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NO. 4-13-0988

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April 7, 2014
Carla Bender
4th District Appellate
Court, IL

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

In re: Za. B., a Minor, THE PEOPLE OF THE STATE OF ILLINOIS, Petitioner- Appellee, v. CARLETTA BARRY, Respondent-Appellant.	)	Appeal from Circuit Court of Champaign County No. 13JA38 Honorable John R. Kennedy, Judge Presiding.

JUSTICE HARRIS delivered the judgment of the court.
Justices Pope and Holder White concurred in the judgment.

ORDER

¶ 1 *Held*: The trial court's finding that respondent's child was neglected was not against the manifest weight of the evidence; however, the court erred in finding respondent unfit and ordering the child removed from her care.

¶ 2 Respondent, Carletta Barry, appeals the trial court's dispositional order adjudicating her child, Za. B. (born July 5, 2013), neglected and removing Za. B. from respondent's custody. We affirm in part, reverse in part, and remand with directions.

¶ 3 I. BACKGROUND

¶ 4 Respondent is the mother of two children, Za. B. and Zy. B. (Only Za. B. is the subject of this appeal.) Prior to Za. B.'s birth, Zy. B. became the subject of neglect proceedings in case No. 12-JA-28 and was removed from respondent's care. On September 25, 2012, an adjudicatory order was entered in those proceedings and the trial court determined Zy. B. was a

neglected minor in that her environment was injurious to her welfare. The court based its ruling on facts showing there had been domestic violence in the home and, in July 2012, respondent was "acutely psychotic" and involuntarily admitted for psychiatric treatment. Its adjudicatory order states as follows:

> "On July 28, 2012, Urbana police went to an address in Urbana. [Respondent] was holding [Zy. B.], now three years old. She was wearing only a red robe. She was acting oddly. She went to a hospital where she continued to act irrationally. She was apparently talking to non-existent personnel and not making sense. She was chanting and singing loudly. *** [W]hile riding in a car with [Zy. B.] and other persons she referred to a purse as 'the Devil.' [Respondent] subsequently jumped out of the car with [Zy. B.]
>
> [Respondent] was not compliant with medications after discharge. She continued symptoms of paranoia after discharge.
>
> [Respondent] told a [Department of Children and Family Services (DCFS)] caseworker that she jumped out of a car while holding her daughter. The caseworker observed the minor to have a cut lip. She was unkempt.
>
> [Respondent] was seen by a psychiatrist. She was involuntarily admitted for psychiatric treatment at Provena Hospital. She complained of being attacked by demons and she

was hearing voices. The psychiatrist opined that [respondent] was acutely psychotic. She remained admitted for four days."

Ultimately, a dispositional order was entered in the case, adjudicating Zy. B. neglected, removing Zy. B. from respondent's custody and guardianship, and placing custody and guardianship of Zy. B. with DCFS.

¶ 5 On July 31, 2013, the State filed an amended petition for adjudication of neglect, alleging Za. B. was a neglected minor. It asserted Za. B.'s environment was injurious to her welfare when she resided with respondent because respondent (1) failed to correct conditions that resulted in her prior adjudication of parental unfitness to exercise guardianship and custody of Zy. B. (count I) and (2) had a history of mental illness (count II).

¶ 6 On September 6, September 19, and October 3, 2013, the trial court conducted adjudicatory hearings in the matter. At the State's request, the court took judicial notice of orders entered in Zy. B.'s neglect case (case No. 12-JA-28). The State also presented the testimony of several witnesses.

¶ 7 Dr. Judy Osgood testified she was a licensed clinical psychologist and, on February 11, 2013, performed a psychological evaluation on respondent at DCFS's request. During the evaluation, respondent reported she became involved with DCFS after having a "psychotic break" and endangering her child (Zy. B.). Dr. Osgood testified respondent related circumstances she believed contributed to her "psychotic break," including fasting for a day, becoming involved with a traveling church, and feeling "that a spirit had entered her." According to Dr. Osgood, respondent believed she had been possessed. Although respondent denied any previous mental-health problems, Dr. Osgood testified DCFS records contained

reports from respondent's family members that respondent demonstrated odd or unusual behavior earlier in the year, prior to her "psychotic break."

¶ 8 Dr. Osgood stated respondent reported being hospitalized and prescribed medication following her "psychotic break." However, respondent admitted she did not continue to take her medication after being released because she believed it caused her to experience negative side effects. Dr. Osgood testified respondent was not taking her prescribed medication at the time of the evaluation and agreed that, at that point, respondent was medically noncompliant. Dr. Osgood stated respondent also failed to comply with a recommendation that she stay in contact with the doctor who prescribed her medication. On cross-examination, Dr. Osgood testified respondent was pregnant at the time of her evaluation and, due to the risk of harm to the child, her pregnancy might have been a legitimate reason for her not to take the prescribed medication.

¶ 9 In addition to interviewing respondent, Dr. Osgood administered psychological tests and an intelligence quotient (IQ) test. Ultimately, Dr. Osgood diagnosed respondent with psychotic disorder not otherwise specified, partner relational problem, and borderline intellectual functioning. Dr. Osgood testified she was concerned that respondent's borderline intellectual functioning contributed to her impaired judgment and possibly her dependency on high-risk partners, noting respondent had been involved with men who had significant criminal histories. She recommended respondent have supervised visitations; complete a psychiatric evaluation and be compliant with whatever recommendations were made; participate in "intensive" counseling and mental-health treatment "to do ongoing assessment monitoring of [respondent's] mental health, assess for possible psychotic symptoms, [and] assess and monitor any compliance or lack

thereof with psychotropic medications"; and continue to participate in offered services, including the Independent Living Program, case management, and counseling. As part of respondent's counseling, Dr. Osgood recommended she focus on establishing daily-life skills and a healthy lifestyle, and address her past relationship issues and involvement with high-risk partners.

¶ 10 Becky Jones, a counselor at Community Resource Counseling Center (CRCC), testified respondent was referred to CRCC for services. Jones met with respondent, who reported she was not taking recommended psychotropic medication due to her pregnancy. Respondent also asserted she had taken the recommended medication in the past and did not like how it made her feel. Jones stated she performed only an initial-intake assessment on respondent because CRCC could not provide the "highly structured intensive psychiatric mental health program" described and recommended by Dr. Osgood.

¶ 11 Demetria Candler, a DCFS child protection specialist, testified DCFS received a hotline report on July 26, 2013, that respondent had given birth to Za. B. and taken the child home from the hospital. Thereafter, Candler and other DCFS workers made unsuccessful attempts to contact respondent. On July 29, 2013, Candler made contact with respondent by telephone and asked to schedule a meeting as soon as possible. She noted DCFS had rules that required contact with a child who was the subject of a hotline call within a specific period of time and stated she explained those rules to respondent. Candler testified respondent seemed receptive at first but, ultimately, would not agree to a meeting. According to Candler, respondent understood protective custody of Za. B. would be taken and told Candler she "would have to catch up with [respondent] when [she] could."

¶ 12 Candler testified she first made in-person contact with respondent the following

morning when respondent came to the local DCFS office with her sister and Za. B. She explained the allegations and DCFS's concerns to respondent. Candler stated respondent was receptive to DCFS's concerns but did not understand how she could be penalized for something that she did not feel was her fault. Respondent stated she had completed all recommended services with the exception of psychiatric treatment but indicated she was "stuck" because she could not be referred to a proper agency for treatment. Respondent also identified Za. B.'s father. She noted she had contact with the father during her pregnancy and notified him of the birth; however, he expressed to respondent that he did not want to be involved.

¶ 13 Candler testified she and respondent also discussed Za. B.'s health. Respondent reported Za. B. was eating two to three ounces of formula every hour and she was having a lot of issues with Za. B. spitting up. Candler found that information concerning and discussed with respondent the possibility that Za. B. was not getting enough to eat. Candler further stated respondent was employed but on maternity leave. Additionally, respondent had applied for Social Security benefits because of the mental-health diagnosis she received from Dr. Osgood.

¶ 14 On cross-examination, Candler agreed respondent brought Za. B. to the DCFS office "of her own free will." She also agreed Za. B. appeared healthy and respondent did not appear to be psychotic.

¶ 15 Kenyatta Tate, a foster-care caseworker with Children's Home and Aid, testified she was Zy. B.'s caseworker and she conducted an integrated assessment on respondent. According to Tate, respondent reported that the only issue she was struggling with was the issue that caused Zy. B. to be taken into care. Respondent denied any other mental-health issues. Tate noted respondent had been psychiatrically hospitalized and prescribed medication. However,

respondent reported that she did not take the medication because she did not like the way it made her feel. Tate testified respondent also saw a psychiatrist while hospitalized, Dr. Yang, and was scheduled to have appointments with Dr. Yang following her release. Tate stated respondent attended some of those appointments but, ultimately, was discharged from Dr. Yang's care. She testified she attempted to make additional psychiatric appointments for respondent when she received the case involving respondent's "other child." Tate contacted Dr. Yang but he stated he would not see respondent for a year. Tate also stated respondent "just had a psychiatric with Dr. Lo," who "recommended no services, no medication."

¶ 16 Tate testified respondent's recommended services included counseling; parenting classes; visitations; and psychological or psychiatric treatment, if needed. She stated respondent completed psychological and psychiatric evaluations and parenting classes. According to Tate, respondent was also undergoing individual counseling with Children's Home and Aid and had consistent attendance. At the time Za. B. was born, respondent was receiving supervised, two-hour visitations with Zy. B. two times a week. Tate testified respondent "complete[d] her visitation twice a week." She also described visitations as "good" and stated respondent had generally been cooperative.

¶ 17 On cross-examination, Tate denied that she ever observed respondent having a psychotic episode or issues and testified respondent had "completed everything." However, on redirect, she clarified that respondent's individual counseling had not been completed and would be ongoing until six months after her child was returned to her. Additionally, Tate testified she thought respondent was receiving the "intensive mental health treatment" recommended by Dr. Osgood, noting respondent was "doing mental health with Children's Home and Aid" and "[t]hey

talk about psychotic breaks" and "a safety plan if it's ever an issue again."

¶ 18 Tabitha Longbon, a foster-care therapist for Children's Home and Aid, testified she began providing services to respondent pursuant to a DCFS referral on January 15, 2013. She stated respondent's treatment goals were to (1) gain a better understanding of psychosis; (2) identify and process her own previous experience with foster care as a child, as well as her current experience with foster care as a mother; and (3) identify how her mental health affects her ability to parent and provide adequate care for her children.

¶ 19 Longbon testified she continued to see respondent for counseling sessions and they had weekly, one-hour sessions. She stated respondent consistently attended sessions and, overall, was "making significant progress and progressing with her goals." Longbon testified respondent had "been able to make substantial progress in her mental health, as well as her building psycho-education and a lot of other skills." She noted respondent's counseling was ongoing and not yet terminated. However, Longbon testified she did not "see it being much further."

¶ 20 Longbon believed she and respondent had fully addressed respondent's untreated psychotic disorder. She stated she did not have any concerns, given that disorder, regarding respondent's ability to parent. Further, Longbon described respondent's cooperation as "great," stating she was pleasant, cooperative, engaged, and willing to address issues. When asked whether her work with respondent included Dr. Osgood's recommendations, Longbon testified: "I believe so. I don't recall exactly what her recommendations were, but I believe I looked at her recommendations and tried to incorporate that into the treatment plan." Additionally, the following colloquy occurred between Longbon and the guardian *ad litem*:

"Q. Okay. Would you classify the treatment she's received from you as intensive mental health treatment?

A. I mean, I would say that it's definitely consistent and as intensive as we offer at Children's Home and Aid.

Q. Have you addressed [respondent's] history of involvement with high[-]risk individuals/paramours?

A. To some degree, but that wasn't the focus of my treatment with [respondent].

Q. Was that listed as something that needed to be addressed in the referral packet.

A. No."

Longbon stated they discussed respondent's relationship issues on a couple of occasions but, given the information respondent provided, "there didn't seem to be a high need to make that a part of her treatment." Longbon testified she did not have any concerns regarding respondent's relationship issues and never observed respondent showing any symptoms of psychosis.

¶ 21 Respondent presented the testimony of Cindy Sundeen, an advanced-practice nurse in psychiatry with Dr. Albert Lo. Sundeen testified she routinely performed psychiatric examinations and, approximately two weeks prior, performed one on respondent. She believed her office received a referral from Children's Home and Aid and was told that the purpose of the examination was to evaluate respondent clinically to see if medication was appropriate or whether respondent was suffering from any mental illness. During the examination, respondent provided information about a previous psychotic episode that occurred more than a year earlier,

following a period of time when respondent had not been eating or drinking. Sundeen testified as follows:

> "[W]ith the limited amount of data I had, which was, you know, verbally what she presented to me, I was able to determine at that time that I did not feel that she was suffering from any mental illness, and no medication was recommended."

¶ 22 In making her recommendations, Sundeen relied on information provided by respondent, stating no information had been provided by Children's Home and Aid. Upon further questioning, she stated someone from Children's Home and Aid was at the examination with respondent and "they were both reporting on the details of the case." Sundeen was not provided a copy of Dr. Osgood's psychological evaluation. She further stated her examination and determination was not done in consultation with Dr. Lo. Additionally, Sundeen testified respondent did not exhibit any symptoms of psychosis during the time they were together.

¶ 23 Respondent also testified on her own behalf. She stated she lived alone and was not in a relationship. Respondent testified she was employed part-time at Walmart and had been there for seven months. With respect to Zy. B.'s case, respondent acknowledged being asked to complete various services. She stated she completed parenting services and psychological and psychiatric evaluations. She was also engaged in individual counseling with Longbon, from which respondent stated she learned about "psychosis and how to prevent." Respondent testified she also cooperated with visits and felt they had gone well.

¶ 24 Respondent testified she believed her psychotic episode was probably caused by "the fasting and not eating things," noting she had gone without eating for two days. She denied

having any psychotic episode since that time and testified she had learned to recognize warning signs of a psychotic episode.

¶ 25 On October 4, 2013, the trial court's adjudicatory order was filed. It found Za. B. neglected, in that her environment was injurious to her welfare. The court based its determination on the following facts:

> "The minor is an infant. The minor is the half[-]sibling of [Zy. B.] The respondent mother *** has been determined to be unfit to exercise custody and guardianship of [Zy. B.] in case 12-JA-28. The respondent mother has not been restored to fitness as to [Zy. B.] [Respondent] has been diagnosed with psychotic disorder not otherwise specified. [Respondent] experienced a serious psychotic episode which led to the removal of [Zy. B.] Although [respondent] has not experienced a repeat episode and has engaged in therapy and counseling, she has needed continued therapy and treatment to remain stable. She needs further counseling to recognize stressors that could lead to further psychotic episodes. She has been medication non-compliant. The environment for [Za. B.] if residing with [respondent] would be injurious."

¶ 26 On October 30, 2013, the trial court conducted a dispositional hearing in the matter. The record contains a dispositional report, setting forth information similar to that presented at the adjudicatory hearings. In summary, the report stated as follows:

> "There are no concerns regarding [respondent] at this time. The agency recommends that [respondent] be found fit as she has completed required goals outlined in her service plan and she continued to make changes necessary to have her child returned home. Agency will create a plan to transition this child back to the care of [respondent] and increase visitations overtime [*sic*] from supervised to monitored to overnights [*sic*] visits until the child is placed in the care of [respondent]."

The parties presented arguments but no further evidence. The court found respondent unfit and unable for reasons other than financial circumstances alone to care for, protect, train, and discipline Za. B. and determined it was in Za. B.'s best interest to be made a ward of the court and adjudicated neglected. In its dispositional order, entered the same date, the court stated as follows: "[Respondent] has not come to grips with the depth of her need for continuing treatment and medication compliance. [Respondent] has to learn about which relationships with men are healthy for her child." The court ordered Za. B. placed in the custody and guardianship of DCFS.

¶ 27 This appeal followed.

¶ 28 II. ANALYSIS

¶ 29 On appeal, respondent argues the trial court's neglect finding was against the manifest weight of the evidence. She notes the court found Za. B. neglected based on the State's allegations that Za. B.'s environment was injurious to her welfare because respondent (1) failed to correct conditions that resulted in Zy. B.'s removal in case No. 12-JA-28, a case involving

domestic-violence and mental-health issues, and (2) had a history of mental illness. Respondent maintains the evidence was insufficient to support a finding that domestic-violence issues remained a concern for her or that she continued to suffer from a mental illness.

¶ 30 The Juvenile Court Act of 1987 (Act) (705 ILCS 405/1-1 *et seq.* (West 2012)) sets forth a two-step process for determining whether a minor should be removed from his or her parents' custody and made a ward of the court. *In re A.P.*, 2012 IL 113875, ¶ 18, 981 N.E.2d 336. Pursuant to the first step, the trial court must conduct an adjudicatory hearing to determine whether the minor is abused, neglected, or dependent. *A.P.*, 2012 IL 113875, ¶ 19, 981 N.E.2d 336 (citing 705 ILCS 405/2-18(1) (West 2010)). A neglected minor includes "any minor under 18 years of age whose environment is injurious to his or her welfare." 705 ILCS 405/2-3(1)(b) (West 2012).

¶ 31 "[C]ases involving allegations of neglect and adjudication of wardship are *sui generis*, and must be decided on the basis of their unique circumstances." *In re Arthur H.*, 212 Ill. 2d 441, 463, 819 N.E.2d 734, 747 (2004).

> " 'Generally, "neglect" is defined as the "failure to exercise the care that circumstances justly demand." ' *** [Citations.] This does not mean, however, that the term neglect is limited to a narrow definition. [Citation.] As this court has long held, neglect encompasses 'wilful as well as unintentional disregard of duty. It is not a term of fixed and measured meaning. It takes its content always from specific circumstances, and its meaning varies as the context of surrounding circumstances changes.' *** [Citations.]

> 'Similarly, the term "injurious environment" has been recognized by our courts as an amorphous concept that cannot be defined with particularity.' [Citation.] Generally, however, 'the term "injurious environment" has been interpreted to include "the breach of a parent's duty to ensure a 'safe and nurturing shelter' for his or her children." ' [Citations.]" *A.P.*, 2012 IL 113875, ¶ 22, 981 N.E.2d 336.

¶ 32 The State must prove neglect allegations by a preponderance of the evidence. *A.P.*, 2012 IL 113875, ¶ 17, 981 N.E.2d 336. "In other words, the State must establish that the allegations of neglect are more probably true than not." *A.P.*, 2012 IL 113875, ¶ 17, 981 N.E.2d 336. "On review, a trial court's finding of neglect will not be reversed unless it is against the manifest weight of the evidence," and "[a] finding is against the manifest weight of the evidence only if the opposite conclusion is clearly evident." *A.P.*, 2012 IL 113875, ¶ 17, 981 N.E.2d 336.

¶ 33 Here, the trial court committed no error in finding Za. B. neglected. The record shows Za. B. was born while respondent was involved in neglect proceedings with respect to Zy. B., her eldest child. Za. B. was removed from respondent's care shortly after birth. Evidence leading to a neglect finding in Zy. B.'s case showed there had been instances of domestic violence between respondent and Zy. B.'s father and respondent suffered a psychotic episode and was hospitalized for psychiatric treatment. Undoubtedly, evidence at the adjudicatory hearing showed respondent was cooperating with DCFS, engaging in services, and taking positive steps toward reunification with Zy. B. However, Zy. B.'s case was ongoing, she had not yet been returned to respondent's care, and evidence showed respondent was in needed continuing

services.

¶ 34 Respondent's "psychotic break" occurred in July 2012, just over 11 months prior to Za. B.'s birth. In the months following that incident and respondent's hospitalization, she was noncompliant with medication (even when not pregnant) and failed to follow up with her mental-health provider. In February 2013, five months prior to Za. B.'s birth and approximately seven to eight months prior to the adjudicatory hearings, respondent underwent a psychological evaluation with Dr. Osgood and was diagnosed with psychotic disorder not otherwise specified, partner relational problem, and borderline intellectual functioning. Dr. Osgood expressed concern that respondent's borderline intellectual functioning led to impaired judgment and her dependency on high-risk partners. Dr. Osgood made several recommendations for respondent, including that she participate in (1) "intensive" counseling and mental-health treatment and (2) counseling to address her past relationship issues and involvement with high-risk partners.

¶ 35 The record fails to reflect Dr. Osgood's recommendations were followed. Jones, a counselor with CRCC, testified she performed only an initial-intake assessment on respondent because CRCC could not provide the "highly structured intensive psychiatric mental health program" described by Dr. Osgood. Tate, the foster-care caseworker for Zy. B., testified she thought respondent was receiving "intensive mental health treatment" with Children's Home and Aid; however, Longbon, respondent's therapist from Children's Home and Aid, testified she did not recall what Dr. Osgood's recommendations were and could only state that she "believe[d] [she] looked at [Dr. Osgood's] recommendations and tried to incorporate [them] into the treatment plan." Further, Longbon's testimony shows she only minimally addressed respondent's relationship issues. In particular, Longbon testified she addressed respondent's history of

involvement with high-risk partners "to some degree" but it "wasn't the focus of [her] treatment." She stated that issue was not listed as something that needed to be addressed in the referral packet she received.

¶ 36 The record reflects respondent's need for services was ongoing and the issues for which her eldest child was initially taken into care had not been fully addressed. In finding Za. B. neglected, the trial court determined respondent "needed continued therapy and treatment to remain stable" and "further counseling to recognize stressors that could lead to further psychotic episodes." Although respondent points to "Dr. Lo's psychiatric evaluation and conclusion that [respondent] required neither psychiatric care nor medication," the record actually fails to reflect Dr. Lo ever personally evaluated respondent. Instead, a psychiatric examination was performed on respondent by Sundeen, an advanced-practice nurse in the same office as Dr. Lo. Sundeen testified her examinations and findings were her own and she did not consult Dr. Lo. We find no error in the court's finding that, consistent with Dr. Osgood's opinions, respondent required further treatment. *In re M.W.*, 386 Ill. App. 3d 186, 196, 897 N.E.2d 409, 418 (2008) ("The great deference afforded to the trial court [pursuant to the manifest-weight-of-the-evidence standard] is warranted due to its superior position to observe the witnesses, assess credibility and weigh the evidence.").

¶ 37 Under the circumstances presented, we cannot say an opposite conclusion from the one made by the trial court was clearly evident. The court's neglect finding was not against the manifest weight of the evidence.

¶ 38 On appeal, respondent also argues the trial court erred in removing Za. B. from her custody. She contends the record does not support the court's findings that she had "not

come to grips with the depth of her need for continuing treatment and medication compliance," or that she needed "to learn about which relationships with men are healthy for her child."

¶ 39 Once a minor is found neglected, the second step in proceedings to remove a minor from his or her parents' custody is the dispositional hearing. *A.P.*, 2012 IL 113875, ¶ 21, 981 N.E.2d 336 (citing 705 ILCS 405/2-21(2) (West 2010)). "At the dispositional hearing, the trial court determines whether it is consistent with the health, safety and best interests of the minor and the public that the minor be made a ward of the court." *A.P.*, 2012 IL 113875, ¶ 21, 981 N.E.2d 336. If the minor "is to be made a ward of the court, the court shall determine the proper disposition best serving the health, safety and interests of the minor and the public." 705 ILCS 405/2-22(1) (West 2012). "The court's decision will be reversed only if the findings of fact are against the manifest weight of the evidence or the court committed an abuse of discretion by selecting an inappropriate dispositional order." *In re J.W.*, 386 Ill. App. 3d 847, 856, 898 N.E.2d 803, 811 (2008).

¶ 40 Under the Act, a trial court may enter the following types of dispositional orders:

> "A minor under 18 years of age found to be neglected *** may be (1) continued in the custody of his or her parents, guardian or legal custodian; (2) placed in accordance with Section 2-27 [of the Act]; (3) restored to the custody of the parent, parents, guardian, or legal custodian, provided the court shall order the parent, parents, guardian, or legal custodian to cooperate with [DCFS] and comply with the terms of an after-care plan or risk the loss of custody of the child and the possible termination of their parental rights; or (4)

> ordered partially or completely emancipated in accordance with the provisions of the Emancipation of Minors Act." 705 ILCS 405/2-23(1)(a) (West 2012).

Further, pursuant to section 2-27 of the Act (705 ILCS 405/2-27 (West 2012)), the court may place custody and guardianship of the minor with DCFS upon a determination that "the parents, *** of a minor adjudged a ward of the court are unfit or are unable, for some reason other than financial circumstances alone, to care for, protect, train or discipline the minor or are unwilling to do so, and that the health, safety, and best interest of the minor will be jeopardized if the minor remains in the custody of his or her parents."

¶ 41 Here, the trial court's finding that respondent was unfit and its removal of Za. B. from her custody and care were against the manifest weight of the evidence. Evidence showed respondent was cooperative and fully engaging in services. She completed parenting classes, a psychological evaluation with Dr. Osgood in February 2013, and a psychiatric evaluation in August 2013, from which it was determined she did not require psychotropic medication. Respondent also consistently attended weekly therapy sessions, which could not be completed until after the return of her children. Regarding therapy, the dispositional report stated as follows:

> "[Respondent] has been an active and consistent participant of treatment and has found the service to be beneficial to her. She has made significant progress in learning how to identify her triggers to stress and appropriately cope with stressors as they arise. [Respondent] has identified an appropriate Safety Plan in

> the event of a mental health emergency in the future: her plan consists of utilizing her support network and nearby resources as needed."

¶ 42 Evidence also showed respondent had no further psychotic episodes following the one for which Zy. B. was initially taken into care. Additionally, she was not in a relationship, had no relationship concerns, maintained suitable housing, and had been employed for several months. Finally, respondent consistently attended supervised visits with Za. B. twice a week and interacted appropriately with her child.

¶ 43 In short, the record reflects respondent had done everything that had been asked of her by her service providers and, while she may have needed additional services to address or monitor her mental-health and relationship issues, there were no present concerns. Although we find the record supports the trial court's neglect determination and its finding that it was in Za. B.'s best interests to make her a ward of the court, it does not support findings made pursuant to section 2-27 of the Act or the removal of Za. B. from respondent's custody.

¶ 44 When a minor has been found neglected, custody may not be restored to any parent whose acts or omissions formed the basis for the neglect finding, "until such time as a hearing is held on the issue of the best interests of the minor and the fitness of such parent *** to care for the minor without endangering the minor's health or safety, and the court enters an order that such parent *** is fit to care for the minor." 705 ILCS 405/2-23(1)(a) (West 2012). Here, the court conducted a hearing but made best-interest and fitness determinations that were against the manifest weight of the evidence. The court should have found respondent fit and ordered (1) Za. B. restored to respondent's custody and (2) respondent to cooperate with DCFS. See 705

ILCS 405/2-23(1)(a)(3) (West 2012). We reverse the court's finding of unfitness and its order removing Za. B. from respondent's care. We otherwise affirm the court's judgment, and we remand for further proceedings consistent with this decision.

¶ 45 III. CONCLUSION

¶ 46 For the reasons stated, we affirm the trial court's neglect finding and the portion of its dispositional order making Za. B. a ward of the court, but we reverse its unfitness finding and its removal of Za. B. from respondent's custody.

¶ 47 Affirmed in part and reversed in part; cause remanded.