2016 IL App (3d) 150565-U

Order filed January 11, 2016

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IN THE

APPELLATE COURT OF ILLINOIS

THIRD DISTRICT

A.D., 2016

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| In re A.M.J. and J.J.J., Minors (THE PEOPLE OF THE STATE OF ILLINOIS, | ) ) ) | Appeal from the Circuit Court of the 14th Judicial Circuit, Mercer County, Illinois |
| Petitioner-Appellee, | ) | |
| v. | ) ) | Appeal No. 3-15-0565 Circuit No. 12-JA-6 |
| KAREN D., | ) ) | Honorable Greg G. Chickris, |
| Respondent-Appellant). | ) | Judge, Presiding. |

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JUSTICE HOLDRIDGE delivered the judgment of the court.
Justices McDade and Carter concurred in the judgment.

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**ORDER**

¶ 1 *Held*: (1) The appellate court lacked jurisdiction to review the trial court's permanency review order because that order was not a final judgment and the respondent did not file a petition for leave to appeal the order under Supreme Court Rule 306; (2) the trial court's finding that the respondent was an unfit parent was not against the manifest weight of the evidence; (3) the trial court's finding that it was in the respondent's minor children's best interest that the respondent's parental rights be terminated was not against the manifest weight of the evidence.

¶ 2 The respondent, Karen D., appeals from judgments of the circuit court of Mercer County finding her an unfit parent and terminating her parental rights as to her two minor children,

A.M.J. and J.J.J. The respondent also appeals from a prejudgment order that the circuit court entered during a permanency review hearing which changed the goal of the permanency proceedings from returning the children home to leaving them in substitute care pending determination of the respondent's parental rights.

¶ 3 FACTS

¶ 4 On August 21, 2012, the State filed a juvenile petition alleging that A.M.J. and J.J.J. were neglected minors due to an environment that was injurious to their welfare. At the time the petition was filed, A.M.J. was three years old and J.J.J. was almost five months old. The petition alleged that the respondent and the children's father failed to provide adequate food for the children, that the children were living in unsanitary conditions, and that adverse living conditions in the family home (including a lack of light, heat, and running water) were endangering the life and health of the children. The petition also alleged that J.J.J. had been hospitalized and diagnosed with "failure to thrive" and that both of the children were taken into protective custody on August 17, 2012. The State also filed a "Petition for Temporary Custody or Shelter Care." The circuit court immediately granted the latter petition and awarded temporary custody of the children to the Guardian Administrator of the Illinois Department of Children and Family Services (DCFS). The children were subsequently placed in foster care. After a contested hearing, the circuit court entered an adjudicatory order on January 8, 2013 finding the minors neglected and setting the matter for a dispositional hearing.[1]

[1] The respondent did not include either a report of the adjudicatory proceedings or the circuit court's adjudicatory order in the record on appeal. However, the circuit court's docket (which is contained in the record) indicates that the hearing took place on January 8, 2013, that both parties called witnesses during the hearing, and that the circuit court entered the adjudicatory order

¶ 5 On January 31, 2013, the Lutheran Social Services of Illinois (LSSI) caseworkers assigned to the respondent's case filed a dispositional report with the circuit court. The report noted that the respondent had been undergoing counseling and had been prescribed psychiatric medication. According to the report, the respondent failed to attend scheduled therapy sessions on September 24, 2012, and January 7, 2013, and she stopped taking her medication when she ran out of it in October 2012. The respondent was living with her parents and receiving financial aid from them, but she was seeking housing of her own and was on the waiting list for low-income apartments. She had attended two parenting classes and was working on her parenting skills with an LSSI Family Specialist during her biweekly visits with her children. The report noted that the respondent "ha[d] been utilizing" the parenting skills she learned from the LSSI family specialist. The report stated that, since the children had been taken into care, both parents' parenting skills had improved and they were "now able to appropriately feed, change, and soothe" J.J. Moreover, the report noted that the respondent had "continued to show effort toward engagement with [A.M.J.] during her weekly visits" and that the bond between A.M.J. and the respondent had "grown due to the parenting skills [the respondent] ha[d] utilized thus far." The report recommended that: (1) DCFS be granted guardianship of the children; (2) the children remain in foster care; (3) the goal for the children be "return home within 12 months"; (4) the respondent be ordered to participate in psychiatric treatment, individual counseling, and parenting education and to follow all associated recommendations.

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described above immediately after the hearing. Moreover, the circuit court referenced the January 8, 2013, adjudicatory hearing and order in its Opinion and Order terminating the respondent's parental rights.

¶ 6 On February 7, 2013, the circuit court entered a dispositional order finding, for reasons other than financial circumstances, that the respondent was unfit and unable to care for, protect, train, educate, supervise or discipline the children and that placement with her was contrary to the children's health, safety, and best interests because the respondent still needed services to improve her parenting skills and to address her "mental health issues." The children's father was also found unfit and unable to parent the children because he was still obtaining services to improve his parenting and daily living skills. The service plan proposed by DCFS required the respondent to: (1) obtain a psychological evaluation; (2) obtain and maintain employment; (3) complete parenting education; (4) participate in psychiatric treatment; (5) maintain stable and appropriate housing; (6) continue to participate in in individual counseling; and (7) participate in a visitation plan. The court found the service plan to be appropriate, and it made the children wards of the court. In a supplemental order, the trial court required the respondent to cooperate with the service plan and with all service providers, follow all recommendations for treatment, and sign all necessary releases. The court also ruled that visitation was at the discretion of DCFS.

¶ 7 On August 13, 2013, the trial court held a permanency review hearing. Five days before the hearing, Amanda Rohr, an LSSI Child Welfare Specialist assigned to the respondent's case, and Hilary Condon, Rohr's supervisor, filed a "Permanency Review Hearing Report" detailing the respondent's progress and ongoing issues that the respondent needed to address. The report noted that, although the respondent had been visiting the children consistency on a weekly basis, she "often ends the visits early for various reasons." During the visits, the respondent had "difficulty attending to the needs of both children at the same time" and often became frustrated, which resulted in her ending the visits early or taking frequent cigarette breaks. The respondent "require[d] full supervision" of the caseworkers "to allow for redirecting and prompting [the

respondent] to interact with both children in order to remain safety." According to the report, there were two documented reports of severe burns suffered by A.M. before the children were placed in foster care, and "[t]he issue of accidental burns on the children [was] an ongoing and serious safety concern during parent/child visits." For example, on July 14, 2013, the respondent accidentally spilled boiling water near J.J.'s face and burned her own hand. One week later, while the respondent was attending only to J.J., A.M. grabbed the respondent's smoking materials and brought them to the caseworker. (At the beginning of that visit, the caseworker had asked the respondent to place her smoking materials out of A.M.'s reach, but she had failed to do so.) In addition, although the respondent had obtained low income housing, visits with the children could no longer be conducted at the respondent's apartment because the respondent had failed to install a safety gate and door latches to prevent accidents, as requested by the caseworker.

¶ 8 According to the LSSI report, Sonia Sage, a Family Specialist who taught the parenting classes that the respondent attended, reported that the respondent "lacked maternal instinct" and "struggle[d] with demonstrating the *** parenting skills she had learned in parenting classes" during visits with the children. After A.M.J. was placed in a foster home in the Quad Cities, the respondent continued parenting education under the supervision of Carrie Pyles, who met with the respondent on a biweekly basis. Pyles reported that the respondent began incorporating better parenting skills as classes progressed, but struggled with attending to the children's needs without significant prompting and guidance. According to the LSSI report, Pyles "expressed concern with [the respondent's] ability to meet the children's developmental needs without continuing parenting education." The LSSI report concluded that the respondent had been "cooperative with parenting education" but was "making very minimal progress."

¶ 9 The respondent was also attending individual therapy sessions with Michael Cox, an LSSI therapist. During these therapy sessions, Cox addressed parenting issues with the respondent, particularly the respondent's awareness and reasoning about potential safety hazards.

¶ 10 The LSSI report noted that the respondent underwent a psychological evaluation in February 2013. The evaluation was conducted by Dr. Richard Hutchinson at the Child and Family Psychology Center. Dr. Hutchinson diagnosed the respondent with: (1) "Major Depressive Disorder, Recurrent, Moderate"; (2) "Anxiety Disorder NOS"; (3) PTSD; (4) "Bipolar I Disorder, Most Recent Episode Mixed"; and (5) Borderline Personality Disorder. Dr. Hutchinson recommended that the respondent participate in weekly psychotherapy and comply with psychiatric treatment, mental health treatment, and parenting class requirements. He noted that, although the respondent "had some concepts of a good mothering role," "there appear[ed] to be a gap between her ideas of being a good mother and her actions of being a good mother." The doctor recommended that the respondent live on her own for at least one year or until she is capable of assuming responsibility for her behavior before she can start taking care of others.

¶ 11 The LSSI report noted that the respondent had been prescribed and was taking psychotropic medications, but that she had a history of taking prescribed medications inconsistently. The caseworkers recommended that the respondent undergo another evaluation at the Robert Young center to "better monitor her medications." The respondent refused to schedule the evaluation because she claimed she could not afford it. The caseworker reminded the respondent in February and July of 2013 that LSSI would pay her medical service copayments. From March 2012 through October 4, 2012, the respondent had inconsistently attended individual counseling sessions with Janna Richards, a therapist at Robert Young. She was unsuccessfully discharged from Robert Young for failing to show up for scheduled appointments. She was subsequently referred to Cox, whom she had been seeing on a weekly

basis since May 10, 2013. Cox reported that the respondent was making slow progress in therapy. The LSSI report further noted that the claimant was having difficulty managing her finances and her anger. For example, on July 23, 2013, the respondent told a caseworker that she had injured her hand the previous week as a result of hitting a railing in anger, and had missed a day of work due to the injury.

¶ 12 In summary, the caseworkers who authored the August 2013 LSSI report concluded that the respondent "continues to struggle with living independently and maintaining an environment that is safe for the return home of her children," and that she needed "ongoing parenting education and individual counseling on a regular basis."

¶ 13 On August 13, 2013, the trial court issued a permanency review order ruling that the permanency goal was for the children to "[r]eturn home within twelve (12) months, where the progress of the parent is substantial, giving particular consideration to the age and individual needs of" the children. The order noted that "the parents need to continue with services and to start showing some progress." Although the order observed that the respondent had "made reasonable efforts toward returning the minor home" and that "some progress ha[d] been made," it noted that the respondent "ha[d] **not** made reasonable and substantial progress toward returning the minor[s] home." The court noted that the children's father had not made reasonable efforts or reasonable and substantial progress toward returning the children home. The court ordered the children to remain in the custody and guardianship of DCFS and ordered the respondent to: (1) obtain a psychiatric evaluation and "follow all recommendations"; (2) cooperate with DCFS; and (3) "comply with the terms of the service plan and correct the conditions which require the minor[s] to be in care, or risk termination of [her] parental rights." The court set the next permanency review hearing for January 14, 2014.

¶ 14 On December 3, 2013, the State filed a motion to change the permanency goal for the children from "return home" to "substitute care pending determination of termination of parental rights." On December 31, 2013, the State filed a "Permanency Review Hearing Report" prepared by Torri Smith and Jere Moore, the LSSI caseworkers who had been assigned to the respondent's case during the previous six months. The LSSI report acknowledged that the claimant had been meeting with therapist Cox on a weekly basis since May 2013 and had been "making progress" on her treatment goals. However, the report noted that, on August 16, 2013, the respondent "received an emergency crisis evaluation" at the Emergency Department at Trinity Medical Center in Rock Island. On that date, the respondent had called an ambulance for herself because she was feeling "overwhelmed." She reported that she was saddened about her children and felt that she had done a lot of the work required for reunification, but the Judge wanted to see dramatic improvement. She was angry because she felt that her husband was the main reason the children were removed from their care. She acknowledged that she had quit her job and that she had punched a wall and bruised her right hand. In October 2013, the claimant underwent a psychiatric evaluation at the Robert Young Center and was diagnosed with History of Major Depressive Disorder, History of Anxiety Disorder, PTSD, and History of Boderline Personality Disorder. It was recommended that she continue taking Cymbalta daily and follow up with the psychiatrist before the end of the year.

¶ 15 The December 2013 LSSI report noted that the respondent had resumed parenting education sessions with Sonia Sage, who reported that the claimant was cooperative and open to feedback and suggestions. Sage also noted that the respondent was utilizing parenting techniques during her visits with the children and was more cautious regarding the children's safety. The LSSI report indicated that, during visits with the children, the respondent

"continue[d] to become frustrated with parenting responsibilities but attempt[ed] to stay focused on utilizing the parenting techniques" she had learned.

¶ 16 The December 2013 LSSI report concluded that, although the respondent and the children's father had maintained consistent contact and visitation with their children, they had "made little progress on the service plan objectives." Although the respondent obtained housing in July 2013 (11 months after the children were removed from her care), the condition of her home were "not suitable" for the children. Moreover, although the respondent began consistently participating in individual counseling in May 2013 (9 months after her children were removed from her care), she "continue[d] to struggle with her mental health stability as evidenced by the emergency crisis evaluation she received in August 2013." Throughout the life of the case, the respondent took psychotropic medication inconsistently and "continued to struggle with parenting responsibilities." For example, the respondent did not "follow through in a timely manner with recommended services" and she "appear[ed] to require prompting and guidance to get tasks completed." The caseworkers found this "concerning" because the respondent had "two small children," one of whom required special needs and services. According to the caseworkers, the respondent was currently visiting with her children 2 hours per week and had "not made any progress toward increased visitation." The respondent had "reached peaks of improvement" which "decline[d] after a period of time." Neither parent had "maintained consistent and steady progress and improvement over time." The caseworkers concluded that the case was "no closer to reunification now than 6 months ago."

¶ 17 The December 2013 LSSI report concluded that: (1) while the respondent and the children's father have "made some efforts," "progress has been minimal"; and (2) the children had been in foster care for 16 months and they "deserve permanency." Accordingly, the report

recommended that the permanency goal be changed from "return home" to "substitute care pending court determination on termination of parental rights."

¶ 18 On January 7, 2014, the State filed a petition to terminate the respondent's parental rights. In the petition, the State alleged that the respondent had failed to make reasonable progress toward the return of the minors during the period of February 7, 2013, through November 7, 2013. The State subsequently amended its petition to state that the periods in question were from January 8, 2013, through October 8, 2013, and from October 8, 2013, through July 8, 2014.

¶ 19 The State subsequently filed several addenda to the December 31, 2013, LSSI report which attached additional relevant documents. The first addendum attached a "Quarterly Progress Report" authored by LSSI therapist Michael Cox which detailed the respondent's progress in therapy during the period of October 14, 2013, through January 6, 2014. That report noted, *inter alia*, that the respondent "ha[d] been very open to discussing her symptoms of Major Depressive Disorder" and had "made good progress" during the reporting period. For example, Cox's report stated that the respondent "had demonstrated several coping skills to help with her symptoms," "has been able to make the connection as to how her symptoms can affect her ability to parent," and "has followed through with all recommendations regarding medication and psychiatric needs."

¶ 20 The second addendum attached a January 19, 2014, report authored by Sage. In her report, Sage noted that the respondent had grown and matured during the past year. Specifically, Sage noted that, "[o]ne year ago, [the respondent] wasn't focused, lacked [the] ability to retain information accurately, lacked parenting skills, didn't understand her purpose in life and had very little direction, self-worth or confidence." Sage opined that "[t]oday, [the respondent] is able to communicate effectively, understand and retain information, desires a quality life for her children and herself, has a positive outlook and is goal oriented for both herself and her

children." Sage also opined that the respondent was now able to "effectively and accurately use parenting strategies, with her children, with very little assistance." Sage believed that the respondent was "at a point in her life where continued and additional opportunities with her children will provide her with parental growth." However, she noted that the respondent "needs to work toward maintaining her acquired goals and reaching her personal short/long term goals."

¶ 21 The second addendum to the December 2013, LSSI report also recounted instances in late 2013 and early 2014 when the respondent had failed to renew her prescription psychotropic medication and failed to follow up with doctors regarding prescriptions in a timely manner. The addendum concluded that the respondent "ha[d] not consistently taken her psychotropic medication" during the reporting period. She would run out of her medication because she did not plan ahead to arrange transportation to pick up her medication from her physician. The addendum also recounted instances when the respondent failed to show up for scheduled appointments, fill out necessary paperwork, or utilize available services that could help her get to her appointments and obtain the medications or treatment that she needed. The caseworkers opined that the respondent "appear[ed] to lack self-initiative and self-motivation," which "pose[d] a concern regarding her ability to meet the long term physical, emotional, and educational needs of her children without agency support, encouragement, and guidance." The addendum further noted that the respondent appeared to lack a strong family support system that would assist her with transportation, support, and encouragement.

¶ 22 The trial court conducted a permanency review hearing on August 12, 2014. Kristi Lawrence, a caseworker for LSSI who had been assigned to the respondent's case since December 9, 2013, testified. Lawrence stated that, at the time of the hearing, the respondent was back on her medication after being off for "some time." However, Lawrence opined that, since December 2013, there had been no progress in the case. The respondent still needed a lot of

guidance and prompting during her visits with the children, and the caseworkers still needed to address safety concerns and the well-being of the children. The respondent was having particular difficulty in parenting five-year-old A.M.J., who had been placed in ten different foster homes due to behavioral issues. A.M.J. would unlock the door and run into the road or run towards the stove. Lawrence testified that, on one occasion, Lawrence stepped in from of A.M.J. while A.M.J. was running towards the stove. According to Lawrence, the respondent had difficulty multitasking and keeping an eye on both of the children. In Lawrence's opinion, the respondent was not capable of parenting A.M.J. and two-year-old J.J.

¶ 23 During cross-examination, Lawrence agreed that Sage wrote her a letter on June 25, 2014 in which Sage stated that the respondent was able to use the parenting techniques she learned "for short periods of time" when the respondent was "well rested, focused, and in a stress-free mood." However, Lawrence noted that Sage's June 25, 2014, letter also stated that the respondent had "regressed" and "was not applying herself." Lawrence testified that, although the respondent could name the parenting skills she learned, she had difficulty applying those skills. On redirect, Lawrence stated that, even if there was some progress, the respondent "still ha[d] a lot of serious issues." According to Lawrence both Sage and Lawrence came to the conclusion that the respondent did not have sufficient parenting skills to "handle the children" "long term." Lawrence opined that it is not good for a child to remain in foster care for years and years while the child's mother works out her problems.

¶ 24 Hillary Condon, Lawrence's supervisor at LSSI, also testified on behalf of the State. Condon opined that the respondent had made very little progress in her ability to parent the children.

¶ 25 After the hearing, the trial court found that it was in the best interest of the children that they remain in substitute care pending the court's determination on the termination of parental

rights, and ordered that the permanency goal be changed accordingly. In its August 12, 2014, written order, the trial court memorialized this ruling and noted that the respondent and the children's father had each made "minimal progress" toward returning the children home.

¶ 26 On February 27, 2015, the trial court conducted a dispositional hearing on the State's amended petition to terminate the respondent's parental rights. Upon the State's request, the trial court took judicial notice of Lawrence's prior testimony during the August 12, 2014, permanency review hearing.

¶ 27 Alyse Egan, a child welfare specialist at LSSI, testified at the dispositional hearing. Egan worked on the respondent's case from September 2012 through March 2013. Egan testified that, during that time period, the claimant was not following through on counseling and psychiatric treatment for her mental health issues. Egan stated that the respondent was unsuccessfully discharged from her therapist at Robert Young in January 2013 because of "no calls" and "no shows." The respondent was not taking any of her medications through the time Egan left LSSI in March 2013.

¶ 28 Amanda Rohr also testified. Rohr stated that she was assigned to the respondent's case from May 29, 2013, to October 31, 2013. She noted that the respondent initially made slow progress when she visited her children at LSSI. However, when the visitation began occurring at the respondent's home beginning July 1, 2013, the respondent was unable to focus on the needs of both children at the same time. She could pay attention to one child but the other child was at risk without additional supervision. Rohr stated that this situation did not change during Rohr's tenure at LSSI. Rohr testified about the incident during which A.M.J. grabbed the respondent's cigarette lighter after Rohr had asked the respondent to put away her smoking materials. Rohr also stated that, during one visit with the children, J.J.J. ran up to the respondent while the respondent was boiling a pot of corn on the stove. The respondent's spoon hit the pot, causing a

spill that burned the respondent's hand and dumped corn on J.J.J.'s head. Rohr also noted that the respondent failed to obtain a high chair or install baby gates to protect the children despite being prompted to do so.

¶ 29 Rohr acknowledged that, by July 2013, the respondent was making slow progress in her mental health counseling with Michael Cox. However, she testified that the respondent still had "anger issues" which resulted in one visit being discontinued during that same month.[2] Moreover, the following month, the respondent reported that she was not taking her medication and was unable to make an appointment with her prescribing physician. Rohr transported the respondent to her doctor to obtain a refill prescription. That same month, the respondent voluntarily quit her job. She also called an ambulance for herself and went to the emergency room. Rohr stated that the respondent told Rohr that she had called the ambulance because she felt "suicidal."

¶ 30 Rohr opined that her goal was to reunify the respondent with her children but that the respondent had made no progress toward that goal during Rohr's involvement in the case.

¶ 31 Torri Smith, the program director for LSSI's Rock Island and Galesburg sites, also testified. Smith worked on the respondent's case in November 2013. Smith testified that the respondent had struggled with mental health stability on an ongoing basis and did not take her medicine consistently. Smith opined that the respondent made little or no progress on the service plan (particularly regarding mental health counseling and parenting) during Smith's tenure, and that the respondent was no closer to having the children return home than when the case opened. The respondent missed some visitations and ended other visits early. Although the respondent's

[2] On July 23, 2013, a visitation was terminated due to the respondent's "agitation." On that date, the respondent told Rohr that she had had a fight with a coworker and had punched a wall.

housing situation had improved, Smith opined that the respondent had not progressed to a point where unsupervised visits were recommended. The respondent could not focus on more than one child at a time and could not care for the children without supervision. She would become angry and frustrated during visits, and it was difficult for her to redirect the children or put them in a "time out."

¶ 32 The respondent testified that she had come to understand that her care of the children was not adequate. However, she believed that she had done the things necessary to change her parenting skills and had started to work on her mental situation. The respondent stated that she initially worked as a janitor but left the job voluntarily after four or six months because she had a problem with a coworker and it was an unhappy environment. She was unemployed from August through December of 2013, when she took a job as a deli worker at a Wal-Mart in Moline. She was terminated from that job on February 3, 2014 for taking too many deli samples. After looking for work for a while, she took a job at a Hardee's in Milan on June 2, 2014. At the time of the hearing, the respondent worked there 28 to 30 hours per week.

¶ 33 The respondent testified that she currently had a one-bedroom apartment in Matherville. However, she stated that, if her children were returned to her, she could be placed on a list for a two bedroom apartment. The respondent claimed that it would likely take a month to a month and a half for her to obtain a two-bedroom apartment. The respondent testified that she did not have transportation before she obtained a vehicle, but that she had tried to make her medical appointments as best she could. She had to switch her psychotropic medications after her insurer stopped carrying the drug she was taking.

¶ 34 The respondent testified that she had completed a parenting class. She did not agree that she failed to watch her children closely enough to protect them. She stated that she usually kept her cigarettes and lighter away from her children. She admitted burning her hand during the

boiling corn incident reported by Rohr, but she did not recall any corn falling on J.J.J.'s head. On cross-examination, the respondent admitted that she had ended visits with the children early at times. She also admitted that, at times, she had to be reminded to keep her eye on one of the children and to take A.M.J. to the bathroom.

¶ 35 Harold O'Deen, the respondent's brother-in-law, testified that the respondent was doing "a lot better" than she was in 2012. O'Deen testified that the respondent helped take care of his six children. During one incident, the respondent pulled O'Deen's four year old out of the deep end of a pool. On cross-examination, O'Deen testified that the respondent was previously in a "dark place" and that having her children taken away "was probably one of the best things that happened to her." He stated that he started trusting the respondent with his children by herself seven months before the hearing. O'Deen testified that the respondent was alone with three or four children for two to eight hours at a time.

¶ 36 Melissa Sissel, the respondent's sister, testified that the respondent had a "brighter sense about her" during the previous six or seven months. The respondent had been living on her own, which gave her more independence, responsibility, and maturity. Sissel believed that the respondent would be better able to take care of her children now, and she testified that she would trust the respondent with her own children.

¶ 37 The trial court found that the State had proven by clear and convincing evidence that the respondent was unfit under the Adoption Act (Act) (750 ILCS 50/1(D)(m)(ii) (West 2014)) because no reasonable progress toward the return of the minors had been made during the nine month periods at issue. The trial court noted that, despite the fact that the parents had undergone two-and-a-half years of numerous services, treatment, education, counseling, and hands-on training while their children remained in foster care, neither parent had progressed enough to be allowed unsupervised visitation of either child. The court noted that DCFS, LSSI, and all the

caseworkers opined that neither parent was able to parent either child long term. The court further noted that, as of July 29, 2014, the caseworker noted in detail the respondent's lack of progress in correcting her mental health issues and various "negative visitation issues." Although the court acknowledged that the respondent had made "some progress lately" (*i.e.*, from late 2014 through the date of the court's order in May 2015), it stressed that neither DCFS, nor LSSI, nor any of the caseworkers believed that the children could be returned to either parent in the near future. Moreover, the court noted that any progress occurring after the nine-month periods at issue was irrelevant to the issue of the respondent's unfitness.

¶ 38 On July 31, 2015, a best interests hearing was held before the trial court. Sara Nabb, the LSSI caseworker assigned to the case at the time, testified that both of the children resided with licensed foster parents Crystal and Nick C. J.J.J., who was four years old at the time, had resided with these foster parents for half of his life (since April 2014). A.M.J, who was six years old at the time, had resided with Crystal and Nick. C. for a third of her life (since July 2013). Nabb stated that the children were very happy with their foster parents; they were very bonded to their foster parents and were affectionate toward them. Nabb described the relationship between the foster parents and the children as very loving. She testified that the children felt safe and secure in their foster home. The foster parents ensured that the children received medical care, including immunizations and checkups. Moreover, the foster parents were involved in their church and local community, and the children were part of the community. A.M.J. had recently completed kindergarten at Monmouth Grade School, and J.J.J. would be starting preschool in the Fall. Nabb also noted that the foster parents have an adopted eight-year-old son who has a sibling relationship with the children. The three children played together and were very bonded to one another.

¶ 39 Nabb testified that the children's foster parents were willing to provide the children permanency through adoption. Nabb noted that the case had been open since 2012 and opined that the children needed permanency. Nabb stated that permanency was important because it made the children feel part of a family and made them feel safe, secure, and happy.

¶ 40 Nabb testified that she had observed visitations between the children and the respondent. The children were happy to see the respondent, but they sometimes had behavior issues during the visits. According to Nabb, the respondent did well with the visits for part of the time, but then would struggle. She would interact with the children for a while and the sit and hope the children would interact with her.

¶ 41 Nabb opined that it was in the best interest of the children that the respondent's parental rights be terminated and that the foster parents adopt the children.

¶ 42 During cross-examination, Nabb acknowledged that the children still had a bond with the respondent. However, she opined that the respondent could not maintain a stable home for the children due to her mood issues and her problems controlling her anger and frustration. Moreover, Nabb believed that children should not remain in foster care long term. Nabb testified that she had discussed with the foster parents the possibility of the children having continued contact with their biological parents. The foster parents told Nabb that they would consider that as long as it was in the best interest of the children.

¶ 43 Nabb authored a best interest report which was introduced into evidence. The report indicated that: (1) the children had formed a very loving relationship with the foster parents and their son and were bonded to the family and community; (2) the foster parents used appropriate parenting techniques and ensured that the children's medical and educational needs were met.

¶ 44 Crystal C., the children's foster mother, also testified. Crystal testified that she is a registered nurse and that she works two days per week. She and her husband lived with the

children and their adopted foster son in a four bedroom house in a residential neighborhood near Monmouth College. Crystal stated that she loves the children and that she would adopt them if she is able to do so. She and her husband Nick had made it clear to the children that they are members of the family and that Crystal and Nick love them. According to Crystal, the children were accepted by all of her and her husband's extended relatives, and the children were to be enrolled in school. Crystal testified that A.M.J.'s therapist had seen incredible growth in A.M.J. in the amount of time she had been seeing her, and she discussed with Crystal A.M.J.'s need for permanence. Crystal noted that she and her husband had contact with their adopted son's birth mother, and she stated that it may be possible for A.M.J. and J.J.J. to maintain contact with their biological parents.

¶ 45 The respondent testified that she believed that she had corrected the conditions that led to the removal of her children from her care. After the children were removed in August 2012, the respondent divorced her husband and obtained employment that would allow her to provide a home for the children and feed them. She believed that, since August 2012, she had become more mature and was better able to control her anger, temper, and frustrations. She believed that she had overcome her psychiatric issues.[3] Moreover, the respondent stated that she could take

[3] The respondent admitted that she had been inconsistent in taking her psychotropic medications. She testified that was getting drug samples from Dr. Kristin Wurzberger, who would periodically run out of samples. She claimed that, because she did not have a psychiatrist to prescribe medications, she had to wait for Dr. Wurzberger to get more samples. However, at another point in her testimony, the respondent stated that she did not take her medication continuously because she lost her medical card, and she admitted that she lost her medical card because she did not get her redetermination paper in on time.

care of the children on her current salary at Hardee's. She was currently living in low-income housing. If the children were returned to her, she could get a bigger apartment. Although she worked early mornings through late mornings or early afternoons, the respondent testified that she could send the children to daycare or have her sister or father watch them while she was at work.

¶ 46 The respondent testified that the children knew the respondent's mother and father, sisters, brothers-in-law, and their cousins. However, she acknowledged that the last time the children saw the respondent's family together was at a Christmas party many years ago. The children had not seen their biological father since January of 2015. The respondent testified that, during the time the children were placed outside of her care, she would bring the children clothing and gifts, though she stopped bringing them clothes because she did not know their sizes.

¶ 47 The respondent stated that she did not believe that DCFS or LSSI did enough to help her get her children returned. She noted that LSSI often returned the presents she gave to her children when she was allowed visitation. She did not agree that she was incapable of looking after both of her children at once. She testified that her eyes were "constantly on" both children when she cared for them.

¶ 48 Harold O'Deen testified that the respondent watched his children once or twice per month, including overnight. O'Deen never had any concerns about the safety of his children with the respondent. He never saw the respondent exhibit any symptoms of bipolar disorder.

¶ 49 The respondent's father, Russell, testified that, during visits with the children, the respondent sat down to allow the children to come to her. Russel stated that he had advised the respondent to do this in order to "build trust" with the children. Russel also testified that he

would be able to watch the children while the respondent went to work. He believed that he could adequately keep an eye on the respondent and the children.

¶ 50 Melissa Sissel, the respondent's sister, testified that the respondent had become more mature and was very good at taking care of children. The respondent had watched Sissel's children four times during the prior two months. Sissel disagreed with the caseworkers' opinion that the respondent could not manage two children.

¶ 51 After reviewing the relevant statutory factors, the trial court ruled that it was in the children's best interest that the respondent's parental rights be terminated. The trial court found that A.M.J. had clearly bonded with her foster family, viewed the foster parents as her parental figures, and considered their son to be her sibling. The court stated that it was "probably an understatement" that A.M.J. was well taken care of in the foster home. It found that the foster parents had demonstrated that they were able to meet all of A.M.J.'s medical, emotional, educational, developmental, and recreational needs. For example, the court noted that the foster family ensured that A.M.J. attended all necessary counseling and psychiatric appointments and that her mental, physical, and dental health needs were met in a timely manner. In addition, the court found that the foster parents utilized appropriate parenting techniques in addressing A.M.J.'s behaviors. The court further found that: (1) A.M.J. was in need of a stable, loving environment in which permanency could be provided; and (2) the foster family had expressed the desire and the commitment to take care of A.M.J. and to provide her with permanency through adoption.

¶ 52 The trial court found that J.J.J. was also bonded with the foster family and that the foster parents had attended to J.J.J.'s needs in the same manner and to the same extent as they had attended to A.M.J.'s needs. The court noted that the foster family had also expressed a desire to

adopt J.J.J. The court found that the evidence was overwhelming that it was in the children's best interest that the parental rights of both of their biological parents be terminated.

¶ 53 This appeal followed.

¶ 54 ANALYSIS

¶ 55 1. The Changing of the Permanency Goal

¶ 56 The respondent argues that the trial court's August 12, 2014, order changing the permanency goal from "return home" to "remain in substitute care pending determination of termination of parental rights" was improper in several respects. We cannot reach the respondent's arguments on this issue, however, because we lack jurisdiction to review the trial court's August 12, 2014, permanency review order.

¶ 57 With exceptions that are inapplicable in this case, an appellate court's jurisdiction is limited to review of a trial court's final judgment. Ill. S. Ct. R. 301 (eff. Jan. 1, 2015); *In re S.B.*, 373 Ill. App. 3d 224, 226 (2007). Permanency review orders are not final judgments because they do not finally determine the right or status of a party. *In re Curtis B.*, 203 Ill. 2d 53, 56 (2002); see also *S.B.*, 373 Ill. App. 3d at 226; *In re V.M.*, 352 Ill. App. 3d 391, 396 (2004). By statute, all of the rights and obligations set forth in a permanency order must remain open for reexamination and possible revision until the permanency goal is achieved. 705 ILCS 405/2–28(3) (West 2014); see also *Curtis B.*, 203 Ill. 2d at 60; *V.M.*, 352 Ill. App. 3d at 396. Permanency orders must be reviewed and reevaluated at a minimum of every six months. 705 ILCS 405/2–28(2) (West 2014). *V.M.*, 352 Ill. App. 3d at 396. Accordingly, " ' [n]one of the determinations contained in a permanency order can be considered set or fixed as a matter of law.' " *V.M.*, 352 Ill. App. 3d at 396 (quoting *Curtis B.*, 203 Ill. 2d at 59)).

¶ 58 Despite its lack of finality, a permanency review order may be appealed under Illinois Supreme Court Rule 306. Ill. S. Ct. R. 306 (eff. July 1, 2014); *In re Leonard R.*, 351 Ill. App. 3d

172, 173 (2004). That rule provides for appeals of certain specified interlocutory orders, including "interlocutory orders affecting the care and custody of unemancipated minors." Ill. S. Ct. R. 306(a)(5) (eff. July 1, 2014). A petition for leave to appeal a permanency review order under Rule 306(a)(5) must be filed in the appellate court within 14 days of the entry of the order. Ill. S. Ct. R. 306(b)(1) (eff. July 1, 2014).

¶ 59 In this case, the respondent never filed a petition for leave to appeal the trial court's August 12, 2014 permanency review order pursuant to Rule 306. Rather, she appealed the trial court's August 5, 2015, final judgment order terminating her parental rights. The jurisdictional statement contained in the respondent's brief on appeal asserts that our jurisdiction over this appeal arises under Supreme Court Rule 303, which governs appeals from final judgments of a circuit court. Because the August 12, 2014, permanency review order is not a final judgment order, we do not have jurisdiction to review that order. *S.B.*, 373 Ill. App. 3d at 226; *V.M.*, 352 Ill. App. 3d at 396-97. Moreover, the trial court's August 5, 2015, order terminating the respondent's parental rights rendered any challenge to the court's prior permanency review orders moot. See generally *In re A.M.*, 324 Ill. App. 3d 144, 146 (2001).

¶ 60 2. The Trial Court's Finding of Unfitness

¶ 61 The involuntary termination of parental rights is a two-step process, which is governed by the provisions of both the Juvenile Court Act of 1987 (705 ILCS 405/1–1 et seq. (West 2014)) and the Adoption Act (Act) (750 ILCS 50/0.01 et seq. (West 2014)). See *In re D.T.*, 212 Ill. 2d 347, 352 (2004); *In re C.W.*, 199 Ill. 2d 198, 210 (2002). In the first stage of proceedings, the State must prove by clear and convincing evidence that the parent is an "unfit person" as defined in section 1(D) of the Act (750 ILCS 50/1(D) (West 2014)); *C.W.*, 199 Ill. 2d at 210. Section 1(D) lists several grounds upon which a finding of parental unfitness may be made. 750 ILCS 50/1(D) (West 2012). For example, a parent may be found unfit under section 1(D) if he or she

fails to make reasonable progress toward the return of the child within any nine-month period after an adjudication of neglect. 750 ILCS 50/1(D)(m)(ii) (West 2014). If the court makes a finding of unfitness, the court then considers whether it is in the best interests of the child that parental rights be terminated. *C.W.*, 199 Ill. 2d at 210; *In re C.N.*, 196 Ill. 2d 181, 209 (2001).

¶ 62 In this case, the trial court found the respondent unfit under section 1(D)(m)(ii) of the Act because she failed to make reasonable progress toward the return of the children from January 8, 2013 (the date the children were adjudicated neglected) through October 8, 2013, and from October 8, 2013 through July 8, 2014. Section 1(D)(m)(ii) provides that the failure to make reasonable progress toward the return of a child 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." 750 ILCS 50/1(D)(m)(ii) (West 2014). Thus, in determining whether a parent has made "reasonable progress" toward the return of a child, a court will apply an objective standard and will generally consider 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 became known and which would prevent the court from returning custody of the child to the parent. *C.N.*, 196 Ill. 2d at 216–17; *In re J.A.*, 316 Ill. App. 3d 553, 564–65 (2000). "At a minimum, reasonable progress requires measurable or demonstrable movement toward the goal of reunification." *J.A.*, 316 Ill. App. 3d at 565; see also *C.N.*, 196 Ill. 2d at 211. In making this determination, only evidence from the relevant time period may be considered in determining whether a parent is unfit. *In re D.F.*, 208 Ill. 2d 223, 237–38 (2003); *In re Reiny S.*, 374 Ill. App. 3d 1036, 1046 (2007).

¶ 63 A trial court's finding of parental unfitness will not be reversed on appeal unless it is against the manifest weight of the evidence. *C.N.*, 196 Ill. 2d at 208. A ruling is against the manifest weight of the evidence only if it is clearly apparent from the record that the trial court

should have reached the opposite conclusion. *Id.*; see also *In re Tiffany M.*, 353 Ill. App. 3d 883, 889-90 (2004). Under the manifest weight standard, deference is given to the trial court as finder of fact because the trial court is in the best position to observe the conduct and demeanor of the parties and the witnesses and has a degree of familiarity with the evidence that a reviewing court cannot possibly obtain. *In re A.W.*, 231 Ill. 2d 92, 102 (2008); *Tiffany M.*, 353 Ill. App. 3d at 889–90. The reviewing court will not substitute its judgment for that of the trial court on such matters as witness credibility, the weight to be given evidence, and the inferences to be drawn from the evidence, even if the reviewing court would have reached a different conclusion if it had been the trier of fact. *A.W.*, 231 Ill. 2d at 102; *In re Lakita B.*, 297 Ill. App. 3d 985, 994 (1998) (ruling that, because of the delicacy and difficulty involved in a child custody case, wide discretion is placed in the trial court to an even greater degree than in an ordinary appeal).

¶ 64 Applying this deferential standard, we cannot say that the trial court's finding of unfitness based upon the respondent's failure to make reasonable progress toward reunification with the children was against the manifest weight of the evidence. There was ample evidence to support the trial court's finding on this issue. The relevant nine-month periods ran from January 8, 2013 through July 8, 2014. The testimony of several caseworkers assigned to the respondent's case during those periods suggested that, while the respondent had made some progress, she continued to struggle with some of the issues that had led to the removal of the children, failed to substantially fulfill some of her obligations under the service plan, and remained unable to parent the children without supervision.

¶ 65 For example, the service plan in effect during the relevant periods required the respondent to participate in psychiatric treatment and individual counseling and follow all recommendations for treatment. Based on the evidence presented, the trial court could have reasonably concluded that the respondent failed to substantially fulfill these requirements.

Several of the respondent's caseworkers testified that the respondent took her prescription psychotropic medication inconsistently. According to the December 30, 2013 LSSI permanency review hearing report (and the subsequently filed addenda to that report), the respondent would run out of her medications because she did not follow up with doctors regarding prescriptions in a timely manner and did not plan ahead to arrange transportation to pick up her medication from her physician. Moreover, the respondent failed to show up for scheduled therapy appointments, fill out necessary paperwork, or utilize available services that could help her get to her appointments and obtain the medications or treatment that she needed. Alyse Egan, a child welfare specialist at LSSI, testified that the respondent was unsuccessfully discharged from her therapist at Robert Young in January 2013 because of "no calls" and "no shows," and that, as of March 2013, the claimant was not taking any of her medications or following through on counseling and psychiatric treatment for her mental health issues. Amanda Rohr testified that, in August 2013, the respondent told her that she was not taking her medication and was unable to make an appointment with her prescribing physician. Caseworker Smith testified that, as of November 2013, the respondent was struggling with mental health stability on an ongoing basis and was not taking her medicine consistently. Smith opined that the respondent made little or no progress on the mental health aspects of the service plan. Moreover, the December 2013 LSSI report concluded that the respondent "continue[d] to struggle with her mental health stability as evidenced by the emergency crisis evaluation she received in August 2013," which occurred after the respondent called an ambulance for herself because she was feeling "overwhelmed."

¶ 66 The evidence also suggested that the respondent had failed to substantially comply with the service plan's requirement that she "maintain stable and appropriate housing." The respondent did not obtain her own apartment until July 2013, 11 months after the children were removed from her care. That same month, caseworkers noted that the respondent "continue[d] to

struggle with living independently and maintaining an environment that is safe for the return home of her children." The December 2013 LSSI report stated that the condition of the respondent's apartment was still "not suitable" for children. Amanda Rohr later testified that the respondent failed to obtain a high chair or install baby gates to protect the children despite being prompted to do so. Moreover, the apartment where the respondent resided from July 2013 through July 2014 had only one bedroom.[4]

¶ 67 Further, there was ample evidence that the respondent had failed to improve her parenting skills during the relevant time periods sufficiently to allow unsupervised visitation, much less reunification with the children. On July 23, 2013, caseworkers noted that the respondent needed "ongoing parenting education." Rohr testified that, when visitation sessions took place at the respondent's home beginning July 1, 2013, the respondent was unable to focus on the needs of both children at the same time. She could pay attention to one child but the other child was at risk without additional supervision. Rohr stated that this situation did not change during Rohr's tenure at LSSI (*i.e.*, through October 31, 2013). Rohr recounted an instance during which A.M.J. grabbed the respondent's cigarette lighter after Rohr had asked the respondent to put away her smoking materials, and another instance during which the respondent had accidentally spilled corn from a boiling pot on J.J.J.'s head.

¶ 68 Similarly, Smith testified that, as of November 2013, the respondent was unable to focus on more than one child at a time and could not care for the children without supervision. The

[4] The respondent testified that, if the children were returned to her, she could be placed on a list for a two bedroom apartment and could likely obtain a two bedroom apartment a month to a month and a half later. However, she never actually had a two bedroom apartment during the relevant time periods.

respondent would become angry and frustrated during visits, and it was difficult for her to redirect the children or put them in a "time out." The respondent missed some visitations and ended other visits early. According to Smith, the respondent was no closer to having the children return home in November 2013 than when the case opened. Smith stated that the respondent had not progressed to a point where unsupervised visits were recommended, and she opined that the respondent had made little or no progress on the parenting goals of the service plan during through November 2013.

¶ 69 The December 31, 2013, LSSI report noted that, although the respondent was trying to use the parenting techniques she had learned in parenting classes, she "continued to struggle with parenting responsibilities." Although the respondent had "reached peaks of improvement," such improvement "decline[d] after a period of time" and the respondent did not "maintain[] consistent and steady progress and improvement over time." The caseworkers concluded that, as of December 31, 2013, the case was "no closer to reunification" than it was 6 months earlier. In addition, the caseworkers noted that the respondent "appears to require prompting and guidance to get tasks completed." The caseworkers found this "concerning" because the respondent had "two small children," one of whom required special needs and services. In an addendum to the December 2013 report, the caseworkers opined that the respondent "appear[ed] to lack self-initiative and self-motivation," which "pose[d] a concern regarding her ability to meet the long term physical, emotional, and educational needs of her children without agency support, encouragement, and guidance."

¶ 70 Further, at the August 12, 2014, permanency review hearing, caseworker Lawrence testified that the respondent had made no progress in her parenting since December 2013. During her visits with the children, the respondent still needed a lot of guidance and prompting, and the supervising caseworkers still needed to address safety concerns and the well-being of the

children. A.M.J. would unlock the door and run into the road or run towards the stove. On one occasion, Lawrence stepped in front of A.M.J. while A.M.J. was running towards the stove. According to Lawrence, the respondent had difficulty multitasking and keeping an eye on both of the children. In Lawrence's opinion, the respondent was not capable of parenting A.M.J. and J.J.

¶ 71 As the respondent notes, there was evidence suggesting that the respondent had made some progress in certain relevant respects. For example, she obtained employment, underwent mental health and parenting services, and moved into her own apartment. LSSI therapist Michael Cox noted that, during the reporting period of October 14, 2013, through January 6, 2014, the respondent "made good progress" in that she "demonstrated several coping skills to help with her symptoms," was "able to make the connection as to how her symptoms can affect her ability to parent," and "followed through with all recommendations regarding medication and psychiatric needs." Moreover, in a January 19, 2014, report, Sage noted that the respondent had grown and matured throughout the previous year. Among other things, Sage noted that the respondent was able to "effectively and accurately use parenting strategies, with her children, with very little assistance." Further, the respondent's sister and brother-in-law testified that the respondent's psychological state and parenting ability had improved to the point where they trusted the respondent to watch their own children without supervision.

¶ 72 However, as noted above, several of the respondent's caseworkers testified that the respondent had failed to substantially fulfil the mental health requirements of the service plan and was unable to parent her children without supervision. The trial court was entitled to credit that testimony and to assign it greater weight than the testimony of Cox and the respondent's relatives. Moreover, Sage's praise of the respondent's parenting skills in her January 19, 2014, report was qualified by a letter she sent to Lawrence five days later. Lawrence testified that, in

that letter, Sage stated that the respondent was able to use the parenting techniques she learned "for short periods of time" when the respondent was "well rested, focused, and in a stress-free mood" but also noted that the respondent had "regressed" and "was not applying herself." Lawrence testified that both Sage and Lawrence came to the conclusion that the respondent did not have sufficient parenting skills to "handle the children" "long term."

¶ 73 In sum, there is sufficient evidence supporting the trial court's finding of unfitness based upon the respondent's lack of progress. The opposite conclusion is not clearly apparent. Accordingly, the trial court's ruling was not against the manifest weight of the evidence.

¶ 74 The respondent argues that the trial court's finding of unfitness must be reversed because the court did not "cite which fact or facts it relied upon" to prove each of the allegations of unfitness set forth in the State's amended petition to terminate parental rights and "failed to enumerate the evidence for and against its finding." In support of this argument, the respondent relies upon *In re B'Yata I.*, 2013 IL App (2d) 130558, and *In re G.W.*, 357 Ill. App. 3d 1058 (2005). However, those cases are distinguishable. In each of those cases, our appellate court reversed a trial court's determination of parental unfitness and remanded for further proceedings where the trial court failed to make *any* oral or written factual findings in support of its fitness determination, and where the trial court's failure to make such findings precluded any meaningful review of its fitness determination on appeal. In this case, by contrast, the trial court made numerous factual findings in support of its ruling that the respondent was unfit. Contrary to the respondent's assertion, a trial court is not required to "enumerate the evidence for and against its finding" or to identify which specific portion of the record it relied upon in finding each allegation of unfitness proven. Nor is it required to state why it chose to discount any testimony or other evidence that arguably contradicts its finding of unfitness. A trial court merely needs to make factual findings sufficient to enable meaningful review of its

determination of parental unfitness. *B'Yata I.*, 2013 IL App (2d) 130558, ¶¶ 32-34, 38-42; *G.W.*, 357 Ill. App. 3d at 1060. The trial court did so here.

¶ 75 The respondent also argues that DCFS and LSSI "failed to address the [cognitive] disabilities of the parents in executing the Service Plan" and never gave the respondent "the opportunity to demonstrate her parenting ability during an extended period of overnight visitation." We do not find these arguments persuasive. Although the service plan indicated that the children's father was "limited cognitively" (and Smith testified that the father had a "diminished intellectual capacity"), the respondent points to nothing in the service plan or elsewhere in the record suggesting that the respondent had any cognitive disabilities.[5] Thus, the respondent, who was no longer living with the children's father during most or all of the relevant periods, would not have benefitted from any services for parents with cognitive disabilities. Moreover, the respondent was not allowed overnight, unsupervised visits with the children because the caseworkers determined that she was not capable of parenting the children without supervision. Indeed, the caseworkers concluded that the respondent could not adequately parent the children even in a supervised setting.

¶ 76 3. The Termination of the Respondent's Parental Rights

¶ 77 The respondent also argues that the circuit court's finding that termination of her parental rights was in the children's best interest was against the manifest weight of the evidence.

¶ 78 If the trial court finds a parent to be unfit, the court must then determine whether it is in the child's best interest that parental rights be terminated. 705 ILCS 405/2−29(2) (West 2014). At this stage, the focus of the court's scrutiny shifts from the rights of the parent to the best

[5] The service plan indicated that the respondent had "emotional/mental" health issues, not cognitive disabilities.

interest of the child. *In re B.B.*, 386 Ill. App. 3d 686, 697 (2008). Accordingly, at a best interest hearing, the parent's interest in maintaining the parent-child relationship must yield to the child's interest in a stable, loving home life. *D.T.*, 212 Ill. 2d at 364. To terminate parental rights, the State bears the burden of proving by a preponderance of the evidence that termination is in the child's best interest. *D.T.*, 212 Ill. 2d at 366. When determining whether termination is in the child's best interest, the court must consider, in the context of a child's age and developmental needs, the following factors: (1) the child's physical safety and welfare; (2) the development of the child's identity; (3) the child's background and ties, including familial, cultural, and religious; (4) the child's sense of attachments, including love, security, familiarity, and continuity of affection, and the least-disruptive placement alternative; (5) the child's wishes; (6) the child's community ties, including church, school, and friends; (7) the child's need for permanence, including the need for stability and continuity of relationships with parental figures and siblings; (8) the uniqueness of every family and child; (9) the risks related to substitute care; and (10) the preferences of the persons available to care for the child. 705 ILCS 405/1−3(4.05) (West 2014); *In re A.F.*, 2012 IL App (2d) 111079, ¶ 45. A trial court's determination that termination of parental rights is in the child's best interest will not be disturbed on review unless it is contrary to the manifest weight of the evidence. *In re R.L.*, 352 Ill. App. 3d 985, 1001 (2004).

¶ 79 In the present case, we cannot say that the circuit court's determination that termination of the respondent's parental rights was in the children's best interest is contrary to the manifest weight of the evidence. At the time of the hearing, A.M.J. had lived with her foster family for two years, which amounted to a third of her life. J.J.J. had lived with the foster family for half of his life. A.M.J. had clearly bonded with her foster family, viewed the foster parents as her parental figures, and considered their son to be her sibling. J.J.J. was also happy in the foster home and had also bonded with the foster family. The foster parents ensured that the children

received medical care, including immunizations and checkups. A.M.J. had behavioral issues and needed special care, and the foster parents ensured that A.M.J. attended all necessary counseling and psychiatric appointments and that her mental, physical, and dental health needs were met in a timely manner. In addition, the foster parents utilized appropriate parenting techniques in addressing A.M.J.'s behaviors.

¶ 80 Moreover, the foster parents were involved in their church and local community, and the children were part of the community. A.M.J. had recently completed kindergarten at Monmouth Grade School, and J.J.J. would be starting preschool in the Fall. Further, the foster parents expressed a desire to adopt A.M.J. and J.J.J, which could provide the children with the permanency and stability that Nabb testified they required.

¶ 81 The children were bonded to the respondent. However, based on the caseworkers' testimony and reports, the trial court reasonably determined that, even after years of counseling and parental education, the respondent remained unable to parent the children adequately with or without supervision. Thus, the respondent is unable to provide the children with the care, stability, and permanency that they need. Moreover, the foster parents were willing to allow the children to maintain contact with the respondent after adoption, as they had done with their adopted son's mother.

¶ 82 Accordingly, the trial court's finding that it was in the children's best interest that the respondent's parental rights be terminated was not against the manifest weight of the evidence.

## CONCLUSION

¶ 19 For the reasons set forth above, we affirm the judgment of the circuit court of Mercer County.

¶ 20 Affirmed.