

2016 IL App (2d) 160064-U  
No. 2-16-0064  
Order filed May 16, 2016

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IN THE  
APPELLATE COURT OF ILLINOIS  
SECOND DISTRICT

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<i>In re</i> A.S. and M.S., Minors,	)	Appeal from the Circuit Court
	)	of Winnebago County.
	)	
	)	Nos. 14-JA-77
	)	14-JA-78
	)	
(The People of the State of Illinois,	)	Honorable
Petitioner-Appellee v. Tonia S.,	)	Francis Martinez,
Respondent-Appellant).	)	Judge, Presiding.

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JUSTICE JORGENSEN delivered the judgment of the court.  
Justices Burke and Birkett concurred in the judgment.

**ORDER**

- ¶ 1 *Held:* The trial court properly found respondent an unfit parent to her two children and terminated her parental rights. Affirmed.
- ¶ 2 Respondent, Tonia S., is the biological mother to two minors, A.S. (born on March 15, 2013) and M.S. (born on December 5, 2009). The trial court found respondent an unfit parent to both children as to three counts alleged by the State and terminated her parental rights. Respondent appeals the unfitness findings, arguing that they were against the manifest weight of the evidence. For the following reasons, we affirm the finding that respondent failed to maintain a reasonable degree of interest, concern, or responsibility as to her children's welfare.

¶ 3

## I. BACKGROUND

¶ 4 On February 20, 2014, the Department of Children and Family Services (DCFS) received a report alleging that A.S. was medically neglected due to a history of missed medical appointments.<sup>1</sup> A.S. was 11 months old and unable to speak; the only independent movement she could make was to roll from her back to her side, and she had hearing and vision deficits and was unable to grasp objects. M.S. was behind on his immunizations and missed medical appointments in 2009 and 2010. Initially, the children were placed on a safety plan with their maternal grandmother, M.P. However, on February 21, 2014, upon violation of the safety plan, they were taken into protective custody.

¶ 5 On February 24, 2014, the State filed a two-count neglect petition in case No. 14-JA-77. Count I alleged that A.S. was a neglected minor because she was not receiving proper or necessary support, education, or medical or other remedial care as necessary for her well-being. Count II alleged that A.S. was a neglected minor in that her environment was injurious to her welfare in that she has complex medical needs and was not receiving adequate medical care, thereby placing her at risk of harm. The State filed a similar petition as to M.S. in case No. 14-JA-78. In count I, it alleged that M.S. was a neglected minor in that his environment was injurious to his welfare, where his sibling had complex medical needs and was not receiving adequate medical care, thereby placing M.S. at risk of harm.

¶ 6 On the same date, a shelter care hearing was held. Respondent appeared and waived her right to such hearing, agreeing that there was probable cause to find abuse or neglect and an urgent and immediate necessity to remove the children. The court found probable cause to believe that the children were neglected and that DCFS had made reasonable efforts to prevent

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<sup>1</sup> The children's biological fathers have no involvement with DCFS.

removal of the children from the home; it further found that it was a matter of urgent and immediate necessity that DCFS be granted temporary custody of the minors.

¶ 7 A. Adjudication

¶ 8 On March 27, 2014, an adjudication hearing was held. Respondent stipulated to facts relating to count I in each of the petitions, and the State moved to dismiss count II in the petition filed in case No. 14-JA-77. The court entered orders accepting the agreement and admonished respondent to undergo a psychological evaluation.

¶ 9 Krista Vaccarello, a child welfare case manager with Children's Home and Aid, submitted a pre-adjudication report to the court, which stated as follows. The integrated assessment was completed on March 17, 2014, at respondent's apartment. Respondent's older daughter, T., was also present. The assessment went well. Respondent responded to all of the questions, but the worker and screener noted respondent's flat affect during the entire visit. The screener told the worker that she would be concerned if respondent got A.S. back and could tell that respondent had some schizoid-type behaviors. However, respondent denied any type of hallucinations. The screener stated that M.S. would do better than A.S. if he went back to respondent, but would likely suffer from a lack of exposure and perhaps "losing out" in some ways. The report also stated that respondent had completed drug drops on February 28, 2014, which came back negative. A lab report appended to the pre-adjudication report contained results of a March 6, 2014, drug screen, which reflected that respondent had no illicit substances in her system.

¶ 10 An integrated assessment for M.S. was completed on March 13, 2014, by Lori Thomas of Northern Illinois University. The report stated that M.S. (slightly over age 4 at this time) had normal/average learning ability, but he was not aware of how to start counting beginning with

the number one. He was able to learn and adapt and follow instructions; thus, this deficit appeared to be the result of lack of previous exposure to educational materials. He was doing well in foster placement.

¶ 11 On the same date, Thomas completed an integrated assessment for A.S. A.S. (age 1 at this time) was also placed in traditional foster care. Her medical history reflected that she possibly suffered hearing loss. A Child and Family Connections service plan, dated October 24, 2013, recommended a hearing evaluation, vision screening, weekly physical and occupational therapy, and a nutrition evaluation. Physician's records reflected that A.S. weighed 4 pounds 8 ounces at birth; 5 pounds on April 2, 2013; 11 pounds on September 19, 2013; and 14 pounds and 13 ounces on January 30, 2014. She was diagnosed with failure to thrive, severe neurological deficits, hearing loss, and nystagmus (rapid eye movement).

¶ 12 B. September 15, 2014, Permanency Review

¶ 13 DCFS submitted a report for the September 15, 2014, permanency review. Respondent's service plan recommended the promotion of the greatest level of self-care and stability for respondent, who attended, but did not participate, during counseling sessions. Respondent would attend, but not speak during counseling sessions. She also missed several appointments and did not notify DCFS, as she was instructed to do. Respondent did complete a psychological evaluation, as requested, and did go to Rosecrance for an assessment after being asked to do so several times by DCFS, her probation officer,<sup>2</sup> and her parenting class instructor. At Rosecrance, respondent could see a psychiatrist for depression symptoms. Respondent's service plan also recommended that she remain in contact with the agency and actively participate in

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<sup>2</sup> Respondent's last arrest was on February 25, 2012, for aggravated battery, three charges of assault, one charge of dangerous drugs, and one charge of obstructing the peace.

services. However, it was difficult to contact respondent because she did not have a phone or a place to live. She reported that she lived with a friend, but she did not report the address. Respondent, the report continued, completed her anger management classes and had been meeting with her probation officer.

¶ 14 As to gaining a greater understanding of her children's medical needs and showing care and concern over their well-being, the report stated that respondent had not called providers to get updates; she would just ask how an appointment went if the DCFS worker stated that A.S. had gone to the doctor. Respondent did not seem to understand the purpose of the providers and what each did for A.S. The worker offered to take respondent to the children's appointments, and respondent had come along on one appointment. The foster parents had taken A.S. to most appointments for the previous few months. As to parenting classes, respondent had not completed the homework for such classes each week and did not speak in class or follow instructions. Respondent was suspended from class pending I.Q. and psychiatric evaluations.

¶ 15 The report also detailed the services that were recommended for respondent in the integrated assessment, which included: participation in mental health treatment and individual psychotherapy; attendance at all doctor and service provider appointments; participation in parenting classes; and cooperation with probation and court-issued sanctions. During the permanency review hearing, Vaccarello testified about respondent's progress on the recommendations. As to parenting classes, Vaccarello testified that respondent was discharged and had to go back. She was not participating in classes or doing the homework assignments. Respondent had been referred for counseling at Clarity Counseling and Mediation in Rockford, where she had missed a few appointments, but was still going for that service. Respondent was compliant with probation, Vaccarello testified, and her visits with her children were appropriate

and going well. Respondent completed anger management classes, consistently visited with her children, and was complying with counseling at Clarity Counseling. She had also completed a psychological evaluation. She usually followed through with agency recommendations when things were mentioned to her several times. Vaccarello's recommendation was that the goal remain to return home within 12 months; respondent had not made reasonable efforts. Her opinion was based on respondent's lack of participation or feedback at counseling and parenting classes and the lack of homework completion.

¶ 16 As to attending medical appointments, Vaccarello testified that respondent had attended three appointments since the children came into care. A.S. had seen a doctor over one dozen times in the last six months (in addition to receiving therapy at daycare five times per week). Vaccarello recommended to respondent that she obtain a calendar to remind her of the appointments. She gave respondent a list of all providers with their phone numbers and addresses so she could keep track of the information. Vaccarello tried to clarify things as well as possible for respondent and explain things in simple terms.

¶ 17 The psychological evaluation was conducted on June 30, 2014, by Martin Blackman, a licensed clinical psychologist. It reported that respondent has a full I.Q. score of 73. She left school at age 15, and she last used cocaine in 2001. She was on medication, but did not know why. She did describe herself as being diagnosed with bipolar disorder. Respondent denied mood changes, stating she is usually calm. She receives social security disability payments, but does not remember why. Her verbal comprehension scores were in the borderline and extremely-low ranges. Her perceptual reasoning was average, her working memory fell in the extremely-low range, and her processing speed was borderline and average. Respondent's reading score was at a fourth grade level, her spelling was at a third grade level, and her math

computation score was at a second grade level. These scores reflected significant learning deficits. Respondent's style is passive, and she presented with depression. She had never lived independently and appeared disorganized.

¶ 18 Blackman further stated that respondent's learning and memory deficits required that she be presented with concrete and specific information. If confronted with serious medical issues, she might have a difficult time thinking on her feet. Preparation needed to be made in terms of contingencies, particularly with regard to A.S. Respondent had little sense of the impact of her actions and did not take enough responsibility for missing her daughter's medical appointments. She may not understand or appeared to minimize A.S.'s conditions. Respondent's deficits can impact her everyday functioning. She is confused and frustrated, as well as sad. She is also anxious and tentative. Respondent did not present as psychotic, but she can be confused. Also, she did not present with schizoaffective disorder, but her depressive symptoms include: loss, sadness, isolation, and self-defeating behaviors reflecting a depressive disorder.

¶ 19 Blackman recommended therapy to address respondent's passive style, the preparation of contingencies with regard to A.S.'s medical situation, psychiatric consultation and therapy to address her depressive symptoms, anger management, a support system (given her academic deficits) and academic remediation, and family therapy (given the conflict between respondent and her mother). Respondent also needs to be provided with specific details with regard to A.S.'s medical needs, and it must be presented along numerous neural pathways (*e.g.*, posted notes and reminders).

¶ 20 A report from Clarity Counseling, dated June 2014, states that respondent was previously diagnosed with schizoid personality disorder, which "seems accurate." Her affect is flat, and she reports having no close friends besides her older sister. Respondent shows little understanding

of her own feelings and tried to decide how she feels based on what the therapist suggests. She rarely goes into depth to describe any subject. She appears to dislike that her children have been taken away from her, but shows no emotion when speaking of it. Although she is taking parenting classes, she cannot describe what she has learned. Whether she is truly learning or mimicking the instructor is hard to tell. Respondent's prognosis is poor. She has almost no social support, no insight, and little ability to thrive rather than merely function. Although she reports drinking rarely, background reports provide that she has imbibed heavily in the past and that A.S. had alcohol in her system at birth. A July 2014 update report states that respondent continued to have difficulty expressing emotion, and her attempts to open up or build an understanding of her emotions "have gone nowhere." A hopeful sign was that she was completing her outside coursework for the return of her children. The report recommended that respondent continue counseling.

¶ 21 At the conclusion of the hearing, the trial court found that respondent had made reasonable efforts and it maintained the goal of returning the children home within 12 months. However, it noted to the parties to discuss in the next six months an alternative permanency arrangement because there was not, in the court's view, a good prognosis of return home remaining the goal much longer.

¶ 22 C. December 9, 2014, Permanency Review

¶ 23 A DCFS report prepared for the December 9, 2014, permanency review stated that respondent had been attending appointments and attempting to open up more in counseling, but that there was "little progress." The report noted that there was a deficit of mental ability to comprehend basic precautions with safety skills and communicating. "The same issues continue."

¶ 24 Respondent had secured housing in October 2014. A home safety check reflected that there was garbage piled on the floor and debris around the house (on the floor) that needed to be cleaned up. There were also large piles of shoes and clothing and other household items around the house and stacked in the garage with possible infestation. The report stated that respondent had started counseling at Rosecrance in September 2014 and was advised to see the psychiatrist there as well. The Rosecrance counselor reported to the case worker that respondent had come in only once for counseling. As of October 15, 2014, respondent had not seen the psychiatrist. Respondent did go to Clarity Counseling for individual counseling, but had missed a couple of sessions that had to be re-scheduled.

¶ 25 As to doctor appointments for the minors, the case worker had made an appointment with respondent at the agency on September 15, 2014, so that she could go over the provider list with respondent; however, respondent did not show up for the scheduled appointment. When it was re-scheduled, respondent attended. The case worker gave respondent a list of providers, along with their specialties, address, and phone number. The worker explained to respondent how to contact the providers and make appointments. However, respondent was unable to achieve the task despite attempts. According to the case worker, because of respondent's confusion, she forgot to call the correct number or speak to the correct person.

¶ 26 Respondent did sign up for parenting classes at Youth Service Bureau (YSB), which had a start date in May 2014 and a completion date of August 2014. Respondent did not cooperate during classes (*i.e.*, she did not participate or complete any homework). Accordingly, respondent was suspended from class and missed the last month of the program. She was re-enrolled, and a November 10, 2014, YSB progress report reflected that respondent was attending classes and was graded average in participation and homework completion. A YSB report also stated that

respondent required the teacher's assistance in applying skills learned and was graded as challenged in demonstrating knowledge of parenting skills. Respondent was fully cooperative and had attended all parenting classes. However, the teachers were uncertain about respondent's ability to retain and practice what she had learned in class because she was challenged with recall of information learned in class.

¶ 27 For the last six months, respondent complied with probation orders. A September 26, 2014, drug test was negative. A December 9, 2014, Children's Home and Aid Society of Illinois (CHASI) report stated that respondent attended visitation with her children. However, because of her confusion and recall inability, respondent forgets the location and times of the visits. For example, for the October 1, and October 8, 2014, visits, respondent arrived one hour early because she was confused as to the start time of the visits. Similarly, for an October 15, 2014, visit that was scheduled to take place at the Discovery Center, respondent arrived at the agency, thinking that the agency office was the designated visitation location. During an October 29, 2014, visit at Cherryvale Mall, the supervisor often asked respondent to play with M.S. in the play area; however, respondent did not want to and continued to sit on the bench. At one point, the minor took off and went looking into store windows far from the adults. Respondent did not call M.S. to return.

¶ 28 The CHASI report stated that M.S. (five years old at the time of the report) was in foster care in Machesney Park with A.S. M.S. attended pre-school and aftercare and was referred for counseling at Hope Counseling in October 2014 due to showing some PTSD behavior. As to A.S., she was 21 months old at the time of the report and was moved to the current placement on November 20, 2014. A.S. was diagnosed with serious medical conditions that required very consistent and organized care. She was developmentally delayed. Her head, feet, and hands had

not grown since DCFS took custody of the child. A.S. was also diagnosed with cerebral palsy and continued testing was being done for other neurological/genetic conditions. A.S. was unable to sit up, hold up her head, hold a bottle, feed herself, crawl, walk, or talk. The greatest concern was that her head/brain was not growing. Although her weight was healthy and proportional to her height, feeding her was difficult at times because she had a difficult time eating baby food. She would often spit it back up. A.S. received weekly physical therapy, developmental therapy, occupational therapy, and speech therapy at daycare. She wears eyeglasses. Her vision is that of a four-month-old child, and she makes little eye-to-eye contact, although the latter is improving. A.S. was also found to be deaf in both ears and had been put on track to receive cochlear implants, although a subsequent appointment revealed that she is missing a cochlear nerve, so the implants may not work. The report concluded that A.S. had “made tremendous progress given that when [she] came into care [she] appeared lifeless.”

¶ 29 At the December 9, 2014, hearing, Vaccarello testified that the children were doing well in foster care. Respondent completed Upward Bound (for probation), her parenting class was about to end, she was in tutoring, and she was completing individual counseling. She maintained contact with DCFS and visited her children weekly. The (supervised) visits are appropriate. In Vaccarello’s view, respondent had made reasonable efforts, but not reasonable progress, because, although she attended the services that were requested, there was a deficit in her understanding of how to apply the parenting skills she had been taught and some safety matters. These include fastening a car seat correctly; she stated to a Rosecrance counselor that she feels that when A.S. comes home she will be able to walk and talk. The recommendation continued to be return home within 12 months, but a legal screening had commenced. Respondent had been attending classes, but she had not been cooperating and was very guarded. She had recently

opened up more in counseling, but she had not been speaking as much as she should. There were also housing issues. Respondent had recently secured housing, but the gas had not yet been turned on and there were safety issues with the house. Vaccarello did not know if respondent was involved with a man, explaining that her guardedness made it difficult to know. Vaccarello had discussed with respondent that she needed to be more open so that DCFS could assess whether it is safe for the children to return home, but respondent had difficulty comprehending this.

¶ 30 The trial court entered an order finding that respondent had made reasonable efforts but not reasonable progress during the review period. The case was continued for further review to May 5, 2015.

¶ 31 D. May 5, 2015, Permanency Review

¶ 32 An April 20, 2015, CHASI report prepared before the May 5, 2015, permanency review stated that respondent's drug screens (on November 14, 2014, January 21, February 4, and March 18, 2015) came back negative for all drugs tested (including cocaine, metabolites, cannabinoids, opiates, and others). However, respondent struggled with self-care issues. She does not always take her psychiatric medications and delayed seeking treatment for her high blood pressure. Also, in 2015, she was treated in the hospital for failing kidneys and "was close to death" per respondent. She spent one week in the hospital and was put on dialysis three times per week on an outpatient basis.

¶ 33 There were also concerns with respondent's relationship choices. She dated men who were in and out of her life, and she did not report them to her CHASI case worker, who found out about them from third parties. She had been told that background checks needed to be conducted. Respondent did appear to understand how her dating choices will affect her children.

¶ 34 Respondent had been good about attending counseling appointments. An April 7, 2015, home safety check revealed that previous issues with food and garbage had been addressed. However, a car was parked in respondent's garage, and respondent stated that it was a male friend's car. The worker did not see any man in the house and speculated that he must have been hiding (respondent had just gotten out of bed). The case worker explained to respondent that it was okay to date, but that background checks needed to be completed. She asked if the man would be around if the children returned home, and respondent replied that he would not. She stated that she understood that background checks would need to be done.

¶ 35 A Rosecrance report stated that respondent saw Dr. Jeffrey on December 18, 2014, who diagnosed her as suffering from a mood disorder NOS, alcohol abuse, cocaine abuse, and personality disorder NOS. He prescribed Seroquel 100 mg HS and Lexapro 10 mg per day. Respondent did not pick up the medications, which were prescribed on December 18, 2014, until January 28, 2015.

¶ 36 A February 28, 2015, Clarity Counseling report stated that respondent self-reported taking her medication and feeling happy, but stated that she does not like the side effects. She reported that she continues to use her coping skills. An April 13, 2015, report stated that respondent attended only one session in March. She had cancelled her March 11, and March 18, 2015, appointments due to her hospitalization, and her March 25, 2015, appointment had to be re-scheduled because of her dialysis appointments. Clarity recommended that respondent continue her services.

¶ 37 As to the recommendation that respondent attend all doctor and provider appointments and advocate for her children's medical care, the CHASI report stated that respondent had not attended *any* of A.S.'s or M.S.'s medical appointments during this review period. As to an April

14, 2015, MRI appointment for A.S., respondent did not attend, but called the case worker afterward to ask how it went. When the worker asked her why she did not attend, respondent replied that she was sleeping. Respondent attended only a *handful* of appointments out of the dozens of appointments for A.S. since the case opened, “but nothing in over several months.” She does not take the initiative for her children’s medical care and relied “95% of the time” on the case worker to relay information. She had only improved with respect to visitation days because they were consistent, weekly appointments (though she still struggled with remembering those dates).

¶ 38 A December 16, 2014, YSB report rated respondent excellent in attendance, punctuality, and cooperation and that she had satisfactorily completed the 12-week parenting class requirements. With assistance, respondent was able to grasp some techniques. However, the worker was uncertain about respondent’s ability to retain, practice, and effectively apply the skills. Respondent has challenges with recalling information and uncertainty with explaining discipline techniques taught in class. She needs to learn to express herself to reduce appearing disengaged or uninterested. She made noticeable efforts to overcome lack of confidence and continued to demonstrate her willingness to learn by making occasional eye contact when voicing her opinions. The worker had continuing concerns with respondent’s challenges in recalling information and her uncertainty with explaining discipline techniques taught in class. The worker strongly recommended that respondent complete individual counseling to assist her with learning to express and communicate her feelings, decision-making, and increase her social skills to develop healthier relationships with her children and others. The case worker stated that respondent learned techniques to engage M.S. in more play and show affection, but she needs a lot of guidance with correction problematic behaviors, such as when M.S. gets too aggressive

and disruptive or trying to engage A.S. in therapeutic movements besides simply holding A.S. in respondent's arms. Respondent let A.S.'s head fall and flap around unsupported, which was a concern since the child could not hold up her own head for more than one or two seconds. Respondent "seems to struggle with comprehending safety for [A.S.] and does not show health decision making skills without being prompted by the case aid who supervises a large part of the time."

¶ 39 As to probation, respondent attended all of her meetings and court dates and completed Moving Up at the RIC Center. As to tutoring, she was receiving services in the hopes of getting her GED in 2015.

¶ 40 Visitations remained supervised and were held at either the agency or in the community once per week for two hours. Supervision was required because respondent "needs constant prompting in [the] general well being and care for the minors." Further, there were constant concerns during the visits, such as guidance by the supervising case aid concerning proper fastening of seat belts, letting M.S. act out aggressively during play time, not knowing when to feed A.S. or change her diaper unless prompted by the case aid or a very sour smell, and holding A.S. without supporting her head. Respondent did well when prompted to do something "for the most part," but, again, forgot and struggled to make decisions without assistance and guidance. "She does appear nurturing and kind at visits and seems to love her children."

¶ 41 M.S., age five, currently resides in a foster home in Roscoe with A.S. and is doing well. He was moved in March 2015 due to an investigation following A.S. sustaining a broken arm while in foster care, which is being investigated. (Her arm was pulled forward during an apparent straightening while in a car seat.) M.S. attends therapy twice per week for his PTSD behavior and has been diagnosed with specific phobia and adjustment disorder with anxiety.

¶ 42 A.S., age two, resides with M.S. and is doing well in her placement. Her medical issues remain the same as earlier reported. However, physical therapy is progressing in that she is able to sit up for a few moments with a pillow wrapped around her trunk for support.

¶ 43 At the conclusion of the hearing, the trial court found that respondent had not made reasonable efforts or progress. Although acknowledging that respondent had made some efforts (*i.e.*, remained drug-free and was “clearly trying to better herself”), the court noted that, given A.S.’s medical needs, this care required greater-than-normal efforts. Accordingly, it found that respondent had not made reasonable efforts, especially in light of respondent’s lack of participation in A.S.’s medical appointments. It set the goal to substitute care pending termination of parental rights.

¶ 44 **D. Termination Hearing**

¶ 45 On June 18, 2015, the State filed motions seeking to terminate respondent’s parental rights and power to consent to adoption. Both motions each contain three counts: (1) count I alleged that respondent had failed to maintain a reasonable degree of interest, concern, or responsibility as to the child’s welfare (750 ILCS 50/1(b) (West 2014)); (2) count II alleged that respondent had failed to make reasonable efforts to correct the conditions that caused the child to be in care within nine months after an adjudication of neglected or abused minor under section 2-3 of the Juvenile Court Act of 1987 or dependent minor under section 2-4 of that act (750 ILCS 50/1(D)(m)(i) (West 2014)); and (3) count III alleged that respondent had failed to make reasonable progress toward the return of the child to her within nine months after an adjudication of neglect or abused minor under section 2-3 of the Juvenile Court Act of 1987 or dependent minor under section 2-4 of that act (750 ILCS 50/1(D)(m)(ii) (West 2014)).

¶ 46 A hearing commenced on November 4, 2015. Vaccarello testified that she works for Children's Home and Aid and is the caseworker on this case. The children were taken into protective custody due to medical neglect. Respondent participated in an integrated assessment for services and a service plan was prepared on August 8, 2014. Subsequent plans were prepared on January 27, May 5, and July 16, 2015.

¶ 47 Vaccarello testified as to the services she requested for respondent, which included individual counseling, parenting classes, random drug drops, and follow-up with psychiatric care for medicine. Respondent completed parenting classes and was discharged from individual counseling because the goal was changed to substitute care. As to her medications, she initially delayed seeing a psychiatrist at Rosecrance, but, when she saw one, she was told to stay on her medications, which she did not do. Respondent was also instructed to manage her blood pressure, but she delayed that until it became out of control. As to her kidneys, respondent sustained kidney failure and had a stroke; she was hospitalized multiple times and multiple nights each time. Vaccarello reminded respondent to take care of herself so that she could care for her children.

¶ 48 Addressing respondent's romantic relationships, Vaccarello testified that respondent did not provide information about whom she was involved with so that Vaccarello could initiate background checks. Respondent merely replied that she would no longer be with her paramours if the children returned home. In Vaccarello's view, respondent does not appear to comprehend how her relationship choices will affect her current or future situation and help her become a better version of herself.

¶ 49 Vaccarello testified to respondent's participation in medical appointments. Between March 27, 2014, and July 27, 2014, respondent, who is unemployed, attended only a handful of

appointments. This was after Vaccarello had provided her with a list of A.S.'s medical providers and coached respondent on how to call them to advocate for her daughter and find out when appointments were scheduled. Between March 27, 2014, and December 27, 2014, Vaccarello provided respondent a list of upcoming appointments and instructed her on the importance of attending them. (A.S. had about 30 appointments between March 2014 and the hearing date.)

¶ 50 A.S. has cerebral palsy, is deaf in both ears, and the extent of her vision is unknown; she could be partially blind. In addition to doctor visits, A.S. receives therapies every week. Her appointments occur in the Rockford area and Chicago, and she is taken to Child and Family Connections for some therapy. She sees a pediatrician, neurologist, dietician, ophthalmologist, and other specialty doctors. Vaccarello maintained weekly contact with respondent and took A.S. to most of her medical appointments. She gave respondent advance written notice of several (about 10) appointments, but otherwise gave respondent the provider list with contact information for her to follow up (and made some calls with her to demonstrate what to do; respondent had difficulty remembering what to do and needs reminding to write down appointments). Through June 2015, respondent might have called a provider one time out of 20 appointments for A.S. Vaccarello recommended multiple times that respondent get a day planner, which respondent did do at one point, but then lost the planner and never replaced it.

¶ 51 Addressing a May 12, 2015, appointment at Lurie Children's Hospital in Chicago for a consultation concerning cochlear implants, Vaccarello had arranged to drive with respondent to the hospital. After waiting for respondent for 20 minutes, Vaccarello left for Chicago to avoid being late for the appointment. Respondent never came to the hospital and explained later that she was sleeping in. Respondent gave a similar explanation for missing an MRI appointment for

A.S. Vaccarello testified that she herself took A.S. to all hospital visits; respondent attended only one such visit. Respondent has a bus pass for local appointments.

¶ 52 As to M.S., Vaccarello testified that he does not have special needs, but attends counseling. She conceded that, as to M.S.'s wellness doctor's visits, she never told respondent of the exact appointment dates. M.S. was showing signs of fear of loud noises and reactive behaviors/acting out. Between March 2014 to June 2015, there was not a lot of initial bonding (*i.e.*, communication) between respondent and M.S., but, later, a bond formed. However, as of June 2015, things turned again. Respondent did not attempt to communicate with M.S.; she would sit on the couch and he would sit on the floor and play with Legos; there was not a lot of interaction. As of this time, respondent did not have an understanding of M.S.'s needs with respect to parenting (*i.e.*, being there for him and keeping him safe). M.S. started being aggressive, kicking a table or throwing a ball in the room. He seemed angry. Respondent would be passive, and Vaccarello would step in and instruct M.S. not to act in that way or ask respondent to say something to him.

¶ 53 Addressing visitation, Vaccarello stated that, between March 27, and December 27, 2014, respondent attended about 97% of scheduled visits with her children. During this period, respondent did not initially know how to interact well, but her interaction improved with respect to M.S. Up until June 2014, with respect to A.S., there have been concerns about respondent's ability to manage her and keep her safe because she did not know how to handle or hold her. Respondent did not appear to comprehend instructions concerning tummy time and how to hold her daughter's neck so it did not snap. As to A.S.'s general needs, Vaccarello never "really got it, what—how severe it really is and the care and intensity of attention and needs that there are."

¶ 54 Up until June 2015, respondent asked about her children and where they were “a couple of times, but not—not often.” She never sent cards or gifts to either child, but brought clothes for A.S. on a birthday or other occasion.

¶ 55 On cross-examination, Vaccarello testified that, during the first permanency review (March 27, to September 15, 2014), respondent completed a psychological assessment and attended individual counseling as required. She completed anger management classes with probation on June 30, 2014. She complied with probation and her drug drops were negative. Respondent also had started parenting classes, but was discharged in August due to failure to complete homework. She re-started those classes in September. She also brought snacks to visits for M.S. and attended about three appointments for A.S.

¶ 56 During the second review period (September 15, to December 9, 2014), respondent continued to attend individual counseling and was starting to open up, but there was not much progress. Vaccarello conceded that respondent’s counselor reported that she exhibited increased comfort in her sessions and was able to identify five coping skills that work for her and enlisted those coping skills. She was also beginning to verbalize awareness of her negative thoughts and replace them with positive thoughts. Also during this period, respondent completed parenting classes and cooperated and participated in the classes. During visits, she started incorporating things she learned in her parenting classes during visits with M.S., but she was not perfect. She engaged M.S. in more fun and social play with toys and showed affection. She also began GED tutoring, attended two doctor appointments for A.S., and started counseling at Rosecrance to address her own mental health needs.

¶ 57 When this case came into care, respondent was receiving social security disability benefits. In the past, she had been diagnosed with schizo-affective disorder. A psychological

evaluation by Dr. Blackman related some cognitive difficulties, including a great deal of difficulty remembering appointments. She has a history of depression NOS and a personality disorder NOS. Dr. Jaffrey's psychiatric evaluation recommended medication, which, initially, respondent was reluctant to take. She was also referred for cognitive behavioral therapy to focus on her mental health issues. Respondent did not make progress in addressing her depression, but did start demonstrating behavior consistent with lowering her anger threshold and engaging in alternative behaviors. Respondent has not made great progress in addressing her passivity—about 10% progress.

¶ 58 Respondent does not have a job, and her only responsibilities are herself and her children and trying to get them back. In Vaccarello's opinion, respondent has failed to address her mental health and personal issues or get her life in order. When asked if individual parent coaching would have been an option, Vaccarello replied that it would have, but stated that, given respondent's issues with processing information and applying it, she was not certain that it would have helped. Vaccarello further testified that, in her view, she is not certain that respondent is fully aware of M.S.'s needs as a growing child. Respondent has asked about the foster parents a couple of times, but, usually, Vaccarello asks respondent first if she has any questions concerning her children's needs.

¶ 59 Respondent completed a psychological assessment in July 2014 and a psychiatric assessment in August 2014. Afterwards, she was referred to Rosecrance for in-depth counseling, which she engaged in in December 2014.

¶ 60 The hearing resumed on December 2, 2015. No further testimony was presented and various exhibits were admitted. On January 7, 2016, the trial court rendered its decision, finding that the State had proved every count of both motions with clear and convincing evidence that

respondent was an unfit parent as to both children. It noted that respondent's deficiencies in efforts and progress as to A.S. were also applicable with respect to M.S.

¶ 61

#### D. Best Interests Hearing

¶ 62 The best interests hearing commenced on January 7, 2016. Respondent's counsel did not present any evidence. The State called Vaccarello, who testified as to the children's placement and progress. Afterwards, the court found that it was in the children's best interests that respondent's parental rights be terminated and to make the children available for adoption. The court signed the termination order on January 11, 2016. Respondent appeals only the unfitness findings.

¶ 63

## II. ANALYSIS

¶ 64 Respondent was found unfit on three grounds: failing to maintain interest, concern, or responsibility as to the welfare of her two children, and lack of both reasonable progress and reasonable efforts for the period March 27, to December 27, 2014 (*i.e.*, the nine-month period following the neglect adjudication). Respondent challenges each of the three unfitness findings, and the State does not contest the reasonable efforts finding. For the following reasons, we conclude that the trial court did not err in finding that respondent was an unfit parent because she failed to maintain a reasonable degree of interest, concern, or responsibility as to A.S.'s and M.S.'s welfare.

¶ 65 Pursuant to the Juvenile Court Act of 1987, the involuntary termination of parental rights involves a two-step process. *In re D.F.*, 201 Ill. 2d 476, 494 (2002); 705 ILCS 405/2-29(2) (West 2014). First, the State must prove by clear and convincing evidence that the parent is "unfit" as defined by section 1(D) of the Adoption Act. *D.F.*, 201 Ill. 2d at 494-95 (citing 750 ILCS 50/1(D) (West 1998)); 705 ILCS 405/2-29(2) (West 2014). Assuming the parent is found

unfit, the circuit court must then consider whether it is in the best interests of the children to terminate parental rights. *Id.* at 495; 705 ILCS 405/2-29(2) (West 2014). “A parent’s rights may be terminated if even a single alleged ground for unfitness is supported by clear and convincing evidence.” *In re Gwynne P.*, 215 Ill. 2d 340, 349 (2005). “This means that, on review, if there is sufficient evidence to satisfy any one statutory ground we need not consider other findings of parental unfitness.” *In re M.J.*, 314 Ill. App. 3d 649, 655 (2000). On appellate review, this court “will not disturb a finding of unfitness unless it is contrary to the manifest weight of the evidence and the record clearly demonstrates that the opposite result was proper.” *In re Konstantinos H.*, 387 Ill. App. 3d 192, 203 (2008). We give great deference to the trial court’s finding of unfitness, defer to the trial court’s factual findings and credibility assessments, and will not reweigh the evidence anew on appeal. *In re April C.*, 345 Ill. App. 3d 872, 889 (2004).

¶ 66 Here, in count I of each motion, the State alleged that respondent is an unfit parent because “she has failed to maintain a reasonable degree of interest, concern or responsibility as to the child’s welfare.” See 750 ILCS 50/1(D)(b) (West 2014). Because subsection (b) is phrased in the disjunctive, “any of the three elements may be considered on its own as a basis for unfitness: the failure to maintain a reasonable degree of interest or concern or responsibility as to the child’s welfare.” *In re C.E.*, 406 Ill. App. 3d 97, 108 (2010). A parent’s interest, concern, or responsibility toward the minor must be objectively reasonable, and the trial court should consider the parent’s reasonable efforts, along with any circumstances that may have made it difficult for the parent to show interest in or visit the minor. *In re Daphnie E.*, 368 Ill. App. 3d 1052, 1064 (2006). Completion of service plans may also be considered evidence of a parent’s interest, concern, or responsibility. *Id.* at 1065. The court must focus on the parent’s efforts, not his or her success. *In re Adoption of Syck*, 138 Ill. 2d 255, 279 (1990). In this regard, the court

examines the parent's conduct concerning the child in the context of the circumstances in which that conduct occurred. *Id.* at 278. Accordingly, circumstances such as difficulty in obtaining transportation, poverty, actions and statements of others that hinder visitation, and the need to resolve other life issues are relevant. *Id.* at 278-79. We are mindful, however, that a parent is not fit merely because he or she has demonstrated some interest or affection toward the child. *In re Jaron Z.*, 348 Ill. App. 3d 239, 259 (2004). Rather, the interest, concern, or responsibility must be objectively reasonable. *Daphnie E.*, 368 Ill. App. 3d at 1064.

¶ 67 Here, respondent points to evidence that she consistently visited her children and exhibited increasing engagement with them during the visits. She also points out that she completed a psychological evaluation, as requested, attended the majority of her individual counseling appointments, complied with probation, completed anger management and parenting classes, and had negative drug screens. Addressing her conduct of having missed medical appointments for A.S., she urges that it must be viewed in the context of A.S.'s severe medical conditions, which require multiple doctors and therapy visits, against the light of respondent's own psychological deficits, including memory and recall. This shows, she urges, that her lack of participation was not motivated by a true indifference. Alternatively, she argues that, even if her lack of attendance reflects evidence of lack of interest, concern, or responsibility as to A.S., such a finding does not, standing alone, support terminating her parental rights as to M.S. because there is no rule that neglect of one child conclusively establishes the neglect of a sibling. M.S., respondent argues, does not have medical conditions that require medical appointments.

¶ 68 We conclude that the trial court did not err in finding that respondent was an unfit parent to both A.S. and M.S. The evidence objectively reflected that, although respondent consistently visited her children and completed some of her recommended services, which, in turn, resulted in

some improvements with respect to her interactions with her children, she failed to maintain any interest, concern, or responsibility with respect to her children's welfare. Vaccarello testified that respondent seldom asked her about her children and only inquired about them after the case worker asked respondent if she had any questions about her children. As to A.S.'s great medical needs, respondent's failure to attend any medical appointments for her daughter between the date of adjudication and June 2015, when the termination petition was filed, shows that respondent cannot tend to A.S.'s needs or advocate for her, which could place A.S. at great risk of harm if her needs are not met due to respondent's lack of interest, concern or responsibility. During visits, respondent struggled with physically holding A.S. She allowed A.S.'s head fall and flap around unsupported, which was a concern because the child could not support her own head for more than one or two seconds. Respondent "seems to struggle with comprehending safety for [A.S.] and does not show healthy decision making skills without being prompted by the case aid who supervises a large part of the time."

¶ 69 Respondent's assertion that her efforts, not her success, should be the focus is not well-taken. Although respondent has cognitive issues that complicate her ability to parent her children, they do not explain or excuse her complete lack of attendance at A.S.'s appointments during the 15-month period at issue. For example, Vaccarello testified that, when she asked respondent, who is not employed and has a bus card for local transportation, why she did not attend an April 2015 MRI appointment for A.S., respondent replied that she was sleeping. She slept in again in May 2015 and missed an appointment in Chicago (to which the case worker offered to drive respondent) to discuss potential cochlear implants for A.S. Respondent's poor memory and cognitive issues could not reasonably have accounted for missing as many appointments as she did. Vaccarello testified that she coached respondent on how to contact

medical and service providers and even provided respondent with a day planner. However, respondent lost the planner and did not replace it afterwards.

¶ 70 As to M.S., the evidence showed that, although he does not have special needs, he attends counseling for PTSD-type behavior. Respondent, according to Vaccarello, never asked about M.S.'s counseling appointments. Respondent also did not attend any of his well-baby-care medical appointments. Vaccarello acknowledged that respondent was never told of the visits, but she is charged with her children's welfare, which includes their medical appointments. In Vaccarello's view, respondent does not have an understanding of her son's needs with respect to being there for him or keeping him safe. As an example, she related visits where M.S. started being aggressive and kicking a table or throwing a ball in a room; respondent was passive, and the case worker had to step in to either instruct M.S. not to act in that way or ask respondent to say something to her son. Although Vaccarello related that a bond formed between respondent and her son, things turned in June 2015 and there was not a lot of interaction during visits. These episodes do not reflect interest, concern, or responsibility as to M.S.'s welfare.

¶ 71 Further showing a lack of any interest, concern, or responsibility for her children's welfare is the evidence concerning respondent's inability to manage her own health issues. She delayed taking control of her high blood pressure and missed several dialysis appointments. In March 2015, she was hospitalized several times and, as of June 2015, she had experienced kidney failure and a stroke. Additionally, respondent did not provide the case worker, as she was instructed to do, the names of the men she dated so that background checks could be conducted. This reasonably reflects behavior that could affect her children's safety.

¶ 72 Finally, we note that, although respondent completed some requested services, a parent is not necessarily fit merely because he or she has demonstrated some interest or affection toward

the child. *Jaron Z.*, 348 Ill. App. 3d at 259. Interest, concern, or responsibility must be objectively reasonable. *Daphnie E.*, 368 Ill. App. 3d at 1064. A January 2015 evaluation rated respondent unsatisfactory with respect to taking her prescribed psychiatric medications. *Id.* at 1065-66 (failure to engage in mental health services is a consideration of unfitness).

¶ 73 Accordingly, we conclude that the trial court's finding that respondent was unfit for failure to maintain a reasonable degree of interest, concern, or responsibility was not against the manifest weight of the evidence. Since only one ground of unfitness need be shown (*In re E.O.*, 311 Ill. App. 3d 720, 726 (2000)), we do not address the trial court's findings as they relate to the remaining two grounds of unfitness (one of which the State concedes). *In re B'yata I.*, 2014 IL App (2d) 130558-B, ¶ 39.

¶ 74

### III. CONCLUSION

¶ 75 For the reasons stated, the judgment of the circuit court of Winnebago County is affirmed.

¶ 76 Affirmed.