

MEMORANDUM DECISION

Pursuant to Ind. Appellate Rule 65(D), this Memorandum Decision shall not be regarded as precedent or cited before any court except for the purpose of establishing the defense of res judicata, collateral estoppel, or the law of the case.



ATTORNEY FOR APPELLANT

Katherine N. Worman
Evansville, Indiana

ATTORNEYS FOR APPELLEE

Theodore E. Rokita
Attorney General of Indiana

Marjorie Lawyer-Smith
Deputy Attorney General
Indianapolis, Indiana

IN THE COURT OF APPEALS OF INDIANA

In the Matter of A.W., S.E., and
E.E., Minor Children Alleged to
be Children in Need of Services;

T.W. (Mother),

Appellant-Respondent,

v.

Indiana Department of Child
Services,

Appellee-Petitioner.

December 19, 2022

Court of Appeals Case No.
22A-JC-1268

Appeal from the Vanderburgh
Superior Court

The Honorable Brett J. Niemeier,
Judge

Trial Court Cause Nos.
82D04-2110-JC-1420
82D04-2110-JC-1421
82D04-2110-JC-1422

Tavitas, Judge.

Case Summary

- [1] T.W. (“Mother”) appeals the trial court’s order adjudicating her children as children in need of services (“CHINS”). Mother argues that the trial court erred in admitting statements that one of her children, S.E., made to a child psychiatrist and that DCS presented insufficient evidence to support the CHINS adjudication. We conclude that the trial court did not err in admitting S.E.’s statements to the psychiatrist and that DCS presented sufficient evidence to support the CHINS adjudication. Accordingly, we affirm.

Issues

- [2] Mother raises two issues on appeal, which we restate as:
- I. Whether the trial court erred in admitting S.E.’s statements to the psychiatrist.
 - II. Whether DCS presented sufficient evidence to support the CHINS adjudication.

Facts

- [3] Mother’s children are S.E., E.E., and A.W. (“the Children”). S.E. and E.E. (“the twins”) were born in May 2004 to Mother and A.E. A.W. was born in

July 2009 to Mother and Al.W., Mother's current husband and the twins' step-father.¹

- [4] On September 28, 2021, DCS received a report that alleged the Children were the victims of neglect and physical abuse by Parents. Family Case Manager ("FCM") Alexandria Kappert investigated the report. FCM Kappert spoke with the twins at their high school. She observed that the twins had a "distinct urine odor on them" and that both were "actively suicidal." Tr. Vol. II p. 62; Appellant's App. Vol. II p. 76.
- [5] FCM Kappert further observed that E.E.'s clothing had cat urine and fecal matter on it and that E.E. had cuts on her inner arms and inner thighs. E.E. reported that she attempted suicide by taking eighteen tablets of Ibuprofen and that Mother ignored her when she subsequently felt nauseous and unable to breathe. E.E. further reported that Mother hits her, that Mother threatened to "get [E.E.] locked up" if E.E. told anyone about Mother's abuse, and that Mother "body shames her." Appellant's App. Vol. II p. 76.
- [6] S.E. reported to FCM Kappert that "he thinks about killing himself every [] day and has a plan to use the gun that is in his parents['] room." *Id.* S.E. further reported that Parents have not taken him to physical therapy or to get an MRI for his dislocated knee. In addition, S.E. reported that the family has

¹ For simplicity, we will refer to Mother and Al.W. collectively as "Parents." A.E. and Al.W. do not participate in this appeal.

twelve cats and one dog and that “the house conditions are disgusting with animal fecal matter throughout the whole house.” *Id.* at 77.

[7] That same day, FCM Kappert interviewed A.W. at her middle school. A.W. reported that “[E.E.] took too much medication but Mother did not do anything” and that the home was covered in fecal matter. *Id.*

[8] After his interview with FCM Kappert, on September 28, 2021, S.E. was admitted to Deaconess Midtown Campus Hospital (“Deaconess”) based on his suicidal ideation. Child psychiatrist Dr. Tejas Patel saw S.E. on September 29, 2021, and reported that S.E. has “struggl[ed] with suicidal thoughts the last three years,” but that on that day, S.E. denied suicidal ideation. Tr. Vol. II p. 66. S.E. attributed his suicidal thoughts to Mother “neglecting him and not taking him to the doctor for his medical issues,” which included his dislocated knee, and the physical and emotional abuse by Parents. Ex. Vol. I p. 34. Dr. Patel diagnosed S.E. with “unspecified” depressive and anxiety disorders. *Id.* at 38. S.E. began a treatment plan and was later discharged from Deaconess on October 2, 2021.

[9] FCM Kappert spoke with Mother at Deaconess. Mother reported to FCM Kappert that Mother used methamphetamine “since COVID started, which was around April of 2021,” that Mother used methamphetamine once or twice a day, and that Mother last used methamphetamine the previous day. Tr. Vol.

II p. 49. Mother further reported that she hit E.E. on one occasion, during an argument.²

[10] On September 29, 2021, E.E. was admitted to Bloomington Meadows Hospital due to her suicidal ideation and suicide attempt. E.E. reported that she was bullied at school and began “cutting herself” at age thirteen. Tr. Vol. II p. 112. Dr. Grace Thomas diagnosed E.E. with “[m]ajor depressive disorder, recurrent, severe, without psychotic features.” Ex. Vol. I p. 48. E.E. began treatment and was later discharged on October 5, 2021.³

[11] FCM Kappert visited the family home on September 30, 2021. FCM Kappert observed fecal matter “matted” into the carpet and on various surfaces throughout the home, including the Children’s rooms; a broken mirror with glass on the floor in one of the Children’s rooms; a “distinct urine odor”; a bathroom that had plywood placed over a hole in the flooring; fecal matter on the dishes and in the sink of the kitchen; clutter; and several malnourished cats.⁴

² On September 29, 2021, FCM Kappert interviewed A1.W. at Deaconess. A1.W. denied drug use and reported that the “home conditions were fine[,] but the children’s rooms were a mess.” Appellant’s App. Vol. II p. 76.

³ Bloomington Meadows sought to discharge E.E. on October 3, 2021, but was unable to contact Mother until October 5, 2021.

⁴ On October 25, 2021, Vanderburgh County Sheriff’s Department Officer M.A. Johnson was dispatched to the home, where he removed eleven malnourished cats and one dog. On December 30, 2021, the State charged Mother with cruelty to an animal, a Class A misdemeanor.

Tr. Vol. II pp. 50-51. FCM Kappert also observed that the house contained “minimal food.” *Id.* at 56.

[12] Stephanie Powell, a family preservation manager (“FPM”) with Malingers Home Based Services (“Malingers”), conducted a parental assessment of Mother and A.W. at the family home on October 4, 2021. During the assessment, Mother admitted that she “hits [S.E.] and has bloodied his nose” and that “she has smacked the kids in the face and . . . treated [S.E.] the worst.” *Id.* at 78. According to FPM Powell, Mother did not “show any remorse.” *Id.* FPM Powell recommended that Mother complete substance abuse and mental health assessments.

[13] That same day, DCS filed a petition that alleged the Children were CHINS. DCS alleged that: 1) the twins were victims of neglect and physical abuse; 2) A.W. was a victim of neglect; 3) the twins were hospitalized for suicidal ideation; 4) Mother admitted to using methamphetamine once or twice a day “since Covid”; and 5) the family home was unsanitary. Appellant’s App. Vol. II p. 71.

[14] On October 5, 2021, the trial court held an initial hearing, and DCS alleged that Mother continued to use methamphetamine. The trial court ordered the placement of A.W. with relatives. The twins were hospitalized at the time and were subsequently placed in relative placement, though the record does not indicate when the placement occurred. At some point after the Children were

placed, FCM Kappert took the Children for a wellness visit where they were brought up to date on their immunizations.

[15] The trial court held a progress hearing on January 5, 2022. Inexplicably, the trial court ordered that A.W. be returned to the family home on the condition that Mother cooperate with random drug screens, clean up the home, repair the hole in the bathroom, and cooperate with DCS.

[16] On January 22, 2022, Janet Bett, a therapist with Malinger, conducted a family therapy visit with the Children and Parents at the family home, which lasted two hours. During the visit, Bett and the Children remained standing because feces covered the seats in the home. The Children expressed a desire to end the family visit early because of the odor in the home.

[17] Mother stated that she was “being attacked” during the visit and left the room. Tr. Vol. II p. 72. Mother later returned and apologized “for being physical towards” S.E. *Id.* Mother attributed her treatment of the Children to her substance abuse. Mother promised the Children that she was “going to change” and would stop visiting her father’s (Maternal Grandfather’s) home, where Mother obtained illegal substances. *Id.* at 73. On January 24, 2022, however, Mother tested positive for amphetamine and methamphetamine.

[18] Bett conducted a second family therapy visit on January 29, 2022, at the Malinger office due to the condition of the family home. About an hour into the visit, the Children asked Mother about her “pacing, being delusional and hallucinating in the home at night with [A.W.],” who at the time was still living

with Mother. Tr. Vol. II p. 74. Mother became upset and told the Children, “All of you kiss my [a]**” and that she would “sign off [her] parental rights,” and Mother left the room. *Id.* The Children wanted to end the visit “because of the trauma” from Mother’s behavior. *Id.* at 75. Mother did not show up for the third family therapy visit, which was scheduled for February 8, 2022.

[19] The trial court held fact finding hearings on February 17, 2022, and March 1, 2022. At the February 17, 2022, hearing, FCM Kappert testified regarding the condition of the home and her interviews with the Children; Bett testified regarding the family therapy visits; and FPM Powell testified regarding her parental assessments of Mother and A1.W.

[20] In addition, Dr. Patel testified regarding S.E.’s statements and treatment at Deaconess. Dr. Patel testified that he saw S.E. at Deaconess on September 29, 2021. Mother objected on hearsay grounds. Mother argued that Dr. Patel “can give an opinion but he can’t state the facts going [into] the opinion” and quoted Indiana Evidence Rule 705, “[b]ut the expert may be required to disclose those facts or data on cross-examination.” *Id.* at 64. The trial court overruled the objection. DCS asked Dr. Patel to testify regarding S.E.’s “chief complaint” upon being admitted to Deaconess, to which Mother objected on hearsay grounds. *Id.* at 66. Mother argued that DCS was “using [Dr. Patel] to get in [S.E.’s] statements.” *Id.* The trial court overruled Mother’s objection and stated, “I think the doctor can voice what he bases his opinion on.” *Id.* at 66. Mother did not make a continuing objection.

[21] Dr. Patel subsequently testified that S.E.'s chief complaint was "suicidal thought[s]." *Id.* DCS then asked Dr. Patel to "elaborate" on whether S.E.'s "home life" contributed to his suicidal thoughts. *Id.* at 67. Mother did not object, and Dr. Patel testified that S.E. reported that "Mother was neglecting S.E." and that S.E. "was physically and emotionally abused by Mother and stepfather." *Id.* At the conclusion of DCS's direct examination of Dr. Patel, DCS moved to admit the medical records regarding S.E.'s treatment at Deaconess. Mother objected and argued, "[I]f it comes in we would ask that there be a limine motion on it that it can be used for [Dr. Patel's] opinion but not for the hearsay facts of the children." *Id.* at 68. The trial court overruled the objection and stated, "[T]he Court believes that [Dr. Patel] can rely on hearsay to form his opinion." *Id.*

[22] At the end of the February 17, 2022 hearing, DCS moved for detention of A.W. based on Mother's January 24, 2022 positive drug screen, unsanitary conditions in the home, and concern for A.W.'s safety. The trial court granted the motion and placed A.W. in the same relative placement as the twins.

[23] At the March 1, 2022 hearing, the twins and Mother testified. S.E. testified regarding the unsanitary conditions and odor in the home. The twins further testified regarding the minimal food in the home and that they only ate when Parents brought fast-food home late at night or early in the morning or when the Children spent their own money to order pizza.

[24] Regarding abuse in the home, S.E. testified that he was punched in the face several times, that he was given a bloody nose when he was age twelve,⁵ and that Mother sat on his chest to the point where he could not breathe when he was age eight. S.E. testified that he does not want to live with Mother. S.E. further testified that Parents verbally abused E.E. E.E. testified that, prior to her removal from the home, Mother “dug her nails” into E.E.’s face and hit her. *Id.* at 126.

[25] The twins also testified that Mother demonstrated paranoid behavior. They testified that Mother accused the Children of “putting cameras in the light bulbs” to record Mother. *Id.* at 95. S.E. testified that Mother would turn off internet access for the Children to prevent them from contacting relatives and “hacking into [Mother’s] phone.” *Id.* at 96. S.E. further testified that Parents told him that “[DCS] lock[s] kids up in cages and that [he] shouldn’t trust them.” *Id.* at 92. E.E. testified that, prior to the hearing, while she was in relative placement and A.W. was still living with Mother, E.E. had trouble speaking to A.W. privately over the phone due to Mother’s intervention.

[26] E.E. testified that Mother would “smell like weed” when the Children went to Maternal Grandfather’s home, that Mother would blame the Children for “smoking her weed,” and that Mother admitted during one of the visits that she used methamphetamine. *Id.* at 127. The twins testified that they were absent

⁵ S.E.’s testimony did not directly name Mother as the abuser in these instances.

from school and received poor grades while living with Mother, but that, in their current placement, they attended school more consistently and that their grades were improving.

[27] Mother accused FCM Kappert of paying three people to go inside the liquor store where Mother worked to determine Mother's work schedule. Mother presented photographs—taken two weeks prior to the hearing—which depicted the home in better condition. Mother denied substance abuse and that her home lacked food. Mother further denied accusing the Children of spying on her and denied engaging in any physical or verbal abuse.

[28] Mother testified that she did not believe S.E.'s suicide plan was real but, rather, that S.E. made it up because he does not want to live with Mother. Mother testified that she did not know about E.E.'s suicide attempt but that, when she learned about E.E.'s cutting, she removed razors and knives from the house and has since removed any guns.

[29] On April 6, 2022, the trial court adjudicated the Children as CHINS. The trial court concluded that “[t]he horrid living conditions, pungent smell associated with the home and clothes, lack of medical care (including shots), inappropriate discipline, drug usage, missed school and mother's need for mental health services” supported the CHINS adjudication. Appellant's App. Vol. II p. 54. The trial court held a dispositional hearing on May 6, 2022, and issued its dispositional order on June 6, 2022. Mother now appeals.

Discussion and Decision

[30] Mother argues that the trial court erred in admitting S.E.’s statements to Dr. Patel and that DCS presented insufficient evidence to support a CHINS finding. We conclude that Mother’s arguments are without merit.

I. Admission of Testimony

[31] Mother first argues that the trial court erred in admitting S.E.’s statements regarding his suicidal ideation to Dr. Patel.⁶ We disagree.

[32] We afford a trial court broad discretion in ruling on the admissibility of evidence. *Sims v. Pappas*, 73 N.E.3d 700, 705 (Ind. 2017). We will disturb the trial court’s ruling only where the trial court has abused its discretion. *Id.* “An abuse of discretion occurs when the trial court’s decision is clearly against the logic and effect of the facts and circumstances before it.” *Id.* (quoting *Turner v. State*, 953 N.E.2d 1039, 1041 (Ind. 2011)). Even then, “[n]o error or defect in any ruling or order or in anything done or omitted by the trial court or by any of the parties is ground for granting relief or reversal on appeal where its probable impact, in light of all the evidence in the case, is sufficiently minor so as not to affect the substantial rights of the parties.” Ind. App. R. 66(A). Likewise, reversible error cannot be predicated upon the erroneous admission of evidence that is merely cumulative of other evidence that has already been

⁶Mother does not cite to any of S.E.’s specific statements to Dr. Patel in the record.

properly admitted.” *Sibbing v. Cave*, 922 N.E.2d 594, 598 (Ind. 2010) (citing *Davis v. Garrett*, 887 N.E.2d 942, 947 (Ind. Ct. App. 2008), *trans. denied*).

[33] In the argument section of her brief, Mother cites Indiana Evidence Rules 702, 703, and 803(4). We find, however, that Mother waived her challenge to Dr. Patel’s testimony regarding S.E.’s statements. Although Mother objected at the beginning of Dr. Patel’s testimony, her objection was overruled, and Mother did not later object to Dr. Patel’s testimony that S.E. reported suicidal thoughts because of neglect and physical and emotional abuse in Mother’s home. *See Dilts v. State*, 49 N.E.3d 617, 628 (Ind. Ct. App. 2015) (citing *Brown v. State*, 929 N.E.2d 204, 207 (Ind. 2010) (holding that a defendant’s failure to lodge a contemporaneous objection at the time evidence is introduced at trial results in waiver of the error on appeal), *reh’g denied*), *trans. denied*. Though appellate review of Mother’s challenge would not be waived for her failure to contemporaneously object at trial if the error constituted “fundamental error,” Mother makes no argument regarding fundamental error. *See id.*

[34] Furthermore, Mother fails to offer a cogent argument with regard to Indiana Evidence Rules 702 and 703. *See Loomis v. Ameritech Corp.*, 764 N.E.2d 658, 668 (Ind. Ct. App. 2002) (“Ind. Appellate Rule 46(A)(8)(a) requires that “[t]he argument must contain the contentions of the appellant on the issues presented, supported by cogent reasoning. Each contention must be supported by citations to the authorities, statutes, and the Appendix or parts of the Record on Appeal relied on . . .”) (ellipses in original), *trans. denied*. Mother’s arguments,

accordingly, are waived. Waiver notwithstanding, we address Mother’s argument under Indiana Evidence Rule 803(4).

[35] Indiana Evidence Rule 801(c) defines “hearsay” as, “a statement that [] is not made by the declarant while testifying at the trial or hearing; and [] is offered in evidence to prove the truth of the matter asserted.” “Hearsay statements are not admissible, except pursuant to certain exceptions within the Rules of Evidence.” *VanPatten v. State*, 986 N.E.2d 255, 260 (Ind. 2013) (citing Ind. Evid. R. 802).

[36] One exception to the rule against hearsay is Indiana Evidence Rule 803(4), which provides that a statement is not excluded by the rule against hearsay if it:

(A) is made by a person seeking medical diagnosis or treatment;

(B) is made for—and is reasonably pertinent to—medical diagnosis or treatment; and

(C) describes medical history; past or present symptoms, pain or sensations; their inception; or their general cause.

This ““exception is grounded in a belief that the declarant’s self-interest in obtaining proper medical treatment makes such a statement reliable enough for admission at trial[.]”” *Q.J. v. Ind. Dep’t of Child Servs.*, 92 N.E.3d 1092, 1099 (Ind. Ct. App. 2018) (quoting *VanPatten*, 986 N.E.2d at 260) (brackets in original), *trans. denied*.

[37] We conduct a two-step analysis when determining whether hearsay statements are admissible under Rule 803(4). We first ask, “‘is the declarant motivated to provide truthful information in order to promote diagnosis and treatment,’ and second, ‘is the content of the statement such that an expert in the field would reasonably rely on it in rendering diagnosis or treatment.’” *VanPatten*, 986 N.E.2d at 260 (quoting *McClain*, 675 N.E.2d at 331). Mother challenges the first step of the analysis here.

[38] The Indiana Supreme Court has observed that, regarding the first prong of the test, “[t]he declarant must subjectively believe that he was making the statement for the purpose of receiving medical diagnosis or treatment.” *Id.* (quoting *McClain*, 675 N.E.2d at 331). “With most declarants, this is generally a simple matter: [when] ‘a patient consults with a physician, the declarant’s desire to seek and receive treatment may be inferred from the circumstances.’” *Id.* at 260-61 (quoting *McClain*, 675 N.E.2d at 331) (brackets in original). The situation is different, however, for “*young children*” because

[s]uch young children may not understand the nature of the examination, the function of the examiner, and may not necessarily make the necessary link between truthful responses and accurate medical treatment. In that circumstance, ‘there must be evidence that the declarant understood the professional’s role in order to trigger the motivation to provide truthful information.’

Id. at 261 (quoting *McClain*, 675 N.E.2d at 331) (emphasis added). The Court emphasized that “[a]ppellate review of this issue is necessarily case-specific and

turns on the facts and circumstances of each case as they are reflected in its record.” *Id.*

[39] Mother cites *Q.J.*, in which we held that fourteen-year-old Q.J., Jr.’s statements to a doctor regarding abuse and neglect in the home were admissible through the doctor’s testimony because, “[b]ased on Q.J., Jr.’s age and the fact that he made the statements to a doctor while in a hospital, the inference that he knew he was talking to a medical professional and that he was motivated to provide truthful information is obvious.” 92 N.E.3d at 1100. Mother argues that, unlike *Q.J.*, here, S.E. was not motivated to tell the truth because S.E. admitted to lying to Mother during his testimony, S.E. could not explain the reasons for his anxiety, and S.E. testified that he did not want to live with Mother.

[40] We are not persuaded by Mother’s argument. On the contrary, just as in *Q.J.*, S.E.’s age and the fact that he spoke with Dr. Patel in a hospital setting supports an inference that S.E. was motivated to provide truthful information. At age seventeen, S.E. was not a young child unable to “make the necessary link between truthful responses and accurate medical treatment.” *VanPatten*, 986 N.E.2d at 261. Further, Dr. Patel testified that S.E. “wanted the treatment.” Tr. Vol. II p. 66. Mother’s argument that S.E. had a different motive merely asks us to reweigh the evidence, which we will not do. *See In re D.J.*, 68 N.E.3d 574, 577-78 (Ind. 2017) (“When reviewing a trial court’s CHINS determination, we do not reweigh evidence or judge witness credibility.”).

[41] We further find that, even if the trial court erred in admitting Dr. Patel’s testimony regarding S.E.’s reports of suicidal ideation, the error would be harmless. In addition to Dr. Patel, FCM Kappert also testified regarding S.E.’s suicidal ideation, and Mother did not object; S.E. testified regarding Mother’s abuse and neglect of the Children; and Mother does not dispute that S.E. was hospitalized for suicidal ideation. It is unlikely, thus, that S.E.’s statements to Dr. Patel substantially affected the trial court’s adjudication of the Children as CHINS. *See Vanpatten*, 986 N.E.2d at 267 (holding admission of nurse’s testimony regarding child’s statements was harmless error when child testified consistently with those statements).⁷

II. CHINS Adjudication

[42] Mother next challenges several of the trial court’s factual findings and the trial court’s adjudication of Children as CHINS. CHINS proceedings are civil actions; thus, “the State must prove by a preponderance of the evidence that a child is a CHINS as defined by the juvenile code.” *In re N.E.*, 919 N.E.2d 102, 105 (Ind. 2010); *see* Ind. Code § 31-34-12-3. On review, we neither reweigh the evidence nor judge the credibility of the witnesses. *D.J.*, 68 N.E.3d at 577-78. Here, the trial court entered, sua sponte, findings of fact and conclusions thereon in granting the CHINS petition. “As to the issues covered by the

⁷ Mother also argues that the trial court erred in admitting into evidence S.E.’s medical records from Deaconess, which contain S.E.’s statements to Dr. Patel. We find that the trial court did not err in admitting these records for the same reasons it did not err in admitting Dr. Patel’s testimony.

findings, we apply the two-tiered standard of whether the evidence supports the findings, and whether the findings support the judgment.” *In re S.D.*, 2 N.E.3d 1283, 1287 (Ind. 2014). We review the remaining issues under the general judgment standard, which provides that a judgment ““will be affirmed if it can be sustained on any legal theory supported by the evidence.”” *Id.* (quoting *Yanoff v. Muncy*, 688 N.E.2d 1259, 1262 (Ind. 1997)). We will reverse a CHINS determination only if it is clearly erroneous. *D.J.*, 68 N.E.3d at 578.

[43] DCS must prove three elements for a juvenile court to adjudicate a child a CHINS: (1) the child is under the age of eighteen; (2) that one of eleven different statutory circumstances exist that would make the child a CHINS; and (3) the child needs care, treatment, or rehabilitation that he or she is not receiving and is unlikely to be provided or accepted without the coercive intervention of the court. *Id.* at 580.

[44] Here, the trial court found the Children were CHINS under the general category of neglect as defined in Indiana Code Section 31-34-1-1, which provides:

A child is a child in need of services if before the child becomes eighteen (18) years of age:

(1) the child’s physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child’s parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision:

(A) when the parent, guardian, or custodian is financially able to do so; or

(B) due to the failure, refusal, or inability of the parent, guardian, or custodian to seek financial or other reasonable means to do so; and

(2) the child needs care, treatment, or rehabilitation that:

(A) the child is not receiving; and

(B) is unlikely to be provided or accepted without the coercive intervention of the court.

[45] “[T]he purpose of a CHINS adjudication is to protect children, not [to] punish parents.” *N.E.*, 919 N.E.2d at 106. A CHINS adjudication is not a determination of parental fault but rather is a determination that a child is in need of services and is unlikely to receive those services without intervention of the court. *Id.* at 105. “A CHINS adjudication focuses on the condition of the child [T]he acts or omissions of one parent can cause a condition that creates the need for court intervention.” *Id.* (citations omitted). “A CHINS finding should consider the family’s condition not just when the case was filed, but also when it is heard.” *S.D.*, 2 N.E.3d at 1290.

A. Challenges to Factual Findings

[46] Mother challenges factual findings numbers two, twelve through sixteen, and nineteen, which concern Mother’s admission to using methamphetamine; the twins’ school absences and poor grades while living with Mother; the lack of

food in Mother's home; and E.E.'s testimony that Mother used illegal drugs and obtained them from Maternal Grandfather. Mother ignores the evidence that is favorable to the trial court's findings, cites her own testimony, and suggests the witnesses were untruthful. We will not, however, reweigh the evidence. Accordingly, we find that the trial court did not err in reaching these findings.

[47] Mother next challenges factual finding number three, which states, in part, that "[o]n September 28, 2021, [S.E.] was admitted to [Deaconess] with suicidal ideology per the testimony of Dr. Tejas Patel." Appellant's App. Vol. II p. 46. Mother argues that this finding is not supported by the evidence because S.E. denied suicidal ideation. The hospital records from Deaconess clearly show that S.E. was hospitalized for suicidal ideation, and that fact is not undermined by S.E.'s denial of suicidal ideation on the day after his admission. The trial court, thus, did not err.

[48] Mother next challenges factual finding number ten, which states, in part, that "Ms. Bett testified that[, during the January 22, 2022, family therapy visit,] she and the 3 children stood near the cracked open door during the entire 2-hour visit because the residence was too dirty to have a seat and due to the strong odor." Appellant's App. Vol. II p. 49. Mother is correct that Bett did not testify that she and the Children stood near a cracked door during the family visit. Although Bett and the Children did stand during the entire visit, DCS did not present evidence that they stood near a cracked door. The trial court's

inaccuracy, however, does not undermine its findings regarding the unsanitary conditions in the home. Any error in this finding is harmless.

[49] Finally, Mother challenges factual finding number eighteen, which concludes that Mother’s testimony that FCM Kappert paid individuals to go into the liquor store to determine Mother’s work schedule was “[c]learly . . . untrue and suggests paranoia.” Appellant’s App. Vol. II p. 53. Mother argues that “DCS did not provide any evidence to contradict Mother’s testimony.” Appellant’s Br. p. 24. The trial court, however, was in the best position to assess Mother’s credibility, and we will not disturb that finding.

B. Legal Conclusion

[50] Mother next argues that the trial court’s legal conclusion that the Children were CHINS was not supported by the trial court’s factual findings. Mother argues that the Children were not endangered; that they did not need care, treatment, or rehabilitation that they were not receiving; and that the coercive intervention of the court is not necessary. We disagree.

[51] The trial court’s findings regarding the unsanitary conditions of the home; Mother’s neglect and physical abuse of the children; Mother’s substance abuse and paranoia; and the Children’s poor school performance and need for treatment while in Mother’s care all amply support a finding that the Children are endangered and were not receiving adequate care. Mother argues that DCS failed to present evidence that Mother used drugs in the presence of the Children and cites *Perrine v. Marion Cnty. Off. of Child. Servs.*, 866 N.E.2d 269,

276-77 (Ind. Ct. App. 2007). In *Perrine*, we held that a parent’s single instance of drug use, outside of the child’s presence, was insufficient to support a CHINS adjudication. *Id.* at 276. We find *Perrine* distinguishable. First, *Perrine* did not deal with a case, such as this, that also involved unsanitary conditions, physical abuse, and neglect. And unlike *Perrine*, here, DCS presented evidence that Mother regularly used methamphetamine, that Mother tested positive for illegal drugs while the Children were removed, and that the Children knew Mother used illegal drugs.

[52] Mother next argues that DCS failed to prove that the coercive intervention of the court was necessary. We disagree. At the initial hearing on October 5, 2021, A.W. was removed from Mother’s custody because of Mother’s continued substance abuse and because the home remained unsanitary. Mother later tested positive for illegal drugs on January 24, 2022, after the Children were removed. Mother also failed to appear for the February 8, 2022 family therapy visit. Finally, the trial court found that Mother needed mental health services to treat her paranoia and substance abuse. *See In re K.P.G.*, 99 N.E.3d 677, 684 (Ind. Ct. App. 2018) (finding, in part, that parent’s untreated mental illness supported CHINS adjudication), *trans. denied*.

[53] Mother also argues that she improved the condition of the home; accepted the twin’s health needs; removed guns, knives, and razors from the home; “apologized for being physical” with the Children; and cared about the Children’s success in school. Appellant’s Br. p. 26. Mother failed to take most of these steps until long after DCS became involved. We are, thus,

unpersuaded by Mother's argument. The findings support the conclusion that the coercive intervention of the court was necessary, and the trial court, accordingly, did not err in adjudicating the Children as CHINS.

Conclusion

[54] The trial court did not err in admitting S.E.'s statements to Dr. Patel, and DCS presented sufficient evidence to support the CHINS adjudication. Accordingly, we affirm.

[55] Affirmed.

Brown, J., and Altice, J., concur.