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IN THE
APPELLATE COURT OF ILLINOIS
FIRST JUDICIAL DISTRICT

IN THE INTEREST OF KENIA L. and YAHIR L.,)	Appeal from the Circuit Court
)	of Cook County,
Minors-Respondents-Appellees,)	
)	
(THE PEOPLE OF THE STATE OF ILLINOIS,)	
)	17 JA 367
Petitioner-Appellee,)	17 JA 368
)	
v.)	
)	
MARIA L.,)	Honorable
)	Maxwell Griffin,
Mother-Respondent-Appellant).)	Judge Presiding.

JUSTICE WALKER delivered the judgment of the court.
Presiding Justice Mikva and Justice Griffin concurred in the judgment.

ORDER

¶ 1 *Held:* The trial court's findings of neglect, based on an environment injurious to the minor children's welfare, and its finding that their mother was unable to care for them are not against the manifest weight of the evidence, and are affirmed.

¶ 2 Maria L. appeals from the trial court's adjudication of her children as neglected under the Juvenile Court Act of 1987 (Juvenile Court Act or Act) (705 ILCS 405/1-1 *et seq.* (West 2016)). Because we find that the trial court's findings were not against the manifest weight of the evidence, we affirm.

¶ 3

I. BACKGROUND

¶ 4 Maria L. immigrated to the United States from Guatemala where, in October 2012, she gave birth to a girl, Kenia L. In 2015, Maria married Cesar S. and she gave birth to a boy, Yahir L., in December 2016. Maria still primarily spoke Spanish and spoke little English when, in March 2017, she obtained an order of protection against Cesar and found housing for herself and her children in a shelter for victims of domestic abuse.

¶ 5 After only a week, however, Maria was forced to leave the shelter because she repeatedly violated their rules. Her violations included allowing her children to sleep on the floor even after being told by shelter staff that they should sleep in the beds; bringing “outside food in shelter”; “fail[ing] to do dinner chore[s]” and “evening chore[s]”; “fail[ing] to [clean] her room”; “breach of confidentiality” (in that she revealed the shelter’s location when she permitted someone to drive her there); leaving Yahir unattended on a couch; and doing laundry at a time not assigned to her.

¶ 6 On March 19, 2017, staff members suggested that Maria should look for another shelter. One staff member reported, “Client state[s] that she will *** stay for a month. Client also stated that if client was not permitted to wash in the morning, then client will wash her clothes by hand and let her clothes dry by hanging them outside. *** Staff restated that the shelter has rules that need to be followed. *** Client simpl[y] made the sign of the cross.”

¶ 7 On March 21, a client of the shelter accused Maria of striking Kenia. The author of the staff report noting this accusation did not witness the incident. The following day, the shelter supervisor told Maria she had to leave the shelter before 10 a.m. the next morning. At 8 a.m. on March 23, 2017, a staff member told Maria to pack her family’s belongings and go. The staff report says:

“Client stated that she did not understand why client is being asked to leave. Client also stated that she will not leave the shelter. Client stated that she will go out, return to the shelter, bathe, and go to sleep. Client stated that client will stay another 10 days in the shelter. *** Client later asked staff to let client out. Client did not have her belongings with her. Staff reminded client that client needed to take her belongings as *** client would not be allowed to re-enter the shelter. Client asked staff to open the door ***. Staff packed client’s belongings when client walked out of shelter.”

¶ 8 At that point, according to the staff, Maria “refused to leave and sat on the front step of the shelter with her 2 children.” The staff gave her a list of other shelters to contact, but Maria “refused to leave and blocked other clients from entering and leaving the front entrance of the shelter.” The shelter finally called the police, who took Maria away.

¶ 9 After she was evicted from the shelter, Maria went to a church, where she found some members of the church who were willing to let her family stay with them temporarily. She stayed with one family initially and then, on April 9, 2017, Guillermina Valdez, another parishioner from the church, invited Maria and her children to stay with her.

¶ 10 The Department of Children and Family Services (DCFS) received a hotline call about Maria and her children on April 14, 2017. Milagros Acosta, a DCFS caseworker, went to Valdez’s home and spoke with Maria that day. Based on what she observed, Acosta determined that further DCFS involvement was necessary. Rather than take custody of Maria’s children, Acosta devised a safety plan that required Maria’s children to remain “under supervision of Ms. Guillermina Valdez” whose home she had found to be “safe and appropriate.” However, within two days, Acosta received a report that Maria, in violation of the safety plan, had left Valdez’s

home with her children and had not told either Valdez or Acosta where they were going. Acosta tracked them down at a shelter and took temporary custody of Kenia and Yahir on April 17, who were taken to a hospital for evaluation that morning and then placed in foster care. The hospital report states:

“Client [Kenia] was observed and assessed to determine if client was safe and to determine if she was impacted by trauma. Client was assessed through play. Client showed no impact on development. Client was able to problem solve and was able to learn more vocabulary. Client’s speech is at a[n] appropriate level in both English and Spanish. Client’s gross motor and fine motor seemed appropriate to children her age. Client’s social skills were developmentally appropriate as well. Client was engaged in play and was able to identify colors, animals, numbers, and various objects. Client also was *** accustomed to reading and actively sought out books. *** Client showed no visible injury to give hint of physical abuse nor was giving any indication of pain during urination when using the bathroom. *** Client[’]s overall development indicates many strengths and the work the client’s mother had in assisting the client in her development[.]”

¶ 11 On April 19, the State filed petitions for adjudication of wardship for Kenia and Yahir. A social worker and the foster mother took the children to a different hospital for further evaluation on May 5, 2017. At that visit, a doctor found four-year-old Kenia “alert [and] smiley” with “appropriate mood and affect,” a normal ability to communicate, and normal neurological and physical development. The doctor did not report any signs of malnutrition. The foster mother reported that Kenia had started to be more verbal and her ability to communicate had improved.

¶ 12 The medical records show that Maria had arranged for Kenia to receive routine

vaccinations in October 2012, December 2012, March 2013, July 2013, October 2013, October 2014, April 2015, and November 2016. Although a doctor noted, “[d]elayed immunizations,” in Kenia’s file, the doctor did not specify which immunizations were delayed or how many more medical appointments Maria had to make for Kenia. The doctor also diagnosed Kenia as suffering from post-traumatic stress disorder. The doctor noted, “Bio mom observed hitting patient’s head at hospital,” but did not indicate who had observed this or what the context was. The doctor wrote that he found “[s]everal hyperpigmented spots on forehead (sites of maternal blows delivered?)” and “Observed physical abuse / Blows to head = high lethality potential” The report also says, “LEAD, BLOOD CAP < 3.3.” The record offers no explanation for the doctor’s note. At the next checkup, the doctor noted that Kenia had normal lead levels.

¶ 13 The same doctor described five-month-old Yahir as alert and generally developing normally, but he found that Yahir “[would] not attempt to hold bottle during feeding,” and was “laying on back with arms perpendicular to body on exam table.” The doctor wrote, “[s]uspect patient may have been fed with propped bottles.” He diagnosed Yahir as suffering from fine motor delay and “[s]ensory integration disorder of childhood, and delayed immunizations.”

¶ 14 An adjudication hearing for both children was held on October 19, 2017. Valdez testified through a Spanish translator. A translator was also provided for Maria. Valdez testified that when she first saw Maria outside her church on April 9, the children were wearing insufficient clothing for the cold, windy day. Yahir wore a sleeveless onesie, and Kenia wore summer clothes. During the week that Maria and her children stayed with Valdez, Valdez also felt that Maria did not feed her children correctly. Maria gave Kenia “[a] little bit of soda, a little bit of cookies, or some bread—a little bit of milk. Like, kind of limited, but not actual food for them to be full or okay,

satisfied for a few hours.” Maria breastfed Yahir “every half hour, every hour,” which Valdez considered far too often. Valdez thought Kenia feared Maria. Valdez testified that she saw Maria grab Kenia’s hand “hard,” saw her “pulling her,” and heard Kenia say, “ ‘You’re grabbing me too hard. Can you let me go?’ ” According to Valdez, Kenia did not want Maria to give her a bath, and Kenia asked Valdez to bathe her instead. Valdez testified that she heard Maria say to Kenia, “ ‘no one is going to love you. Don’t trust anybody. They just want you to be their maid, and *** everybody is evil.’ ”

¶ 15 Valdez described several other incidents that caused her concern. One occurred when Valdez told Maria that another family from Valdez’s church, with whom Maria and her children had previously stayed, was coming to Valdez’s home to visit. Maria put her children to bed before 8 p.m., which was “very early,” and when the other family arrived, Maria told them the children were asleep. Valdez then left with the other family and returned around 10 p.m. At that point, according to Valdez’s somewhat confusing testimony, the following occurred:

“So she [Maria L.] grabbed her phone – her flip phone with the camera because she was going in my face and then she walked to where the clock was and started talking as if she was doing something. ‘Oh, look how late it is. She’s not able to let us—we have so much noise we cannot even go to sleep.’ And then she went and woke up Kenia. And I figured she would have told her something about food because she got up from the bed and run straight to the fridge. ... And after she finished recording, she grabbed Kenia and put her back to sleep without feeding her anything, and to me that was a manipulation.”

¶ 16 On another occasion, Maria took Kenia into their room. Valdez testified:

“[Maria] said very nicely to me that she was going to close the door. I wasn’t

too confident why would she have to close it, but that's fine. I said, you know, her privacy. But it was kind of weird to me and then I kind of stood by. And then I heard Kenia trying to cry but being, you know, kind of—I would interpret forced to be quiet. But I stayed for a while and it was, like, on and off for her to cry.

After I felt uncomfortable with her kind of being put through something, some situation, I knocked on the door. She opened it and Kenia was on top of the dresser and you could see her crying.”

¶ 17 A third incident was when Maria grabbed some salad off of Valdez's plate and threw it in the garbage. Valdez also testified that in Maria's interactions with Kenia, Maria would constantly repeat to Kenia, “like, way too many times,” the St. Michael the archangel prayer.

¶ 18 Acosta testified that when she first came to Valdez's home in response to the hotline call to DCFS, Maria “became very agitated.” According to Acosta, Maria said Acosta “was a stranger and *** she proceeded to leave the home. And then she was walking away with her kids and *** mentioning the presence of evil spirits and then she said that she couldn't talk to me because she needed to pray.” Acosta testified that Maria “had the delusional kind of paranoia that [Acosta] was following her.” Acosta testified that she followed Maria to a nearby chapel. Acosta said she accused Maria of subjecting her children to a “substantial risk of physical injury with violence and intimidation.” Acosta testified that Maria “never gave [Acosta] eye contact,” her “speech was kind of speedy, very difficult to follow, jumping from one topic to another,” and that Maria was quiet, that it was “difficult to engage mom in the conversation.” Acosta was of the opinion that Maria suffered from an undiagnosed mental illness.

¶ 19 After she put the safety plan in place, Acosta learned that Maria had taken the children from Valdez's home on April 17, 2017. DCFS staff decided to take protective custody of the

children “due to the fact that we didn’t know exactly the mental condition of mom.” Acosta found Maria and the children at a shelter. She testified: “[Maria] was very argumentative and agitated, and she also called—made a hotline to the police, I believe. She stated that she didn’t know me. And I explained to her what was the reason I was there, but it was quite difficult to have a conversation with her.”

¶ 20 Acosta testified that after she took protective custody of the children, Maria refused to give her the children’s clothing, telling her “ ‘no, now you have the kids, like, you deal with the kids now.’ ”

¶ 21 Pursuant to section 2-18 of the Juvenile Court Act (705 ILCS 405/2-18 (West 2016)), at the adjudicatory hearing the court also considered a number of certified reports, including the reports from the shelter about Maria’s rule violations and the medical reports that diagnosed Yahir as having fine motor delay, a sensory integration disorder, and delayed immunizations.

¶ 22 In its adjudication ruling, the trial court expressly rejected the argument of the guardian *ad litem* (GAL) that the evidence showed Maria subjected her children to a substantial risk of injury. The court also noted that the State had not shown that the children had seen the domestic abuse that caused Maria to leave Cesar. However, the court found that the State proved that, within the meaning of the Act (705 ILCS 405/2-3(b) (West 2016)), Maria had subjected the children to an environment that was injurious to their welfare. The court said:

“I don’t think anything is more troubling for a finder of fact than dealing with mental health issues. ***

*** [W]e don’t take children away from their parents due to religious beliefs

unless there's a specific risk to the child. The risk isn't here in the religious beliefs that she has or the fact that she prays or makes the sign of the cross, that's not the risk to the child. The risk is that over and over the mother's actions, as they are being reported, do reflect a concern—a genuine concern on her mental health status. And nothing is more concerning to the Court in these types of situations than the possibility that either an undiagnosed or untreated mental health condition could at any time pose immediate risk to the health, safety, and welfare of the children ***.

*** [T]he investigator who has *** work[ed] with mental health clients [has] some experience in this area. She expressed a concern with respect to patterns of speech and demeanor of the mother such that there could be an underlying mental health problem that's not being addressed.”

¶ 23 The dispositional hearing was held on January 19, 2018. At that point, the trial court admitted the integrated assessment of Maria's family that had been completed on June 1, 2017. The integrated assessment repeated the allegation that an unidentified person claimed to have seen Maria hit Kenia's head, but according to the integrated assessment, “medical staff did not report seeing any visible injuries when they examined Kenia.” The integrated assessment also repeated Valdez's and Acosta's concern that Maria “has mental health issues, as she had been engaging in behaviors such as waking the children up at midnight to give them a bath. *** There were also concerns that [Maria] was not remembering to change the children and [might] not be feeding them adequately.”

¶ 24 According to the integrated assessment:

“While [Maria] seemed knowledgeable about her children's needs, such as

nutrition, health, and emotional needs, the back of Yahir's head was reportedly flat, which is [the] result of lying down for long periods of time. It appears that [Maria] did not hold Yahir as he needed to be held. ***

* * *

Although it was reported that [Maria] may have an undiagnosed mental illness ***, [Maria] did not present with any unusual symptoms or bizarre behavior during her four hour IA interview. She seemed intelligent and was knowledgeable about her children and how to properly care for them. She was well organized and knew where all of her important documents were. She brought the children's birth certificates, history of immunizations, and all information related to the Order of Protection with her to the IA interview. She knew when Kenia's next dentist appointment would be. [Maria] was observed making the sign of the cross over fifty times throughout her IA interview, which seemed more related to symptoms of anxiety or feelings of guilt as well as her identity as a devout Catholic. [Maria] had a very restricted affect throughout most of the IA interview. However, at various points during the interview when she spoke about her children, she became tearful. [Maria] also reported feelings of nervousness or anxiety about getting into another abusive relationship. It is likely that [Maria] is experiencing symptoms of both depression and anxiety. These symptoms could possibly have made it difficult for her to provide for her children's needs as well as her own."

¶ 25 At the dispositional hearing, the caseworker testified that Maria was participating in individual therapy and parenting classes. The caseworker also expressed that there were some concerns about visits with the children and, in particular, Kenia's negative response to the visits. In addition, there was testimony that Maria gave Yahir a permanent marker without a cap to put back in his mouth and that she took off the helmet that he had been prescribed to wear despite being told that he needed to keep it on 23 hours per day.

¶ 26 The court also heard testimony about Maria's many attempts to get a psychiatric evaluation at various hospitals. Maria's attorney reported that Stroger Hospital refused to do the evaluation because, at that time, they "[didn't] have any reason to think she ha[d] a mental health diagnosis." Towards the end of the hearing, a witness testifying on Maria's behalf reported that Maria had been living with her since November, that she was helping Maria get a referral for a psychological evaluation, and that she went on visits with her. At that point, the court said:

"I'm going to cut this off. ***

*** I got a call today from the head of the court reporters; and for union reasons, they want us down by 4:30. I'm taking advantage because she also said 5, but I think she wants 4:30.

And so I'm going to make a disposition finding.

* * *

*** I'm going to enter a finding that *** having considered all the evidence and the child previously being found—both of them—to be in an injurious environment and all statutory prerequisites having been complied with, each of

these minors will be adjudged a ward of the court, it being in the best interest and welfare of the minor and the public.

As to the mother, Maria L. ***, the Court finds her unable for some reason other than financial circumstances alone to care for, protect, train, or discipline the minor—each of them. And as to the two putative fathers and any unknown father, the Court will find them both unable and unwilling.

The Court believes reasonable efforts have been made to prevent or eliminate the need for removal of the minor from the home, and appropriate services aimed at family preservation and family reunification have been unsuccessful at this time. The Court finds it's in the best interest of each of these minors to remove them from the custody of their parent.”

¶ 27 The court placed both children in the custody of DCFS and entered a goal of return home within 12 months. Maria now appeals.

¶ 28 II. ANALYSIS

¶ 29 Maria challenges both the trial court's finding of neglect and its finding at the dispositional hearing that she was unable to take care of her children. We defer to the trial court's findings and will reverse a finding of neglect or unfitness only if it is against the manifest weight of the evidence. *In re N.B.*, 191 Ill. 2d 338, 346 (2000); *In re A.T.*, 2015 IL App (3d) 140372, ¶ 13. And we will reverse the trial court's decision regarding the appropriate disposition to be entered only where it is an abuse of discretion. *In re Kamesha J.*, 364 Ill. App. 3d 785, 795 (2006). “A decision is against the manifest weight of the evidence if the facts clearly demonstrate that the court should have reached the opposite result.” *In re N.B.*, 191 Ill. 2d at 346-47. And an

“abuse of discretion occurs when [a] ruling is arbitrary, fanciful, or unreasonable, or when no reasonable person would take the same view.” *McGill v. Garza*, 378 Ill. App. 3d 73, 76 (2007).

¶ 30 A. The Finding of Neglect

¶ 31 The Juvenile Court Act sets out its purpose explicitly:

“The purpose of this Act is to secure for each minor subject hereto such care and guidance, preferably in his or her own home, as will serve the safety and moral, emotional, mental, and physical welfare of the minor and the best interests of the community; [and] to preserve and strengthen the minor’s family ties whenever possible, removing him or her from the custody of his or her parents only when his or her safety or welfare or the protection of the public cannot be adequately safeguarded without removal.” 705 ILCS 405/1-2 (West 2016).

¶ 32 The Act defines a neglected and abused minor, in relevant part, as “any minor under 18 years of age whose environment is injurious to his or her welfare.” 705 ILCS 405/2-3(1)(b) (West 2016).

¶ 33 In addition to the evidence that was before the court at the adjudication and dispositional hearings, Maria asks us to take into consideration certain reports that were attached to her motion in this court to revest limited jurisdiction in the trial court. These exhibits include a full psychiatric evaluation from February 2018 which Maria says concludes that “she does not appear to be suffering from an acute psychiatric illness impairing her capacity to function in caring for herself or others.” The State and GAL correctly point out that these records were not before the trial court at the time of adjudication or disposition and are therefore not relevant to this appeal. See *In re Brooks*, 187 Ill. 2d 91, 128 (1999) (evidence can be considered on appeal only if it was first presented to the fact finder at trial).

¶ 34 To the extent the trial court in this case relied on the “possibility *** [of] an undiagnosed *** mental health condition,” we do not agree with its findings. Valdez and Acosta, the two witnesses who suggested that Maria had such a condition, claimed no accreditation as psychologists or psychiatrists.

¶ 35 However, we may affirm the trial court on any basis in the record. *In re Gabriel W.*, 2017 IL App (1st) 172120, ¶ 31 (citing *In re Veronica C.*, 239 Ill. 2d 134, 151 (2010)). As we recognized recently, “[a]n ‘injurious environment’ is an amorphous concept that cannot be defined with particularity, but has been interpreted to include the breach of a parent’s duty to ensure a safe and nurturing shelter for her children.” (Internal quotation marks omitted.) *In re Jordyn L.*, 2016 IL App (1st) 150956, ¶ 28. Here, although there was certainly evidence to show that Maria was a concerned and attentive mother, there was also ample evidence that Maria repeatedly put her children at risk. She repeatedly refused to follow the rules of the shelter and was evicted. She then refused to follow the requirements of a safety plan that she had agreed to and took the children from Valdez’s home without notifying DCFS. Both of these actions left Maria and her two young children at risk and without a place to stay.

¶ 36 In addition, there was evidence that the children were outside in cold weather without appropriate clothing, that Maria fed her daughter soda and cookies rather than appropriate food, and that Maria was verbally abusive to Kenia and grabbed her too hard. There was also some evidence that Kenia was afraid of her mother. The observations that doctors made of the children at the time there were taken into DCFS custody also suggested some health issues, such as Yahir having fine motor delay, a sensory integration disorder, and delayed immunizations.

¶ 37 While there was also evidence that the children were generally healthy and that Maria had attended to their medical needs, we are not persuaded that the trial court’s findings were

against the manifest weight of the evidence. The trial court itself noted that “[a] court does not have to wait for there to be injury to a child to find an injurious environment.” And as we just made clear in *In re Jordyn L*, this concept of anticipatory neglect extends well beyond sibling abuse or neglect and to any situation in which the environment suggests a risk. *Id.* ¶ 35.

¶ 38 Maria relies on our supreme court’s opinion in *In re N.B.*, 191 Ill. 2d 338 (2000). That case also involved a mother whose behavior toward others who were trying to help her family put her children at risk; specifically, the mother had a temper tantrum in a health facility when she was told the coupons she had could only be redeemed for powdered milk, and not liquid milk. *Id.* at 347. But significantly, in that case, the court found that isolated instances of the mother’s anger directed at others did not demonstrate “anger of a frequency, duration or quality that would indicate that the children lived in an environment that exposed them to, or threatened them with, emotional or physical injury.” *Id.* at 353. Here, in contrast, there was evidence of ongoing behavior by Maria that put her children’s housing and stability at risk.

¶ 39 Maria also relies on our opinion in *In re Zariyah A.*, 2017 IL App (1st) 170971. However, there we specifically held that the trial court’s finding of neglect was not against the manifest weight of the evidence. We instead reversed and remanded because the trial court had considered improper evidence, to which the mother had specifically objected. *Id.* ¶¶ 86, 115. Here, although we agree with Maria that the court should not have relied on the opinions of lay witnesses as to her mental health, Maria did not object to the testimony and does not even argue on appeal that it was inadmissible. Thus, any argument that the testimony was not properly considered has been forfeited. *People v. Enoch*, 122 Ill. 2d 176, 186 (1988).

¶ 40 Maria also relies on *In re Nyce*, 131 Ill. App. 2d 481, 487 (1971), but there it was clear from the record that the mother who DCFS claimed was neglectful never even had custody of her

child. That is certainly not the case here.

¶ 41 In short, none of the cases that Maria cites support her contention that the trial court erred. On this record, we cannot say that the trial court's finding of an injurious environment was against the manifest weight of the evidence.

¶ 42 **B. The Dispositional Finding**

¶ 43 We also affirm the dispositional finding that Maria lacked the ability to care for her children for a reason other than her financial circumstances.

¶ 44 The purpose of a dispositional hearing is for the court to determine whether it was in the best interests of the children to be made wards of the court. 705 ILCS 405/2-27(1) (West 2016). Under section 2-27(1) of the Juvenile Court Act, the trial court may commit a minor to DCFS wardship if it determines the parent is unfit or unable, for some reason other than financial circumstances alone, to care for, protect, train, or discipline the minor, and that the health, safety, and best interests of the minor will be jeopardized if the minor remains in the custody of the parent. *Id.* The health, safety, and interests of the minor remain the guiding principles when issuing an order of disposition regarding the custody and guardianship of a minor child. *In re Austin W.*, 214 Ill.2d 31, 46 (2005). A trial court's determination will be reversed only if its factual findings are against the manifest weight of the evidence or the court abused its discretion by selecting an inappropriate dispositional order. *In re Kamesha J.*, 364 Ill. App. 3d at 795.

¶ 45 Maria's challenge to the trial court's dispositional order rests primarily on her arguments that the court erred in finding that her children were subjected to an injurious environment. We have already rejected those arguments.

¶ 46 Maria also questions the court's finding that DCFS made reasonable efforts to reunify the family. She complains that the trial court did not explain this finding, but offers no authority to

suggest that such an explanation is required. And the only specific complaint that Maria makes about the court's finding is that DCFS took too long to get her the psychiatric evaluation that everyone agreed was necessary. Although we agree this evaluation should have been performed much sooner, Maria does not explain why this makes the trial court's dispositional finding erroneous.

¶ 47 In addition, although Maria does not raise this issue, we have some concern that the trial court may have precluded her from offering evidence at the dispositional hearing when it abruptly ended the hearing because the court reporter had to leave. But because Maria does not raise the trial court's abrupt termination of the dispositional hearing as an issue on appeal—and more importantly did not even ask the trial court to continue the hearing so that she could present further evidence—any argument she may have that she was prejudiced by the inability to present additional testimony or witnesses is also forfeited.

¶ 48 What we find to be significant is the fact that Maria never requested that her children be returned home at the dispositional hearing, but instead requested that the court enter the goal of “return home.” This goal presupposes that the court will find the mother unable, unwilling, or unfit to care for her children at the dispositional hearing, and will place the children in the custody of DCFS. 705 ILCS 405/2–27(1) (West 2016). Thus, Maria's position at the dispositional hearing was not that the children should be immediately returned to her or that she was fit, willing, and able to care for them at that time.

¶ 49 At the dispositional hearing, the trial court considered the evidence presented and the findings made at the adjudicatory hearing. In addition, the integrated assessment and service plans established that Maria was not fully compliant with offered services and in fact needed some services that had not yet begun. The psychiatric report that Maria points to as showing that

she did not have a mental health diagnosis had not yet occurred. Maria was regularly participating in visits but there were issues around those visits. While Maria is quite correct that the State cannot put the burden on her to show that she was able to care for her children, we cannot ignore that Maria never even suggested to the court at the dispositional hearing that the children should be returned to her care. Under these circumstances, we cannot find the trial court's dispositional order was an abuse of discretion.

¶ 50

III. CONCLUSION

¶ 51 While Maria L. certainly has many strengths as a parent, the trial court seemed well aware of this. We do not find that the trial court abused its discretion or made any findings that were against the manifest weight of the evidence at either the adjudication or the disposition.

¶ 52 Affirmed.