

An unpublished opinion of the North Carolina Court of Appeals does not constitute controlling legal authority. Citation is disfavored, but may be permitted in accordance with the provisions of Rule 30(e)(3) of the North Carolina Rules of Appellate Procedure.

IN THE COURT OF APPEALS OF NORTH CAROLINA

No. COA19-1086

Filed: 4 August 2020

Guilford County, No. 18 JA 279-80

IN THE MATTER OF: A.L.M., A.C.M

Appeal by respondent-mother from orders entered 26 June 2019, 16 August 2019, and 28 August 2019 by Judge Angela C. Foster in Guilford County District Court. Heard in the Court of Appeals 9 June 2020.

*Mercedes O. Chut for petitioner-appellee Guilford County Department of Health and Human Services.*

*Reece & Reece, Attorneys at Law, by Mary McCullers Reece, for respondent-appellant mother.*

*N.C. Administrative of the Courts, by Staff Attorney Michelle FormyDuval Lynch, for guardian ad litem.*

BRYANT, Judge.

Respondent-mother appeals from the order adjudicating A.L.M. and A.C.M (“Alice and Carson”)<sup>1</sup> as neglected juveniles, and dispositional orders suspending respondent-mother’s visitation and continuing custody of the juveniles with

---

<sup>1</sup> Pseudonyms are used to protect the juveniles’ privacy and for ease of reading.

petitioner Guilford County Department of Health and Human Services (“DHHS”).<sup>2</sup> We affirm the adjudication and disposition orders.

On 6 September 2018, DHHS obtained nonsecure custody of Carson, born May 2004, and Alice, born February 2006, and filed juvenile petitions alleging the children were neglected in that they did not “receive proper care, supervision, or discipline from [their] parent,” they were “not provided necessary medical care, and that they “live[d] in an environment injurious to [their] welfare.”

The petition alleged that on 20 August 2018, DHHS received a report that the children were not receiving proper medical and dental care. Respondent-mother had missed several scheduled appointments, and both children were alleged to have “severe cavities” and “developmental delays.” Alice had not had a wellness check in several years and Carson, a type 1 diabetic, had high blood sugar levels with glucose in his urine. Respondent-mother was asked to take Carson to the emergency department of a hospital, but respondent-mother refused. The petition further alleged that Carson had been hospitalized twice due to his diabetes.

An adjudicatory hearing was held in May 2019. After receiving additional information about the children’s severe dental needs, missed medical appointments, and ongoing concerns from DHHS regarding respondent-mother’s failure to provide adequate medical care for the children, as well as evidence of respondent-mother

---

<sup>2</sup> The children’s father is deceased.

engaging in inappropriate conversations with the children during visitation, the trial court entered its order adjudicating Carson and Alice neglected on 26 June 2019 (“Adjudication Order”). The Adjudication Order also suspended respondent-mother’s visitation with the children.

On 24 July 2019, the trial court held a disposition hearing, and heard testimony from witnesses, including the children, the children’s therapist, a social worker and respondent-mother. The court entered a “Disposition Order” on 16 August 2019. The Disposition Order, inter alia, granted DHHS continuing custody and placement authority over the children, and suspended respondent-mother’s visitation with the children. The trial court amended the disposition order on 28 August 2019 to reflect additional findings on respondent-mother’s compliance with the case plan. Respondent-mother appeals from the three orders.

---

*Respondent-mother’s appeal from the Adjudication Order*

On appeal, respondent-mother argues the trial court failed to make sufficient findings of fact to support its determination that the children were neglected as defined by N.C. Gen. Stat. § 7B-101(15) (2019). We disagree.

Generally, we review an adjudication to determine whether the trial court’s findings of fact are supported by “clear and convincing competent evidence” and whether those findings, in turn, support the court’s conclusions of law. *In re Helms*,

*Opinion of the Court*

127 N.C. App. 505, 511, 491 S.E.2d 672, 676 (1997). Uncontested findings of fact are “presumed to be supported by competent evidence and [are] binding on appeal.” *Koufman v. Koufman*, 330 N.C. 93, 97, 408 S.E.2d 729, 731 (1991). The trial court’s conclusions of law, including the conclusion that a child is a “[n]eglected juvenile” as defined by N.C.G.S. § 7B-101(15), are reviewed *de novo*. *Helms*, 127 N.C. App. at 512, 491 S.E.2d at 676.

Under N.C.G.S. § 7B-101(15), a “neglected juvenile” is defined as one

who does not receive proper care, supervision, or discipline from the juvenile’s parent, guardian, custodian, or caretaker; or who has been abandoned; or who is not provided necessary medical care; or who is not provided necessary remedial care; or who lives in an environment injurious to the juvenile’s welfare . . . .

“In order to adjudicate a child to be neglected, the failure to provide proper care, supervision, or discipline must result in some type of physical, mental, or emotional impairment or a substantial risk of such impairment.” *In re C.M.*, 183 N.C. App. 207, 210, 644 S.E.2d 588, 592 (2007).

In the instant case, the trial court made a number of findings in support of its adjudication of neglect. Pertinent findings include the following:

11. The Department became most recently involved with this family after receiving a report on August 20, 2018, with allegations of neglect due to lack of medical care.
12. [Alice] had not been seen by a doctor for a routine physical since she was in Kindergarten until the visit at Triad Adult Pediatric Medicine on August 17, 2018, and

*Opinion of the Court*

[respondent-mother] admitted this to Social Worker Sharpe on August 21, 2018.

13. [Carson] has Type 1 Diabetes and [respondent-mother] was not adequately managing his condition. On August 17, 2018, his blood sugar was 202, and he had glucose in his urine. [Carson] was supposed to have a follow up appointment at Triad Adult Pediatric Medicine on August 20, 2018, but [respondent-mother] called and cancelled that appointment. [Respondent-mother] failed to take [Carson] to the Emergency Department as recommended by Social Worker Sharpe on August 23, 2018. [Carson] was last seen by his endocrinologist. . . on July 17, 2018. [Carson] has had two previous hospitalizations regarding his diabetes.

14. Social Worker Sharpe testified that both juveniles have severe cavities in their mouths and that the juveniles were seen at the dentist in June 2018. Social Worker Sharpe further testified that during her investigation she confirmed the juveniles had seen the dentist again in August 2018 [to get their teeth pulled], and had another appointment scheduled.

15. Due to the concern for the wellbeing of the juveniles, a Child and Family Team Meeting was scheduled for August 30, 2018. [Respondent-mother] told the social worker that she did not plan to attend the meeting. The meeting was rescheduled for September 4, 2018; [respondent-mother] did not attend the meeting.

16. On September 4, 2018, A Child and Family Team Meeting was held; [respondent-mother] did not attend the meeting in person; however, Social Worker Sharpe reached [respondent-mother] by telephone and she agreed to discuss the concerns of the case via conference call. The concerns of the case were discussed. [Respondent-mother] stated that the juveniles were fine and that she would not be taking her son to the doctor or Emergency Room, as he had an appointment scheduled in September 2018. The

*Opinion of the Court*

team continued to advise [respondent-mother] of the concerns, and asked if she had spoken to Dr. Brennan regarding the concerns from the primary physician, and she stated she had not. [Respondent-mother] agreed to take [Carson] to see Dr. Brennan on September 4, 2018, or to the Emergency Room. [Respondent-mother] did not take Aaron to the emergency room or to Dr. Brennan's office on September 4, 2018.

17. On September 5, 2018, [respondent-mother] took [Carson] to [the doctor's office]. The glucose urine test was not conducted as [Carson] was dehydrated. During [Carson's] last visit in July 2018, there were concerns of his levels being high and his A1C was at 10.4, which should be between 7 and 8. Social Worker Sharpe testified that [the doctor's office] reported the A1C speaks to the consistency of him taking his insulin. . . .

. . . .

19. [Respondent-mother] has prior Child Protective Services history related to concerns of appropriate medical care:

- In October 2015, the Department received a report of lack of medical care. [Carson] was hospitalized and [] there were concerns regarding [respondent-mother's] ability to appropriately administer the juvenile's insulin. The case was found in Need of Services. . . . [which] ended in June 2016.
- In November 2017, a Lack of Medical Care report was received with concerns of [Carson] not having a diabetic plan at school, which was a requirement. [Carson] had admitted to not taking his insulin medication consistently. It was reported that [Carson] had not been seen by Dr. Brennan in over a year. [Carson] was hospitalized because his blood sugar level was 636 and his hemoglobin was greater than 14. This case was closed July 2018, with services recommended[.]

*Opinion of the Court*

20. The Department has made reasonable efforts to prevent the assumption of custody of the juvenile by speaking with the juvenile by:

- Interviews with mother
- Attempted placement with maternal grandfather
- Follow up with medical providers
- Collateral contact with school
- Prior Child Protective Services (CPS) history.

Based on the above findings of fact, the juveniles were adjudicated neglected. Respondent-mother claims the trial court erred by making findings of fact based on the testimony of a DHHS social worker and excepts to findings 13, 14 and 17. Respondent-mother contends that findings 13 and 17 violated the rules of evidence because the trial court relied heavily on hearsay statements from the social worker in making those findings. *See* N.C.G.S. § 8C-1, Rule 801(c) (2019) (“ ‘Hearsay’ is a statement, other than one made by the declarant while testifying at the trial or hearing, offered in evidence to prove the truth of the matter asserted.”); *see also id.* § 8C-1, Rule 802 (“Hearsay is not admissible except as provided by statute or by these rules.”). By statute, evidentiary rules, including the rules on hearsay, apply to cases where juveniles are alleged to be abused, neglected, or dependent. *Id.* § 7B-804. However, “[t]he mere admission by the trial court of incompetent evidence over proper objection does not require reversal on appeal. Rather, the appellant must also show

that the incompetent evidence caused some prejudice.” *In re Morales*, 159 N.C. App. 429, 433, 583 S.E.2d 692, 695 (2003) (citation omitted).

During the adjudication hearing, a DHHS social worker proffered testimony of her investigation pertaining to respondent-mother and the children. The social worker testified, over objection, that DHHS received a report of allegations involving respondent-mother’s lack of medical care for the children. The report described the medical history of the children. The social worker stated that during her investigation, she spoke with the children’s doctors, who indicated concerns of medical neglect following the children’s appointments. The social worker also testified to several discussions she had with respondent-mother regarding the allegations in the report; i.e., missed appointments, the children’s dental needs, and Carson’s blood sugar levels. During these discussions, respondent-mother admitted to the social worker that the report was true, that she thought [Carson] was “fine,” and that she did not need to take him to scheduled appointments.

The testimony of the social worker was as follows:

Q. . . .[W]hat did you read in the report?

A. The report states that [Alice] has not had a physical since kindergarten, and [Carson] is Type 1 diabetic. And on this date his blood sugar was 202, and he had glucose in his urine. [Respondent-mother] was asked to take the child to the emergency department and she refused to take him. [Carson] was supposed to be seen by a doctor on August 20th, 2018, but she called and canceled the appointment. [Carson] was last seen by . . . his endocrinologist, on July

*Opinion of the Court*

17th, 2018. [Carson] has had two previous hospitalizations in regards to his diabetes. The juvenile[s] ha[d] not been receiving dental care, and were observed to have severe cavities in their mouths. [Respondent-mother] and the children all have developmental delays. And [respondent-mother] has a physical limitation, she's an amputee.

The social worker then testified about her meeting with respondent-mother on August 21, 2018:

Q. Did you tell her -- did you share with [respondent-mother] the allegations in the report?

A. I did.

Q. And what did she say in response?

A. She admitted that the report was true. And she did refuse to take the child to the emergency room, which was [Carson].

Q. Did she say why?

A. She said she canceled the follow up appointment because she had other plans.

Q. What else did [respondent-mother] say regarding [Carson's] health at that time?

A. [Respondent-mother] stated that [Carson] was fine and his levels were high because he had not taken his insulin prior to going to the doctor's office. [Respondent-mother] stated that [Carson's] blood sugar levels are always high and there was no need to take her son to the hospital. [Respondent-mother] stated that he just needed to eat and take his medicine.

....

*Opinion of the Court*

A. She stated that she sees, that [Carson] sees his endocrinologist. . . and he has had no concerns. [Respondent-mother] reported that the last visit was with the doctor . . . was July 17th, 2018.

Q. Did you ask [respondent-mother] at that time about the children's dental needs?

A. I did.

Q. What did she say?

A. [Respondent-mother] reported that the children were last seen in June, 2018 and [Carson] needed his teeth pulled. She stated. . . she had not made any followup appointments regarding their dental needs.

There was no further objection to the aforementioned testimony. We hold respondent-mother's admission to the social worker that the allegations in the report as of August 21 alleging her failure to obtain medical care for her children was an admission of a party-opponent. N.C.G.S. § 8C-1, Rule 801(b), (d) ("A statement [by a party] is admissible as an exception to the hearsay rule if it is offered against [the] party and it is [*inter alia*] (A) [her] own statement, in either [her] individual or a representative capacity, or (B) a statement of which [s]he has manifested [her] adoption or belief in its truth[.]").

The report established that the children suffered developmental delays and had not been receiving adequate care and supervision towards their health needs. In turn, respondent-mother's admission to the allegations in the report confirmed that the children were lacking proper medical care. While the admission was hearsay

*Opinion of the Court*

offered to prove that respondent-mother could not provide for her children, respondent-mother's statements to the social worker were, nevertheless, admissible under Rule 801. *See Matter of J.M.*, 255 N.C. App. 483, 488, 804 S.E.2d 830, 834 (2017) (holding testimony of grandmother repeating mother's accounts of father's abuse of children and domestic violence toward mother in the presence of the children was hearsay testimony properly admitted under Rule 801). Thus, in the instant case, the testimony of the social worker as to Carson's medical care or lack thereof as of August 21, 2018 was properly admitted as an exception to the hearsay rule.

When the social worker testified about Carson's September 5, 2018 doctor's visit, respondent-mother objected, but the trial court allowed the testimony regarding Carson's medical condition. Mother's hearsay challenge to the September 5, 2018 medical testimony as set forth in finding 17 has merit. We note the trial court overruled Mother's objection to this testimony, perhaps on grounds of hearsay.<sup>3</sup> However, even assuming *arguendo*, that the portion of the social worker's testimony as to the child's medical treatment on September 5, 2018 included inadmissible hearsay, we cannot conclude it was prejudicial given respondent-mother's admission to similar allegations of medical neglect and other unchallenged findings of fact that

---

<sup>3</sup> We are unaware of any cases holding statements from doctor to social worker to be statements made for medical diagnosis or treatment, and we do not so hold in this case. *But see Matter of J.M.*, 255 N.C. App. 483, 489–91, 804 S.E.2d 830, 835–36 (2017) (holding statements made by parent to medical professionals regarding child's injuries were made for purposes of medical diagnosis or treatment).

showed medical neglect, including e.g., finding 19 that detailed a history of two prior reports of medical neglect involving Carson. Accordingly, we overrule respondent-mother's argument.

We also reject respondent-mother's argument that findings 14 and 17 were inadmissible by contending the trial court merely recited the evidence and failed to make a "conscious" determination of the facts. *In re M.R.D.C.*, 166 N.C. App. 693, 699, 603 S.E.2d 890, 894 (2004) ("[R]ecitations of the testimony of each witness do not constitute findings of fact by the trial judge, because they do not reflect a conscious choice between the conflicting versions of the incident in question which emerged from all the evidence presented." (quoting *In re Green*, 67 N.C. App. 501, 505 n. 1, 313 S.E.2d 193, 195 n. 1 (1984))).

Here, respondent-mother has not argued nor demonstrated on appeal that there were inconsistencies in the evidence to rebut these findings. Absent conflicting evidence, it was not necessary for the trial court to set forth how it weighed the evidence. Where, as here, there is no reason to think the trial court failed to make its own determination of the pertinent facts, it was proper for the trial court to rely on the credibility of the witnesses before it. *Cf. In re Gleisner*, 141 N.C. App. 475, 480, 539 S.E.2d 362, 366 (2000) ("Where there is directly conflicting evidence on key issues, it is especially crucial that the trial court make its own determination as to what pertinent facts are actually established by the evidence, rather than merely

*Opinion of the Court*

reciting what the evidence may tend to show.”). Therefore, we overrule respondent-mother’s exception to findings 13, 14, and 17.

Respondent-mother argues that the remaining findings of fact do not support the conclusion that Carson and Alice were neglected juveniles. We remain unpersuaded. The findings as set forth support the adjudication of neglect.

In reaching a decision to adjudicate the juveniles neglected, the trial court concluded the following:

6. It was] contrary to the health and safety of the juvenile[s] to [return] to the custody of [respondent-mother].

7. The juveniles require[d] more adequate care and supervision than [respondent-mother] [could] provide at [that] time.

8. Based on approximately 10-12 inappropriate statements and emails with the juveniles regarding the foster parents, there shall be no visitation at [that] time.

Considering all the competent evidence depicting the medical issues experienced by the children including respondent-mother’s failure to promptly seek medical attention to address their health needs, the trial court properly concluded the children did not receive the necessary medical care and, as such, were neglected juveniles pursuant to N.C.G.S. § 7B-101(15). Therefore, respondent-mother’s argument is overruled.

*Respondent-mother’s appeal from the Disposition Orders*

*Opinion of the Court*

Respondent-mother argues that the trial court erred by suspending visitation with the children without making a determination as to the children's best interest. We disagree.

"We review a trial court's disposition order only for an abuse of discretion." *Matter of L.Z.A.*, 249 N.C. App. 628, 641, 792 S.E.2d 160, 170 (2016). "A ruling committed to a trial court's discretion is to be accorded great deference and will be upset only upon a showing that it was so arbitrary that it could not have been the result of a reasoned decision." *Matter of S.G.*, \_\_ N.C. App. \_\_, \_\_, 835 S.E.2d 479, 489 (2019) (citation omitted). "If the trial court's findings of fact are supported by competent evidence, they are conclusive on appeal." *In re Weiler*, 158 N.C. App. 473, 477, 581 S.E.2d 134, 137 (2003).

An order that continues a juvenile's placement outside of a parent's home "shall provide for visitation that is in the best interest[ ] of the juvenile consistent with the juvenile's health and safety[.]" N.C.G.S. § 7B-905.1(a). Conversely, the trial court is within its authority to suspend visitation or contact by a parent when suspension is in the best interest of the juvenile, and consistent with the juvenile's health and safety. *See id.*

[I]n the absence of findings that the parent has forfeited [his or her] right to visitation or that it is in the child's best interest to deny visitation[,] the court should safeguard the parent's visitation rights by a provision in the order defining and establishing the time, place[,] and conditions under which such visitation rights may be exercised. As a

*Opinion of the Court*

result, even if the trial court determines that visitation would be inappropriate in a particular case or that a parent has forfeited his or her right to visitation, it must still address that issue in its dispositional order and either adopt a visitation plan or specifically determine that such a plan would be inappropriate in light of the specific facts under consideration.

*In re K.C.*, 199 N.C. App. 557, 562, 681 S.E.2d 559, 563 (2009) (alterations in original) (internal citation and quotation marks omitted).

Here, the trial court in its order, and later its amended order made the following pertinent findings:

12. Cone Health Center for Children follows [Carson] for medical needs. He was last seen on April 22, 2019; . . . . Dr. Eric Sandler provides dental care. He was last seen on March 15, 2019; . . . . [Carson] was referred to Dr. Scott Jensen and had five extractions on June 6, 2019; and on July 3, 2019, he had two more extractions completed. Dr. Jensen also removed a benign cyst from [Carson's] gum. [Carson] sees Dr. Michael Brennan, Endocrinologist for diabetes management. His last appointment was April 2, 2019. . . . The Social Worker transported [Carson] for blood work on July 11, 2019. The foster mother will request a referral for a nutritionist at that appointment.

. . . .

14. [Alice] has a learning disability. [Alice] was evaluated by Audiologist, Dr. Deborah Woodward, on May 22, 2019, and was diagnosed with Central Auditory Processing Disorder (CAPD) with poor binaural integration. Dr. Woodward referred [Alice] to [a] Speech Language Pathologist (SLP) for further evaluations[.] . . . There were concerns with [her] processing levels. She completed a psychological evaluation [where it was] indicated that [Alice] performed in the low average range in verbal comprehension and processing speed. [Alice's] scores were

*Opinion of the Court*

extremely low in fluid reasoning and working memory. [She had] also performed extremely low in the areas of communication, community use, functional academics, home living, leisure and social skills. [It was] recommended that [Alice's] IEP team reconsider her disability category.

....

21. [Respondent-mother] entered in a case plan with the Department on October 22, 2018; agreeing to the following components:

- **Housing/Environment/Basic Physical Needs:** [Respondent-mother] continues to reside in the home where she and the juveniles resided prior to placement. [Respondent-mother] has no rent payments. Copies of utility bills have been requested, but not received. An unannounced home visit was completed on June 21, 2019. The Social Worker was met on the front porch and [respondent-mother] indicated it was not a good time for home visit. The Social Worker informed her about a CFT meeting scheduled for July 8, 2019, and asked [respondent-mother] to call her the following week with a day that the Social Worker could return to complete a monthly budget. The Social Worker provided [respondent-mother] with her business card and cell phone number to it. [Respondent-mother] agreed to call. On June 24, 2019, [respondent-mother] indicated she would contact Dr. Brennan's office to schedule the diabetic education class. The Social Worker offered to attend the class with her. [Respondent-mother] was advised to contact Dr. Morris' office to inform them she had met with Social Worker and was ready to schedule her appointment. On July 2, 2019, the Social Worker attempted to contact [respondent-mother] about scheduling a home visit. A voicemail was left requesting a return call. On July 8, 2019,

*Opinion of the Court*

during a team meeting, [respondent-mother] agreed to complete a home visit on July 12, 2019, to complete a monthly budget and allow Social Worker to complete a home assessment. No safety/environmental hazards were found in the home. The Social Worker contacted the Adult Services Division to inquire about in-home services for [respondent-mother] and provided them with contact information for her.

- **Parenting Skills:** Because of multiple missed appointments, [respondent-mother] was placed on a “do not reschedule” list. [Respondent-mother] refuse[d] to complete her IQ testing because Dr. Morris was not facilitating. [Respondent-mother] was informed that no more appointments would be scheduled until[] they could speak with the Social Worker and further appointments would be required to be scheduled with the Social Worker’s assistance. Agape Psychological had been attempting to complete an evaluation for [respondent-mother] since June 2018 and did not want to keep scheduling her and she not attend. [Respondent-mother] testified today in court that she has an appointment scheduled for July 30, 2019 at 4:00PM. [Respondent-mother] completed a diabetic class with Dr. Brennan, [Carson’s] endocrinologist, on May 2, 2019. On June 21, 2019, [Respondent-Mother] informed the Social Worker that she had not finished with the educational sessions with [Carson’s] endocrinologist but was willing to make plans to complete the training. On July 2, 2019, [respondent-mother] informed the Social Worker that she made attempts to schedule an appointment for the diabetic education with Dr. Brennan’s office and is waiting for the nurse to call her back. On July 8, 2019, the Social Worker scheduled a diabetic education class for herself and [respondent-mother] for July 22, 2019 with Cone Health Pediatric Specialists. . . . [Respondent-mother] stated she would be rescheduling the appointment and declined

*Opinion of the Court*

to have the Social Worker attend with her. [Respondent-mother] completed classes with Cone Health on July 17, 2019. The nurse reported that she was concerned about [respondent-mother]’s vision and comprehension. Due to these concerns[,] the Social Worker is following up with [the] [n]urse [] to determine if there is any additional diabetic training available to [respondent-mother]. [Respondent-mother] completed the Parent Assessment Training and Education Program (PATE) and received a certificate on June 27, 2019. According to Demetria Powell-Harrison, PATE Lead Facilitator, [respondent-mother] attended as required and participated appropriately. The Social Worker provides updates to [respondent-mother] regarding the juveniles partially due to a breakdown in shared parenting with the Foster parents of [Alice], Ms. Lamb. [Respondent-mother] participates in shared parenting with the foster parent of [Carson] and it is reported to go well. As of February 8, 2019, visits between the juveniles and their mother were suspended by the Court. While [respondent-mother] was participating in visits with the children, there were concerns with [respondent-mother] having to be redirected when discussing the Department and [Alice’s] foster parent in an inappropriate way. [Respondent-mother] continued to discuss and ask questions regarding the foster parent even when redirected that her questions can be asked in shared parenting with her and [Alice’s] foster mother. . . .

- **Employment/Income-Management:**

[Respondent-]mother receives survivor’s benefits from her deceased husband and not Social Security Disability benefits as previously reported. Verification from Social Security Administration in July 2019 shows she only receives widow’s benefits (SSA). The Social Worker attempted to assist [respondent-mother] with a monthly budget. On July 12, 2019, [respondent-mother] sat with the Social Worker to complete a budget. [Respondent-

*Opinion of the Court*

mother] did not provide any statements from her mortgage company and reported that her home was in foreclosure. [Respondent-mother] reported the mortgage company entered an agreement with her, and the home will not be foreclosed. A copy of the agreement was requested as soon as possible, and [respondent-mother] agreed to provide a copy. She provided a copy of her water and light bills. [Respondent-mother's] monthly income is sufficient to cover monthly home expenses considering mortgage amount is the same as she reported. [Respondent-mother] indicated that she had not applied for disability benefits as she previously indicated. Options for health insurance was discussed and [respondent-mother] was interested in learning more about affordable healthcare through the market place; the Social Worker will provide her additional documentation on health insurance options.

22. As of February 8, 2019, supervised visits/contact between [respondent-mother] and the juveniles has been suspended. Visits were suspended because there were concerns that [respondent-mother] required too much redirection to prevent inappropriate conversations, namely [respondent-mother] was discussing the Department and [Alice's] foster parent in an inappropriate way. Per this Court's Order[,] the GAL attorney advocate subpoenaed both of the children's therapists. [Carson's] therapist [] is no longer with Turning Point and [Carson] has only had one session with his new therapist[.] It is noted that in [][her] May 14, 2019, update she stated that [Carson's] therapist, [] is present in court today. At today's hearing[,] [respondent-mother] requested that visits and contact between her and the children be reinstated. The GAL and DHHS objected citing the need for the parenting psychological evaluation to be completed and for [respondent-mother] to be in substantial compliance with her case plan. [T]he therapist for [Alice,] testified that [Alice] does want visitation with her mother and that visits may help [Alice] if the Court determines they are in her

*Opinion of the Court*

best interests however it would be a good idea to have the results of [respondent-mother]'s parenting psychological evaluation first. The Court agrees with the GAL and DHHS and [respondent-mother]'s request for reinstatement of visits/contact is denied at this time.

....

28. It is not possible for the juveniles to be placed with a parent within the next six months[;] however, the [respondent-mother] is working her case plan.

....

34. The barriers to reunification are:

- [Respondent-mother] needs to complete her psychological evaluation
- [Respondent-mother] needs to participate in and understand the juveniles' medical and developmental needs, including management of [Carson's diabetes].
- [Respondent-mother] needs to provide the Department her mortgage information in order to complete her budget.
- The father is deceased.

The trial court then concluded:

2. It is in the best interest of the juveniles to remain in the legal and physical custody of [petitioner].

....

4. It is in the best interests of the juveniles that the primary permanent plan is reunification with a secondary concurrent plan of adoption.

5. It is contrary to the health and safety of the juveniles to be returned to the custody of a parent at this time.

*Opinion of the Court*

6. The juveniles require more adequate care and supervision than a parent can provide at this time.

7. The parent is not making adequate progress within a reasonable period of time under the plan.

. . . .

9. The parent does not remain available to the Court, the Department, and the Guardian ad Litem for the juveniles.

Here, it is clear that the trial court considered the children's best interest and made findings which supported that visitation would be inappropriate. The findings not only reflect that respondent-mother's compliance with the case plan was less than satisfactory, but also, that reinstating visitation with the children after respondent-mother's previous displays of inappropriate behavior, would be contrary to the children's welfare. Therefore, the trial court did not abuse its discretion in suspending respondent-mother's visitation and respondent-mother's argument is overruled.

Accordingly, the trial court's ruling is

**AFFIRMED.**

Judges INMAN and HAMPSON concur.

Report per Rule 30(e).