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IN THE COURT OF APPEALS OF NORTH CAROLINA

No. COA26-252

Filed 16 September 2026

Brunswick County, No. 24JA000046-090

IN THE MATTER OF: A.R.W.

Appeal by Respondent-Mother from an order entered on 19 November 2025 by Judge Pauline Hankins in Brunswick County District Court. Heard in the Court of Appeals 25 August 2026.

No brief for petitioner-appellee Brunswick County Department of Social Services.

Patricia M. Propheter for respondent-appellant mother.

Poyner Spruill LLP, by Evan A. Lee, for guardian ad litem.

WOOD, Judge.

Respondent-Mother (“Mother”) appeals from the trial court’s order granting guardianship of A.R.W. (“Ashley”)¹ to her foster parents, reducing visitation, releasing the attorneys for Mother and Respondent-Father (“Father”), relieving the Brunswick County Department of Social Services (“DSS”) and the guardian *ad litem* (“GAL”) from further involvement, and ending further review hearings. Father is not a party to this appeal. Mother argues the trial court erred by (1) admitting the psychological evaluation over the objection of the GAL and Mother and (2) ending reunification, releasing DSS and the GAL and waiving future review hearings based upon unsupported findings of fact. For the reasons set forth below, we affirm the trial court’s order.

I. Factual and Procedural Background

Mother gave birth to Ashley on 22 August 2023. Ashley had an older sister L.W. (“Lacey”)² who was 11 months old when Ashley was born. Ashley was born with significant medical issues and placed in the neonatal intensive care unit at birth. Ashley was diagnosed with failure to thrive with elevated cortisol levels, hypotonia, and deformity of her hand. Due to significant medical issues, Ashley was under the care of pediatric specialists, including endocrinology, pulmonology, gastroenterology,

¹ Pseudonyms are used to protect the identity of the juveniles pursuant to N.C. R. App. P. 42(b).

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and surgery. Ashley had a gastrostomy tube (“G-Tube”) placed to allow food to enter directly into her stomach because hypotonia prevented her from safely swallowing food orally.

On 1 April 2024, DSS received a child protective services report stating that Ashley had missed numerous specialty appointments and Mother’s phone indicated it had been disconnected. Specifically, Ashley missed a neurology appointment on 5 February 2024, endocrinology on 5 March 2024, two appointments with gastroenterology on 5 and 19 March 2024, an appointment with pulmonology on 26 March 2024, a well-child visit with her pediatrician in March 2024, and a feeding appointment on 1 April 2024. Mother took Ashley to a follow-up appointment on 18 March 2024 with the reporter who noted Ashley was sick with a fever of 101 degrees. The reporter advised Mother to take Ashley to her primary care doctor and rescheduled her appointment for 26 March 2024. Mother did not take Ashley to the primary care doctor and did not attend the rescheduled appointment on 26 March 2024.

In response to the report, a DSS social worker attempted to make in-person contact with Mother on 1 April 2024. After multiple unanswered knocks at Mother’s home, DSS requested support from law enforcement. When Mother eventually responded to the door, she stated that the allegations were lies and that she had “not had time to take her daughter to the doctor” due to caring for her elderly grandfather in the nursing home and transportation issues. Mother was able to schedule an

appointment with Ashley's primary care doctor on 2 April 2024. Mother refused to allow the social worker into her home or to take a drug test.

On 19 April 2024, a DSS social worker met with Mother to remind her of upcoming appointments. Ashley did not attend either the 22 April 2024 appointment with the feeding team or the 23 April 2024 appointment with pulmonology. Additionally, the feeding team reported to DSS that they had attempted to admit Ashley to the hospital at least twice due to weight loss, but parents refused. According to Ashley's most recent weight check she was moderately malnourished.

On 23 April 2024, Ashley was seen by her primary care doctor, who diagnosed her with an ear infection and prescribed penicillin to treat it. Later that day, DSS conducted a home visit. Mother reported to DSS that she had not picked up the prescribed medication for Ashley's ear infection because there was "a one-lane road."

On 24 April 2024, DSS attempted two home visits. During the first visit Mother stated she was sleeping and closed the door on the social worker. The social worker left a note on the door about the pre-petition meeting scheduled for 25 April 2024. A few hours later, DSS attempted a second home visit. The note had been removed but no one answered the door. Mother did not attend the pre-petition meeting.

On 29 April 2024, DSS received another report from one of Ashley's physicians stating that the eight-month-old infant weighed less than ten pounds, was cold and clammy, and had a large head and small extremities. Her lips were blue tinted, and

she had difficulty breathing. The reporter was concerned about failure to thrive and Mother's ability to care for the baby, as well as possible substance abuse.

On 29 April 2024, DSS returned to the home but Mother refused to allow entry and told them to leave her property. DSS called emergency medical services ("EMS") and Mother allowed them to assess Ashley. EMS recommended Ashley be seen in person by a doctor, but Mother refused. Mother also refused a drug test.

DSS attempted another home visit on 30 April 2024. Mother was not present, but another household member talked with the social worker. The household member told the social worker that Mother takes good care of the children. When asked if there were any needles in the house, they responded, "[o]f course, how else would she take her medication, [Mother] melts down a bag of powdered substance and then uses the needle to take the medication."

Later that day, Mother took Ashley to the doctor. Clinic staff reported that Ashley looked very bad. Her pulse oximeter reading was in the seventies, her breathing was labored, and her chest was reacting. The clinic called the rapid response team, and Ashley was admitted to the hospital.

In response, DSS filed a Juvenile Petition the next day alleging Ashley to be neglected and dependent. DSS simultaneously filed a motion for nonsecure custody.

On 10 June 2024, the trial court held an adjudication and disposition hearing. Mother stipulated to most of the facts concerning her interactions with DSS and medical providers. Clinician, Terri Long ("Long"), from Coastal Comprehensive Care

testified that she started caring for Mother in April 2022 for her substance abuse related to the use of heroin, crack cocaine, and marijuana. Long testified that Mother had previously relapsed in 2019 and lost custody of her child. Mother was under the care of Long during both her pregnancies with the girls and continued to test positive for methamphetamine, amphetamine, buprenorphine, and cocaine while pregnant. She stated that Mother had tested positive for cocaine as recently as 29 April 2024, the day before the girls came into DSS custody. The drug test records from Coastal Comprehensive Care were entered into evidence.

The paternal grandmother of the children testified that J.W. (“Joe”),³ Mother and Father’s biological son, is in her care. Other individuals associated with the family testified about concerns with Mother’s drug use, domestic violence between the parents, and inability to care for the children. The trial court adjudicated Ashley as neglected but dismissed the allegation of dependency.

At disposition, the trial court heard testimony from Ashley’s current foster mother as well as the GAL. The foster mother testified that Ashley was doing well and was committed to providing care for the foreseeable future, including any necessary medical support. The trial court determined it was in Ashley’s best interest to stay with her foster family. Mother and Father were ordered to comply with their

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case plans. The trial court granted Parents visitation for a minimum of one hour per week and ordered reunification to be the initial permanent plan.

The initial permanency planning hearing was held on 9 September 2024. The DSS social worker testified that Ashley was thriving in her foster home. A central line had been placed and her G-Tube had been replaced by a gastrojejunostomy tube (“GJ-Tube”). Ashley had supervised visitation with her Mother for a minimum of four hours per week; however, Mother had missed five visits and cancelled two others. The GAL testified she had concerns because Parents had not been attending medical appointments or calling when they could not attend in person. Therefore, they had not received the necessary training to care for Ashley. Additionally, they had failed to follow through with training during visitation.

Mother testified she had kicked Father out of the home due to drug use. Mother also testified she was unemployed and had been since Ashley’s birth and that Lacey was not in daycare. She also testified that she pays her expenses by selling crafts and using Ashley’s social security check. She reported she had not executed the release of information for Coastal Horizons to allow them to speak to DSS about her treatment progress.

Mother had completed a comprehensive clinical assessment at Coastal Horizons on 10 May 2024 and had been recommended to participate in an assessment for medication-assisted treatment due to the severity of her recent opioid use and withdrawal symptoms. Thereafter, Mother withdrew her consent for DSS to speak

with Coastal Horizons. Mother had completed Triple P parenting online class and provided certificates of completion on 15 June 2024.

The trial court continued the primary plan of reunification and added a secondary plan for guardianship. The trial court ordered Mother to participate in hair follicle drug screens, sign a release for Coastal Horizons and all other providers, provide proof of prescriptions for all medications, attend all medical appointments for Ashley, provide her household budget and income, and comply with the Family Services Case Plan.

On 6 November 2024, the trial court held a second permanency planning hearing. The DSS social worker, GAL, and Mother all testified. Testimony tended to show that since the prior hearing Mother missed one scheduled visitation but attended two scheduled visitations while Ashley was in the hospital and Mother missed all four of Ashley's medical appointments. Mother had tested positive for cocaine and benzoylecgonine on 11 September 2024 but tested negative for all substances on 11 October 2024. Further, Mother had not completed a budget even when given support from DSS but stated that her rent was \$400.00, car insurance was \$60.00, and utilities were \$100.00. The trial court found Mother was making minimal progress on her case plan and continued the plans of reunification and guardianship.

The trial court held a third permanency planning hearing on 21 January 2025. Since the previous hearing Mother had attended two of nine significant medical

appointments for Ashley. She did not attend the major medical appointments at UNC at which Ashley was seen by multiple providers. Additionally, when Ashley was admitted to the hospital for multiple days due to illness and during another instance when Ashley went under anesthesia to have material removed from her lungs, Mother did not visit to check in on Ashley's health and safety. The DSS social worker expressed concern that during visitation Mother did not monitor Ashley and Lacey. Mother left them unattended and the social worker had to step in to ensure Lacey did not inadvertently harm Ashley. Additionally, Mother had been observed to turn her back on the respiratory specialists when they attempted to teach her how to support Ashley saying she would focus more on Ashley's needs after she returned home. Mother had also brought Lacey to visit Ashley when Lacey was sick, causing Ashley to fall ill and require oxygen support. Mother failed to complete requested drug screens, and the consent for DSS to communicate with Coastal Horizons had expired. Mother had also refused to seek employment outside of her home and had not paid the mandatory child support of \$50.00 per month since November 2024 and was in arrears of \$103.85. The trial court changed the primary plan to guardianship with a secondary plan of reunification.

A fourth permanency planning hearing was scheduled for 1 May 2025 but was continued until 6 May 2025 due to the size of the Court calendar. The hearing began on 6 May, and resumed on 7 May, 21 May, and 23 June 2025. On 12 June 2025, the GAL filed a motion requesting a psychological assessment with a parenting capacity

component be completed on Mother; an order granting the motion was entered on 22 August 2025. On 13 June 2025, DSS filed a motion to reopen evidence based on new information. On 23 June 2025, the motion was heard and the order granting it was entered 1 July 2025. The trial court entered the permanency planning order on 7 July 2025.

The trial court found Ashley was thriving in foster care. She had more than doubled her weight and improved her developmental skills. Mother had improved her attendance at medical appointments and visitation; however, she continued to have difficulty independently managing the schedule of appointments and the necessary knowledge of Ashley's medications and equipment. At Ashley's G-Tube replacement Mother forgot to inform providers that Ashley needed a nebulizer treatment, even though she had been present at the previous procedure. The DSS social worker reported that she still must step in and monitor Lacey and Ashley during visitation, as Mother fails to supervise safely. During Mother's testimony, the trial court noted Mother did not "demonstrate an entry-level understanding of what the child's medications were and how they were administered. She was unable to clearly explain when appointments were scheduled, and why she was late for appointments. She could not elaborate . . . as to what level of care [Ashley] needs daily." All of Ashley's treatment providers who testified or provided letters to the trial court indicated serious concerns about Mother's ability to manage Ashley's care.

The trial court continued the plan of guardianship with a secondary plan of reunification. The trial court ordered Mother to complete a psychological evaluation with a parental capacity component. The trial court also continued Mother's supervised visitation for a minimum of two hours once per week but also added three extended visits for four hours, six hours, and eight hours to occur once a month beginning in July with the increase in time dependent on there being no concerns noted during the visits. The longer visits required supervision from both DSS and a nurse, although Mother was to be the primary caretaker. Both DSS and the nurse were ordered to be present at the next hearing to provide observations and updates to the trial court.

The trial court conducted the fifth permanency planning hearing on 28 October 2025. The trial court heard testimony from DSS and the nurse concerning the extended visits ordered at the previous hearing. Foster parents provided all parties present for the visits with a fifteen-page daily routine for Ashley.

During the first visit, Mother struggled to attend to both Lacey and Ashley. She asked the nurse to watch Ashley at one point, left Lacey in a highchair watching a phone for an hour and ten minutes, and attached Ashley's feeding tube incorrectly.

During the second visit, Mother forgot to get Ashley's pulse oximeter from the vehicle and began tugging on the line requiring the nurse to intervene, mixed Ashley's formula incorrectly, forgot to give Ashley her inhaler and then needed instruction on administration, needed reminders on how to change Ashley's diaper, and did not

change Lacey's soiled diaper for over forty minutes. Further, Mother did not know how to use the oxygen machine for nap time. Nap time became so chaotic that the nurse observed Mother "make a fist, grinch her teeth, and shake her body as she raised her voice to Lacey asking her to stop." The nurse had to step in and facilitated the nap. During the visit, DSS noted that Mother was visibly pregnant but when asked, Mother stated she was not. However, at the 26 August 2025 Child and Family Team meeting less than three weeks later Mother confirmed she was pregnant and due in December.

The third extended visit occurred on 4 September 2025. Mother provided Ashley with medications and formula without issue and was much calmer; however, Lacey was not present for almost the entirety of this visit.

During the DSS social worker's testimony, the trial court accepted a psychological and parental capacity evaluation into evidence over the objection of the GAL, who objected because the evaluation did not fully comply with the order for evaluation entered on 22 August 2025. Mother joined in this objection. The parties were presented with the evaluation approximately an hour before the hearing. According to objections concerning the evaluation, it was a seven-page document with significant self-reporting rather than the evidence-based evaluations ordered. The evaluation is not included in the record on appeal.

According to the DSS social worker, the evaluator was available to testify virtually concerning the report, however there is no testimony from the clinician in

the transcript. After hearing objections from multiple parties, the trial court stated, “I’m going to receive a copy of it” and instructed the attorneys to continue with the DSS social workers testimony.

After hearing testimony from the DSS social worker, the nurse, Ashley’s physical therapist, the GAL, Mother, and the foster parents, the trial court ordered that guardianship of Ashley be vested in her foster parents and visitation with Mother and Father would continue for two hours once a month. The trial court released the attorneys for Mother and Father, DSS, and the GAL and waived future review hearings. The trial court’s order was filed on 19 November 2025. Mother filed timely notice of appeal on 3 December 2025.

II. Analysis

On appeal, Mother argues the trial court erred by (1) admitting the psychological evaluation over the objection of the GAL and Mother, and (2) ending reunification, releasing DSS and the GAL and waiving future review hearings based upon unsupported findings of fact.

A. Psychological Evaluation

“In appeals from the trial division of the General Court of Justice, review is solely upon the record on appeal.” N.C. R. App. P. Rule 9(a). “It is appellant’s duty to ensure that the record is complete.” *Estate of Redden v. Redden*, 194 N.C. App. 806, 810, 670 S.E.2d 586, 589 (2009). The printed record on appeal must contain “copies of all other documents filed and statements of all other proceedings had in the trial

court which are necessary to an understanding of all issues presented on appeal unless they appear in another component of the record on appeal[.]” N.C. R. App. P. 9(a)(1)(j). When the evidence necessary to understand the issue is not included in the record, the matter is not reviewable on appeal. *Walker v. Penn Nat’l Sec. Ins. Co.*, 168 N.C. App. 555, 560, 608 S.E.2d 107, 110 (2005).

Here, Mother contends the trial court erred by admitting the psychological report when it did not comply with the trial court’s order regarding the requirements for the psychological evaluation and did not provide “specific recommendations as to her capacity to provide proper care and supervision and to make complex medical decisions.” However, Mother has failed to include the psychological report in the record on appeal. Without the report at issue, we are “unable to perform a meaningful review of this assignment of error.” *Id.* at 560, 608 S.E.2d at 111.

B. Ending reunification, releasing DSS and the GAL and waiving future review hearings

“We review the permanency planning order and guardianship order to determine ‘whether there is competent evidence in the record to support the findings and whether the findings support the conclusions of law.’” *In re K.B.*, 249 N.C. App. 263, 266, 803 S.E.2d 628, 630 (2016) (quoting *In re C.M.*, 230 N.C. App. 193, 194, 750 S.E.2d 541, 542 (2013)). “We review de novo the trial court’s conclusions of law.” *In re J.A.S.F.*, 299 N.C. App. 12, 16, 917 S.E.2d 305, 309 (2025).

The trial court’s findings of fact are conclusive on appeal when supported by any competent evidence, even if the

evidence could sustain contrary findings. In choosing an appropriate permanent plan under N.C. Gen. Stat. § 7B-906.1, the juvenile's best interests are paramount. We review a trial court's determination as to the best interest of the child for an abuse of discretion.

In re J.H., 244 N.C. App. 255, 268-69, 780 S.E.2d 228, 238 (2015) (cleaned up).

Mother contends findings of fact 46, 49, 50, and 51 are not supported by competent evidence. Additionally, she argues conclusion of law 3 is erroneous as it relies on finding of fact 51. We disagree.

1. *Finding of Fact 46*

Finding of fact 46 states,

[p]lacement with [Mother] or [Father] is not possible today, nor is it likely within the next six months. [Mother] is unable to demonstrate a capacity to provide appropriate medical care to [Ashley] during supervised visits.

Mother contends that because the visit on 4 September 2025 was much smoother than the first eight-hour visit, this fact is unsupported. However, as this Court has noted,

there is a difference between arguing that there is *no evidence* to support a finding by the trial court, and arguing that there is evidence which *contradicts* that finding. In a nonjury proceeding such as this, the findings of fact “are conclusive on appeal when supported by any competent evidence, even if the evidence could sustain contrary findings.”

In re C.M., 273 N.C. App. 427, 430, 848 S.E.2d 749, 751-52 (2020) (quoting *In re Norris*, 65 N.C. App. 269, 275, 310 S.E.2d 25, 29 (1983)). There was significant

testimony from the DSS social worker, the GAL, and the nurse concerning Mother's significant struggles during the first and second visitations. This included problems appropriately and effectively using Ashley's feeding equipment, oxygen machines, and pulse oximeter. Additionally, Mother incorrectly administered medications, struggled with diaper changes, and had serious difficulty safely monitoring both Ashley and Lacey together.

The GAL noted that the third and final visit was supposed to be "exactly the same" as the previous visit. However, Mother did not comply with the request and did not have Lacey present for most of the visit. Without Lacey present it was a "smoother" visit, but Mother still refused to suction Ashley's saliva when prompted by the nurse stating, "Nah, she'll be okay." The nurse testified Ashley "finally coughed it out" but noted she was concerned that it could have turned to gasping or choking.

The testimony from the DSS social worker, the GAL, and nurse provided competent evidence Mother was "unable to demonstrate a capacity to provide appropriate medical care to [Ashley] during supervised visits." Evidence of a smoother visit when Mother failed to have both Ashley and Lacey present does not negate the evidence from the other visits.

2. Finding of Fact 49

Finding of fact 49 states in parts pertinent to Mother,

[Mother] and [Father] have made minimal progress on the

objectives outlined in their case plan. . . . [Mother] is minimally participating or cooperating with her case plan, the Department, or the Guardian *ad Litem*. [Mother] has made herself available to the Court, the Department, and the Guardian *ad Litem*. [Mother] and [Father] are acting in a manner inconsistent with the health and safety of [Ashley].

Mother contends that she completed her case plan tasks regarding substance abuse and parenting and improved her attendance to medical appointments and increased her knowledge concerning Ashley's needs. Mother argues that by "lumping both parents together" in the findings the trial court minimizes Mother's progress. Again, Mother conflates evidence that contradicts the trial court's findings with having no evidence to support said finding. *In re C.M.*, 273 N.C. App. at 430, 848 S.E.2d at 751-52.

While it is uncontroverted that Mother had made progress on the substance abuse aspect of her plan and had regularly cooperated with drug testing and testing clean, this is only one aspect of her plan. She had made minimal slow progress in learning and taking responsibility for Ashley's medical needs, refused to attempt to locate employment, and was dishonest with DSS about her current pregnancy. Based on Mother's own testimony, she knowingly lied to DSS about being pregnant, her sole source of income was a home-based craft business that generates approximately \$900.00 per month, and she had expressed no interest in obtaining employment outside the home.

Additionally, "[f]indings of fact not challenged by respondent are deemed

supported by competent evidence and are binding on appeal.” *In re J.C.J.*, 381 N.C. 783, 787, 874 S.E.2d 888, 892 (2022). The trial court made numerous findings concerning Mother’s limited progress, including:

8. [Mother] does not demonstrate a working knowledge of [Ashley’s] complex medical needs. She cannot provide a complete list of her medications, and she is unable to track the juvenile’s medical appointments, though they are all made available to her in the shared parenting text group. [Mother] has to be reminded of appointments for Ashley.

....

21. [Mother] reported to the group that she was going to be a surrogate mother after her current pregnancy. She reported she would earn \$65,000 as a surrogate. She reported [Lacey] would still be attending daycare if and when [Ashley] returned to her home. [Mother] has not secured employment throughout the life of this matter, stating she earns money from her at-home craft business.

....

28. [Mother] has attended the majority of [Ashley’s] appointments since the last hearing. She missed the Seashore Pediatrics appointment on August 25, 2025, reporting that she was not made aware of it. There has not been any specific medical training needed or provided since the last hearing. [Mother] continues to demonstrate difficulties with remembering doctors’ names or their specialties. At the outset of this matter, neither parent was consistent in attending [Ashley’s] medical appointments.

....

44. The Court incorporates the following specific findings of fact from the permanency planning hearing that concluded on June 23, 2025:

...

[Mother] testified. Based on her responses to the questions of her attorney and the attorney advocate, the Court finds that she was unable to demonstrate an entry-level understanding of what the child's medications were and how they were administered. She was unable to clearly explain when appointments were scheduled and why she was late for appointments.

This is clearly competent evidence from which the trial court found Mother has made minimal progress on case plan objectives, is minimally participating and cooperating, and continues to act in a manner inconsistent with the health and safety of Ashley. In the sixteen months Ashley had been in DSS care, Mother has failed to make managing Ashley's medical care, the primary reason for her removal, a priority.

3. Finding of Fact 50

Finding of fact 50 states,

Legal custody of the juvenile cannot be returned to the parents today as it is contrary to and inconsistent with the juvenile's health and safety, and it is not likely within the next six months, as the parents have not demonstrated an effort toward reunification with their child, have failed to make reasonable progress on their case plan goals and objectives, and have failed to demonstrate an ability to provide for the care of [Ashley], a medical fragile child with complex medical needs.

Mother argues finding of fact 50 is not supported by the evidence and is "unfair" as Mother "has in fact demonstrated an effort towards reunification." However, as evidenced by the findings of fact noted above there were significant uncontested findings from which to support the finding that custody could not be returned, and Mother was acting inconsistent with Ashley's health and safety. "A parent's

prolonged inability to improve her situation, *despite some efforts in that direction*, will support a finding of willfulness regardless of her good intentions, and will support a finding of lack of progress. . . .” *In re A.H.G.*, 284 N.C. App. 297, 310, 875 S.E.2d 593, 603 (2022). Similarly, Mother’s prolonged inability to learn who Ashley’s doctors were, what medications are necessary for Ashley, and how to administer them supports the trial court’s finding that Mother was not demonstrating an effort towards reunification.

4. *Finding of Fact 51 and Conclusion of Law 3*

Finding of fact 51 states,

Continued efforts by the Department to reunify the juvenile with her parents are clearly futile and would be unsuccessful, as [Father] and [Mother] have not made adequate progress with case plan goals, and they have acted in a manner that is inconsistent with the health and safety of the juvenile. By their lack of progress, they have surrendered their constitutional rights to the custody of the minor child.

Similarly, conclusion of law 3 states, “the juvenile’s biological parents are not in a position to make educational or medical decisions with regard to the child’s care and have surrendered their constitutional rights to custody of the minor child.”

Mother argues the evidence does not support the finding or conclusion that Mother “surrendered [her] constitutional rights to the custody of the minor child” as Mother was “trying her best” and asks this Court to review this issue *de novo*.

However, our Supreme Court has expressly held “parents must raise the

constitutional issue in the trial court to preserve it for appellate review.” *In re K.C.*, 386 N.C. 690, 697, 909 S.E.2d 170, 176 (2024). To preserve this issue, “a parent must inform the trial court and the opposing parties that the parent is asserting a challenge *on constitutional grounds* and articulate the basis for that constitutional claim. If the parent fails to do so, the claim cannot be reviewed on appeal.” *Id.* at 691, 909 S.E.2d at 172.

Here, Mother did not raise any constitutional issues to guardianship at the trial court and did not list constitutional issues in her notice of issues on appeal. Instead, Mother focused solely on whether the findings and conclusions were supported by the evidence.

The present case is very similar to this Court’s case *In re T.S.* in which the respondent-mother made an essentially identical argument that the trial court’s findings of fact were unsupported by the evidence and “the remaining findings failed to support the court’s conclusion either she is unfit as a parent or has acted in a manner inconsistent with her rights to overcome her presumptions of fitness and acting in the best interest of the children to forfeit her constitutionally-protected parental status.” *In re T.S.*, 298 N.C. App. 699, 706, 916 S.E.2d 289, 294 (2025). Because the respondent-mother never argued her constitutional right to parent was violated in the trial court she “waived appellate review of this issue [on] appeal.” *Id.* at 707, 916 S.E.2d at 294. Similarly here, Mother’s failure to assert her constitutional argument at the trial court waives any appellate review of the issue. *Id.*

As there is ample competent evidence to support all of the contested findings of fact those findings are deemed conclusive on appeal. The sole conclusion of law Mother contested concerned the constitutional argument she did not raise at trial and as such the issue is waived on appeal.

III. Conclusion

For the foregoing reasons, we hold that the evidence supports the trial court's findings of fact, and Mother's failure to raise the constitutional right at trial waives any review on appeal. Therefore, we affirm the trial court's order.

AFFIRMED.

Judges STADING and FREEMAN concur.

Report per Rule 30(e).