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NOS. 4-18-0543, 4-18-0545 cons.

FILED
January 8, 2019
Carla Bender
4th District Appellate
Court, IL

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

In re J.H., a Minor (The People of the State of Illinois, Petitioner-Appellee, v. (No. 4-18-0543) Shawnise N., Respondent-Appellant).	)	Appeal from the Circuit Court of Sangamon County No. 14JA164
In re J.N., a Minor (The People of the State of Illinois, Petitioner-Appellee, v. (No. 4-18-0545) Shawnise N., Respondent-Appellant).	)	No. 15JA210 Honorable Karen S. Tharp, Judge Presiding.

JUSTICE DeARMOND delivered the judgment of the court.
Presiding Justice Holder White and Justice Harris concurred in the judgment.

ORDER

¶ 1 *Held*: The appellate court affirmed, finding the trial court did not err in terminating respondent's parental rights.

¶ 2 In November 2014, the State filed a petition for adjudication of wardship with respect to J.H., the minor child of respondent, Shawnise N. In November 2014, the trial court made the minor a ward of the court and placed guardianship with the Department of Children and Family Services (DCFS). The State filed a petition for adjudication of wardship with respect to J.N., the minor child of respondent, in November 2015, and the court placed guardianship with

DCFS. In November 2017, the State filed motions to terminate respondent's parental rights. In August 2018, the court found respondent unfit and determined it was in the minors' best interests to terminate respondent's parental rights.

¶ 3 On appeal, respondent argues the trial court erred in terminating her parental rights. We affirm.

¶ 4 I. BACKGROUND

¶ 5 In November 2014, respondent gave birth to J.H., whose father was Billy H., a registered sexual predator who had not completed sex offender treatment and was, at that time, on probation for violation of the Sex Offender Registration Act (730 ILCS 150/ 1 *et seq*. (West 2014)). At the time of the child's birth, respondent and Billy H. resided together. The hospital contacted DCFS, who took temporary custody of the child due to the presence of a registered sex offender in the home and respondent's failure to have an adequate plan to protect J.H. due to her belief she could not manage without Billy H.'s presence in the home and her indication to the DCFS investigator she had no intention to prevent Billy H. from continuing to reside in the home. At the shelter care hearing, the investigator noted respondent was willing to allow her newborn child, who was also her first child, to live elsewhere so she could continue to reside with Billy H.

¶ 6 In November 2014, the State filed a petition for adjudication of wardship with respect to J.H. The State alleged the minor was neglected pursuant to section 2-3(1) of the Juvenile Court Act of 1987 (Juvenile Court Act) (705 ILCS 405/2-3(1) (West 2014)) because the minor was in an injurious environment, as evidenced by sexual abuse or assault of a child victim by the putative father, the putative father failed to complete sex offender treatment, and the minor was not receiving the proper care and supervision since the mother and putative father

failed to make a proper care plan for the minor. An order of adjudication was entered in July 2015, wherein the father stipulated to a finding of neglect based on the allegation the minor was in an injurious environment and at risk of being sexually abused since respondent's paramour and father of the child was a registered sexual predator with a child victim, who had a conviction for violation of the Sex Offender Registration Act (730 ILCS 150/ 1 *et seq*. (West 2014)) and had not completed sex offender treatment. Respondent had no objection to the finding, and the trial court found the minor neglected and awarded DCFS temporary custody and guardianship of J.H. In November 2015, respondent gave birth to another child, her daughter, J.N., who was immediately taken into care by DCFS. The State filed a petition for adjudication of wardship with respect to J.N. The State alleged the minor was neglected pursuant to section 2-3(1) of the Juvenile Court Act (705 ILCS 405/2-3(1) (West 2014)) because the minor was in an injurious environment as evidenced by minor's sibling being adjudicated neglected and respondent's failure to have the child returned to her care and respondent's mental health issues. In April 2016, that matter proceeded to adjudication and respondent admitted neglect based on an injurious environment as alleged in the petition. J.N. was also placed in the temporary custody and guardianship of DCFS.

¶ 7 In April 2017, the State filed motions pursuant to section 2-13 of the Juvenile Court Act (705 ILCS 405/2-13 (West 2016)) seeking a finding of unfitness and permanent termination of respondent's parental rights, alleging respondent was unfit because she failed to (1) maintain a reasonable degree of interest, concern, or responsibility as to the minors' welfare (750 ILCS 50/1(D)(b) (West 2016)); (2) make reasonable efforts to correct the conditions that were the basis for the removal of the minors during any nine-month period following the adjudication of neglect (750 ILCS 50/1(D)(m)(i) (West 2016)); and (3) make reasonable progress

toward the return of the minors to respondent during the nine-month period of July 8, 2015, through April 8, 2016; April 8, 2016, through January 8, 2017; or January 8, 2017, through October 8, 2017 (750 ILCS 50/1(D)(m)(ii) (West 2016)).

¶ 8 In January 2018, the adjudicatory hearing was held.

¶ 9 A. Fitness Hearing

¶ 10 1. *Cynthia Wadsworth*

¶ 11 Cynthia Wadsworth is a social worker in private practice. Respondent was referred to her by DCFS for counseling, and Wadsworth counseled her from January 2015 to October 2016. Although respondent began by attending regularly, Wadsworth noted attendance issues began in July 2015. As part of her work with respondent, Wadsworth conducted an interaction assessment with respondent and each of her children, with J.H. in August and J.N. in September 2016. The assessment consisted of respondent completing 10 age-appropriate tasks with each of her children. She was given an hour in each instance. Respondent had difficulty with nurturing, structure, engagement, and challenge. With regard to the nurturing element, respondent struggled to be affectionate with the children. According to Wadsworth, "[s]he just didn't seem to know how to be affectionate with her children." For the structure component, respondent refused to engage in some activities because she did not believe they were age-appropriate or she was disorganized in completing the task. Wadsworth said respondent had difficulty with the engagement component because she could not convince the children to make eye contact with her and the children did not seem to know her and did not want to engage with her. Respondent was unable to get the children to engage in the activities at all. Regarding the challenge component, respondent was to attempt to engage each child in a new activity, something they had not done before, which might be somewhat challenging for them.

Respondent was either unable to get them to engage in the new activity or made no attempt to do so. As Wadsworth noted in her report, respondent struggled to engage with her children and the children instead looked to Wadsworth for comfort. Wadsworth noted the assessments were done after respondent had been engaged in individual counseling with Wadsworth since January 2015. Wadsworth believed they had done as much as they could do in individual counseling. The assessment was an effort to see how effectively respondent could implement with her children some of the various topics discussed in individual counseling. During the informal portion of the assessment, when respondent was present with her children, Wadsworth noted respondent would hold the children or take toys away from them as well as prevent them from exploring the age-appropriate room. She concluded respondent seemed to think, although the children were both under three years old at the time, they should just sit and "be good." In fact, Wadsworth ended the session because there was "no good" coming from it and the children began screaming and crying. In sum, Wadsworth described respondent's interaction with her children during the assessments as "inappropriate." "She could not get the children to look at her, she could not get the children to interact with her, she didn't know how or didn't choose to be affectionate with them, she didn't follow the structure provided." The last time she saw respondent was when respondent appeared without an appointment and confronted Wadsworth at her office in October 2016. Respondent was cursing, yelling, and becoming aggressive with Wadsworth while Wadsworth was meeting with another client and the client's child. Wadsworth feared for her safety and locked her door. After that interaction, respondent did not come to meet with her again.

¶ 12 2. *Dr. Jane Velez*

¶ 13 Dr. Jane Velez is a licensed clinical psychologist, who testified as an expert in clinical psychology. According to Dr. Velez, when she conducted respondent's parenting assessment, respondent seemed to have a "chip on her shoulder" and seemed to be very suspicious of DCFS. Respondent did not seem to understand that her second child was taken into care because she had not corrected the issues in her service plan prior to the child's birth. She also thought it unfair that her first child was taken away when she and the child's father had come up with a solution to ensure he would never be alone with the child. She did not appear to fully understand that her paramour being a registered sexual predator was a reason not to have her small children around him. During standardized psychological testing, respondent became impatient and easily irritable. Based on the testing Dr. Velez conducted, respondent did not appear to be fully forthcoming and presented as very defensive, to the point where the extremely low test results on the validity scales almost invalidated her test results. Respondent's responses were highly defensive and she tried to present herself in a "highly favorable light." Dr. Velez thought respondent watched the children well and was good at "monitoring their behavior," though she tended to be overly strict with them at times. Some of the case notes indicated respondent could be harsh, loud, and critical of the children, but that was not Dr. Velez's experience watching respondent's interaction with her children. Respondent appeared to be on her best behavior when under observation.

¶ 14 Respondent had a negative attitude toward Dr. Velez throughout much of the evaluation but responded well to praise. She showed a lot of affection toward her children with hugs and kisses. However, respondent stated she was unsure the baby saw her as her mother. J.H. seemed to be attached to her more than his father. When she would hug or kiss the baby, J.N., J.H. would want one too and would run to her.

¶ 15 Dr. Velez found it particularly noteworthy that when asked, respondent could not recall a specific memory of interacting with her children. She diagnosed respondent as suffering from bipolar disorder without psychotic features, histrionic and paranoid personality disorder, and a history of postpartum depression. Respondent was also described as having a history of major depressive disorder and adjustment disorder. Dr. Velez also found respondent to be noncompliant with her medication, only taking her bipolar medication when she "goes off the deep end." This was of particular concern as it related to her history of bipolar disorder since her noncompliance could have significant impacts on her ability to function.

¶ 16 Dr. Velez recommended respondent continue her individual counseling because she seemed to trust her therapist. She also felt a safety plan should continue because Billy H. had been noncompliant with treatment and could not be in the same home with the children. Dr. Velez had continuing concerns about the reports regarding respondent's anger and refusal to listen to suggestions about parenting. Dr. Velez was also concerned about respondent's erratic behavior, as she at times discussed giving up the children and brought their belongings to visits, saying she was done with them. Although this behavior had been reported in the past, Dr. Velez remained concerned about the continued risk that respondent's anger could be taken out on the children. She found respondent was able to appropriately discipline the children during her assessment, noting she appeared to be attempting to present herself in the best possible light. Dr. Velez's concerns regarding respondent's ability to parent were centered on her impulsivity and anger problems as reported by others. Although she appeared to discipline the children appropriately in Dr. Velez's presence, there were reports of respondent threatening and swearing at the children as well as becoming very angry with them during visits. It was also Dr. Velez's

opinion that respondent needed to continue with individual counseling to deal with her impulsivity, anger symptoms, and stress management.

¶ 17 3. *Deann Horton*

¶ 18 Deann Horton worked at the Parent Place as a parent educator. She possessed a bachelor's degree in psychology, with a minor in sociology, and a master's degree in human and social services. She previously worked as a case worker with the Family Service Center. Her job was to assist parents with parenting skills. She started working with respondent from September to October 2017. As part of her duties, she would observe respondent for a portion of her regularly scheduled three-hour visits. She had less interaction with parents than the caseworker, and her job was to observe parental interaction and give direction. During her first observed visit with respondent and her children, she noted respondent had appropriately prepared food for the children and was assisting them with eating. When Horton attempted to suggest an alternative method for feeding with the use of a high chair, she indicated respondent ignored her and continued as she had been. Acknowledging this was their first meeting, Horton still came away with the impression respondent did not appear to listen to suggestions she gave.

¶ 19 In the same visit, respondent brought cups that were still dirty from the last visit with "milk or something that had sat in the cup." Horton's report described the contents as curdled milk and mold. When Horton suggested respondent bring clean cups in the future, respondent stated that she would just buy new cups after the visit. Respondent washed the cups with hand soap in the bathroom. In her written report, Horton noted, "[Respondent] does not fully acknowledge corrective instruction and advice from the parent coach." Although Horton had concerns about the drink choice of Hawaiian Punch, which Horton said she thought was perhaps "a little too sweet" for such small children, she acknowledged this was a matter of

personal preference. Horton also made note of the fact that respondent brought no wipes or diaper bag with the normal contents one might expect for two children under three years of age for a three-hour visitation. All of this was taking place when respondent had already been engaged in two years of visitations with her children. As a parent educator, Horton testified she would have expected respondent to have known to bring these items.

¶ 20 After the first visit, the subsequent five visits she had with respondent were better. Respondent listened to redirection and was more open to suggestions. "She was doing what she needed to do," and Horton did not have any concerns after the initial September 1, 2017 interaction.

¶ 21 Based upon her observations of the interaction between respondent and the children, Horton did not observe respondent to be more attentive to one than the other and felt the children were bonded with her. Since her observations normally occurred for an hour in the middle of the scheduled three hours of visitation, she never saw the children at either the beginning or end of a visit.

¶ 22 4. *Cince Bowns*

¶ 23 Cince Bowns is a permanency supervisor at DCFS and had been so employed for seven years at the time of the hearing. Her involvement in this case began in June 2015, just prior to the birth of J.N. In that role, she met monthly with the assigned caseworker and participated in child/family team meetings. During the life of the case she has supervised the three caseworkers assigned: Megan Lee at the outset, Alyssa Neuhoff while Lee was on maternity leave, and Jennifer Joiner, the current caseworker. Bowns advised they had a number of meetings and discussions regarding respondent's ability to supervise, nurture, and discipline two very small children at the same time. Her involvement in the initial meetings was to make sure respondent

understood her service plan and what was required of her. She believed respondent understood what was discussed. Services required by the client service plan included "parenting, housing, legal means of support, visitation, counseling, [and] cooperation."

¶ 24 As the case progressed, respondent called for a number of child/family team meetings, as she had the right to do. Bowns said respondent "called a lot of them talking about visits, wanting to know about services, how she was doing, was there anything else she could do. And wanting to improve herself and better herself." This continued throughout the life of the case.

¶ 25 Among the various concerns discussed at team meetings were respondent's cancellation of visits or ending them early for inappropriate reasons, as well as her behavior during visits. There were a couple of incidents in the fall of 2016 when respondent canceled visitations to clean her carpets or she felt she needed "me time." After she was informed these were not legitimate reasons, she became "much better" about not missing visits. However, "[e]arly on a lot of visits [were] ended early," but Bowns did not know the reason.

¶ 26 Bowns testified respondent clearly had issues with the visitation specialist, Ruth Kirkpatrick, which continued throughout the life of the case.

¶ 27 Bowns recognized respondent had financial issues and that, at times, those issues, coupled with her hours of employment, created problems with coordinating visitations with Kirkpatrick. During those occasions, respondent accused the visitation specialist of requiring her to choose between work or visits. In addition, respondent objected to continuing with supervised visits, and ultimately, a compromise was reached where some visits were semi-supervised, with Kirkpatrick present but outside the room. At one point, respondent refused to allow Kirkpatrick in her home for a period of two months. Although DCFS would have preferred home visits, they

could not happen during that time because of respondent's failure to cooperate. At other times, DCFS utilized the services of other people to supervise visits because "Shawnise wanted Ruth just gone." When respondent complained that Kirkpatrick was not being fair or accurate in her documentation of visits, DCFS provided respondent with copies of every visitation report, whenever she requested it, for almost a year. Respondent's behavior during visits was of concern to Bowns. At times, respondent would be on her phone, speaking loudly, and using inappropriate language in the presence of her two small children. In addition, respondent had incidents of angry outbursts during visitations; the latest Bowns recalled was within six months of the termination hearing, where respondent threw her key fob, breaking it. On other occasions, respondent had thrown a salt or pepper shaker or otherwise become easily frustrated during a visit. Bowns acknowledged an incident where respondent walked out of a court hearing, mid-hearing, because she was angry. At another time, respondent became upset because Kirkpatrick told respondent she could not have a visit at a certain park because there had been a shooting recently. As a result, respondent canceled her next visit. Bowns agreed with the State that these occurrences did not show progress in anger management. It was also concerning that respondent did not see the potential safety issue in taking the child to the park where shootings frequently occur. Bowns stated DCFS's concerns about unsupervised visitation were based in large part on those incidents, as well as respondent's behavior when she would become frustrated with the process, such as threatening to dispose of all the children's items, move into a one-bedroom apartment, and have no further involvement.

¶ 28 Bowns also had an issue in getting consents from respondent for records from her personal therapist, Carla Carter. When DCFS learned, sometime in October 2016, that respondent was seeing another therapist privately, they requested respondent sign a release of

information so they could obtain reports from the therapist. Even after informing respondent that this could impact the return of her children, there was about a six-week period where written consents were requested and refused by respondent. Respondent said she trusted her therapist and did not want DCFS to know what was going on in their sessions. Bowns said they needed to know dates of service, compliance with those appointments, her treatment plan, and what she was working on there. Respondent said she would not sign the releases but could get Bowns the dates she was there. Respondent signed the releases six weeks later, in early 2017.

¶ 29 Respondent's relationship and falling-out with Wadsworth created a barrier to therapy because DCFS referred respondent to Wadsworth for therapy and respondent ultimately said she refused to continue to see Wadsworth for the parenting assessment. The hostility between respondent and Wadsworth began in October 2016, when respondent went to Wadsworth's office and cursed at her because of what she considered a bad report in a portion of the parenting assessment. Respondent did not like the way the assessment was structured in that it only provided for it to be conducted one child at a time. Respondent refused to complete the assessment with Wadsworth because she felt Wadsworth lied in the initial assessment. As a result, the parenting assessment was not completed with Wadsworth but instead with Dr. Velez.

¶ 30 In Bowns' opinion, respondent's progress during the pendency of the case related solely to her own issues and how she dealt with things. Bowns, even by the time of the termination hearing, had "grave concerns" about her parenting ability.

¶ 31 5. *Dr. Lori McKenzie*

¶ 32 Dr. Lori McKenzie, a licensed clinical psychologist with a doctorate in clinical psychology who is in private practice, testified as an expert in clinical psychology. In January 2016, respondent was referred to her for a four-hour psychological evaluation. The bases for the

referral were a series of questions asking McKenzie to determine respondent's cognitive level of functioning, whether she had a mental health diagnosis, how trauma had impacted her parenting, and if there were any dissociative symptoms. She described that the "gist" of the requested evaluation was to determine if there was "anything in [respondent's] mental health that would prevent her providing minimally appropriate parenting." As background material, Dr. McKenzie was provided the DCFS integrated assessment, a summary from a counselor respondent had been seeing, and a summary from mental health centers.

¶ 33 Dr. McKenzie considered respondent's mental status as normal with mild depression but noted her depression was not to the level that it would impact her functioning. She considered respondent's cognitive and intellectual functioning to be in the average range and found her "achievement functioning assessment," or academic skills of reading and math, to be comparable with the general population, although her reading level was too low for her to administer the "Minnesota Multiphasic Personality Inventory, Second Edition, Restructure Format" test. Instead, Dr. McKenzie had to base her evaluation of respondent's personality and emotional functioning on the information she was provided, the way respondent presented at the interview, and records. Because of a heightened validity scale in the trauma symptom inventory, it appeared to Dr. McKenzie that respondent was unable or unwilling to acknowledge states of mind "typical for everyone to experience," like irritability or feeling sad in the past six months. Ultimately, she diagnosed respondent with dependant personality disorder, which she described as "a pervasive way of interacting with others in which the individual has difficulty making decisions for themselves, depends on other people to make those decisions, sometimes will stay in situations which are harmful or unpleasant because of the need to be taken care of." As evidence of this, Dr. McKenzie noted respondent's willingness to accept Billy H.'s explanation

of his status as a sex offender rather than investigate it herself, even though she was having a child with him. Her dependant personality disorder could affect her judgment-making skills and be of concern if the people she chose to be around did not have her best interests in mind or would seek to take advantage of her. Dr. McKenzie thought there was a risk that respondent would not use good judgment at times. In answer to the questions asked at the outset of the evaluation, Dr. McKenzie concluded there was no impairment in respondent's cognitive functioning, no developmental delay, and no identifiable learning disability that would impact her ability to parent. She saw no evidence of bipolar disorder but acknowledged different therapists or professionals could disagree on diagnoses. Dr. McKenzie said she diagnosed respondent with an unspecified learning disorder because she thought her level of functioning was lower than expected for someone of average intelligence and respondent indicated she was in special education during part of her schooling. However, Dr. McKenzie did not believe that affected respondent's parenting ability. Dr. McKenzie did not believe trauma in respondent's life had any effect on her current functioning, although the invalid trauma symptom inventory results caused by respondent's denial of basic problematic emotions did affect Dr. McKenzie's ability to assess that quality. Dr. McKenzie thought continued counseling for respondent would be beneficial and if any issues arose related to trauma symptoms, they could be addressed by the therapist. She noted one of the ongoing issues for treatment was whether respondent could "appropriately parent both children in attending to their own needs and managing her own emotions when experiencing stress during parenting." As examples, Dr. McKenzie mentioned two incidents described by respondent. In one, after the birth of J.N., respondent expressed concerns to a caseworker about getting upset and being unable to handle J.H.'s crying to the point where she might do something to hurt him. She was diagnosed with postpartum depression.

In the second, while still in the hospital after the birth of J.N., she told the nurses she was not sure she knew how to take care of the baby or how to make sure she fed the baby correctly. Because of these concerns, Dr. McKenzie recommended respondent needed to prove she could "appropriately parent both children" and manage her emotions when "experiencing stress during parenting." It also concerned Dr. McKenzie that respondent sought to minimize the nature of the risk of continuing to reside with a registered sex offender and how respondent did not consider that a sufficient reason for the removal of J.H. from her care.

¶ 34 6. *Tiffany Hampton*

¶ 35 Tiffany Hampton was a parent educator at Parent Place. Her job was to do one-on-one coaching with parents by attending visits and modeling appropriate behavior for them. She observed parents at visitations and taught classes as well. Her testimony related to her observations of the fathers in this case, who are not parties to this appeal.

¶ 36 7. *Ruth Kirkpatrick*

¶ 37 Ruth Kirkpatrick worked as a visitation specialist with DCFS for 34 years and began working with respondent in July 2015, before J.N. was born. Her job was to take notes and observe how parents interact with their children, making observations or suggestions where necessary. She was to "observe, model, suggest, direct, [and] show" the parent what appropriate parenting skills should include. The ultimate goal of her work was to ascertain whether a parent had minimal parenting abilities. When asked about respondent's parenting abilities, Kirkpatrick described respondent's residence as meeting minimal standards, meaning perhaps not what she would prefer to live in but at least minimally habitable. She also considered respondent's parental interactions with her children to be minimally sufficient. When asked to elaborate, she explained respondent's interactions with her children were not "nurturing" but instead "abusive

at times. It was—she was angry. She was inconsistent. She was frustrated. She would cancel her visits." She noted respondent used profanity when talking to her very young children. Kirkpatrick was not of the opinion that respondent met minimal parenting standards when it came to discipline. These opinions were developed over two and a half years of monitoring visits between respondent and, at first, her oldest child, and then both children after J.N. was born. It was Kirkpatrick's opinion that over the entire length of time she monitored respondent's visits, respondent never improved in her interactions with her children and failed to develop any parenting skills.

¶ 38 Kirkpatrick's initial concerns with respondent were based on her observation that respondent did not appear to be comfortable around J.H. as a baby and did not seem to know how to address his needs, such as changing his diaper if he was wet. Once J.H. became mobile, Kirkpatrick became concerned about respondent's lack of supervision. Respondent did not recognize the need to keep things out of the child's reach so J.H. could not put things in his mouth. After J.N. was born, Kirkpatrick became further concerned about respondent's ability to handle two children, with one becoming more active while the other still needed a bottle. Throughout the case, Kirkpatrick said she saw no progress in respondent's ability to supervise both children.

¶ 39 According to the reports of the parenting monitors at the visits, respondent was clearly capable of feeding and providing appropriate meals for the children. However, Kirkpatrick was still worried about the children's safety because of respondent's frustration and anger exhibited toward the children from time to time.

¶ 40 Kirkpatrick indicated she was also concerned about the language respondent used with the children. Kirkpatrick denied her relationship with respondent was contentious at the

beginning but she indicated within the first four to five months it became so because respondent did not like being told how to interact with her children. Kirkpatrick acknowledged that from the beginning it was reasonable to conclude respondent did not like people being present for her visits or directing her behavior. She described respondent's contentious attitude about Kirkpatrick and other caseworkers as something that occurred "on occasion." Respondent would "go for months and never be upset, and then she'll get upset and then she'll get right over it, and then she might be upset with the caseworker or [Wadsworth], but she gets right over it." She said their issues began when Kirkpatrick began attempting to direct respondent's behavior with regard to her children. There was also an ongoing issue with canceled visits for a variety of reasons. However, Kirkpatrick said that did not affect her evaluation of respondent and was not the basis for an unsatisfactory rating on a permanency review. She explained, "I worked with thousands of people and it's just part of the job that you can work with people. It's not a personality contest. You're there to do a job."

¶ 41 When counsel attempted to characterize a change in visitation from Kirkpatrick being present in the apartment to sitting just outside the door as positive evidence of respondent's improvement, Kirkpatrick noted, as had other witnesses, it was merely to see if that would cause an improvement or change in her behavior because, at that point, there was no evidence respondent was improving sufficiently to warrant unsupervised visits. There was no improvement in respondent's parenting skills. It was Kirkpatrick's opinion respondent was not capable of parenting one child, let alone two children at the same time. She based her opinion on respondent's failure to internalize any suggestions for better parenting because respondent refused to take suggestions or guidance from anyone. When asked to list some of the areas of suggestion that have been made to respondent without any measurable improvement, Kirkpatrick

mentioned nurturing, working with her children, cleaning her apartment, reading, engaging and playing with her children instead of being on her phone during visits, and being properly prepared for her visits by bringing all the necessary items.

¶ 42 One example of respondent's poor choices included a conversation in January 2016, when respondent acknowledged that she was not taking her medication for postpartum depression. Kirkpatrick testified this had become an issue because at a previous visit she had become frustrated, throwing a bottle of spices to the floor, causing broken glass with children in the area. At that time, respondent had indicated she needed to get back to her doctor to see about her medication. Around that time, Kirkpatrick discovered respondent was allowing a homeless man, who was on probation, to stay in her home. She found out when she arrived with the children and observed a mattress on the floor and the man leaving through the back door and down the back stairway. Kirkpatrick attempted to discuss this with respondent, along with the fact that on three different visits she had seen a mattress on the floor in the front room of the apartment.

¶ 43 In addition, Kirkpatrick testified about her suspicions that respondent and Billy H., the registered sexual predator, had been together because she noted they were bringing the exact same things to visitations. Respondent and Billy H., J.H.'s father, had been seen together while the case was ongoing. The case began in November 2015, and as late as July 2016, in response to inquiries about continued involvement with Billy H., respondent said it was none of DCFS's business whom she allowed around her children and thought it perfectly acceptable for J.H.'s father, a convicted sexual predator, to be around them. According to respondent, J.H.'s father would never hurt the children and the two of them had worked things out and were getting along. In spite of numerous conversations with respondent about Billy H.'s sexual predator status

and the fact that his presence was one of the reasons the children came into care, according to Kirkpatrick, respondent had maintained the position throughout the case that she should be able to allow him access to the children. Kirkpatrick also testified that respondent has, at times during the pendency of the case, indicated her intention to discontinue with her various counselors and possibly surrender the children to DCFS. Respondent had also indicated to Kirkpatrick there might come a day when she did not want visitations anymore with her children. Kirkpatrick did not see respondent being able to take care of her children any time soon because respondent continued to need total supervision and had made no progress. One of the bases for her concern was the fact that throughout the life of the case, respondent was unable to deal with adults in a rational manner when she became "irritated," so Kirkpatrick was concerned about respondent's ability to engage with small children under similar circumstances. At times, her frustration with either a DCFS worker or her situation resulted in respondent discontinuing visits early or canceling the next visit. That was concerning for Kirkpatrick.

¶ 44 8. *Megan Lee*

¶ 45 Megan Lee worked as a child welfare specialist with DCFS for approximately two and a half years and was the caseworker for the children from December 2014 until April 2017. The first service plan began in January 2015 and covered January 2015 through June 2015. The service plan's requirements included cooperation with DCFS, parenting classes, mental health treatment, seek and maintain gainful employment, maintain stable housing, and maintain a regular visitation schedule. Respondent's performance was deemed satisfactory for the evaluation period because she completed her required parenting classes and was attending her visitation. However, there were concerns about respondent's ability to parent independently in spite of the fact she had completed her parenting course and was working with an individual

parenting coach, as well as with Kirkpatrick. The mental health component was graded satisfactory because she was attending her counseling sessions. She was rated unsatisfactory with regard to housing and employment because for part of that time she was homeless. Visitations were satisfactory for the most part, even though she had missed some visits early on because she "had too many things to do"; however, "that resolved itself after a while."

¶ 46 In the May to November 2015 client service plan, respondent was rated satisfactory in all categories. Lee said there were some issues with occasional outbursts by respondent, which could have resulted in an unsatisfactory rating for cooperation with the agency. However, Lee wanted to allow respondent to get to a point where they could accurately assess whether respondent was able to satisfactorily parent her children. In one such incident, Lee had gone to inspect the apartment because of previous housekeeping issues, only to find some unknown man whom she had awakened with her knocking. When she confronted respondent about the fact she needed to have any men who may be living with her to submit to a background check, respondent "sent an e-mail back just furious that I asked about her personal information and cussed me out, told me to stay out of her personal life and stuff like that."

¶ 47 In the November 2015 to April 2016 plan, respondent was rated satisfactory in housing and employment and attending visits but unsatisfactory in terms of visitation quality and counseling. The visitation concerns that were still present by April 2016 centered around parenting and interaction with the children. The unsatisfactory rating for counseling was based on the fact respondent stopped attending sessions with Wadsworth. Lee testified that by the April 2016 evaluation, respondent had been through two rounds of parenting classes and had an individual coach "but she was still struggling to show that she had the ability to parent independently without the help of the Visitation Specialist." It was at this point DCFS decided to

request a parenting capacity assessment. With regard to the mental health component, respondent was rated unsatisfactory because she refused to see Wadsworth and to sign consent to allow DCFS to have access to reports from the counselor respondent was seeing on her own. Lee testified that respondent never signed consent for access to reports from Carter, the person respondent sought out on her own, but when respondent stopped seeing Wadsworth and went to Carter at the mental health center, she eventually did. During this time, Lee was also unable to ascertain whether respondent was prescribed and taking medication. Respondent said she was not, although once the records were obtained, DCFS learned she was diagnosed with bipolar disorder and was supposed to be taking medication. Once, during a home visit, Lee observed four different pill bottles in the bedroom, and when she inquired of respondent, she was told they were old medications. As a result, she was not able to determine what respondent's status was regarding medication.

¶ 48 From December 2016, when Lee returned from maternity leave, until April 2017, respondent's service plan rated respondent unsatisfactory in parenting and visitation because the case had to restart when respondent kicked her visitation specialist, Kirkpatrick, out of her home, which resulted in visits returning to the office. Respondent was rated unsatisfactory for the mental health component because she stopped working with Wadsworth and there was a six-week period of time when she refused to sign releases and DCFS did not know what she was doing in her private counseling. When Lee made unannounced home visits to check the cleanliness of the home or observe respondent's interactions with her children, respondent instead wanted to spend the time talking about the case, as opposed to allowing Lee to watch her normal interactions with the children. During times when respondent was not upset or agitated about something, Lee found the interactions were typically positive.

¶ 49 When questioned in greater detail about the fact she gave an overall satisfactory rating to the April 2016 service plan, Lee admitted that rating did not accurately reflect what transpired during the six months leading up to April 2016. Specifically, she acknowledged it was during this time she confronted respondent about the unknown man in her apartment. The responding email Lee received was profanity-laced, essentially stating it was none of DCFS's business and that they should stop trying to run her life. "I need to enjoy my life without you M[***] F[***]ing DCFS A[***] people trying to be my mom." During this period of time, respondent told one caseworker she would allow the registered sexual predator father of one of her children to be around them if he wanted to be. At the same time, she was seen by Lee at Billy H.'s place of employment in a conversation Lee said looked like an argument. When Lee confronted respondent with that fact, respondent denied even seeing him. During the same period of time, Kirkpatrick had gone to respondent's residence to facilitate a visitation and found a man leaving through the back door who respondent said was a "homeless man" she allowed to stay there. It was also during this same period of time respondent was telling Kirkpatrick she was not taking her medication, while telling Lee she was not even prescribed medication. Respondent was also refusing to sign the consents to allow DCFS to have access to her counseling records with Carter. In addition, Lee acknowledged, at this point in time, they still had concerns about her ability to parent. After being confronted with all the above, Lee agreed it was not representative of satisfactory progress, saying the reason she rated it so was "[t]here was a lot of things that I did overlook just because I wanted to get to the bottom line. Because this case was going on for a long period of time, I wanted to get to the bottom line. Can these kids be returned? Can she parent independently or not? There's a lot of things that I admit I overlooked and I let them get by with that they probably should not have gotten by with."

¶ 50 9. *Alyssa Neuhoff*

¶ 51 Alyssa Neuhoff had worked as a child welfare specialist for DCFS since March 2015. She was the caseworker for J.H. and J.N. beginning in August 2016 and was assigned to the case until the beginning of December 2016.

¶ 52 In the November 2016 service plan, covering the period from May 2016 through October 2016, respondent was rated unsatisfactory in the counseling component. By this time, respondent had shifted from individual counseling to family counseling because the therapist was of the opinion that respondent had made all the progress she was going to make individually and that it was time to focus on her bonding with and nurturing her children. She was rated unsatisfactory because she did not pass the individual structured parenting assessment conducted between her and each of the children. This was due to respondent's inability to keep J.H. engaged and to teach J.H. the assigned tasks, primarily because she was unable to structure the environment in an age-appropriate manner or at J.H.'s appropriate level of functioning. When J.H. lost interest, respondent was unable to redirect him and hold his attention. In an assessment conducted with both children, although conducted in an age-appropriate setting, respondent attempted to control the situation by keeping both children on her lap throughout the assessment. She refused to allow them to explore the room and discouraged them from playing with age-appropriate toys. Once the children became frustrated with such restriction, respondent began speaking to them harshly, causing the children to seek comfort from the therapist. Housing was rated satisfactory, in that the home met DCFS's minimal parenting standards and had done so for a period of six months or longer. In parenting, respondent was rated unsatisfactory as well because, although she had finished the parenting course, she continued to "lack structure and ability to redirect the children during visits" to a degree that it was still of concern to DCFS.

Neuhoff also mentioned respondent was inconsistent about how she wanted visits conducted. When respondent complained about having no opportunity to independently parent the children at a child/family team meeting in August 2016, she agreed to a plan where she could independently parent in a visitation room with a visitation specialist observing from a two-way mirror. This provided her requested independence but allowed visits to remain supervised. After leaving the meeting, respondent contacted Neuhoff, refusing to conduct visits in that manner and asking they remain at respondent's home. When it was suggested she try the independent parenting option as outlined, respondent became agitated and upset, accusing DCFS of trying to "set her up," and she refused. Visits were twice a week at this time, with one in the home. However, respondent would, without giving a reason or excuse, ask the visitation specialist to move the home visit to the office. Visitation was unsatisfactory because respondent continued to have "issues [with] impulsivity and some decision-making skills." At one point, she was told she needed to bring her own items like diapers, food, and any anything else she might need for a visit, and respondent became agitated and upset, saying she did not have the money for such things. Neuhoff told her she needed to raise those issues before the day of the visit so they could assist her. Once again her response was that she did not trust DCFS and did not know if she wanted to do that. Although respondent attended visits regularly, Neuhoff had concerns about her consistency. As Neuhoff put it, "[t]he continued desire to leave early for visitation, often times not giving an excusable reason as to why [respondent] needed to terminate the visit early or requesting to cancel a visit altogether because she needed that time to herself." Respondent's overall cooperation with DCFS was rated satisfactory during this time. However, when asked whether, during Nehoff's time on the case, from August 2016 to December 2016, they were close to returning either child to respondent, Neuhoff said "no." Because of her overall plan and

individual services being rated unsatisfactory, respondent needed additional time to correct the conditions that brought the children into care. It was Neuhoff's opinion that during the time she was the caseworker, respondent failed to make any progress toward the return home goal.

¶ 53 10. *Jennifer Joiner*

¶ 54 Until June 2018, Jennifer Joiner was a social worker with DCFS who previously worked for them as a child welfare specialist for just over two years. She was present for and took over respondent's case on the day of an administrative case review (ACR) in May 2017. Respondent's overall goal of return home was rated unsatisfactory based, at least in part, on concerns with visitations. She met with respondent at that meeting and told her visitations had been a concern throughout the life of the case. Joiner described some of those concerns to respondent, including her practice of becoming upset at a visit and leaving early as well as canceling the visit for the next day. She also told respondent of DCFS's concerns with her interactions with the children during visits and how DCFS could not see her providing long-term care for them. After having a number of these conversations with respondent during the time she was involved in the case, Joiner was not sure respondent fully understood either the seriousness or significance of her behavior.

¶ 55 In the service plan for November 2017, respondent was rated for goals related to housing, cooperation, visitation, and counseling. Although housing was rated satisfactory overall, the individual objective of cleanliness was unsatisfactory. During home visits between May and November 2017, respondent had to be repeatedly reminded about things like laundry or dish detergent, dishes, and knives all being left at levels where small children could get to them. The overall goal of counseling, while rated satisfactory, included individual components that were rated unsatisfactory. This was, in part, because respondent stopped seeing her counselor,

Wadsworth, without permission and although attending elsewhere, refused to sign consents to allow DCFS access to her counselor and necessary information. Even after consents were obtained, respondent's new counselor refused to provide anything other than generic information about when respondent attended and that she was cooperative.

¶ 56 The goal of visitation was rated unsatisfactory because respondent continued to be unable to apply the things learned in parenting classes to her interactions with the children. In addition, respondent's judgment with regard to decision-making surrounding visits was questionable. After some incidents of violence in a particular part of Springfield, respondent wanted to take her children to a picnic sponsored by the housing authority to be held in the area where the violence had occurred. When it was suggested to respondent that was not a good idea, she became upset, ended the visit early, and canceled the visit for the next day. On another occasion, she was told a three-hour visit at a laundromat was not appropriate, and once again, she ended the visit early and canceled the visit for the next day. It was Joiner's recollection this behavior of becoming upset, ending a visit abruptly, and canceling the next day's visit occurred at least three times between May and November 2017. After a child/family team meeting, it was agreed to get another person involved in observing visits because respondent had issues with DCFS staff. A visit was arranged for a two-to-three hour visit at the office, with the staff observing behind a two-way mirror. Respondent was late to the visit, had thrown her keys outside the building, breaking the key fob, and said she was having a bad day. She canceled the visit after about an hour, even after the worker talked with her about the importance of being able to deal with stress and still maintain the visit.

¶ 57 According to Joiner, the overall concerns by DCFS related to how when respondent gets upset, she makes rash decisions that impact her ability to visit her children

productively. Respondent's inability to regulate her emotions has been a concern throughout the life of the case. During her time in the case, Joiner did not believe DCFS was ever close to returning either child to respondent's care. Her inability to regulate her emotions, both when the children were present and when they were not, was a serious concern of DCFS. DCFS did not see her as being able to care for both children full-time.

¶ 58 11. *Stacey Hollo*

¶ 59 Stacey Hollo was the court-appointed guardian *ad litem* since November 2016. The first visit she was supposed to attend was canceled at the last minute by respondent because she was working as an Uber driver in Chicago and informed DCFS she "could make more money doing that." Another visit had been planned where Hollo would observe respondent's interaction with her children without respondent knowing she was present. Unfortunately, Laura Salefski, the parent advocate for respondent, advised respondent in advance Hollo was going to be there, so that observation was canceled.

¶ 60 The only visit she observed was the day before her testimony in this case, where she watched from behind a two-way mirror between the DCFS visiting rooms. Respondent did not know Hollo was there and came in visibly upset at Kirkpatrick, who had not said anything to her at that point. Respondent entered the room with her arms in the air, speaking in a tone that Hollo could tell was confrontational. Kirkpatrick attempted to de-escalate respondent but Kirkpatrick eventually left the room, and respondent was still upset, barely interacting with her children. As respondent appeared to get ready to feed the children, Hollo observed respondent "slamming things on the table as she was moving them." Hollo noted respondent seemed to be primarily engaged with J.N. at the table and tried to get J.N. to eat, though she did not appear to want to eat. After the meal was completed, the children returned to their individual play in

different parts of the room and respondent sat on the couch with no effort to engage either child. Any interaction between J.N. and respondent was precipitated primarily by J.N., who would bring her mother a toy. Respondent would acknowledge the toy but not really engage in "additional play or take that particular moment and add to it and make it interaction." Hollo observed several opportunities for respondent to engage and interact with one or both children, none of which were taken. There was hardly any interaction between J.H. and respondent. Hollo said she saw no emotional connection between J.H. and respondent. When she entered the room for the first time, Hollo saw nothing in the way of recognition or reaction by J.H. As to the younger child, based on Hollo's observations, she appeared to want attention from respondent, not affection.

¶ 61 12. *Respondent*

¶ 62 Respondent acknowledged she was aware why both children were in care. She agreed the issues were about visitation, counseling, and issues of cleanliness of her residence. Respondent believed, for the most part, she was making progress in her counseling with Wadsworth, who had been her counselor from January 2015 until, according to her memory, September 2017. However, she disagreed with the September 2016 parenting assessment results rating her poorly. She believed Wadsworth mischaracterized various situations that occurred within the room in which the assessment took place, and she did not anticipate the results she was given. Respondent, in response to being characterized as trying to forcefully put her children on her lap, said she was trying to get the children to sit on her lap but that did not work with J.H., so she let him explore the room. With J.N., she had her lie on her stomach because a doctor had apparently told DCFS J.N.'s head was "going a little flat," so DCFS told respondent J.N. needed

to stay off the back of her head. She said that was described as forcefully not letting the children explore the room, which she said was not particularly child-friendly anyway.

¶ 63 Respondent also disputed Wadsworth's statement in the assessment that the children did not recognize her or know her. At one point during the assessment, Wadsworth asked her to leave the room for a minute as part of the test. She could not recall how that went with J.H. but remembered J.N. cried for her the entire time. She also disputed accounts by Wadsworth about feeding her children. At some point in the assessment, Wadsworth wanted to observe how she fed the children, and when respondent stated DCFS told her she was supposed to put her children in a high chair when they ate, Wadsworth looked at her like she was making a mistake. Respondent said she was merely trying to do what someone with DCFS had told her to do when feeding her children. She said she stopped engaging with Wadworth after that because "[e]verything in the report was lies." She cited several examples of things she considered lies by Wadsworth and said she stopped working with her toward the end of October 2016.

¶ 64 According to respondent, she was already seeing Carter at Memorial Behavioral Health while seeing Wadsworth and had been since March 2015. This continued throughout the life of the case. Respondent admitted refusing to sign consents in order to allow DCFS access to her records with Carter, claiming they were "private confidentiality." She also acknowledged her caseworkers or others had informed her of the need for access in order for her to be rated satisfactory in completing her services, yet she continued to refuse for an additional five months by her estimation. Again, she cited her privacy and contended that in spite of her ongoing case with DCFS, she should have been permitted to maintain that privacy. She did not agree to sign the consents until she failed her ACR in May 2017 or later.

¶ 65 Respondent considered her interactions with Dr. Velez to be "neutral." She disagreed with the doctor's assessment that she came to the parent capacity assessment with a "chip on her shoulder." She said she had attempted to explain to Dr. Velez's secretary that she had already done an assessment and completed a "questionnaire" but no one would listen to her. She acknowledged having been previously diagnosed as bipolar, taking medication to control it, and doing so throughout her life. Respondent disputed Dr. Velez's conclusion she was not capable of raising her children and believed Dr. Velez's report was inaccurate due to the way the room was set up. She felt the doctor was more concerned with how she was letting her children act in her office and the apparent risk to "her valuables" than with evaluating her interactions with her children. She did not recall telling Dr. Velez that Billy H. was her boyfriend and had a conviction for a sex offense, that she met him on Facebook, and said "he was a very caring person with a big heart and that's what [she] liked about him."

¶ 66 Respondent did not have a good relationship with her parenting coach, Horton, because she felt Horton would not notify her of issues but instead would report them to DCFS. She used the Hawaiian Punch incident as an example. According to respondent, the day she gave the children the drink, Horton had nothing to say about it at the time but apparently reported it to DCFS as something negative. She confronted Horton about not telling her and was disturbed that Horton had not taken the opportunity to say something to her directly rather than waiting to report it to DCFS and, in her opinion, "telling the department something totally different."

¶ 67 However, respondent had a better relationship with her parenting coach, Hampton. Hampton was more hands-on and that was helpful in building respondent's confidence. After Hampton left, respondent attempted to continue to incorporate things she learned from Hampton in her interactions with her children.

¶ 68 Respondent said she did not get along with Kirkpatrick and agreed with Bowns's assessment there was conflict between them. She recalled Kirkpatrick began as her case aide sometime in June 2015. She said the problems began later that year when she attempted to take on more responsibilities with the children. When Kirkpatrick would attempt to redirect or correct her, respondent would say, "I will try it your way but let me try it my way first." She felt Kirkpatrick did not like the response and was negative when respondent tried to do it her way. Her description of the day she kicked Kirkpatrick out of her house indicated that she had been struggling to obtain a job and DCFS had told her on a number of occasions she needed to maintain a stable income as part of her goals. When she finally got one and told Kirkpatrick about it, Kirkpatrick immediately began questioning her about how she was going to be able to maintain the current visitation schedule of three times a week for three hours each time if she was working. The obvious conflict in attempting to maintain employment and the visitation schedule resulted in an argument between them until respondent "got tired" of explaining herself and kicked Kirkpatrick out. She said she did not threaten Kirkpatrick or raise her voice. As a result of this disagreement, visitations returned to the DCFS office, where she told them she did not agree with Kirkpatrick making decisions for her instead of respondent trying to do it on her own and "trying to find a balance that work[ed] for" her.

¶ 69 After kicking out Kirkpatrick, respondent still had problems with her because Kirkpatrick was telling her "how to parent" her children. Respondent did not see any problems with her parenting style since her "kids were not being harmed" and she was not being abusive. Respondent illustrated an example of the parenting differences by saying Kirkpatrick told her, when J.H. hit his sister, he needed to be in time out. Respondent believed he should get a warning. Respondent saw the dispute as a matter of differing parenting styles and acknowledged

at one point telling the people at the DCFS office she did not want Kirkpatrick back in her home. She repeatedly asked Bowns to take Kirkpatrick off her case but Bowns said the children were attached to Kirkpatrick and they could not allow the children "to go with anybody else." That was around the beginning of 2016.

¶ 70 Respondent admitted to throwing the spice bottle and said Kirkpatrick and her children were in a different room when it happened. She also recalled the key-throwing incident. She said she almost lost her job after getting into a disagreement with a coworker and was running late for her visit. She ran into the house to grab diapers and was running about 15 to 20 minutes late for the visit and grabbed the wrong size diapers. She said she "needed to wind down" but that did not happen. She could not recall saying, "I'm sick of you" to J.H. but said she probably did under her breath due to frustration. She also stated the macaroni and cheese incident, where she served J.H. macroni and cheese that was too hot, happened because J.H. kept insisting he wanted to start eating even though she was trying to explain to him that the food was too hot. She eventually "just gave him a spoon and he spit it out and [she] said, see, it's hot." He was not burned and did not require any medical attention. She also admitted canceling a visit to work as an Uber driver in Chicago in order to try to keep up with her bills. Respondent agreed she may have ended visits early but only by about 15 minutes. She also estimated she made about 80% of her visits over the life of the case. She denied yelling at Wadsworth and said she may have raised her voice to her, noting a difference between the two. She also did not recall threatening to "pop" J.N. if she did not open her mouth.

¶ 71 Respondent agreed, for the most part, with Hollo's depiction of events. She said the point of disagreement with Kirkpatrick that Hollo observed was because respondent liked to take her children out of the car and bring them through the front door to establish a routine but

Kirkpatrick kept bringing them in the back door. She said after talking to Kirkpatrick, she went to clean the table so the children could eat, but J.N. would not eat that day for some reason. She said that was why she was focused on her for the most part at the table. Respondent described her as a "picky eater." When she confronted Kirkpatrick about not answering her calls, Kirkpatrick told her she was not allowed to do so anymore because they do not get along. She said she cried during the visit because she realized she was about to lose her children.

¶ 72 Respondent also believed Dr. McKenzie did not spend enough time to evaluate whether she was capable of parenting her children. She did not believe Dr. McKenzie seeing her on one occasion was enough. At least an hour of that time was spent taking a test.

¶ 73 Respondent indicated she started seeing her current therapist, Carter, during the time she was meeting with Wadsworth in order to allow her to express her emotions, "identify [her] feelings about DCFS and the process of [her] losing [her] kids and losing [her] mother." Her involvement with Carter was not related to teaching her parenting skills, and any information Carter had about her parenting came from conversations with respondent, not from any observed interaction between her and her children. Her sessions began with her as a result of respondent's postpartum depression after J.N.'s birth. She acknowledged having been psychiatrically hospitalized for postpartum depression after the birth of J.N. due to statements she had made about fears of harming J.H. Since then, she has taken various medications to manage her depression. She was told by DCFS she had to participate in therapy and explain the "nature of [her] therapy" to her therapist to be rated satisfactory in her service plan. That discussion occurred after she ended her sessions with Wadsworth. She did not want to sign consent for her therapy because she wanted privacy with her therapist. She only changed her mind because she failed the following case review, but she maintained, even at the termination

hearing, that she should not have had to disclose this counseling information because she saw it as "private confidentiality."

¶ 74 Respondent admitted to canceling visits because she wanted to make sure she was in the "right state of mind to be a better parent" for her children. Some days she felt overwhelmed by work, keeping her house clean, and with DCFS. From her parenting class, she learned "if you are not fit or ready to be a parent, you know, get your mind together and stuff like that, then you can't take care of little ones." Accordingly, when she had a bad day and felt she needed a break, she canceled visits.

¶ 75 Respondent also disagreed that she was angry in front of her children. She said the broken spice bottle and the key incident happened out of sight from her children. Also, when Hollo said respondent started a disagreement with Kirkpatrick, her children were present but her frustration "wasn't directly towards [her] kids." During cross-examination, she acknowledged having such outbursts both when the children were present and when they were not. When asked if this was because she had an anger issue, respondent said, "I plead the fifth." When she was asked to clarify what she meant, she responded, "My mouth's shut." She acknowledged attending anger management classes the past eight weeks prior to the termination hearing but was reluctant to say where and only did so in general terms, contending she should not have to tell her caseworker about it.

¶ 76 Respondent believed if her children were with her full-time and she became frustrated, she would take a deep breath and "just take it by the minute." She said she would take a breath between doing things for the children such as interacting with them, cooking, watching a movie, and bathing them before bed as a routine. She felt she had incorporated some of that into her routine already, such as making them breakfast, cleaning the table afterward, bathing them,

and checking if they had to go "potty." Respondent is currently in an anger management class and feels it is helping her. At the time of her testimony, she was in her eighth week of the program. However, she also admitted not telling DCFS about her services because it was her own business.

¶ 77 13. *Carla Carter*

¶ 78 Carla Carter is respondent's therapist and testified for respondent. She has been seeing her since sometime in 2015 on a regular basis. She is an adult outpatient therapist at Memorial Behavioral Health, where she has worked as a therapist for 13 of her 21 years there. She has a master's degree in human development counseling. They have been working on basic coping skills, although she started out working on different techniques to help respondent with her depression as a result of her children being taken by DCFS. Although she could not explain in what way, Carter said respondent has been "improving."

¶ 79 Carter could not recall many facts about the case and her discussions with respondent because she has so many cases. She could not recall whether respondent told her why her children were taken, whether she had been psychiatrically hospitalized, or whether she takes any medication. She had no recollection of whether she was ever told respondent had been diagnosed in January 2016 with a specified depressive disorder, an unspecified learning disorder, and a dependent personality. She was not aware of the outcome of Dr. Velez's parenting capacity assessment in June 2017, that at the time of the assessment, respondent was diagnosed with bipolar disorder, that she had a history of major depressive disorder and postpartum depression, or a diagnosis of adjustment disorder and paranoid and histrionic personality features. Carter acknowledged it would have been helpful in tailoring her therapy sessions with respondent if she had known these things; however, she said in most cases she allows the client to lead the therapy.

She also never took part in any visits or observed the children. The reason why the children came into care was not a big concern because she was working with respondent and helping her develop coping skills. When asked how she could gauge the accuracy of information being provided by respondent without access to her medical or DCFS records, Carter said, absent receiving a call from DCFS or elsewhere, "what she says, we'll go on." She had no way of assessing whether respondent's representations about how her parenting assessment or psychological evaluations went were accurate other than respondent indicating to her they went well.

¶ 80 According to Carter, respondent, who has been seeing her for around three years, only began working on anger issues "just months ago." When questioned by the court, Carter testified the positive changes she observed in respondent's demeanor have taken place "just within the last few months," after the anger management courses.

¶ 81 14. *Laura Salefski*

¶ 82 Laura Salefski previously worked for eight years as a family advocate for Primed for Life, Inc. In that role, she would advocate for the client, go to hearings and case reviews, prepare court documents, and attend child/family team meetings. She began working with respondent in 2015 before J.N. was born. She said she interacted with respondent and her children approximately 50 to 60 times throughout the case. On cross-examination, she indicated she was aware of DCFS policies and procedures and was aware visit notes are to list all persons present. She admitted she would be surprised if the visitation notes indicated she was only present for five visits in 2016 and five visits in 2017.

¶ 83 Salefski thought the relationship between respondent and Kirkpatrick was "volatile" and Kirkpatrick would, in her opinion from observations, "purposely do things to

antagonize" respondent. She said respondent "would be doing an activity with the children, and Ms. Kirkpatrick would, um, tell her she was doing things wrong, that she had to do it this way and it was the only way that things could be done. She did not consider cultural differences or even differences in the timeframe from when she raised her children to what happens now when people raise their children." Salefski shared her concerns with Kirkpatrick, and Kirkpatrick would say she is the case aide and, in Salefski's words, "what she said goes." Kirkpatrick's correction seemed to upset respondent, and Salefski would coach respondent and tell her, "[L]et's just go on with the visit, do your own thing, the children aren't at risk, they're not in harm's way. You're fine." She said in the beginning the relationship between respondent and Kirkpatrick was okay but quickly became "antagonistic."

¶ 84 By cultural differences, Salefski meant based on her observations, some families "raise their children to be more independent from the get-go." However, others "would coddle and baby [a] young child longer." She believed that was at work here with respondent.

¶ 85 Salefski disagreed with the characterization that respondent was the source of the conflict. She said, "There's always two sides to every story. *** for one to react, there has to be something to react to." One example was a visit to the park that contained a splash pad in the summer of 2017. Respondent was concerned about her children and water safety. Kirkpatrick insisted she should allow the children to play in the water, but it appeared to be outside respondent's comfort zone. However, Kirkpatrick was insistent, and, finally, respondent relented and allowed the children to play. Salefski believed as the parent, if respondent felt uncomfortable with the activity, she should not "have had to do it."

¶ 86 Another incident she described involved a visitation in November 2017. Kirkpatrick was in the hallway doing semi-supervised visits. Respondent told J.N. to "freeze"

because J.N. was going into the kitchen and respondent had been cooking earlier, so the stove was hot. Kirkpatrick came into the apartment and said, "[Y]ou can't use that tone and language with your children. 'Freeze' is not an appropriate word." Respondent retorted, "[W]hat is wrong with 'freeze?' You told me I can't say 'no.' So now I'm saying 'freeze,' and you're saying I can't say 'freeze.' " Salefski said any time respondent tried to discipline the children her way, "there was always a reason that it couldn't happen."

¶ 87 On another occasion, in summer 2017, J.H. was kicking a ball in front of the apartment, and the ball had traveled toward the parking lot. Respondent told him to "freeze" and went to him, telling him that he couldn't run in between cars. Kirkpatrick again told her "freeze" was not appropriate. Kirkpatrick said, "You can't tell your kids to 'freeze.' And you can't get loud with them." Salefski testified J.H. was in a dangerous situation and rather than offer alternatives, Kirkpatrick would just tell respondent to stop and that "she's not appropriate." Salefski said it was also done with "a lot of sarcasm" and "a funky grin, and then she starts to laugh because she knows that—when [respondent] is getting upset, she starts to laugh and, you know, oh, you're just being too sensitive." Salefski had been present when respondent expressed her concerns about Kirkpatrick to other members of DCFS but, in Salefski's opinion, they did nothing to remedy the situation other than pacifying respondent.

¶ 88 Although Salefski said she understood the difference between her position as an advocate for respondent and Kirkpatrick's position as a DCFS caseworker, she was still of the opinion Kirkpatrick should have provided some degree of advocacy for respondent in her reports.

¶ 89 Salefski said respondent was concerned about Neuhoff's reports because they went into great detail at the beginning about respondent's past problems and said little about

current progress. Respondent "got along fairly well" with her caseworker, Lee, whose reports "seemed to be more positive." Once it was determined Lee would not return from maternity leave, Joiner took over the case. Her style of writing reports was similar to Neuhoff's. Salefski did not agree with the reports for that reason.

¶ 90 Salefski also did not always agree with the content of the reports. She believed, contrary to the reports, respondent had made progress in her visitation. She believed, initially, respondent was very unsure of herself as a parent. She took direction from the parent coach, family members, and Salefski on how to interact with her children and be a good parent. In the beginning, at visits, she would put in a video and just let the children watch the video. Now, as time has gone on, she interacts more with the children directly, getting down on the floor and playing with them, or sitting at the table with them and eating and talking with them. She now prepares meals for the children, reads to them, and has purchased age-appropriate toys for the children to play with.

¶ 91 Salefski said she believed respondent acted appropriately with her children. In fact, Salefski said, respondent was never inappropriate in the beginning, although she was not "developmentally on target for her children." Respondent expected them to be able to do things they were not capable of because of their "developmental stage." She thought respondent disciplined her children appropriately and never used corporal punishment.

¶ 92 Salefski thought respondent made efforts to comply with the requests of DCFS workers. If respondent did not agree "100 percent," she would try to make alterations "to fit what her beliefs are and to also give [DCFS] what they wanted." Regarding the condition of respondent's home, she said, when she was in the one-bedroom apartment before J.N.'s birth, it was "very cramped" and "cluttered" but not dirty. When she moved to the two-bedroom

apartment, she had more space to put things. She left the children's toys in the corner so they could get access to them and they were not "thrown around the room." She believed the home was free of safety issues and sanitary.

¶ 93 When asked about respondent's attitude toward the proceedings, Salefski said, "[S]he gets frustrated easily. She feels that things are not going the way they should, people are not understanding how hard she's worked, how hard she's tried and the progress she's made." Salefski disagreed with DCFS's assessment of risks, contending that risk was something we are all exposed to, but that there were no true safety concerns with how respondent dealt with her children. She admitted on cross-examination she was not at the visits where J.H. was fed hot food, there was spoiled milk in a cup, and respondent broke her key in the parking lot before the visit. Salefski acknowledged being aware the guardian *ad litem*, Hollo, was going to observe a visit and informing respondent of that fact, saying she did not know it was supposed to have been kept secret.

¶ 94 Due to the number of witnesses and length of time over which the termination hearing was held, the court allowed counsel additional time to prepare for arguments, after which the court entered its ruling from the bench. The trial court indicated a careful review of voluminous notes taken over the course of these proceedings, along with the number of exhibits and arguments of counsel, before it proceeded to summarize the evidence in a detailed, timeline format. The trial court found respondent unfit by clear and convincing evidence, finding the State had shown during the stated nine-month periods respondent did not make reasonable progress. No caseworker during any of those periods was ready to return placement of the children to her. Further, she still had issues with her judgment and, as well, the court found "her ability to cope with stress and still manage her emotions and her ability to parent are still an issue." The court

gave respondent the benefit of the doubt and concluded the effort made by her, although inadequate, was probably the best she was capable of performing. The court also found, although respondent may have shown reasonable interest and concern for the children, her issues related to the responsibility component. By keeping her issues with medication a secret, by keeping her counseling with Carter a secret, by canceling visits for inappropriate reasons, along with her inability to cope, respondent did not show a reasonable degree of responsibility in the minors' care.

¶ 95 B. Best Interests Hearing

¶ 96 At the best interests hearing, Wadsworth testified about respondent's bonding assessments conducted with each child individually in August and September 2016. Noting she had already been working with respondent before the assessments, Wadsworth said respondent had trouble with the structure of the assessment. She was unable to get either child to engage, was not nurturing, and anything challenging was not done. Wadsworth observed no bond between respondent and either J.H. or J.N. Again, she noted respondent was "relatively neutral" during their discussion immediately after the assessments as they discussed the strengths and weaknesses of the assessment and described the incident where respondent came to her office, yelling, screaming, and threatening her. Wadsworth testified it was her intention to continue to work with respondent on how to nurture, structure, and engage; however, respondent never returned.

¶ 97 Joiner testified that she was employed with DCFS for about two years as the caseworker for J.H. and J.N. The children were in the same foster home throughout the duration of the case. This was a traditional placement where the foster parents were not biologically related to the children. J.H. and J.N. were progressing well in the foster placement and were

bonded with their foster parents. The foster parents made sure the children's educational, medical, religious, and social needs were met and expressed their willingness to provide permanency through adoption.

¶ 98 When asked to describe the level of attachment between respondent and J.H., Joiner indicated she felt there was "somewhat of attachment between them," but she went on to say the attachment was respondent to J.H. J.H. appeared to be more attached to Kirkpatrick when she was present, and Joiner did not believe there was as much bonding between J.H. and respondent, as would be expected at this point in the case. She did not consider the bond between J.H. and respondent to be "an appropriate bond" as a mother and child would have. Joiner then described the extent of services offered to respondent over the course of the case in an effort to improve this bond. However, she noted respondent was unable to regulate her emotions enough to continue visits, which impacted her ability to bond with the children. Joiner felt there was even less of a bond between respondent and J.N. Joiner believed there would be no harm to the children if respondent's parental rights were terminated. They are both attached to the foster parents and have a strong bond with them.

¶ 99 Respondent testified she was in a position to financially provide for her children since she had been employed with Papa John's Pizza for two months. She believed her children are attached to her because J.H. will sit and play with her during visitations and J.N. will come to her if she does not know the other people in the room. She said J.H. called her "mom" "one time one day" and J.N. knows to come to her if she needs her diaper changed. She did not know whether her employment provides medical insurance to cover the children and had not investigated any schools for them, but she was aware there were day care facilities in the area and she had family members who could watch the children.

¶ 100 Salefski testified she believed the children recognized respondent as their mother and called her "mom." She believed the children had a good bond with respondent and needed to be with her. Kirkpatrick was called by the State to dispute that account and said the children do not refer to respondent as "mom" but as "memaw." She acknowledged they recognize respondent as their mother; however, when respondent enters the room at the outset of a visit, the children generally ignore her and continue playing.

¶ 101 The trial court again outlined the extensive amount of evidence it heard in these proceedings, noting both children have been in care their entire lives—J.H. having come into care when he was approximately one month old and J.N. immediately upon release from the hospital. They have never known a caretaker other than the foster parents. The court went through each of the statutory factors and noted in each case the evidence favored their continued placement with the foster parents. The court also noted that while it took all the other factors into consideration, the need for permanency was of greatest importance. The court noted the case was three years old and respondent had every opportunity to establish her parenting ability. It ultimately came down to her lack of judgment and the fact the court could find no progress during any of the specified nine-month periods. The court found the State established by a preponderance of the evidence it was in the best interests of the children that the respondent's parental rights be terminated.

¶ 102 This appeal followed.

¶ 103 II. ANALYSIS

¶ 104 At the outset, we note this case has been designated as accelerated pursuant to Illinois Supreme Court Rule 311 (eff. July 1, 2018). Rule 311 states in relevant part that

"[e]xcept for good cause shown, the appellate court shall issue its decision within 150 days after the filing of the notice of appeal." Ill. S. Ct. R. 311(a)(5) (eff. July 1, 2018).

¶ 105 In this case, respondent filed her notice of appeal on August 7, 2018. On October 3, 2018, respondent filed the first of three motions for an extension of time, requesting this court extend the initial filing deadline of October 3, 2018 to October 19, 2018. This court granted the motion. The second motion for extension of time was filed by respondent on October 17, 2018, requesting this court extend the filing deadline to October 24, 2018, which this court granted. On October 24, 2018, respondent filed the final motion for extension of time, requesting this court extend the filing deadline to October 31, 2018. After missing the October 31 deadline, on November 8, 2018, respondent filed a motion to file her initial brief *instanter*. This court granted the motion, and respondent filed her initial brief on November 9, 2018.

¶ 106 Thus, we find good cause exists for issuing this decision after the 150-day deadline of January 4, 2019.

¶ 107 A. Unfitness Finding

¶ 108 Respondent argues the trial court's finding of unfitness was against the manifest weight of the evidence. We disagree.

¶ 109 In a fitness hearing, the State must prove unfitness by clear and convincing evidence. *In re Donald A.G.*, 221 Ill. 2d 234, 244, 850 N.E.2d 172, 177 (2006). " 'A determination of parental unfitness involves factual findings and credibility assessments that the trial court is in the best position to make.' " *In re Richard H.*, 376 Ill. App. 3d 162, 165, 875 N.E.2d 1198, 1201 (2007) (quoting *In re Tiffany M.*, 353 Ill. App. 3d 883, 889-90, 819 N.E.2d 813, 819 (2004)). A reviewing court accords great deference to a trial court's finding of parental unfitness, and such a finding will not be disturbed on appeal unless it is against the manifest

weight of the evidence. *In re N.T.*, 2015 IL App (1st) 142391, ¶ 27, 31 N.E.3d 254. " 'A court's decision regarding a parent's fitness is against the manifest weight of the evidence only where the opposite conclusion is clearly apparent.' " *In re M.I.*, 2016 IL 120232, ¶ 21, 77 N.E.3d 69 (quoting *In re Gwynne P.*, 215 Ill. 2d 340, 354, 830 N.E.2d 508, 517 (2005)).

¶ 110 In this case, the trial court determined respondent was unfit based on her failure to make reasonable progress and show a reasonable degree of responsibility. The applicable periods were July 8, 2015, through April 8, 2016, April 8, 2016, through January 8, 2017, or January 8, 2017, through October 8, 2017.

¶ 111 "Reasonable progress" is an objective standard that "may be found when the trial court can conclude the parent's progress is sufficiently demonstrable and of such quality that the child can be returned to the parent in the near future." *In re Janine M.A.*, 342 Ill. App. 3d 1041, 1051, 796 N.E.2d 1175, 1183 (2003).

> "[T]he benchmark for measuring a parent's 'progress toward the return of the child' under section 1(D)(m) of the Adoption Act encompasses the parent's compliance with the service plans and the court's directives, in light of the condition which gave rise to the removal of the child, and in light of other conditions which later become known and which would prevent the court from returning custody of the child to the parent." *In re C.N.*, 196 Ill. 2d 181, 216-17, 752 N.E.2d 1030, 1050 (2001).

¶ 112 "The law does not afford a parent an unlimited period of time to make reasonable progress toward regaining custody of the children." *In re Davonte L.*, 298 Ill. App. 3d 905, 921, 699 N.E.2d 1062, 1072 (1998). "At a minimum, reasonable progress requires measurable or

demonstrable movement toward the goal of reunification." *In re Daphnie E.*, 368 Ill. App. 3d 1052, 1067, 859 N.E.2d 123, 137 (2006). "Reasonable progress" may be found "if the trial court can objectively conclude that the parent's progress is sufficiently demonstrable and is of such quality that the child can be returned to the parent within the near future." *In re E.M.*, 295 Ill. App. 3d 220, 226, 692 N.E.2d 431, 435 (1998).

¶ 113 In this case, the trial court found respondent did not make reasonable progress from July 2015 through April 2016. The evidence during this time period reveals respondent missed visits and did not meet with her assigned counselor, Wadsworth. For a period of over six weeks, she refused to sign releases to allow the disclosure of her counseling records to DCFS so they could determine if she was compliant with her counseling, was addressing the necessary issues, or was cooperating with counseling in any meaningful way. She did this in spite of having been told that her failure to provide the releases could materially impact her ability to obtain the return of her children. Once the counselor, Carter, testified, it perhaps became more obvious why respondent did not wish to disclose either Carter or her reports, since Carter could not recall much of anything about what they had done other than supposedly working on respondent's "basic coping skills" for three years, and, even then, Carter did so by only taking the information respondent provided. Carter knew nothing about respondent's various mental health diagnoses, medications she took or lack thereof, or even why her children were taken into care by DCFS.

¶ 114 Moreover, throughout the relevant periods, Kirkpatrick said she made no improvement to her parenting skills despite successfully completing her parenting classes twice. According to Kirkpatrick and others, suggestions for modifying how she handled various situations with her children were met with a complete lack of acknowledgment or an angry response. Bowns said throughout the case there was a concern about respondent's ability to

minimally parent her children because of respondent's inability to cope with her anger issues. Whenever respondent was told something she did not want to hear, she either disregarded it or attacked the source of the information. Any caseworker who was critical of her failures to properly engage or provide for the children was ignored as either being a "liar" or not someone with whom she wished to continue services. For a substantial part of the case, respondent also believed J.H.'s father, who was the reason for the minors coming into care, should be able to have access to the children. Bowns stated at no point was DCFS close to returning the children, and the only reason they increased visitation was to determine what, if any, progress would be made in the case. Unfortunately, there was none. While some of her reports in the past may have been satisfactory, her performance during the relevant periods up to the fitness hearing failed to show any significant progress toward the goal of reunification.

¶ 115 Rather than attempt to learn from her caseworkers, respondent expressed her opinion that they were free to offer suggestions and she was free to ignore them. Her lack of judgment and failure to consider the effects of her temper tantrums on her children were an ongoing concern to the workers. Her regular method of dealing with frustration at a visit was to terminate the visit and, apparently for good measure, cancel the next visit as well. This was after she was provided with what one witness described as an unprecedented amount of visitation, three times per week for three hours each visit. When she did not like the visitation specialist sitting in, DCFS attempted to accommodate her by having observations either from another room or in the hallway. This did not work either and she kicked the monitor out or refused to allow her to come in. Various accommodations were made, including overlooking some of her shortcomings in order to try to get the case to a point where DCFS could truly assess her ability to parent. Instead, respondent continued to cancel visits, cut them short, or use her time

elsewhere. The trial court correctly noted that a mother who was only seeing her children nine hours a week probably did not need "me time" to be free from her children. She also never provided consistent information about her mental health status, treatment, or medication, telling some workers she did not take medication, others she had before but not currently and yet others that she did. She was just as evasive about who was staying at her residence, telling one worker who saw a man leaving by the back door it was a homeless man on probation she was allowing to stay there and then denying it even happened to others. When she was seen with J.H.'s father outside his employment, she denied even being there. Accordingly, the finding of unfitness based on lack of reasonable progress is not against the manifest weight of the evidence. Because the grounds of unfitness are independent, we need not address the remaining grounds as to reasonable efforts and a reasonable degree of interest, concern, or responsibility. See *In re H.D.*, 343 Ill. App. 3d 483, 493, 797 N.E.2d 1112, 1120 (2003) ("As the grounds for unfitness are independent, the trial court's judgment may be affirmed if the evidence supports the finding of unfitness on any one of the alleged statutory grounds.").

¶ 116 However, as the trial court noted, respondent's behavior in front of her children, as well as her lack of engagement, nurturing, or structure for the children during the life of the case, coupled with her continued early termination and cancellation of visits and refusal to cooperate with DCFS or provide necessary information when requested, showed a lack of responsibility toward her children. The trial court's finding of unfitness was not against the manifest weight of the evidence.

¶ 117 B. Best Interests Finding

¶ 118 Respondent argues the trial court's finding that it was in the best interests of the minors to terminate her parental rights was against the manifest weight of the evidence. We disagree.

¶ 119 "Courts will not lightly terminate parental rights because of the fundamental importance inherent in those rights." *In re Veronica J.*, 371 Ill. App. 3d 822, 831, 867 N.E.2d 1134, 1142 (2007) (citing *In re M.H.*, 196 Ill. 2d 356, 362-63, 751 N.E.2d 1134, 1140 (2001)). Once the trial court finds the parent unfit, "all considerations must yield to the best interest of the child." *In re I.B.*, 397 Ill. App. 3d 335, 340, 921 N.E.2d 797, 801 (2009). When considering whether termination of parental rights is in a child's best interests, the trial court must consider a number of factors within "the context of the child's age and developmental needs." 705 ILCS 405/1-3(4.05) (West 2016). These include the following:

> "(1) the child's physical safety and welfare; (2) the development of the child's identity; (3) the child's familial, cultural[,] and religious background and ties; (4) the child's sense of attachments, including love, security, familiarity, continuity of affection, and the least[-]disruptive placement alternative; (5) the child's wishes and long-term goals; (6) the child's community ties; (7) the child's need for permanence, including the need for stability and continuity of relationships with parent figures and siblings; (8) the uniqueness of every family and child; (9) the risks related to substitute care; and (10) the preferences of the person available to care for the child." *Daphnie E.*, 368 Ill. App. 3d at 1072.

See also 705 ILCS 405/1-3(4.05)(a) to (j) (West 2016).

¶ 120 A trial court's finding termination of parental rights is in a child's best interests will not be reversed on appeal unless it is against the manifest weight of the evidence. *In re Dal. D.*, 2017 IL App (4th) 160893, ¶ 53, 74 N.E.3d 1185. The court's decision will be found to be "against the manifest weight of the evidence only if the opposite conclusion is clearly apparent or the decision is unreasonable, arbitrary, or not based on the evidence." *In re Keyon R.*, 2017 IL App (2d) 160657, ¶ 16, 73 N.E.3d 616.

¶ 121 Here, the trial court analyzed the applicable statutory factors, recognizing the reality that, as is true in many of these cases, a need for permanency was of great importance. Joiner testified the children share a close bond with the foster parents and they looked to them for their needs. Since these were the only caretakers the children had known, it was not unreasonable to conclude their bond was much greater. Before respondent understood how bad the behavior looked, when she first attended visits, she did little, if anything, to engage her children that she had not seen. It was necessary to direct her to engage the children, and even then, it was evident she had no idea how to retain their attention or play in an age-appropriate manner. Joiner also did not believe the children would suffer any harm from the termination of respondent's parental rights. Their foster parents were providing everything they needed and wanted to adopt the children. Meanwhile, respondent, who had been provided every kind of parenting assistance, attended classes, been given parenting assessments, psychological assessments, and had her own advocate, was no closer to having the children returned to her than she was at the outset of the case. The trial court was in the best position to listen to the State's witnesses as well as respondent and her witnesses and make credibility determinations regarding their testimony. See *In re Jay. H.*, 395 Ill. App. 3d 1063, 1070, 918 N.E.2d 284, 290 (2009). The State's burden was to establish termination was in the best interests of the children by a

preponderance of the evidence, and they did so. See *In re M.R.*, 393 Ill. App. 3d 609, 617, 912 N.E.2d 337, 345 (2009) ("The State must prove that termination is in the child's best interests by a preponderance of the evidence."). Respondent failed to present any evidence sufficient to mitigate against the court's best interests finding, and thus the court's finding was not against the manifest weight of the evidence.

¶ 122 As an aside, we note the unreasonable time constraint placed on the court by the numerous requests for an extension of time to file an appellant's brief along with the request for leave to file a brief in excess of the page limitations. The only reason appellant's brief exceeded the page limitations is because counsel chose to recite the testimony almost verbatim, along with substantial argument when characterizing a witness's testimony. The inclusion of language telling us that a witness "was called and subject to direct examination," "the State ended its direct examination," so-and-so "then cross examined the witness," and so-and-so "then ended their cross examination" throughout the brief was tedious, unnecessary and, frankly, annoying. Time could have been better spent reading the transcript, synthesizing the testimony, and relating it in a thoughtful, cogent, and succinct way. Attempting to recite 1435 pages of testimony in a brief is neither helpful nor complimentary of counsel's writing skills.

¶ 123 III. CONCLUSION

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

¶ 125 Affirmed.