

**IN THE COURT OF APPEALS OF IOWA**

No. 3-1131 / 13-1644  
Filed December 18, 2013

**IN THE INTEREST OF T.A.,  
Minor Child,**

**M.A., Mother,  
Appellant.**

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Appeal from the Iowa District Court for Scott County, Mark R. Fowler,  
District Associate Judge.

A mother appeals a district court order adjudicating her son a child in need  
of assistance. **AFFIRMED IN PART AND REVERSED IN PART.**

Christine Frederick of Zamora, Taylor, Woods & Frederick, Davenport, for  
appellant mother.

Thomas J. Miller, Attorney General, Bruce Kempkes, Assistant Attorney  
General, Michael J. Walton, County Attorney, and Julie Walton, Assistant County  
Attorney, for appellee State.

Brenda Drew Peeples, Davenport, attorney and guardian ad litem for  
minor child.

Considered by Danilson, C.J., and Vaitheswaran and Potterfield, JJ.

**VAITHESWARAN, J.**

A mother appeals a district court order adjudicating her son a child in need of assistance. She contends the facts do not support the court's determination that she failed to properly supervise the child and was unable or unwilling to afford the child medical care or mental health treatment. See Iowa Code § 232.2(6)(c)(2) (2013) (defining "child in need of assistance" as including "[t]he failure of the child's parent . . . to exercise a reasonable degree of care in supervising the child"), (e) (defining "child in need of assistance" as including a child "[w]ho is in need of medical treatment to cure, alleviate, or prevent serious physical injury or illness and whose parent . . . is unwilling or unable to provide such treatment"), and (f) (defining "child in need of assistance" as including a child "[w]ho is in need of treatment to cure or alleviate serious mental illness or disorder, or emotional damage as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others and whose parent . . . is unwilling to provide such treatment").

Our de novo review of the record reveals the following facts. See *In re B.B.*, 500 N.W.2d 9, 11 (Iowa 1993) (setting forth the standard of review). The department of human services received information that the sixteen-year-old child was severely malnourished and showed signs of mental illness. A department protective worker spoke to the child's family physician, who confirmed the child should be seen by someone who specialized in eating disorders. The physician also stated the child would benefit from psychiatric medication.

The mother took some steps to address the child's malnourishment; she made monthly doctor appointments to have his weight checked and maintained a general log of food purchases. The mother's efforts began to pay off, and the child gained approximately six pounds in as many months. A medical professional who evaluated the child shortly before the adjudication hearing characterized him as "well-nourished" and "well hydrated," although "very slender in appearance and small for [his] age generally." Additionally, visiting nurses who were assigned to check in on the child stopped their visits in light of the weight gain.

The mother was less successful in addressing the child's mental health needs. She had difficulty scheduling appointments for behavioral intervention services and experienced delays in scheduling an appointment with a psychologist. She also balked at following an early recommendation to administer the mental health drug Prozac, given the potentially severe side effects of the drug on young people. While the department case manager suggested exploring alternative medications, neither the department nor the mother had yet to investigate those options. The mother did pursue a recommendation that the child undergo occupational therapy and, with her family physician's assistance, also obtained a date for a psychological evaluation.

On our de novo review of the record, we are persuaded that this loving mother did not fail to supervise her son but simply lacked the wherewithal to attend to the child's serious medical needs on her own. Because those needs initially placed the child at risk of sudden death, we agree with the district court's decision to adjudicate the child in need of assistance pursuant to sections

232.2(6)(e) and (f), but not section 232.2(6)(c)(2). We also agree with the court's decision to leave the child in the care of his mother, subject to compliance with "recommended medical and mental health treatment for her son." We affirm the district court's adjudication order under sections 232.2(6)(e) and (f) and reverse the order under (c)(2).

**AFFIRMED IN PART AND REVERSED IN PART.**