

2012 IL App (1st) 121764-U

SIXTH DIVISION
November 30, 2012

No. 1-12-1764

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IN THE
APPELLATE COURT
FIRST DISTRICT

<i>In re</i>)	Appeal from the
)	Circuit Court of
JESIAH S.,)	Cook County.
)	
Minor-Respondent-Appellee)	
)	
(The People of the State of Illinois,)	No. 11 JA 123
)	
Plaintiff-Appellee,)	
)	
v.)	Honorable Demetrios G. Kottaras and
)	Honorable Nicholas Geanopoulos,
Jenavee S.)	Judges Presiding.
)	
Respondent-Appellant).)	

JUSTICE HALL delivered the judgment of the court.

Presiding Justice LAMPKIN and Justice GARCIA concurred in the judgment.

ORDER

¶ 1 **Held:** The trial court's finding that the respondent-minor was a dependent minor was not against the manifest weight of the evidence.

¶ 2 Respondent Jenavee S. appeals from an order of the circuit court of Cook County adjudicating her minor child, Jesiah S., a dependent minor. The sole issue on appeal is whether the trial court's finding of dependency was against the manifest weight of the evidence.

¶ 3 Jesiah was born on October 18, 2009. On February 15, 2011, Jenavee brought Jesiah to the Fantus Clinic (Fantus), which is affiliated with John H. Stroger, Jr. Hospital (Stroger). Subsequently, Jesiah was admitted to Stroger. On February 25, 2011, Jesiah was discharged from Stroger and placed in the custody of the Department of Children and Family Services (DCFS).

¶ 4 On March 1, 2011, the State filed a petition for adjudication of wardship and a motion for temporary custody of Jesiah. The petition alleged that Jesiah was neglected and abused by Jenavee based on the following: Jenavee had been diagnosed with a psychotic and delusional disorder; she had exhibited bizarre behavior; and in the last four months, Jenavee had taken Jesiah to three different hospitals claiming that Jesiah suffered various symptoms but later admitted that she had fabricated Jesiah's illnesses.

¶ 5 In an affidavit in support of the motion for temporary custody, Ms. Elliott, an investigator, stated that Jesiah had been examined but found to be healthy. Due to the multiple hospital visits, the Stroger child protective services team was concerned that Jenavee was exhibiting Münchhausen by proxy syndrome. Ms. Elliott further stated that Jenavee had been exhibiting bizarre behavior and had been diagnosed with a psychotic disorder not otherwise specified. Based on the allegations of neglect and abuse in the petition, the trial court awarded temporary

No. 1-12-1764

custody of Jesiah to DCFS.

¶ 6 The adjudication hearing was held on February 21, 2012. Prior to the commencement of the hearing, the trial court granted the State's motion to amend the petition, removing the abuse and neglect allegations and adding dependency as the statutory basis for the petition. See 705 ILCS 5/2-4(b) (West 2010) (a dependent minor is one without proper care due to the physical or mental disability of a parent). The pertinent testimony and evidence from the hearing is set forth below.

¶ 7 For the State

¶ 8 Dr. Gregory Lewis

¶ 9 Dr. Lewis is the senior psychologist at Stroger. On February 22, 2011, he performed a diagnostic evaluation of Jenavee. The results of Dr. Lewis' evaluation are summarized below.

¶ 10 Dr. Lewis asked Jenavee to explain the reason she had brought Jesiah to Stroger. She told him she was concerned that Jesiah was suffering from sleep apnea or a seizure disorder. While initially, Jenavee denied telling a social worker at Stroger that she wanted to get disability benefits for Jesiah, later in the interview, she admitted she had told the social worker that she was there to try to get Jesiah on disability. Jenavee did not understand why the doctor was asking these questions or why the doctors were concerned because she gave differing versions of the reason she brought Jesiah to Stroger. After telling and recanting different versions of Jesiah's medical condition, Jenavee wanted to end the interview.

¶ 11 Jesiah was present during the interview. On two different occasions, Jesiah was crying and needed her mother's attention. Although Dr. Lewis offered to stop the interview to allow

No. 1-12-1764

Jenavee to comfort her, Jenavee made no effort to sooth Jesiah. This indicated to the doctor that Jenavee did not have a connection to Jesiah and did not appear to understand the gravity of her situation. It also indicated that Jenavee was suffering from some mental disorder that prevented her from connecting with Jesiah.

¶ 12 Jenavee appeared confused during the interview. She would ask the same questions repeatedly, and her responses to the questions were not relevant, as though she had not heard the question. Each time Dr. Lewis asked her a question, Jenavee would ask who he was. Even after explaining several times who he was, Jenavee still did not seem to fully understand. Dr. Lewis described Jenavee's thought process as "perseverating," meaning a constant repetition of the same thing. It was usually seen in someone with an organic brain disease, someone taking drugs or someone who was very anxious. Jenavee denied using drugs.

¶ 13 Dr. Lewis was also concerned with Jenavee's disorganization during the interview, another indication of perseverating. She brought out several sheets of paper on which were telephone numbers and names written in every direction. She kept coming back to these papers while the doctor was trying to gauge her responses to his questions. Jenavee's confusion and disorganization indicated some low level of or underlying psychotic behavior.

¶ 14 At the beginning of the interview, Jenavee was appropriately anxious but showed little emotion. As the interview progressed, she became irritable and hostile until Dr. Lewis explained that he was gathering information to be used in making a decision in the case. Jenavee then calmed down. At the end of the interview, Jenavee embraced the doctor twice and told him that she would kiss him if she could and that she would do anything to get her child back. The range

No. 1-12-1764

of her emotions, in particular the "effusiveness" at the end, concerned Dr. Lewis because it appeared manipulative.

¶ 15 These factors led Dr. Lewis to conclude that Jenavee demonstrated very limited insight and very poor judgment. He diagnosed Jenavee as suffering from "Psychosis not otherwise specified," meaning that she was exhibiting a symptom causing concern. Within a reasonable degree of medical certainty, the doctor opined that if her condition was left untreated, Jenavee would pose a risk to a minor child in her care in that she could not provide the care required in terms of nurturing, feeding and interacting with the child. The doctor recommended that Jenavee be further evaluated and receive the appropriate treatment. He further recommended that Jenavee be given a parenting capacity assessment and that a more comprehensive evaluation of her relationship with Jesiah as well as the entire situation be undertaken. Dr. Lewis further opined that there were physical and emotional risks to Jesiah from being subjected to unnecessary medical tests; it was very stressful for a child to undergo multiple medical examinations.

¶ 16 Dr. Lewis acknowledged that he had not reviewed the records from Children's Memorial Hospital (CMH). He agreed that the hospital visits which resulted in a prescription for Albuterol for asthma and a treatment for anemia were not unnecessary hospital visits. The doctor did not know if Jenavee had been tested to eliminate an organic cause or drug use for her symptoms. He acknowledged that Jesiah did not appear in imminent danger of physical harm from Jenavee, who did display some level of concern for Jesiah. Jenavee's anxiety could certainly have come from the fact that Jesiah might be taken out of her care. However, such anxiety did not lead to the type of problems Jenavee displayed.

No. 1-12-1764

¶ 17 Dr. Lewis acknowledged that he had reviewed only the records from Stroger. At the time of his interview with Jenavee, she was not admitted as a patient at Stroger but was registered as a patient as a requirement for the evaluation process.

¶ 18 Dr. Marjorie Fujara

¶ 19 Dr. Fujara is an attending physician in the child protective services division of the pediatrics department at Stroger. She is board certified in general pediatrics and in child abuse pediatrics. After *voir dire* by the parties, the trial court accepted Dr. Fujara as an expert in pediatrics and child abuse pediatrics. Dr. Fujara was brought into the case by Dr. Mayefsky, the attending pediatric physician at Fantus, and was given the following background information.

¶ 20 On February 15, 2011, Jenavee brought 15-month-old Jesiah to Fantus. Jenavee told Dr. Matthews, the resident physician at Fantus, that Jesiah had been suffering blackout spells since she was six months old. During these spells, Jesiah would pass out, her eyes would roll back, she would drool out of one side of her mouth, and her body would jerk. Jenavee requested that Jesiah be examined by a pediatric neurologist. Based on the symptoms, Dr. Matthews thought Jesiah might be suffering from seizures and brought in Dr. Mayefsky. Jenavee admitted that Jesiah was not having the spells she described but was having developmental delays. She told a social worker that she had lied and that she was just seeking social security benefits for Jesiah. Jesiah was admitted to Stroger because of the different medical histories Jenavee had given for Jesiah.

¶ 21 Over the objection of Jenavee's counsel and her guardian *ad litem*, Dr. Fujara explained that Münchhausen by Proxy syndrome was a form of child abuse. It occurred where a parent or

No. 1-12-1764

caregiver simulates a disease or describes symptoms that a child does not have. As a result, health care providers are led to believe incorrectly that the child is suffering from the medical condition. It becomes a problem for the child because the child is often subjected to unnecessary medical treatment. To make a diagnosis of Münchausen by Proxy required a great deal of information including prior visits, treatments and evaluations.

¶ 22 On February 16, 2011, Dr. Fujara and members of the child protective services team interviewed Jenavee. Jenavee stated that Jesiah was a healthy baby with no previous diagnoses of illness, and, specifically, no history of asthma. From the Northwestern Hospital (Northwestern) records, Dr. Fujara learned that on December 25, 2010, Jenavee had taken Jesiah to Northwestern's emergency room. She explained to the emergency room staff that she had been giving nebulizer treatments to Jesiah every four hours for her coughing and wheezing. However, the emergency room physician noted that Jesiah's lungs were clear. The visit and the records caused concern to Dr. Fujara because, while Jenavee described a very sick baby, the results of Josiah's physical examination, vital signs and tests were all normal.

¶ 23 On February 17, 2011, Cindy Witherspoon, Dr. Fujara's nurse, reported to Dr. Fujara that she had found Jenavee wrapped in a bed sheet; Jenavee explained she was airing out her clothes.¹ When Dr. Fujara arrived, Jenavee was clothed only in a hospital gown leaving the back half of her body exposed. The pediatric ward was essentially residential, and the doctor had never seen a parent dressed that way.

¶ 24 When asked about her living situation, Jenavee stated that she was living with her mother

¹This incident appears to have occurred at Stroger.

No. 1-12-1764

and sister, but she did not want anyone from the child protective services team to interview them. According to the clinic records, Jesiah's father also lived with them. Dr. Fujara was concerned because most parents with a child in the hospital were very open to the team talking with family members. The different versions of Jenavee's living situation also caused concern.

¶ 25 Based on the changing medical histories Jenavee had given for Jesiah, her unusual behavior in appearing in a hospital gown with her body exposed, Dr. Lewis' report, and the interactions observed between Jenavee and Jesiah, Dr. Fujara opined, within a reasonable degree of medical certainty, that Jesiah was at risk if left in Jenavee's custody.

¶ 26 Dr. Fujara acknowledged that Jenavee told the Northwestern staff that Jesiah had a history of asthma and that she was treating her at home. However, there were no physical findings in Northwestern's records that would confirm a history of asthma and cause a parent to seek medical help for a flare-up of the condition. Dr. Fujara was not aware that Jesiah had been seen at CMH in November 2010, and given a prescription for Albuterol, which the doctor agreed was used to treat asthma. Dr. Fujara acknowledged that on February 17 or 18, 2011, Dr. Miranda, a member of the child protective services team, had authorized discharging Jesiah from Stroger to return home with Jenavee. She also acknowledged that while at Stroger, Jesiah was diagnosed with mild anemia and given an iron supplement. Dr. Fujara agreed that if someone were oversleeping and anemic, they would be prescribed an iron supplement. However, the history of 8-10 hours of sleep provided by Jenavee for Jesiah was actually on the short side for a 15-month-old, and the anemia was typical of children Jesiah's age.

¶ 27 According to Dr. Fujara, the minimum number of unnecessary hospital visits to support a

No. 1-12-1764

diagnosis of Münchhausen by Proxy had not yet been established. Jesiah appeared to be cared for appropriately.

¶ 28 Dr. Fujara acknowledged that prior to Dr. Lewis' evaluation, Jenavee was seen by Dr. Swanson for a psychological evaluation on February 16, 2011. She further acknowledged that Dr. Swanson did not recommend psychotropic medication for Jenavee at that time and determined that she did not appear at substantial risk of harming herself or Jesiah. The child protective services team determined that another consultation was necessary as Dr. Swanson's report predated some of the inconsistent medical histories and Jenavee's behavior that had raised the team's concern. Also considered was information contained in Dr. Miranda's notes, detailing a telephone conversation he had with Brenda Walker, a relative of Jenavee. Ms. Walker related that Jenavee would take Jesiah to the airport and to various shelters in the wintertime because she was afraid "someone was out to get her."

¶ 29 The trial court also admitted into evidence the certified hospital records from Stroger, Fantus, CMH and Northwestern. From the Stroger records, the State published Dr. Lewis' recommendation that it was "probably best that [Jesiah] be placed in DCFS's custody. [Jenavee] can receive further evaluation and treatment. While [Jesiah] does not seem to be at imminent risk of physical abuse, [Jesiah] is at risk for neglect due to [Jenavee's] cognitive impairments, limited insight, poor judgment, difficulties attending to [Jesiah 's] needs, and possible thought disorder." Also published were Dr. Miranda's notes regarding his telephone conversation with Ms. Walker. In addition to Jenavee's taking Jesiah to shelters and the airport, Ms. Walker explained that there were mental health issues in the family, and if Jenavee received appropriate

No. 1-12-1764

care, she might be better able to care for Jesiah. Dr. Miranda's notes also reflected that Jenavee stated that she did not live with her mother and sister, contradicting what she originally told him about her living situation, and his concern with her continually contradicting herself.

¶ 30 The State and the public guardian on behalf of Jesiah also published portions of the CMH records. In his notes from November 1, 2010, Dr. Harsha Kumar, a CMH doctor in the pulmonary department, reported that Jesiah had a cough and, based on her medical history, was suffering from moderate asthma but "the extent of intervention does not seem to match the severity of asthma." Jesiah would be started on Albuterol and closely monitored. He also noted that Jenavee received disability for asthma and wanted to know if Jesiah had asthma as it would help her claim disability benefits.

¶ 31 On December 22, 2010, Jenavee called CMH and spoke with Dr. Kumar. She told the doctor that Jesiah had been coughing and wheezing since November and now had fast breathing, mild chest contractions and intermittent fevers. Dr. Kumar told Jenavee to take Jesiah to the emergency room immediately and to have the doctor there contact him. Jenavee also questioned him about claiming disability benefits; she needed paper work done and requested that the doctor speak to her social worker. When the doctor asked whether Jesiah had been taken to the emergency room, Jenavee told him she would take her later that night to Trinity Hospital. Dr. Kumar stressed that Jesiah needed to be taken to the emergency room immediately or to call 911 if Jesiah was struggling to breathe. When Dr. Kumar did not hear from the emergency room at Trinity Hospital, he called Jenavee who told him the wait was too long, and she had come home. She again asked about the disability paperwork.

No. 1-12-1764

¶ 32 The CMH records also contained a January 26, 2011, entry by the staff of the pulmonary medicine department. Jenavee had requested an urgent endocrine appointment for Jesiah, which required evidence that Jesiah had high blood sugar levels. However, CMH had no record of Jesiah having high blood sugar levels. The entry also noted that a request for a cardiology appointment for Jesiah was made by Jenavee, not the pulmonary medicine department.

¶ 33 According to the CMH's February 3, 2011, progress notes from the cardiology department, Jenavee requested the cardiology appointment because Jesiah had been prescribed medications, though she was vague about who prescribed them. She also inquired about applying for social security disability. According to the notes, Jesiah's cardiac evaluation was normal. The rapid heart beat Jenavee reported was unusual given Jesiah's age and the fact it occurred daily. While it could be sinus arrhythmia, the only way to be sure was to have an event monitor recording during one of the episodes. Jenavee was given a monitor and told to make as many recordings as possible. The progress notes also referred to the fact that while Jenavee stated that she had been referred by the pulmonary department, she had referred herself. According to the notes, Jenavee was frequently belligerent and, while she appeared in respiratory distress herself, she refused treatment.

¶ 34 For the Respondent-Mother

¶ 35 Jenavee S.

¶ 36 In February 2011, Jenavee became concerned because over a two-month period, Jesiah 's sleeping hours had gone from 6 to 10 hours to 8 to 10 hours, and she brought Jesiah to Fantus. The nurse, who took Jesiah 's medical history, had a strong accent, and Jenavee had difficulty

No. 1-12-1764

understanding her. Jenavee may have given her false information because she did not understand what the nurse was asking. Jenavee denied telling anyone at Stroger that Jesiah was having seizures. She only stated that Jesiah was sleeping for long periods. From her education in health, Jenavee believed that longer sleep could lead to seizures. After Jesiah underwent a MRI, Jenavee was told that the longer sleep pattern was normal. Jenavee stated that she wished the information had been communicated to her sooner so that the MRI procedure would not have been necessary for Jesiah.

¶ 37 Robert Henry S.

¶ 38 Mr. Henry is Jenavee's brother and is employed by the Norfolk Southern Railway. At the time Jesiah was born, he resided out of state but now lives in Chicago.

¶ 39 Between Jesiah 's birth and February 25, 2011, he visited Jenavee and Jesiah on six occasions; the last time was in January 2011. During his visits, he observed Jenavee feeding Jesiah and interacting with her. Jenavee attended to Jesiah's basic needs, making sure that she was fed, clean and dressed. There was appropriate food and medicine for a child in the house. He never witnessed anything out of the ordinary. During his January 2011,visit, Jenavee did not display any unusual concern for Jesiah's health care or medical well-being. According to Mr. Henry, Jesiah appeared to be a normal child and bonded with Jenavee.

¶ 40 Mr. Henry recalled having a conversation with a Ms. Elliott, an investigator, on February 28, 2011. He told Ms. Elliott that there was mental illness in his mother's family. He denied telling Ms. Elliott that Jenavee had been diagnosed with mental problems and that she could not parent a toddler. He did express that he thought Jenavee should undergo a psychological

No. 1-12-1764

evaluation because she was exhibiting certain behaviors, but he was unable to recall what they were. Mr. Henry denied telling Ms. Elliott that Jenavee needed an evaluation and help for her condition. Mr. Henry was concerned about the house Jenavee and Jesiah were living in; it was cluttered and in disrepair.

¶ 41 Mr. Henry acknowledged that Jenavee could be combative at times. He felt she might have issues requiring counseling or medication. She had been prescribed Wellbutran, which he understood was a weak medication.

¶ 42 Following closing arguments, the trial court ruled that the State had proved dependency by a preponderance of the evidence. The court referred to Dr. Lewis' testimony that Jenavee displayed symptoms of psychotic behavior, that she appeared manipulative and that Jenavee posed a risk to Jesiah by putting her through unnecessary and unneeded medical testing. The court noted Mr. Henry's testimony that he did not see any signs that Jenavee suffered from mental illness, and that Jesiah seemed normal. However, Mr. Henry had no medical training, and he did acknowledge that, with the family history, there were some concerns about mental illness.

While the court acknowledged that Jesiah was treated for asthma, it noted that Jenavee had recanted many of her statements describing the symptoms she claimed Jesiah was exhibiting.

The court also referred to Jenavee's statement that she was looking for social security benefits.

The court found that, in subjecting Jesiah to numerous hospital and clinic visits, Jenavee's goal was financial benefit.

¶ 43 Jenavee timely appealed from the trial court's order finding Jesiah a dependent minor.

See Ill. S.Ct. R. 662(c) (eff. Oct. 1, 1975).

¶ 44

ANALYSIS

¶ 45

I. Standard of Review

¶ 46 A reviewing court will not overturn a trial court's determination regarding dependency unless it is manifestly erroneous. *In re J.J.*, 246 Ill. App. 3d 143, 151 (1993). "[A] judgment is against the manifest weight of the evidence if it is clearly evident a conclusion opposite to that reached by the trial court was the proper disposition." *J.J.*, 246 Ill. App. 3d at 151. The fact that this court might have ruled otherwise does not render a judgment manifestly erroneous. *J.J.*, 246 Ill. App. 3d at 151.

¶ 47

II. Discussion

¶ 48 A dependent minor includes any minor under 18 years of age: "who is without proper care because of the physical or mental disability of his parent, guardian or custodian." 705 ILCS 405/2-4 (West 2010). Unlike a determination of neglect, the determination of whether a minor is a dependent child focuses on the parent rather than the child. *J.J.*, 246 Ill. App. 3d at 151. The State must prove by a preponderance of the evidence that the parent's disability significantly impairs the abilities necessary to the care and parenting of a child. *J.J.*, 246 Ill. App. 3d at 151. A preponderance of the evidence is "proof that makes the condition more probable than not." *In re N.B.*, 191 Ill. 2d 338, 343 (2000). The paramount consideration in adjudicatory proceedings is the best interest of the child. *N.B.*, 191 Ill. 2d at 343.

¶ 49 Jenavee contends that the trial court's determination that Jesiah was a dependent minor was manifestly erroneous. We disagree.

No. 1-12-1764

¶ 50 In support of her contention, Jenavee points to the different conclusions reached by Dr. Swanson and Dr. Lewis. In his evaluation conducted on February 16, 2012, Dr. Swanson concluded that Jenavee did not pose a danger to Jesiah and did not have any psychological pathology while Dr. Lewis concluded that Jenavee suffered from a psychosis not otherwise specific. Jenavee's condition put Jesiah at risk in that she would not receive the proper nurturing and care. In addition, Jenavee also put Jesiah at risk by the unnecessary medical examinations and tests to which she subjected Jesiah.

¶ 51 We afford great deference to the trial court's findings and judgment because of the trial court's superior position to observe the witnesses, assess credibility and weigh the evidence. *In re K.T.*, 361 Ill. App. 3d 187, 201 (2005). While his conclusions as to Jenavee are contained in the Stroger records, we have been unable to locate a written report by Dr. Swanson in the record on appeal. Thus, we have no evidence of the substance of Dr. Swanson's interview with Jenavee or what he considered in arriving at his conclusions. Moreover, he did not testify at the hearing. In contrast, Dr. Lewis testified at the hearing and was questioned extensively as to his interview with Jenavee and what he considered in arriving at his conclusion that Jenavee suffered from a psychosis not otherwise specified and that she posed a risk to Jesiah. Jenavee also argues that Dr. Lewis' diagnosis that Jenavee was suffering from a psychosis not otherwise specified is not supported by the DSM-IV's definition of the condition and is just a "catch-all." However, Jenavee presented no expert testimony challenging Dr. Lewis' diagnosis. In the absence of such testimony and as the trial court was the judge of the credibility of the witnesses, we cannot find that the trial court erred in relying on Dr. Lewis' opinion rather than that of Dr. Swanson.

No. 1-12-1764

¶ 52 Next, Jenavee argues that Dr. Fujara was not qualified to testify as an expert on the Münchausen by Proxy syndrome because she was not a psychiatrist. Jenavee maintains that such testimony was not relevant because she had not been diagnosed with Münchausen by Proxy. Therefore, the testimony had no probative value. Even if the testimony was relevant, she was prejudiced by its admission. Although it did not refer to Münchausen by Proxy in its finding of dependency, the trial court found that Jenavee exhibited the type of behavior typical of the syndrome. Moreover, there was evidence that some of the hospital visits were not unnecessary as they resulted in treatment for asthma and anemia.

¶ 53 Whether a witness is qualified to testify as an expert is a matter committed to the sound discretion of the trial court, and that determination will be reversed only if it constitutes a clear abuse of that discretion. *In re Beatriz S.* 267 Ill. App. 3d 496, 499 (1994). A reviewing court may find an abuse of discretion only where no reasonable person would take the view adopted by the trial court. *Ford v. Grizzle*, 398 Ill. App. 3d 639, 646 (2010). Dr. Fujara was board certified in pediatrics and in child abuse pediatrics. She identified Münchausen by Proxy as a form of child abuse. Her testimony on Münchausen by Proxy was limited to a description of the syndrome and that it took an extensive amount of information to diagnosis it. We find no abuse of discretion in allowing Dr. Fujara to testify as an expert on Münchausen by Proxy.

¶ 54 Dr. Fujara's testimony was also relevant. "Evidence is deemed relevant if it has any tendency to make the existence of any fact that is of consequence to the determination of the action more or less probable than it would be without the evidence." *Ford*, 398 Ill. App. 3d at 646. The admission of evidence is within the trial court's discretion. *In re Alexis H.*, 401 Ill.

No. 1-12-1764

App. 3d 543, 550 (2010). Dr. Fujara testified that the inconsistent and continually changing medical histories Jenavee had given for Jesiah raised a concern that she might be suffering from Münchhausen by Proxy and was one of the factors that led to her referral for a psychological evaluation. Therefore, the admission of the evidence was not an abuse of discretion.

¶ 55 We also find no prejudice to Jenavee from the admission of Dr. Fujara's testimony. Even without the doctor's testimony, the records from Stroger contained ample evidence of Jenavee's providing and then recanting various medical histories for Jesiah, which supported the trial court's findings.

¶ 56 Next, Jenavee argues that there was ample evidence that she took proper care of Jesiah. There was no evidence of physical abuse, and other than a mild case of anemia, there was nothing medically wrong with Jesiah. Mr. Henry testified that Jesiah was properly clothed, fed and cared for and that there was a bond between Jenavee and Jesiah. While concerned about Jenavee's attention to Jesiah's needs, Dr. Lewis also found that Jenavee displayed some level of concern for Jesiah and that there was no imminent danger of physical harm to Jesiah.

¶ 57 "Where the determination of the case depends largely upon facts found in the record, the findings and judgment of the trial court 'will not be disturbed by the reviewing court if there is *any* evidence in the record to support such findings.' (Emphasis added.)" *Wildman, Harrold, Allen & Dixon v. Gaylord*, 317 Ill. App. 3d 590, 599 (2000) (quoting *Schioniger v. County of Cook*, 116 Ill. App. 3d 895, 899 (1983)). Reversal is warranted only if the appellant presents strong and convincing evidence that completely overcomes the evidence and presumptions that exist in the appellee's favor. *Wildman, Harrold, Allen & Dixon*, 317 Ill. App. 3d at 599. While

No. 1-12-1764

the record contains evidence favorable to Jenavee, it does not overcome the State's evidence.

¶ 58 Our review of the record confirms that the State met its burden of proof in that the evidence established that it was more probable than not that Jenavee's mental disability significantly impaired her ability to parent Jesiah. Therefore, the trial court's decision finding Jesiah to be a dependent minor was not against the manifest weight of the evidence.

¶ 59 The judgment of the trial court is affirmed.

¶ 60 Affirmed.