63 As the trial court noted, five days had passed since A.D. was first brought into the hospital for pink eye before he was brought in again with severe breathing problems. At the time of the pink eye diagnosis, A.D. did not exhibit a cough or any respiratory issues, but A.D.'s condition clearly took a turn for the worse when his cough began. The medical records show that A.D.'s cough began two to three days before he was brought back to the hospital on June 29,

2024, yet respondent did not bring him to the hospital until he was in a condition that required a life flight to OSF. The attending physician wrote there were "concerns for medical neglect given the ongoing fevers at home and delayed sought [*sic*] of medical care."

¶ 64 Further, once A.D. was transferred to OSF, he was left without a guardian for hours. The medical records state that because of respondent's failure to be reasonably available to OSF or arrange for some other appropriate guardian to be available, hospital personnel were left without medical history information and unable to complete A.D.'s admission upon his arrival at OSF. In addition, respondent's testimony shows that instead of heading to OSF to be present for potentially important medical decisions for her child within a reasonable amount of time, respondent chose to pick up her stepmother from work, attend to her pets, and leave for Peoria at 11:30 p.m.—three hours after A.D. had arrived at OSF at 8:30 p.m.—ultimately arriving at the hospital before sunrise the next morning; "it wasn't daylight quite yet."

¶ 65 On appeal, we are not tasked with second guessing the trial court's findings and weighing the evidence anew. Instead, our standard of review is whether the trial court's finding A.D. was a neglected minor was against the manifest weight of the evidence. We conclude it was not. Indeed, the court's conclusion was well-grounded in the facts that were presented at the adjudicatory hearing, and the opposite conclusion is not clearly evident.

¶ 66 III. CONCLUSION

¶ 67 For the reasons stated, we affirm the trial court's judgment.

¶ 68 Affirmed.