

**NOTICE**

This order was filed under Supreme Court Rule 23 and may not be cited as precedent by any party except in the limited circumstances allowed under Rule 23(e)(1).

2019 IL App (4th) 190240-U

NO. 4-19-0240

**FILED**  
August 28, 2019  
Carla Bender  
4<sup>th</sup> District Appellate  
Court, IL

IN THE APPELLATE COURT  
OF ILLINOIS  
FOURTH DISTRICT

|   |   |                    |
|---|---|--------------------|
|   | ) | Appeal from the    |
|   | ) | McLean County      |
| <i>In re</i> Ka. S. and Ki. S., Minors, | ) | Circuit Court      |
|   | ) | No. 18JA60         |
| (The People of the State of Illinois,   | ) |                    |
| Petitioner-Appellee,                    | ) | Honorable          |
| v.                                      | ) | J. Brian Goldrick, |
| Crystal S.,                             | ) | Judge Presiding.   |
| Respondent-Appellant).                  | ) |                    |

JUSTICE HARRIS delivered the judgment of the court.  
Justices DeArmond and Turner concurred in the judgment.

**ORDER**

¶ 1 *Held:* The appellate court affirmed, concluding the trial court’s best-interest determination was not against the manifest weight of the evidence.

¶ 2 In March 2019, the trial court terminated the parental rights of respondent, Crystal S., as to her minor children, Ka. S. (born August 4, 2017) and Ki. S. (born June 4, 2018). On appeal, respondent argues the trial court’s best-interest determination was against the manifest weight of the evidence. We disagree and affirm.

¶ 3 I. BACKGROUND

¶ 4 Respondent and William S. are the parents of Ka. S. and Ki. S. The record reflects that William S. was involved in the underlying proceedings but he is not a party to this appeal. We address the issues only as they relate to respondent and the minor children.

¶ 5 On August 10, 2017, the State filed a petition for adjudication of wardship, alleging Ka. S. was a neglected minor because she was an infant whose meconium contained cocaine (705 ILCS 405/2-3(1)(c) (West 2016)). In October 2017, the court entered an adjudicatory order finding Ka. S. was neglected. In November 2017, the court entered a dispositional order adjudicating Ka. S. a dependent minor, making her a ward of the court, and placing custody and guardianship with the Department of Children and Family Services (DCFS).

¶ 6 On June 11, 2018, shortly after the birth of Ki. S., the State filed a petition for adjudication of wardship. The State alleged that Ki. S. was a neglected minor because (1) her environment was injurious to her welfare due to her mother's unresolved substance abuse issues (705 ILCS 405/2-3(1)(b) (West 2016)); (2) her environment was injurious to her welfare due to her mother's unresolved mental health issues (705 ILCS 405/2-3(1)(b) (West 2016)); (3) her environment was injurious to her welfare in that respondent had concurrent juvenile court involvement in a separate case (no. 17-JA-30) regarding a minor in the custody of DCFS and respondent remained unfit as she had not completed her services (705 ILCS 405/2-3(1)(b) (West 2016)); (4) her environment was injurious to her welfare in that respondent had previous juvenile court involvement in a case (no. 16-JA-22) in which she surrendered her parental rights to a prior born child and failed to correct the conditions that initially necessitated court involvement (705 ILCS 405/2-3(1)(b) (West 2016)); and (5) Ki. S. was an infant whose meconium contained cocaine (705 ILCS 405/2-3(1)(c) (West 2016)). On July 25, 2018, the court entered an adjudicatory order, finding Ki. S. was neglected pursuant to respondent's admission that Ki. S. was an infant whose meconium contained cocaine (705 ILCS 405/2-3(1)(c) (West 2016)). On September 5, 2018, the trial court entered a dispositional order adjudicating Ki. S. a dependent

minor, making her a ward of the court, and placing custody and guardianship with DCFS.

¶ 7 On September 21, 2018, the State filed a petition with respect to Ki. S., seeking a finding of unfitness and termination of respondent's parental rights. The State alleged respondent was unfit because (1) she failed to maintain a reasonable degree of interest, concern, or responsibility as to the minor's welfare (750 ILCS 50/1(D)(b) (West 2016)); (2) she had a habitual addiction to drugs for at least one year prior to the unfitness proceeding (750 ILCS 50/1(D)(k) (West 2016)); and (3) Ki. S.'s meconium contained any amount of a controlled substance at birth (750 ILCS 50/1(D)(t) (West 2016)).

¶ 8 On October 22, 2018, the State filed a petition with respect to Ka. S. seeking a finding of unfitness and termination of respondent's parental rights. The State alleged respondent was unfit because (1) respondent failed to maintain a reasonable degree of interest, concern, or responsibility as to the minor's welfare (750 ILCS 50/1(D)(b) (West 2016)); (2) she had a habitual addiction to drugs for at least one year prior to the unfitness proceeding (750 ILCS 50/1(D)(k) (West 2016)); (3) she failed to make reasonable efforts to correct the conditions that were the basis for the removal of Ka. S. within a nine month period (November 2, 2017, through August 2, 2018) following the adjudication of neglect (750 ILCS 50/1(D)(m)(i) (West 2016)); and (4) she failed to make reasonable progress toward the return of Ka. S. within nine months (November 2, 2017, through August 2, 2018) after the adjudication of neglect (750 ILCS 50/1(D)(m)(ii) (West 2016)). The trial court subsequently consolidated the cases involving Ka. S. and Ki. S.

¶ 9 On March 19, 2019, the trial court conducted a fitness hearing. Respondent admitted she was unfit because Ki. S.'s meconium contained a controlled substance at birth (750

ILCS 50/1(D)(t) (West 2016)). Respondent also admitted she was unfit because she failed to make reasonable progress toward the return of Ka. S. from November 2, 2017, through August 2, 2018. (750 ILCS 50/1(D)(m)(ii) (West 2016)). The State agreed to dismiss the remaining allegations of unfitness. The State then set forth, and respondent stipulated to, the following factual basis:

“[T]he State would present evidence by asking the Court to take judicial notice of [Ka. S.’s] adjudicatory order[,] which indicates that on October 5th of 2017 the Court found that at [her] birth her meconium contained \*\*\* cocaine [and] \*\*\* [she] was later adjudicated \*\*\* neglected.

Following [Ka. S.’s] birth, [respondent] was referred to substance abuse treatment by her caseworker \*\*\*.

\*\*\*

[Respondent] failed to attend a substance abuse assessment until March of 2018. She was recommended for substance abuse treatment. However, she failed to follow through with the recommended treatment and continued to use cocaine during that time.

Additionally, the State would ask the Court to take judicial notice that on July 25th of 2018 this Court found that [Ki. S.’s] meconium contained a controlled substance[,] cocaine.

And as to \*\*\* [Ka. S.’s] petition[,] \*\*\* [respondent] failed to make reasonable progress during the nine-month period of November 2nd of 2017 and August 2nd of 2018.

The State would call caseworker Karoline Hull who would testify that [respondent] failed to complete any of the recommended services during that time period despite being referred to several agencies by the caseworker[,] including individual counseling, domestic violence treatment, and substance abuse treatment.

[Respondent] failed to attend any of those services during that timeframe. She continued to use cocaine as evidenced by many positive drug screens.

Additionally, [respondent] gave birth to a second substance exposed child[,] [Ki. S.,] on June 4th, 2018 which was within that [nine-month] time period \*\*\*. [Respondent] was missing visits with the minors during that time period.

And \*\*\* the State would ask that the Court take judicial notice that [respondent] [was] never found \*\*\* to have made reasonable progress during that time period nor did she attain fitness at any point.”

¶ 10 Based upon respondent’s stipulation and the factual basis presented by the State, the trial court found respondent unfit in that she failed to make reasonable progress toward the return of Ka. S., and Ki. S.’s meconium contained a controlled substance at the time of her birth.

¶ 11 That same day, the trial court conducted a best-interest hearing. The State presented the testimony of Jessica Stewart, a supervisor at the Center for Youth and Family Solutions.

¶ 12 Stewart testified that she was assigned to this case in September 2017 and, since that time, the children have been in the care of foster parent Heather Ranta. Stewart testified that

Ka. S. and Ki. S. both appear “bonded” and “attached” to Ranta. Stewart further explained that Ranta was “the only parent they have known” and their needs were being met in Ranta’s home. Stewart testified that Ranta was an adoptive resource.

¶ 13 Stewart stated “there doesn’t seem to be a bond between the girls and [respondent].” She testified that, according to reports from caseworkers, respondent “required a lot of prompting \*\*\* to soothe her children when they were crying or upset, \*\*\* to change their diaper[s], [and] \*\*\* to feed them.”

¶ 14 Stewart testified that respondent’s main source of income was supplemental security income (SSI), respondent continued to have untreated mental health issues, and she had unresolved substance abuse issues. Stewart acknowledged that respondent was enrolled in the dual diagnosis program at Chestnut Health Systems. However, Stewart explained that respondent’s treatment for substance abuse begins “sometime this month” when a “bed will be available” at Chestnut Health Systems.

¶ 15 Karoline Hull, a foster care supervisor, was assigned to Ka. S. and Ki. S.’s case from February 1, 2018, through mid-March 2018, and she was reassigned to the case from May 2018 through October 5, 2018.

¶ 16 Hull stated the primary issue preventing respondent from successfully caring for her children was her mental health and substance abuse issues. Hull testified that the mental health treatment at Chestnut Health Systems was “just beginning now at Chestnut with the dual diagnosis program[.]”

¶ 17 Hull acknowledged respondent “loves her children[.]” Hull observed respondent’s weekly visits with Ka. S. and Ki. S., and she explained that those visits could not be increased

due to respondent's lack of engagement in her services. Hull stated that respondent needed "a lot of prompting" during those visits. Hull further testified that Ka. S. and Ki. S. did not appear to be bonded to respondent because they would cry during visits, they "had a hard time being soothed throughout visits," and they were not "upset to leave." Hull explained that after receiving prompts, respondent was able to respond to the needs of the children. Hull testified that she was present for the visit that took place at respondent's apartment in February 2018 and Hull acknowledged there were no safety concerns during the visit.

¶ 18 Heather Ranta testified next. Ranta testified that, at the time of the best-interest hearing, she was 24 years old and she lived in a three-bedroom home with her then five-month-old adopted son. She testified she worked at the Trinity Lutheran School kitchen and she also does photography and daycare from her home. She stated that since December 2015, she has provided daycare services for her five younger siblings.

¶ 19 Ranta testified Ka. S. first came into her care when she was "just over five weeks" old. Ki. S. came into her care when she was five days old. Ranta stated that she loved them "very much" and if they became available she intended to adopt them.

¶ 20 Ranta testified that when Ka. S. first came into care, she had withdrawal symptoms such as tremors, seizures, sneezing, and sweating excessively. She testified that Ka. S. currently sees a therapist twice a month for a sensory processing disorder. Ranta explained that the sensory processing disorder would cause Ka. S. to become "over-stimulated easily in crowded places or [by] different noises" and she "doesn't do well with different textures" or "trying new things \*\*\*." Ranta was told that it would be a long-term disorder.

¶ 21 With respect to Ki. S., Ranta testified that she saw an audiologist as well as a

neurologist to treat seizures that occurred on a daily basis. Ki. S. also experienced tremors and sweating. Ki. S. was starting treatment with a developmental pediatrician due to delays in her development. Ranta anticipates that Ki. S. will eventually need an MRI for possible damage to her brain in addition to physical therapy and feeding therapy. Although Ki. S. had not yet received a diagnosis due to her young age, Ranta was informed that Ki. S. will likely require assistive devices such as braces or a walker because of her “rigid” and “stiff” muscle movements. She stated that these issues were caused by drug exposure at birth.

¶ 22 Respondent testified that she loved her children very much and she missed them. She stated that she knew her children missed her because “[o]ne of them [was] always throwing a fit” at the end of her visits with them. She testified that she could “sooth[e] [her] children when they were crying or feed [them] when they were hungry.”

¶ 23 Respondent testified that she felt it was in the best interest of the children to return them to her care “[b]ecause [she] had them naturally.” She acknowledged that she still had services to finish, and it was important to her that she complete those services because she wanted her “kids back home \*\*\*.” She stated she was taking her medication for a mental health condition and participating in counseling every week. She testified that, when she would call for updates about her children, it would take a week or longer to receive a call back and they would never let her know about medical appointments. Respondent stated she “[was]n’t going to say” she was the “best” parent, “[n]obody’s perfect,” and she requested additional time to complete her services.

¶ 24 Respondent testified she currently lived in a one-bedroom apartment with her partner of 14 years, William S., and she was currently in the process of looking for a two-

bedroom apartment. Respondent stated she was “fine” with William S. moving out if her children were returned to her care.

¶ 25 Respondent acknowledged that both Ka. S. and Ki. S. had been exposed to cocaine at birth. She testified that she was “not necessarily addicted” to cocaine. She stated she knew it was “not good” for her children—but she “did it anyway.” Respondent testified she had last used cocaine the weekend prior to the best-interest hearing. She stated, “I don’t want to be using.”

¶ 26 At the conclusion of the hearing, the trial court found it was in the best interest of both children to terminate respondent’s parental rights. In reaching this decision, the court noted that both children came into care because cocaine was present in their meconium. The court stated that “[a]lmost 19 months have passed” and “we’re still dealing with the same [substance] issues.” The court acknowledged respondent had “made attempts at treatment” at Chestnut Health Systems. The court stated that respondent “continues to use cocaine” but “appreciate[d] her honesty here on the stand.”

¶ 27 The court noted that respondent had a psychological evaluation in November 2018. The court stated that “what [was] of concern” was respondent’s “borderline” functioning and her “child rearing attitudes” that placed her at “high risk” in the “areas that are tested.” The court also stated “the evaluation supports that [respondent] has a significant substance abuse \*\*\* problem.” The court acknowledged that her issues are so significant that they “are not easily resolved.”

¶ 28 The court stated that respondent’s apartment was “appropriate for her” but “[w]hether it’s appropriate for two children is another question.” The court recognized that

respondent was currently looking for a larger apartment.

¶ 29 The court noted respondent's ongoing relationship with William S. who also had substance abuse problems. The court expressed doubt about respondent's stated "intention of leaving" and "cut[ting] ties" with William S. in light of their 14-year relationship. The court explained that, "if [respondent] was clean and [William S.] continued to use, that would pose a problem for both of these children \*\*\*." William S. and respondent's "dependen[cy] upon one another \*\*\* [is] of concern especially when [they] have substance abuse issues."

¶ 30 The trial court stated Ka. S. and Ki. S. have been "raised by somebody else" because of the "underlying substance abuse problems that both of the parents have." Ka. S. and Ki. S. have special needs because they were "exposed to substances in utero." Ka. S. "seems to have \*\*\* overcome some of her initial medical issues \*\*\* but \*\*\* we won't know the full extent of the effects of the \*\*\* illegal substances \*\*\* until later on in [Ka. S.'s] life."

¶ 31 Ki. S. was a "different story." The trial court stated that Ki. S. continued to have significant medical needs due to exposure to substances. "We won't know the extent of the trauma \*\*\* until she gets older."

¶ 32 The trial court stated that, although respondent expressed a desire to attend to the needs of her children, Ranta "has been the one to provide for [their] needs." The court noted respondent's testimony regarding her disappointment about "not [being] told about" medical appointments or other needs of the children. The court stated, "it's not likely that anyone would allow a parent who has a significant substance abuse problem[,] "has not addressed that substance abuse problem, [or] taken care of their own issues \*\*\* [to] try[] to meet the needs of these children \*\*\*."

¶ 33 The trial court acknowledged that respondent loved her children. However, “it takes more than love.” The court stated that Ranta was “the one who [was] providing for the children on a daily basis. That’s where \*\*\* there’s security and familiarity, continuity of affection.” The court explained that respondent was “not in a position to care for either of the[] children[,] \*\*\* although [she] may want to,” and “it would take too much time for [respondent] to address not only her substance abuse problems but her mental health issues \*\*\*.” The court noted that Ka. S. and Ki. S. have been in care for “a lengthy period of time.” The court emphasized that “[p]ermanency for the child[ren] \*\*\* [was] a very important factor [that] supports termination of parental rights.”

¶ 34 This appeal followed.

¶ 35 II. ANALYSIS

¶ 36 On appeal, respondent argues the trial court’s best-interest determination was against the manifest weight of the evidence. Specifically, respondent contends the court “ignored” her progress, there was “no showing that termination of \*\*\* parental rights would provide any benefit to Ka. S. or to Ki. S.[.]” and “the \*\*\* goal of reunification was not pursued by service providers, the State, or the court.”

¶ 37 “Following a finding of unfitness \*\*\* the focus shifts to the child. The issue is no longer whether parental rights *can* be terminated; the issue is whether, in light of the child’s needs, parental rights *should* be terminated.” (Emphases in original.) *In re D. T.*, 212 Ill. 2d 347, 364, 818 N.E.2d 1214, 1227 (2004). “[A]t a best-interests hearing, the parent’s interest in maintaining the parent-child relationship must yield to the child’s interest in a stable, loving home life.” *Id.* At this stage of the proceedings, “the State bears the burden of proving by a

preponderance of the evidence that termination is in the child's best interest." *In re Jay. H.*, 395 Ill. App. 3d 1063, 1071, 918 N.E.2d 284, 290-91 (2009). We will not disturb the trial court's best-interest determination unless it is against the manifest weight of the evidence. *Id.* "A finding is against the manifest weight of the evidence only if the opposite conclusion is clearly evident." *In re Arthur H.*, 212 Ill. 2d 441, 464, 819 N.E.2d 734, 747 (2004).

¶ 38 Under the Juvenile Court Act of 1987, there are several factors a court should consider when making a best-interest determination. 705 ILCS 405/1-3(4.05) (West 2016). These factors, considered in the context of the child's age and developmental needs, include the following:

"(1) the child's physical safety and welfare; (2) the development of the child's identity; (3) the child's background and ties, including familial, cultural, and religious; (4) the child's sense of attachments, including love, security, familiarity, and continuity of affection, and the least-disruptive placement alternative; (5) the child's wishes; (6) the child's community ties; (7) the child's need for permanence, including the need for stability and continuity of relationships with parental figures and siblings; (8) the uniqueness of every family and child; (9) the risks related to substitute care; and (10) the preferences of the persons available to care for the child." *Jay. H.*, 395 Ill. App. 3d at 1071 (citing 705 ILCS 405/1-3(4.05) (West 2008)).

¶ 39 As stated, respondent argues there was no showing that terminating her parental rights would provide "any benefit" to the children and the goal of reunification had not been pursued in this case. We disagree.

¶ 40 The evidence in this case supports the trial court’s determination that terminating respondent’s parental rights was in the best interest of the children. The court stated that both Ka. S. and Ki. S. came into care because cocaine was present in their meconium and, at the time of the best-interest hearing, respondent was still using cocaine. The court noted respondent’s testimony that she wanted to resolve her substance use issues. According to supervisor Stewart, respondent’s treatment was just beginning around the time of the best-interest hearing when a “bed [became] \*\*\* available” at Chestnut Health Systems. The court stated that respondent’s addiction to cocaine was so significant that it would not be easily resolved at this point. Further, as the court explained, respondent continued to cohabitate with and have an unhealthy “dependen[cy]” on her long-term partner, William S., who also had ongoing substance abuse issues that would pose a problem to the minor children if they were returned to respondent’s care while she was with William S.

¶ 41 For most of their lives, both Ka. S. and Ki. S. have been raised by Ranta and they have formed a bond with her. The trial court noted that Ranta was “the one who [was] providing for the children on a daily basis” and attending to their special needs that were caused by respondent’s use of cocaine. Ranta testified that the needs of both children were significant and included seizures, tremors, sweating, a sensory disorder, and other developmental delays that would likely plague them for the rest of their lives. The court acknowledged that, although there was no doubt respondent loved her children, respondent was in no position to care for or attend to the needs of the children in the foreseeable future. The court emphasized the children’s need for permanency, recognizing that the children have been in care for a “lengthy period of time.”

¶ 42 Based on the above, we cannot say the trial court’s determination to terminate

respondent's parental rights was against the manifest weight of the evidence.

¶ 43

### III. CONCLUSION

¶ 44

For the reasons stated, we affirm the trial court's judgment.

¶ 45

Affirmed.