

NOTICE
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2013 IL App (4th) 130401-U
NO. 4-13-0401
IN THE APPELLATE COURT
OF ILLINOIS
FOURTH DISTRICT

FILED
October 2, 2013
Carla Bender
4th District Appellate
Court, IL

In re: B.H., a Minor,)	Appeal from
THE PEOPLE OF THE STATE OF ILLINOIS,)	Circuit Court of
Petitioner-Appellee,)	Sangamon County
v.)	No. 09JA112
YOLANDA FRAZIER,)	
Respondent-Appellant.)	Honorable
)	April Troemper,
)	Judge Presiding.

JUSTICE HARRIS delivered the judgment of the court.
Presiding Justice Steigmann and Justice Holder White concurred in the judgment.

ORDER

¶ 1 *Held:* The trial court's findings that respondent mother was unfit and termination of her parental rights was in the child's best interests were not against the manifest weight of the evidence.

¶ 2 Respondent, Yolanda Frazier, appeals the trial court's termination of her parental rights to B.H., born April 1, 2009. She argues the trial court erred by finding she was unfit and that termination was in B.H.'s best interests. We affirm.

¶ 3 I. BACKGROUND

¶ 4 The record shows B.H. was removed from his parents' care in 2009, following his premature birth and four-month hospitalization. In the underlying proceedings, the parental rights of B.H.'s father were also terminated; however, he is not a party to this appeal. We only discuss the facts as they relate to respondent and B.H.

¶ 5 On August 17, 2009, the State filed a petition for adjudication of wardship, alleging B.H. was a neglected minor. Specifically, it asserted B.H.'s environment was injurious to his welfare due to respondent's untreated mental illness and both parents' drug use. On August 5, 2010, the trial court entered its adjudicatory order, finding B.H. was neglected based upon facts showing "alcohol and drug use by both parents along with mental health issues of mother ***." On September 23, 2010, it entered its dispositional order, adjudicating B.H. a ward of the court and placing his custody and guardianship with the Illinois Department of Children and Family Services.

¶ 6 On December 5, 2012, the State filed a motion seeking termination of respondent's parental rights. It alleged she was unfit for failing to (1) maintain a reasonable degree of interest, concern, or responsibility as to B.H.'s welfare; (2) make reasonable efforts to correct the conditions that were the basis for B.H.'s removal; or (3) make reasonable progress toward B.H.'s return during any nine-month period following the neglect adjudication, specifically, May 5, 2011, to February 5, 2012, and February 5, 2012, to November 5, 2012. The State also alleged termination of respondent's parental rights was in B.H.'s best interests.

¶ 7 On January 29, 2013, the trial court conducted a fitness hearing in the matter. Patricia Kaidell testified she worked for Catholic Charities as a supervisor in its foster care program. She was involved with B.H.'s case from January 1, 2010, until October 1, 2012. From April to October 2011, a client service plan was in place for respondent, requiring her to (1) demonstrate that she could apply what she learned in parenting classes, (2) attend substance-abuse treatment programs, (3) attend mental-health services, (4) engage in domestic violence education, (5) maintain housing, (6) maintain support, and (7) attend and participate in visitations

with B.H. Kaidell testified respondent was not successful in completing her services. Although she believed respondent cooperated to the best of her ability, respondent's mental-health issues were a barrier to her being able to comply with or complete services.

¶ 8 Kaidell testified from June 2011 to October 2012, respondent received services from Dr. Laura Shea, a psychiatrist. She stated respondent was diagnosed with schizoaffective disorder and psychotic disorders. Dr. Shea prescribed psychotropic medications. For a three-month period in 2011, respondent was living at the Salvation Army and taking her medications, meeting Dr. Shea, and following Dr. Shea's advice. However, Kaidell stated respondent was "not always" compliant with taking her medications. Respondent felt the medications made her tired, and she took them when she felt she needed them rather than on a regular schedule.

¶ 9 In October 2011, respondent's compliance with her service plan was reviewed. Kaidell testified respondent was unable to make progress regarding her mental-health treatment, noting respondent did "much better" while on medication but had a history of auditory hallucinations that did not resolve and were continuous throughout the case. Specifically, around Christmas in 2011, respondent reported she was unable to work as a bell ringer for the Salvation Army because she was hearing voices.

¶ 10 From April to October 2011, respondent had supervised, once-a-month visitations with B.H. Kaidell testified there were times respondent would leave visits 10 to 15 minutes early.

¶ 11 Kaidell rated respondent's progress on the service plans as unsatisfactory. She noted substance-abuse and mental-health issues were the reasons B.H. was removed from respondent's care. Kaidell recalled that the longest period of time respondent was drug- and

alcohol-free was a three-month period in 2011. Sometime prior to June 2011, respondent was referred to Gateway for substance-abuse services. Kaidell testified the Gateway program required clients to contact them and respondent failed to make contact as required. She stated Gateway also had a dual-treatment program to address both mental-health and substance-abuse issues. However, the program was in Aurora, Illinois, and respondent did not want to leave the Springfield area because she believed that was where her support system was and also where B.H. was located. Kaidell noted the dual-treatment program had been recommended for respondent by the Mental Health Center of Central Illinois and the Catholic Charities team. Kaidell testified respondent refused the program.

¶ 12 In June 2011, respondent was referred to the Salvation Army, which also offered a substance-abuse program. Respondent participated in that program and was there for six to eight months. She resided at the Salvation Army's facility and Kaidell testified respondent remained substance-free during that period of time (contradicting her earlier testimony that the longest period respondent was drug- and alcohol-free was for only three months). Kaidell did not know whether respondent remained substance-free after leaving the Salvation Army.

¶ 13 Kaidell testified respondent expressed reservations about her ability to parent B.H., a child with special needs. According to Kaidell, respondent stated she would be okay with just maintaining monthly contact with B.H. and not being responsible for parenting him. Kaidell testified there were periods of time during the case where respondent made progress and there were periods of time where she regressed.

¶ 14 Kaidell testified, in June 2012, respondent obtained employment but was laid off before October 2012, when Kaidell stopped working on the case. Regarding housing, Kaidell

testified respondent lived with B.H.'s father for "a majority of the case." She then resided at the Salvation Army for a period of time. Kaidell estimated that, in August 2012, respondent obtained housing through Poplar Place with the assistance of the Mental Health Center.

¶ 15 Kathryn Vincent testified she worked as a caseworker for the Center for Youth and Family Solutions and was assigned to B.H.'s case in August 2011. The first service plan she was a part of was respondent's October 2011 to April 2012 service plan. Vincent testified respondent's services remained the same throughout the case and included (1) substance-abuse treatment, (2) domestic violence services, (3) counseling, (4) maintaining a stable and appropriate residence, (5) maintaining legal income, (6) participating in visits, (7) displaying appropriate parenting skills, and (8) participating in mental-health services and maintaining her mental health. Vincent stated respondent's cooperation with the service plan was reviewed in April 2012, and respondent received an unsatisfactory rating.

¶ 16 Vincent testified respondent was rated unsatisfactory with respect to mental-health services because, although respondent was seeing a mental-health provider, she was not taking her medications on a consistent basis. Respondent also received an unsatisfactory rating in connection with substance-abuse services. Vincent stated respondent was "dropping" when requested but the "drop" would come back positive for tetrahydrocannabinol (THC).

¶ 17 On cross-examination, Vincent acknowledged respondent's last positive drug "drop" occurred in August 2011, before Vincent received the case, and was positive for cannabis. Respondent was not asked to make any more "drops" after that time except for a time period when she was living at the Salvation Army. Vincent testified respondent lived at the Salvation Army for several months until she left in approximately July 2012. While living there, respon-

dent was tested for drugs and her "drops" came back clean. After leaving the Salvation Army, respondent stopped attending Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings. Additionally, Vincent testified she received inconsistent reports from service providers regarding respondent's last self-reported drug use.

¶ 18 Vincent testified she observed many of respondent's visits with B.H. from October 2011 to April 2012. She described the visits as "disconnected" and believed respondent "didn't quite understand how to interact" with B.H. Vincent testified respondent became frustrated when B.H. would not play or interact with her, did not understand how to soothe him, and would complain that B.H. preferred visits with his father. She stated respondent always attended visitations but "a lot of times" would end them early out of frustration.

¶ 19 Vincent testified respondent was also rated unsatisfactory for the requirement that she have legal income, although Vincent stated she could not explain why respondent received that rating. Finally, respondent received an unsatisfactory rating for failing to maintain stable housing for a six-month period.

¶ 20 In April 2012, respondent received a new service plan with the same tasks. Respondent's cooperation with that service plan was reviewed in October 2012. Again, Vincent testified respondent received an unsatisfactory rating for the majority of her tasks. Specifically, she stated respondent was not successful with mental-health treatment, substance-abuse treatment, domestic violence counseling, or displaying appropriate parenting skills. Vincent testified respondent failed to take her medications consistently over the relevant time period. Vincent stated that, since she had been involved with the case, respondent was inconsistent with her medications and it was "very evident" when respondent was not on her medications because

respondent was unable to cope.

¶ 21 On September 26, 2012, respondent was terminated from mental-health services with Dr. Shea due to her behavior. According to Vincent, respondent was verbally aggressive and threatened Dr. Shea. From September to December 2012, respondent had no mental-health provider. Vincent testified respondent was given many opportunities to participate in a dual-treatment program while the April to October 2012 service plan was in effect, but was unwilling to cooperate with that program. Also during that time frame, respondent did not participate in substance-abuse treatment or domestic violence counseling, did not maintain stable housing, and was rated unsatisfactory with respect to having a legal means of income.

¶ 22 According to Vincent, respondent continued to attend all visits with B.H. but would leave her monthly, one-hour visits early. She estimated respondent's shortest visit with B.H. was 30 minutes. Vincent testified there was never a time while she worked on the case that she was close to returning B.H. to respondent. Further, she testified, in connection with domestic violence services, respondent was referred to a "Preventing Abusive Relationships" program but she failed to cooperate with her assigned worker and stopped attending.

¶ 23 At the January 29, 2013, fitness hearing, respondent testified on her own behalf, stating she had been living by herself in a in a two-bedroom townhouse for seven months and was employed part-time at Henderson Advertising, where she had worked for a little over eight months. Respondent had begun receiving social security benefits. She acknowledged having been recently laid off from work for one day and, from June to July 2012, being laid off for approximately one month.

¶ 24 Regarding B.H.'s special needs, respondent stated she was aware he required a lot

of care but did not know too much about what his needs were because she did not know much about autism. (Although no evidence was presented at the fitness hearing regarding B.H.'s specific special needs, the record does indicate he was diagnosed with autism in March 2012.) Respondent testified she was willing to try to learn about his needs.

¶ 25 Respondent asserted she last drank alcohol "two to three years ago," and just on special occasions. She denied having a drug problem and testified she had not used any illegal substances in two to three years. When respondent was using, she primarily used marijuana, but also used cocaine early in her life.

¶ 26 Respondent agreed she had mental-health issues, with her biggest problems being understanding and coping. Respondent described her treatment with Dr. Shea and acknowledged being bipolar. She testified she did not know what schizoaffective disorder was but did understand that she needed mental-health treatment, including medication. Respondent acknowledged having a disagreement with Dr. Shea regarding her request that Dr. Shea prescribe a higher dosage of medication and Dr. Shea's belief that the medication respondent requested was too addictive. She denied being verbally abusive toward Dr. Shea and stated she was just loud when she spoke.

¶ 27 Respondent testified, two days after ending treatment with Dr. Shea, she began seeing a therapist named Carla at the Mental Health Center. She denied having a psychiatrist but stated she was on eight different medications. Respondent recalled stopping a specific medication "for a minute" because it made her sleep. She denied any other occasion when she was not taking her medications.

¶ 28 Respondent recalled someone recommending the dual-treatment plan in Aurora to

her but, initially, she did not go into the program because "the beds were full." Respondent testified she then began working, had a stable income, and got an apartment. She stated she was also receiving other mental-health treatment and maintaining her sobriety. Respondent did not understand why she was being asked to move where she had no support.

¶ 29 Respondent recalled a time when she stopped receiving mental-health treatment because her medical card was taken away and she had to find a program for individuals who could not afford to pay. She denied domestic violence issues with B.H.'s father or being asked to take anger management classes. However, she later acknowledged participating in the "Preventing Abusive Relationships" program. Respondent further testified she took parenting classes early on in the case but they did not teach her about parenting an autistic child.

¶ 30 Respondent testified she attended all visitations with B.H. She acknowledged occasions when she would leave visits early but stated that was due to her mental illness and becoming easily agitated. At the time, she "felt it was not an appropriate time to visit with" B.H. She denied having any issues with visitations in the previous six months and, although she cut visits short "probably twice," it was only because she was due back at work or had a doctor's appointment. On cross-examination, she acknowledged leaving a one-hour visit on September 6, 2012, after 45 minutes and leaving a two-hour visit on October 18, 2012, after 1 1/2 hours.

¶ 31 Respondent acknowledged she dealt with her mental-health issues on a daily basis; however, she stated she was learning when her "highest peak" and "lowest peak" were and did not believe she would be a bad mother or that she would harm B.H. Respondent testified she dealt with "high" moments by listening to music and "low" moments by going to sleep or taking a time out. She stated "high" moments made her feel overwhelmed, excited, and happy, and she

could not stop moving. Alternatively, she felt more depressed when experiencing a "low" moment. Respondent agreed, at that time, she was not in a position to have B.H. returned to her but hoped he would be returned to her care in the future.

¶ 32 On March 26, 2013, the trial court entered an order, finding respondent unfit based on allegations that she failed to make reasonable progress toward B.H.'s return during any nine-month period after the neglect adjudication. The court stated as follows:

"The court specifically finds that [respondent] has made significant improvements from when the case was first opened and the court commends her; however, due to [respondent's] underlying mental health illness, she has failed to make reasonable progress toward the return of [B.H.] to her during any 9[-]month period following the adjudication hearing. Even [respondent] admitted she was not in a position to provide for her son who has special needs."

¶ 33 On April 25, 2013, the trial court conducted a hearing on the best-interest portion of the termination proceedings. At the State's request, the court took judicial notice of Vincent's testimony at the fitness hearing. Vincent also testified. She stated B.H. was four years old and, since being taken into care in August 2009, he lived in a specialized foster home with Thomas and Susan Westcott. Also in the home were the Westcotts' 17-year-old biological daughter, their 8-year-old adopted daughter, and their 6-year-old adopted son. Vincent noted B.H. needed a specialized placement because he had several medical needs and required a higher level of care. She testified his current placement met his medical, educational, religious, and social needs and the Westcott's were willing to provide B.H. with permanency through adoption.

¶ 34 Vincent testified B.H. was attached to his foster family, particularly Susan, his foster mother. She stated B.H. sought Susan out for comfort and referred to Susan and Thomas as "mom and dad." Vincent noted the Westcott's home was B.H.'s only placement, where he was being raised, and where he was provided with love and attention.

¶ 35 Vincent testified B.H. knew who respondent was but found it difficult to state whether there was an attachment between the two. During visitations, B.H. would attempt to leave the visiting room and go to his foster parents. Vincent described respondent's most recent visit with B.H., noting respondent became very upset when B.H. called her by her first name. She also became frustrated, stating "I'm not dealing with this," when B.H. saw his foster parents after a restroom break and would not return with respondent to the visiting room. Vincent testified respondent further displayed inappropriate parenting by "[h]overing over [B.H.] and play wrestling," which Vincent found was "too much sensory behavior" for an autistic child. Additionally, she overheard respondent tell B.H. "you're going to hit me, I'm going to hit you back."

¶ 36 Vincent did not believe B.H. could be returned to respondent in the foreseeable future. Based upon past circumstances, she did not believe respondent would continue with services long-term or be able maintain her mental health so as to ensure B.H.'s well-being. Vincent testified respondent was unable to adequately care for herself and noted B.H. required a lot of care and supervision and had a lot of medical and behavioral needs.

¶ 37 Vincent testified that, since the last hearing in the case, respondent had not established a mental-health provider. Following the fitness hearing, respondent went to an appointment at Mental Health Services. However, that facility would not take respondent as a

client because she did not have proper insurance. Vincent testified respondent had a medical card but was struggling to find a provider in central Illinois because, in the past, she "exhausted the majority of providers." Vincent had a list of leads for mental-health providers, but respondent was not receptive to Vincent's attempts to explain the situation and, ultimately, had to be asked to leave the case-review meeting during which they were discussing the issue. Vincent stated respondent continued to have a problem with verbal aggression and her verbal aggression was the reason she was asked to leave the recent case-review meeting.

¶ 38 Vincent testified respondent also consistently "dropped positive" for cocaine and THC. Specifically, respondent recently "dropped" twice and results came back positive for cocaine and THC; respondent refused one "drop" request; and, on one occasion, respondent neglected to go for the requested testing.

¶ 39 On cross-examination, Vincent acknowledged that it would be somewhat difficult for respondent to establish a bond with B.H. since she typically had only monthly, one-hour visits with him. She further agreed that, despite any mental limitations, respondent did love B.H. and did a good job attending visitations or rescheduling ones she could not attend. Vincent testified respondent also did things to establish a bond with B.H. during visits, such as bring him appropriate gifts. She stated the bonding process was "probably" also hampered by B.H.'s limitations. Vincent further acknowledged respondent had been able to maintain appropriate housing.

¶ 40 At the conclusion of the best-interest hearing, the trial court found termination was in B.H.'s best interests and terminated respondent's parental rights.

¶ 41 This appeal followed.

¶ 42

II. ANALYSIS

¶ 43 On appeal, respondent argues the trial court erred both in finding her unfit and deciding termination was in B.H.'s best interests. She contends the court's findings were against the manifest weight of the evidence.

¶ 44 The involuntary termination of parental rights involves a two-step process. *In re J.L.*, 236 Ill. 2d 329, 337, 924 N.E.2d 961, 966 (2010). Initially, a trial court must find, by clear and convincing evidence, that a parent is unfit based upon grounds set forth in section 1(D) of the Adoption Act (750 ILCS 50/1(D) (West 2010)). *J.L.*, 236 Ill. 2d at 337, 924 N.E.2d at 966. Once an unfitness finding has been made, the court must next determine whether termination is in the child's best interests. *J.L.*, 236 Ill. 2d at 337-38, 924 N.E.2d at 966.

¶ 45 Initially, we address the trial court's fitness determination. On review, the court's finding that a parent is unfit will only be reversed if it is against the manifest weight of the evidence. *In re A.W.*, 231 Ill. 2d 92, 104, 896 N.E.2d 316, 323 (2008). "A court's decision *** is against the manifest weight of the evidence only where the opposite conclusion is clearly apparent." *In re Gwynne P.*, 215 Ill. 2d 340, 354, 830 N.E.2d 508, 517 (2005). "We give deference to the trial court as the finder of fact, and will not substitute our judgment for that of the trial court on the credibility of witnesses, the weight given the evidence, or inferences drawn from the evidence." *A.W.*, 231 Ill. 2d at 104, 896 N.E.2d at 324.

¶ 46 "Although section 1(D) of the Adoption Act sets forth numerous grounds under which a parent may be deemed 'unfit,' any one ground, properly proven, is sufficient to enter a finding of unfitness." *In re Donald A.G.*, 221 Ill. 2d 234, 244, 850 N.E.2d 172, 177 (2006). Here, the State alleged, and the trial court found, respondent unfit based upon the ground set

forth in section 1(D)(m)(iii) of the Adoption Act (750 ILCS 50/1(D)(m)(iii) (West 2010)), which provides that a parent is unfit for failing "to make reasonable progress toward the return of the child to the parent during any 9-month period after the end of the initial 9-month period following the" neglect adjudication.

¶ 47 The benchmark for measuring a parent's reasonable progress "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). Similarly, section 1(D)(m) provides that, where a service plan has been established, " 'failure to make reasonable progress' *** includes *** the parent's failure to substantially fulfill his or her obligations under the service plan and correct the conditions that brought the child into care during any 9-month period after the end of the initial 9-month period following the adjudication ***." 750 ILCS 50/1(D)(m) (West 2010).

¶ 48 "[I]n determining whether a parent has made reasonable progress toward the return of the child, courts are to consider evidence occurring only during the relevant nine-month period mandated in section 1(D)(m)." *J.L.*, 236 Ill. 2d at 341, 924 N.E.2d at 968. Here, the State specifically alleged, and the trial court found, respondent failed to make reasonable progress during two consecutive nine-month periods: May 5, 2011, to February 5, 2012; and February 5, 2012, to November 5, 2012.

¶ 49 The record shows respondent's substance-abuse and mental-health issues resulted in B.H.'s removal from her care. Each of respondent's service plans during the relevant time

frames required that she engage in mental-health, substance-abuse, and domestic violence services; participate in counseling; maintain appropriate housing and legal income; participate in visitations with B.H.; and display appropriate parenting skills. Both caseworkers who testified at the fitness hearing described respondent's performance on her service plans as unsatisfactory.

¶ 50 Evidence showed respondent had significant mental-health issues, had been diagnosed with schizoaffective disorder and psychotic disorders, and required medications. However, Vincent, who was assigned to B.H.'s case in August 2011, testified respondent was inconsistent with her medications throughout the time Vincent was involved with the case. Kaidell also established respondent's noncompliance with medications, stating respondent often failed to take her medications on a regular schedule.

¶ 51 During the relevant time frames, respondent further failed to participate in recommended services or follow service-plan directives. Vincent provided testimony regarding respondent's failure to participate in substance-abuse treatment or domestic violence counseling. In particular, she stated respondent refused to cooperate with her assigned caseworker in the "Preventing Abusive Relationships" program. Respondent was also referred to a dual-treatment program designed to address both substance-abuse and mental-health issues. Respondent repeatedly refused that program. In August 2011, respondent tested positive for cannabis. In September 2012, respondent was terminated from mental-health services with Dr. Shea after becoming verbally aggressive and threatening.

¶ 52 Additionally, although the record reflects respondent consistently attended visitations with B.H., she would often leave her monthly, one-hour visits early. Vincent observed visits during the alleged nine-month time frames and described them as "disconnected,"

with respondent not understanding how to interact with B.H., whom the record showed had special needs and health concerns. According to Vincent, respondent would become frustrated and ended visits early out of frustration.

¶ 53 On appeal, respondent argues the evidence clearly establishes she made reasonable, measurable progress toward B.H.'s return to her care. Initially, she points out that she completed parenting classes; however, her completion of those classes apparently occurred prior to the relevant time frames at issue on appeal and, thus, cannot support a finding of reasonable progress during those express time frames. Although respondent also argues she made reasonable progress by securing her own housing and employment, the record reflects she did neither during the first nine-month period alleged by the State: May 5, 2011, to February 5, 2012. The trial court's unfitness finding may be affirmed based upon that initial nine-month period alone.

¶ 54 Additionally, the record reflects mental-health issues were the core concern for respondent. Contrary to her assertions on appeal, the record does not show she made reasonable, measurable progress in that area. The evidence establishes that, with respect to her mental-health issues, respondent was no closer to having B.H. returned to her during the nine-month periods alleged by the State than when he was initially removed from her care in August 2009.

¶ 55 While the record contains some evidence of respondent's cooperation with services, there was also evidence from which the trial court could determine she failed to make reasonable progress toward B.H.'s return to her care from May 5, 2011, to February 5, 2012, or February 5, 2012, to November 5, 2012. As the record contains sufficient evidence to support the court's finding of parental unfitness, it is not against the manifest weight of the evidence.

¶ 56 On appeal, respondent also argues the trial court erred in finding termination of

her parental rights was in B.H.'s best interests. Again, she maintains the court's decision was against the manifest weight of the evidence. To support her contention, respondent points to evidence showing she attempted to establish a bond with B.H. and had a safe place to live.

¶ 57 "[A]t a best-interests hearing, the parent's interest in maintaining the parent-child relationship must yield to the child's interest in a stable, loving home life." *In re D.T.*, 212 Ill. 2d 347, 364, 818 N.E.2d 1214, 1227 (2004). "The State must prove that termination is in the child's best interests by a preponderance of the evidence." *In re M.R.*, 393 Ill. App. 3d 609, 617, 912 N.E.2d 337, 345 (2009) (citing *D.T.*, 212 Ill.2d at 366, 818 N.E.2d at 1228). Additionally, the Juvenile Court Act of 1987 provides as follows:

"Whenever a 'best interest' determination is required, the following factors shall be considered in the context of the child's age and developmental needs:

- (a) the physical safety and welfare of the child, including food, shelter, health, and clothing;
- (b) the development of the child's identity;
- (c) the child's background and ties, including familial, cultural, and religious;
- (d) the child's sense of attachments, including:
 - (i) where the child actually feels love, attachment, and a sense of being valued (as opposed to where adults believe the child should feel such love, attachment, and a sense of being valued);

- (ii) the child's sense of security;
- (iii) the child's sense of familiarity;
- (iv) continuity of affection for the child;
- (v) the least disruptive placement alternative
for the child;
- (e) the child's wishes and long-term goals;
- (f) the child's community ties, including church,
school, and friends;
- (g) the child's need for permanence which includes
the child's need for stability and continuity of relationships
with parent figures and with siblings and other relatives;
- (h) the uniqueness of every family and child;
- (i) the risks attendant to entering and being in sub-
stitute care; and
- (j) the preferences of the persons available to care
for the child." 705 ILCS 405/1-3(4.05) (2010).

¶ 58 On review, the trial court's best-interest determination will not be reversed unless it was against the manifest weight of the evidence. *In re Jay. H.*, 395 Ill. App. 3d 1063, 1071, 918 N.E.2d 284, 291 (2009). "A decision is against the manifest weight of the evidence only if the facts clearly demonstrate that the court should have reached the opposite result." *Jay. H.*, 395 Ill. App. 3d at 1071, 918 N.E.2d at 291.

¶ 59 Here, the record shows B.H., age four at the time of the best-interest hearing, had

