

Circuit Court for Baltimore County
Case No.: C-03-JV-22-000341

UNREPORTED
IN THE APPELLATE COURT
OF MARYLAND*

No. 80

September Term, 2024

IN RE: K.N.

Tang,
Kehoe, S.,
Harrell, Glenn T., Jr.
(Senior Judge, Specially Assigned)

JJ.

Opinion by Harrell, J.

Filed: August 26, 2024

*This is an unreported opinion. This opinion may not be cited as precedent within the rule of stare decisis. It may be cited for its persuasive value only if the citation conforms to Md. Rule 1-104(a)(2)(B).

At the heart of this appeal is K.N. (“K.” or “Child”), a fourteen-year-old in “medically fragile” health, who was declared in need of assistance (“CINA”)¹ following a May 2022 incident of physical abuse by her father, appellant, C.N. (“Father”). Father challenges a 5 March 2024 order by the Circuit Court for Baltimore County, sitting as a juvenile court, awarding custody and guardianship of K. to B.M., her maternal grandmother (“Grandmother”), establishing “liberal” visitation to him at K.’s discretion, then terminating CINA proceedings.

Although Father presents a single question,² we reframe the issues based on the parties’ briefing, as follows:

1. Did the juvenile court err or abuse its discretion in awarding custody and guardianship of K. to Grandmother and closing the CINA case?
2. Did the juvenile court err or abuse its discretion in ordering visitation at K.’s discretion?

To the extent Father preserved these challenges, we discern no error or abuse of discretion and therefore affirm the juvenile court’s order.

¹ A child in need of assistance is one “who requires court intervention” based on adjudicated findings of abuse or neglect, or “a mental disorder[,]” when the parents “are unable or unwilling to give proper care and attention to the child and the child’s needs.” *See* Md. Code, § 3-801(f)-(g) of the Courts & Judicial Proceedings Article (“CJP”).

² The question presented in Father’s brief is:

Did the juvenile court err when it changed K.N.’s permanency plan to a plan of custody and guardianship with her grandmother, granted her grandmother legal guardianship, gave K.N. total discretion to refuse visitation with her father, and terminated the court’s jurisdiction?

BACKGROUND

Family and Medical Background

K. was born 26 August 2010. She “is considered medically fragile due to her diagnoses of Type 2 diabetes, asthma, high blood pressure, Adjustment Disorder, and Pfeiffer syndrome[,]” which is “a genetic disorder characterized by the anomalies of the skull, face, and limbs.”³

Following her mother’s death in 2014, K. resided with Father until 13 May 2022. During that time, Father and K. developed a “history with” the Baltimore County Department of Social Services (“BCDSS”). In January 2020, BCDSS investigated a report that Father neglected nine-year-old K. by failing to provide “proper care” for her tracheostomy tube, putting her at risk of “fatal injury.” Noting that Father’s “two live in paramours” also resided in the home, investigators reached an “unsubstantiated” finding.⁴

³ Pfeiffer Syndrome is “[a] birth defect characterized by abnormalities of the skull, hands, and feet. This syndrome results in wide-set, bulging eyes, an underdeveloped upper jaw, and a beaked nose due to the head being unable to grow normally.” *Craniofacial Abnormalities*, JOHNS HOPKINS MEDICINE, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/craniofacial-abnormalities#:~:text=Pfeiffer%20syndrome%3A%20A%20birth%20defect%20characterized%20by%20abnormalities%20of%20the%20skull%2C%20hands%2C%20and%20feet.%20This%20syndrome%20results%20in%20wide%20set%2C%20bulging%20eyes%2C%20an%20underdeveloped%20upper%20jaw%2C%20and%20a%20beaked%20nose%20due%20to%20the%20head%20being%20unable%20to%20grow%20normally> (last visited 21 Aug. 2024).

⁴ “Unsubstantiated” is a mid-level finding by a local social services department following its investigation of reported child abuse or neglect, indicating “that there is an insufficient amount of evidence to support a finding” that the reported abuse or neglect did or did not occur. Md. Code, § 5-701(aa) of the Family Law Article (“FL”).

In June 2020, the Department investigated again Father for neglect “with noted concerns of physical abuse[.]” That investigation ended in an Alternative Response.⁵

***May-October 2022: Shelter Care Resulting in
CINA Adjudication and Placement with Grandmother***

According to reports BCDSS submitted to the juvenile court in support of the CINA petition on 27 May 2022 and 18 August 2022, in support of its CINA petition, the following circumstances led to the removal of K. from Father’s custody, for shelter care with Grandmother. On 10 May 2022, BCDSS received a report that Father struck eleven-year-old K. several times with a belt, causing “visible injuries to her upper arm and reported soreness to her back, legs, and hips[.]” and that he then “dragged [K.] down the stairs by her arms and locked her out of the home for several hours after the incident.”

On 11 May 2022, a BCDSS social worker interviewed K. at her middle school. Although K. expressed initially fear of retaliation for speaking, she recounted ultimately that on May 8, Father struck her with a belt several times because he believed that “she and a friend were telling people on the internet that he killed her mother.” According to K., when Father struck at her back and buttocks, “she used her arm to block the strikes.” She suffered multiple blows to her arm, leg, and back. When “she attempted to flee[.]” Father “pulled her down the stairs by her arms and pulled one of her braids out of her head.” K. was afterwards “in severe pain[.]”

⁵ An “alternative response program” is an authorized response to certain reports of abuse or neglect, based on assessed risks of further abuse or neglect, family strengths and needs, and the availability of necessary services. *See* FL § 5-706(a)(1); FL § 5-706(k). It does not encompass any finding “as to whether child abuse or neglect has occurred.” *See* FL § 5-706(a)(2).

K. reported “that one of her two stepmothers” witnessed this assault but “did not intervene.” Instead, K. was “instructed not to speak to, look at, or walk past her father in her home” and otherwise “threatened not to disclose what [was] going on in her home.” Her stepmother told her “that she will not be beaten if she follows these guidelines.”

At school, K. was bullied intensely because of her chronic conditions and physical appearance associated with Pfeiffer Syndrome. Knowing that such bullying causes her stress and anxiety, Father told her after the belt-beating that “he hopes she continues to get bullied in school and that her classmates beat her up.” According to K., Father’s abuse worsened after the previous BCDSS investigations.

In addition, K. reported that Father “does not follow the recommended dosage chart for her insulin[,]” instead giving her “whatever amount of insulin he wants (sometimes 7-10 units)” if “her sugar gets too high[.]” K. told the social worker that living with Father caused her “extreme stress and anxiety that is negatively impacting her health.” “[W]hen she is stressed and/or scared[,] her blood pressure elevates[,]” and she feels “short of breath/difficulty breathing and . . . dizzy.” Although K.’s safe blood sugar range is between 90 and 150, “when she is upset and stressed,” her readings spike “over 200.”

K. also told the social worker that “due to her negative home life[,] she has had suicidal ideations. She described engaging in self[-]injurious behaviors and feeling depressed to the point that she is not feeling pain from self-injury acts, such as burning herself.”

Following K.’s interview, the social worker consulted with the Baltimore County Child Advocacy Center’s pediatric consultant “about the impact of stress on a medically

fragile child with Type 2 diabetes and high blood pressure.” The physician confirmed that stress can increase cortisol levels, leading to increased glucose in the body and hypertension.

The BCDSS social worker also consulted with K.’s health care providers. Her primary care provider advised that K. had “not been seen for a well-child check since 2017” and had only been seen once in 2020 for a telemedicine appointment.

According to Sara Fitzgerald, R.N., who works for K.’s treating endocrinologists at the University of Maryland, “the office is aware that [Father] solely expects [K.] to manage her diabetes” even though “they have made several attempts to educate him that this is not developmentally appropriate for a child [K.’s] age[,]” and they have “tried to encourage more parental involvement but stated [Father] is not receptive to change.” Nurse Fitzgerald reported also that “their office has been made aware that [Father] does not always follow the dosing recommendation” and “will come to school and give more insulin if he does not agree with the calculated doses.” One problem this causes is that, “because her provider does not know what he is giving her[,] they are not sure if her current scale is working.” In addition, “there have also been reports she is not getting her long-acting insulin,” which “works for 24 hours and should be taken regularly at the same time each day[,]” at the risk of blood sugar levels becoming “high which can lead to hyperglycemia.”

When the BCDSS social worker consulted with Grandmother, she reported that K. disclosed past abuse by Father and that she had “seen past injuries” on Child. After the incident on 8 May 2022, K. contacted Grandmother several times, expressing fear of Father and stating that she did not want to die, but if she had to continue living with her father,

dying may be better. Grandmother reported that “because of her strained relationship with [Father,] she felt if she tried to go get her granddaughter, he would have her arrested for kidnapping.”

On 13 May 2022, the BCDSS social worker contacted Father to discuss the reported allegations. When asked about K.’s injuries, Father suggested that she fell while putting up LED lights in her room. Without confirming or denying the physical abuse allegations, he stated that K. is “a ‘habitual liar’” and accused her of “engaging in sexual acts on the internet.”

On the same day, BCDSS placed K. in shelter care with Grandmother “due to her intense fear of returning home to [Father] and the learned negative impacts to her health.”⁶ After petitioning for a CINA declaration, BCDSS filed a “Second Amended CINA Petition with Request for Continued Shelter Care” on 25 October 2022, two days before the CINA hearing on October 27. In addition to presenting the circumstances leading to shelter care, the petition included updates on events and K.’s status since she went into shelter care, including that K. reported that Father “smokes marijuana around her[,] causing her to ‘Secondhand’ inhale the smoke.”

By August 2022, twelve-year-old K. was in 7th grade in a middle school near Grandmother, with “a 504 Plan to provide support” through her “struggles in the classroom environment[.]” BCDSS reported that K. “enjoys living with her [maternal] grandmother[.]” who “has provided a safe placement[.]” A BCDSS social worker made

⁶ “‘Shelter care’ means a temporary placement of a child outside of the home at any time before disposition” of a CINA petition. CJP § 3-801(bb).

monthly in-home visits with K. and Grandmother, who allowed K. “an allotted time to spend on her cellular device and . . . monitors her activity daily.” Grandmother reported that K. was “still having nightmares related to the physical abuse she sustained at the hands of her father.”

Within days of coming into shelter care, K. was seen by her nephrologist for hypertension, by her primary care provider who administered “shots . . . that she was behind on[,]” and by her dentist. On 19 August 2022, K. had successful “surgery . . . at UMMC . . . to close the hole for her prior tracheostomy tube.” Father “was advised he could attend . . . but did not do so.” K. had follow-up appointments with her pediatric otorhinolaryngologist and endocrinologist.

Regarding K.’s mental health, BCDSS reported:

On August 19, 2022, [K.] reported to the social worker that she does not want to live with [Father] due to his physical abuse. On October 5th, 2022, [K.] reported to the social worker that she is fearful of [Father] and has frequent nightmares because of the physical abuse. October 18, 2022, a phone call made to [K.’s] treating therapist at Thrive Behavioral Health . . . revealed that [K.] is still processing her trauma experiences and depression. [The therapist] believes that [K.] has been honest when talking about the abuse she experienced and believes [she] is not yet ready to have contact with her father to engage in family therapy. [K.] expresses that she enjoys her therapy sessions . . . , and she feels therapy has been helpful for her.

As to Father’s status, he was “self-employed” with “stable income and housing.” “Due to the extended shelter period,” BCDSS “recommended service planning with [Father].” Although he was reluctant initially, Father “later communicated that he wants to obtain any resources or supports he and [K.] may need for reunification.”

During service planning on 21 July 2022, Father “expressed that he is willing to do whatever he needs to do to regain custody of” K., including “engag[ing] in a Fitness to Parent evaluation and Mental Health evaluation.” He promised to attend “scheduled supervised visits . . . when deemed appropriate.” He “agreed to participate in family therapy . . . when determined clinically appropriate” and “in individual therapy if recommended by the mental health specialist.”

Father “successfully completed virtual parenting classes” and on September 19 began “a virtual 8-week Collaborative Problem-Solving Parenting Group with the Department[.]” He “took initiative to submit” drug urinalysis results that were “negative for all drug substances with the exception of Marijuana.”

On 2 September 2022, Father “completed a Mental Health evaluation and a Fitness to Parent evaluation with Dr. Ruth Zajdel[,]” who identified the following obstacles to reunification:

According to Dr. Zajdel, [Father’s] current evaluation did not reveal any specific mental health issues but did reveal several parental fitness concerns. During his evaluation with Dr. Zajdel, [Father] shared that he learned from the parenting course that the way he had been interacting with [K.] in the past was likely a form of verbal abuse. Yet, [Father] was not able to verbalize a clear plan of how he will interact with [K.] in the future when behavioral interventions are needed. Moreover, [Father] vacillated throughout the evaluation between taking limited responsibility for his volatile parent/child relationship and accepting no responsibility at all; stating, “[K.] got what she had coming to her.” Subsequently, Dr. Zajdel believes that at this time, [Father] does not appear to have a good understanding about why he was investigated for child abuse and has not yet developed new behavioral intervention strategies. As a result, [Father] is believed to be at risk for relying on the same unsafe interventions going forward. Dr. Zajdel noted that [Father] expressed a desire to resume care and custody of [K.], however, [Father] appeared more concerned about “clearing his name” and proving that [Grandmother] “set him up.” Dr. Zajdel also noted that during her

evaluation, [K.] revealed several other concerning behaviors perpetrated by [Father].

Along with [Father] and [Grandmother], [K.] was evaluated virtually on October 3 by Dr. Zajdel. During [K.’s] current evaluation, she was able to clearly state a preference for remaining in [Grandmother’s] care. Conversely, [K.] reported feeling unsafe and uncomfortable in [Father’s] care. According to [K.], [Father] has exposed her to drug use, taught her how to prepare marijuana, given her alcoholic beverages, touched her in a sexualized manner, and has not allowed her an age-appropriate level of bodily privacy.

Grandmother’s “evaluation did not reveal any concerns about her mental health” and concluded that she was “offering [K.] a nurturing and safe home environment,” so there were no recommendations for her. Although Grandmother “does have significant medical issues[,]” she has “a support system to help with [K.] should she need it.”

With respect to BCDSS’s efforts toward reunification of Father and Child, the updated BCDSS report states:

Reasonable but unsuccessful efforts were made to prevent the need for removal of the Respondent from the home and/or prevent or eliminate the need for CINA finding on behalf of the Respondent. Specifically, the Department contacted various medical providers; spoke with Collateral contacts; and explored family resources.

Following a hearing on 27 October 2022, the juvenile court sustained the facts alleged in that CINA petition, declared K. to be a CINA, and ordered Father not to have contact with Child “until therapeutically recommended.” The court found “that reasonable efforts to prevent or eliminate the need for removal of the child” consisted of “[a] Child Protective Services investigation/risk safety assessment completed; treatment/service providers contacted; home visit made; records reviewed; relative resources explored; and Family Team Decision Making meeting attempted to be conducted.” Father was ordered,

inter alia, to “engage in individual therapy until such time as successfully discharged and sign releases of information regarding same[,]” and to “participate in family therapy when therapeutically recommended[.]”

November 2022-April 2023: CINA Review Hearing and Permanency Plan

Before a CINA review hearing scheduled for 3 April 2023, BCDSS submitted its report to the juvenile court on 15 March 2023. Updating K.’s status, BCDSS reported that she continued to live with Grandmother, who limits and monitors K.’s cell phone time and daily activity. K. was “still having nightmares related to the physical abused she sustained” and “struggl[ing]” in 7th grade despite her “504 Plan to provide support[.]” Although K. “displays disrespectful behaviors towards” Grandmother, she “will alter her behavior” with “redirection and support[.]”

With respect to K.’s health, she continued to be “treated for hypertension” and had been seen by her nephrologist and dentist on 9 March 2023. She had follow-up visits with her pediatric endocrinologist in November, January, and March.

Regarding her mental health services, when K. “made concerning statements of suicidal ideations while in school[,]” on 8 February 2023, she was evaluated at Sheppard Pratt and released with a safety contract, calling for Grandmother “to ensure all medication remains in the lock box” and to place K.’s insulin “in a lock box in the refrigerator because [K.] disclosed, she would overdose on her Insulin.” Although K.’s “treating therapist at Thrive Behavioral Health . . . left the agency in February of 2023[,]” she had an appointment with her “new treating therapist for the first time on March 2, 2023.”

“During the reporting period,” Father maintained “open communication with the Department.” Although he had “agreed to participate in individual therapy,” he was “having trouble finding a mental health therapist that accepts his insurance.” “After obtaining [Father’s] insurance information, the assigned worker advised [him] that Medicaid is accepted by most providers. The worker sent [Father] a link to accepting providers.”

Visitation between K. and Father was not yet “approved clinically[,]” but “in February, [K.] . . . expressed her willingness to engage in visitation with” Father. BCDSS’s social “worker initiated contact with the new therapist” and committed to “work towards visitation with [Father] when deemed appropriate.”

In addition to the “reasonable efforts” identified in its previous report, BCDSS reported that, in accordance with COMAR 07.02.11.13,⁷ the Department was “working on a permanency plan of reunification concurrent with custody and guardianship[,]” as “reflected in the case plan as well as the service plan completed with the family.” Specifically,

[t]he Department has offered case management services, reviewed records, completed face to face monthly visits with [K.] The Department met with [Grandmother] virtually weekly to support [K.’s] stability in the home. The Department offered support in 504 meetings and met with school administration to assist [K.] in school. The Department offered [Grandmother] psychoeducation and resources to help understand and work through some of [K.’s] behaviors. The Department provided weekly updates to [Father] regarding [K.’s] progress or lack thereof in school and her mental health. The Department also provided resources for mental health treatment

⁷ This regulation requires a local department, “[w]ithin 60 days after removal,” to “develop a written case plan” with “the child’s parent[,]” prescribing specific components of that plan and related report. *See* COMAR 07.02.11.13A.

providers to [Father]. During the reporting period, the social worker has worked with [Grandmother] and school administrators to ensure the safety and care of [K.]

BCDSS continued to recommend family therapy “when determined clinically appropriate” and that Father “engage in individual therapy to assist in managing strong emotions, until such time that he is successfully discharged[.]” Subject to those conditions, BCDSS recommended that contact between K. and Father “be liberal, supervised by . . . the Department, and at the discretion of” K.

In its order entered 17 April 2023, the juvenile court continued K.’s CINA placement with Grandmother, established a permanency plan of reunification with Father concurrent with custody and guardianship with Grandmother, ordered Father to “participate in and cooperate with mental health treatment until such time as successfully discharged,” and ordered “liberal and supervised [visitation] as arranged by DSS . . . when therapeutically recommended and at [K.’s] discretion.” The court found to be “reasonable” these efforts by BCDSS

following the placement of the child into foster care . . . : Case management services provided; kinship placement monitored/maintained; regular visits made; appropriate referrals, services and assistance provided; records reviewed; and meetings held/attended; attempts made to achieve educational stability if applicable.

(Underlining deleted.)

April-September 2023: CINA Review and Permanency Plan

On 15 August 2023, BCDSS submitted its next report to the juvenile court, in anticipation of an August 28 hearing. K.’s placement and status remained the same, except that she was now in 8th grade in Howard County and her “display of disrespectful

behaviors has decreased with redirection.” She had her annual physical on June 6, an ophthalmology appointment on June 25, a follow-up visit to her endocrinologist on July 3, and saw her dentist on August 2.

With respect to K.’s mental health, on 19 May 2023, the Howard County Department of Social Services (“HCDSS”) “received a CPS report that” although K. “denied having current suicidal thoughts or ideations,” she had “ongoing mental health struggles and . . . believe[d] she would benefit from more intensive mental health treatment.” “The reporter feared that [K.] was not taking her medication properly and [Grandmother] was unable to maintain the safety contract DSS put in place.” After an HCDSS worker interviewed K. and spoke with Grandmother and BCDSS, however, “[t]he investigation was closed” based on conclusions “that there is no risk of harm” and that Grandmother “is caring for [K.] appropriately.” In addition, K. “was referred to an outpatient mental health program” with “immediate availability for in person individual therapy.” K. “was unable to build a rapport with” her replacement therapist at Thrive Behavioral Health, so the BCDSS social worker “assisted in enrolling [her] in school-based group therapy, set to begin in the upcoming school year of 2023-2024” and “completed intake paperwork in August of 2023 with Springboard Community Services[,]” with whom K. was “waiting for her initial intake appointment.”

Throughout the reporting period, Father continued “open communication[,]” checking in regularly with the BCDSS worker on how K. was “doing.” Although Father was “allowed to attend [K.’s] medical appointments[,]” he “insist[ed] that he will not attend” in order “to respect her boundaries.” Moreover, Father again reported “trouble

finding a mental health therapist.” Although the BCDSS social worker sent him “a link to accepting providers[,]” Father had “not reported any participation in individual therapy.”

As for visitation, Father “agreed to engage in scheduled supervised visits with [K.] when deemed appropriate[,]” but he “continue[d] to report that [K.] fabricated the events that occurred in his home between himself and [K.]” and “expressed that the Department is against him, and the Department will see the truth.” In his view, Grandmother “should not have [K.] in her custody and . . . [K.] should be in his home.”

“In July, [K.] expressed not wanting to be around her father” and wanting to stay with Grandmother, stating that “the thought of being around him increases her nightmares.” Noting that “contact with a new therapist” had been initiated, BCDSS stated that it would “work towards visitation with [Father] when deemed appropriate.”

As for other “reasonable efforts” toward reunification, BCDSS reported that it continued monthly in-person visits with K. and weekly virtual visits with Grandmother “to support [K.’s] stability in the home.” In addition, it was providing Grandmother “psychoeducation and resources to help understand and work through some of [K.’s] behaviors” and “offered support in 504 meetings and met with school administration to assist [K.] in school.” To Father, BCDSS “provided updates” on K.’s “mental health” and her “progress or lack thereof[,]” as well as “resources for mental health treatment providers[.]”

Following a hearing on 28 August 2023, the juvenile court found that the following efforts to finalize K.’s permanency plan were reasonable:

Case management services provided; formal kinship placement monitored/maintained; regular visits made; appropriate referrals, services and assistance provided; treatment/service providers contacted; service planning conducted; visitation arranged; records reviewed; and meetings held/attended; attempts made to achieve educational stability if applicable[.]

(Underlining omitted.)

In its permanency planning order entered 11 September 2023, the court established concurrent plans for reunification with Father and custody and guardianship with a relative or adoption by a non-relative. The court ordered contact between K. and Father, including visitation, to “be liberal” and “supervised as arranged by DSS[.]” but at K.’s discretion “when deemed appropriate[.]” Once again, Father was ordered to “participate in and cooperate with individual therapy treatment until such time as successfully discharged” and to “participate in family therapy . . . when clinically recommended[.]”

January 2024: Home Study and Permanency Planning Review

On 24 January 2024, BCDSS filed with the court a Home Study For Custody and Guardianship with Grandmother (the “Home Study”), for consideration at the next permanency planning hearing scheduled for January 29. After reviewing reasons for the referral and prior history, the Home Study states:

Family Life:

[Grandmother] presented herself as a placement resource in May of 2022 to ensure her granddaughter, [K.] was not placed in traditional foster care. The Department attempted to achieve reunification through service planning with [Father]. While [Father] has done all the Department has asked, [K.] maintains that she will harm herself if she is returned to the home of [Father]. [K.] remains consistent in reporting to several providers, other social workers from different counties, her attorney, and the Formal Kinship Care worker that she feels safe in [Grandmother’s] home.

[Grandmother] is willing to provide a safe and stable home to [K.] long-term. [Grandmother] is aware of all mental health and medical resources to utilize, if needed for [K.] She is also committed to ensuring that [K.] has a relationship with her father.

[Grandmother] and [K.] have a very strong bond as evidenced in how they engage with one another. [Grandmother] demonstrates her consistent ability to provide love and nurturance [sic] to [K.] She is extremely protective of [K.] as she has many medical needs. [Grandmother] is efficient in ensuring [K.] attends all medical appointments, takes her prescribed medication, and monitors her diet.

The Home Study reported that K. and Grandmother had moved on 1 September 2023, to a two bedroom/two bath apartment that was safe and appropriate. According to her physician’s report, Grandmother was “in good health to provide care for [K.] long-term.” There were sufficient financial resources to support K., from Grandmother’s federal “government subsidy benefits” and “subsidized housing[,]” as well as K.’s “bereavement and disability benefits.” Grandmother’s sister and two friends provided support and positive references, describing Grandmother’s strong commitment to caring for K.

In its report filed on 24 January 2024, BCDSS noted that K. “still has nightmares related to the physical abuse she sustained from time to time.” At her new school, K. was doing better in the classroom but had “challenges with peers[,]” so “she [was] working with her therapist to find alternative ways of handling conflict.” Since the last hearing, K. had her annual physical, checkups with her endocrinologist and her dentist, and appointments with orthopedics and occupational therapy in November 2023.

Regarding visitation with Father,

[t]he Department checked in with [K.’s therapist] in December 2023 to determine whether visits would be appropriate . . . as she has been in therapy consistently. [K.’s therapist] reports that [K.] has expressed no interest in

reconciliation with [Father] during therapy, therefore visitation or reunification are not in her best interest as of now.

According to K.’s “treating therapist at Springboard Community Services,” she “has been working on positive behavioral responses and communication” during K.’s cognitive behavioral therapy sessions. K. “has maintained that she does not want to talk to her father . . . or have visits.”

For his part, during the reporting period, Father continued “open communication with the Department” regarding “how [K.] is doing[.]” but he still did not attend her medical appointments. Nor had he “reported any involvement in individual therapy[.]” Instead, he “continue[d] to report that [K.] fabricated the events that occurred in his home between himself and” K. and to assert that Grandmother “should not have . . . custody” and that K. “should be in his home.”

In describing efforts toward reunification, BCDSS reported that it continued to offer the services it had been providing, including meetings with K. and Grandmother, supporting educational and medical services, updating Father on K.’s status, and, significantly, giving Father “resources for mental health treatment providers[.]”

Instead of recommending continuation of the CINA proceedings, this time, the Department sought to close the CINA case with an order awarding Grandmother custody and guardianship, explaining:

Recommendations

The Department recognizes and appreciates that [Grandmother] has been the primary caregiver and has ensured the safety and well-being of [K.] since May of 2022.

The Department also recognizes that [Father] has completed most of the tasks asked of the service plan. However, [Father] has not engaged in individual therapy to help him better manage his strong negative emotions and to develop more socially acceptable coping skills. These recommendations were made by Dr. Zadjel [sic] after completing his mental health and fitness to parent evaluation in October of 2022.

The Department also recognizes [K.’s] repeated statements that she is fearful to live with her father and has threatened to kill herself when there was a scheduled parent/child visit that had to be cancelled. [K.] has maintained that she has no desire to reunify with her father currently. The Department feels that [Grandmother] will make every effort to ensure that [K.] will visit her father if she desires to.

Given the Department has been involved since May of 2022, [K.’s] desire to remain with her grandmother . . . , recommendations by [K.’s] therapist, and [Father’s] lack of engagement in individual therapy, the Department respectfully requests that Custody and Guardianship of [K.] be awarded to [Grandmother]. The Department furthermore requests the rescission of [K.’s] foster care case.

January-March 2024: Custody/Guardianship Proceedings and Order

Following the hearing on 29 January 2024, the family magistrate recommended closing the CINA case and ordering custody and guardianship to Grandmother. Father filed timely exceptions, generally stating that he disagreed with that recommendation.

After briefing, the juvenile court held an exceptions hearing on 4 March 2024, at which K., Father, and Grandmother were all present and represented by separate counsel. Counsel for Father asked the court not to close the case because he “would like to continue working toward reunification” and “believe[d] that [K.] is not doing well in [her] grandmother’s care” and “had issues at school still[.]”

After the court granted Father permission to address the magistrate’s recommendations, he denied again any physical abuse. Asserting (although not under oath)

that he “physically did not do these things” he had been “accused of doing[,]” Father asked the court to “look f[ur]ther into it, keep this case open, send the investigators out” and allow him to “submit any evidence . . . to prove [his] innocence[.]”

Although Father conceded that he “did abuse [his] daughter as far as yelling at her[,]” he claimed that he “didn’t know that was a form of abuse” until the parenting classes “helped” him understand “that there’s a certain way you communicate instead of using your voice in a tone . . . and yelling[.]” He told the court that “everything started hitting the fan about” him doing “all these things” physically only after K. became upset that he “prohibit[ed] her from having phones and TikTok” following his discovery that she was “having sexual communications with grown men, having men come to [his] house and having communications with these people.” Even though he was “willing to still do what I have to do[,]” Father complained about “being penalized . . . for something I did not do” and that Grandmother, with “assistance from a family member that’s also a CPS worker[,]” knew “how to milk the system” and was “in the situation all due to money[.]”

Counsel for K. agreed with counsel for the Department that K. was “improving since she moved to her new school.” In addition, “Grandmother has rules in place that [K.] abides by[,]” and K. “is up to date on all of her medical appointments.” In contrast, because Father was “still very stuck on the allegations that’s been sustained[,]” counsel for K. and the BCDSS agreed that “there hasn’t been any progress” by Father to warrant continuation of the CINA proceedings.

Meanwhile, K. continued to suffer the traumatic effects that posed an obstacle to reunifying with her unrepentant Father. Although K. had been “doing mental health

treatment[.]” counsel emphasized that “[e]ach time her case comes up, she experiences increased nightmares” and expresses that “her main fear is having to go back home to her father[.]” Because even after “twenty-two months,” K. still was “not ready to begin . . . any type of reunification process[.]” but otherwise is safe and happy with Grandmother, counsel for BCDSS and K. argued that closing the case with custody and guardianship would still afford “avenues for this relationship to reconcile” “if and when the day comes that [she] feels . . . ready to see her father[.]”

The court also granted K.’s request to be heard. Responding to Father’s claims of innocence, K. told the court (on the record, but not under oath) that there were photos and witnesses corroborating her injuries. In addition, she asserted, Father’s “two girlfriends . . . were witnesses of me getting pulled down the stairs, me screaming late at night, me getting beat, screaming for help, asking him to get off me but he won’t stop, and I just don’t want to go back.”

At the conclusion of the hearing, the juvenile court denied Father’s exceptions and agreed that the CINA proceedings should be “closed with custody to the maternal grandmother[.]” explaining:

Again, as noted by [counsel for BCDSS], the facts here were adjudicated some time ago, yet father seems to want to relitigate those. This child is thirteen years old going on fourteen years old. She appears, (unintelligible) as far as medical and school.

She has certainly reported that she does not want to go back to her father now as a result of his abuse. As [counsel for K.] . . . noted, the case has been open for twenty-two months now and there’s been no real progress. Again, K.N. is, has considered judgement.

She has made in the statement very clearly in the Court report, as well as right her[e] before me that she is afraid to go back with her father and quite emotional about it. As pointed out, C[I]NA is designed to protect the child, and my judgement is to be in the best interest of the child.

And based upon both her statements, the Court report, and arguments of counsel, I do find what is in the best interest of this child is to for me to go ahead and deny the exceptions, close the case out with custody to the maternal grandmother[.]

By order entered on 5 March 2024, the court found that BCDSS made reasonable efforts to finalize K.’s permanency plan, awarded custody and guardianship to Grandmother, and visitation “arranged between the parties and at the [Respondent’s] discretion.”

STANDARDS GOVERNING CINA CUSTODY, GUARDIANSHIP, AND VISITATION ORDERS

As background for our consideration of Father’s challenges, this Court’s summary of the statutory framework governing CINA proceedings in *In re M.*, 251 Md. App. 86 (2021), is instructive. In that case, we affirmed an order granting custody and guardianship of a CINA to a maternal family member with whom the CINA had lived throughout her lifetime, over her father’s objections that he still wanted to continue attempts at reunification. *See id.* at 95, 128.

Reviewing that juvenile court’s decision to terminate years of CINA proceedings, we summarized the constitutional and statutory standards governing a local department’s custody of a child who is in need of assistance because of disability, abuse, or neglect:

Parents have a fundamental right, guaranteed by the Fourteenth Amendment to the United States Constitution, “to raise [] children free from undue and unwarranted interference on the part of the State[.]” *In re Adoption/Guardianship of Rashawn H.* (“*Rashawn H.*”), 402 Md. 477, 495

(2007). Consistent with this principle, a parent’s liberty interest in raising a child “cannot be taken away unless clearly justified.” *In re Yve S.*, 373 Md. 551, 567 (2003). Yet that “fundamental” right is not absolute because it “must be balanced against the fundamental right and responsibility of the State to protect children, who cannot protect themselves, from abuse and neglect.” *In re Adoption/Guardianship of Rashawn H.*, 402 Md. 477, 497 (2007); *see also In re Mark M.*, 365 Md. 687, 705-06 (2001) (“That which will best promote the child’s welfare becomes particularly consequential where the interests of a child are in jeopardy[.]”).

Maryland courts harmonize parents’ fundamental rights to raise their own children with the children’s best-interest standard through application of the “substantive presumption [] of law and fact [] that it is in the best interest of the children to remain in the care and custody of their parents.” *Rashawn H.*, 402 Md. at 495. The State can rebut this presumption by “showing either that the parent is ‘unfit’ or that ‘exceptional circumstances’ exist which would” render custody to the parents contrary to the child’s best interests. *Id.* at 495.

The General Assembly has established a statutory framework for the State’s exercise of its authority to safeguard a child in need of its assistance. Under CINA provisions . . . , “[w]hen it is determined that a parent cannot adequately care for a child, and efforts to reunify the parent and child have failed, the State may intercede and petition for guardianship of the child pursuant to its *parens patriae* authority.” *In re Adoption/Guardianship of C.E.*, 464 Md. 26, 48 (2019).

“The purpose of CINA proceedings is ‘to protect children and promote their best interests.’” *In re Priscilla B.*, 214 Md. App. 600, 622 (2013) (quoting *In re Rachel T.*, 77 Md. App. 20, 28 (1988)); *see* CJP § 3-802(a). A juvenile court may find that a child is in need of assistance upon a showing, by a preponderance of the evidence, that the child “requires court intervention because: (1) [t]he child has been abused, has been neglected, has a developmental disability, or has a mental disorder; and (2) [t]he child’s parents, guardian, or custodian are unable or unwilling to give proper care and attention to the child and the child’s needs.” CJP § 3-801(f); CJP § 3-817(c).

In re M., 251 Md. App. at 114-15.

We set forth also the statutory framework for the ensuing CINA proceedings to protect the child:

“In cases where a child in need of assistance has been placed outside of the family home, the juvenile court must determine a permanency plan consistent with the child’s best interests.” *In re Andre J.*, 223 Md. App. 305, 320 (2015) (citing CJP § 3-823(b)). When choosing a permanency plan, “the court shall consider the factors specified in § 5-525(f)(1) of the Family Law Article.” CJP § 3-823(e)(2). These statutory factors are:

- (i) the child’s ability to be safe and healthy in the home of the child’s parent;
- (ii) the child’s attachment and emotional ties to the child’s natural parents and siblings;
- (iii) the child’s emotional attachment to the child’s current caregiver and the caregiver’s family;
- (iv) the length of time the child has resided with the current caregiver;
- (v) the potential emotional, developmental, and educational harm to the child if moved from the child’s current placement; and
- (vi) the potential harm to the child by remaining in State custody for an excessive period of time.

FL § 5-525(f)(1).

This statutory scheme is designed to “conserve and strengthen the child’s family ties and to separate a child from the child’s parents only when necessary for the child’s welfare.” CJP § 3-802(a)(3). “The statute presumes that, unless there are compelling circumstances to the contrary, the plan should be to work toward reunification, as it is presumed that it is in the best interest of a child to be returned to his or her natural parent.” *In re Yve S.*, 373 Md. at 582.

Accordingly, the juvenile court, when determining a permanency plan, must follow a prescribed hierarchy of placement options that prioritize “[r]eunification with the parent or guardian” over “[p]lacement with a relative for[] . . . [c]ustody and guardianship under § 3-819.2 of this subtitle.” CJP § 3-823(e)(1)(i)(1)-(2). Before granting custody and guardianship to a non-parent, moreover, the court must consider:

- (i) Any assurance by the local department that it will provide funds for necessary support and maintenance for the child;

(ii) All factors necessary to determine the best interests of the child; and

(iii) A report by a local department or a licensed child placement agency, completed in compliance with regulations adopted by the Department of Human Services, on the suitability of the individual to be the guardian of the child.

CJP § 3-819.2(f)(1).

“Once set initially, the goal of the permanency plan is re-visited periodically at hearings to determine progress and whether, [because of] historical and contemporary circumstances, that goal should be changed.” *In re Andre J.*, 223 Md. App. at 322 (quoting *In re Yve S.*, 373 Md. at 582); see CJP § 3-823(h)(1)-(2). A juvenile court is required to “[c]hange the permanency plan if a change . . . would be in the child’s best interest.” CJP § 3-823(h)(2)(vi). Consequently, “if there are weighty circumstances indicating that reunification with the parent is not in the child’s best interest, the court should modify the permanency plan to a more appropriate arrangement.” *In re Adoption of Cadence B.*, 417 Md. 146, 157 (2010).

In re M., 251 Md. App. at 115-17.

In reviewing the record regarding the CINA in that case, this Court emphasized that the CINA proceedings are expected to be resolved within two years. Specifically, we pointed to “the General Assembly’s clearly established policy and procedural push toward permanency” set forth in CJP § 3-823(h)(4), which directs “that ‘[e]very reasonable effort shall be made to effectuate a permanent placement for the child within 24 months after the date of initial placement.’” *Id.* at 117 (quoting CJP § 3-823(h)(4)). This statutory benchmark reflects that

[o]ur CINA system is designed to be temporary because “a child should have permanency in his or her life.” *In re Adoption/Guardianship of Jayden G.*, 433 Md. 50, 84 (2013) (citing *In re Adoption/Guardianship No. 10941*, 335 Md. 99, 106 (1994)). As reflected in the statutory factors that the court must consider, permanency planning requires examination of “the child’s actual lived experience in the world” by considering “the child’s point of view,

valuing the child’s current emotional attachments, recognizing that time has an effect on the child, and recognizing that removing a child from a placement where the child has formed emotional attachments can cause ‘potential emotional, developmental, and educational harm to the child[.]’” Richard A. Perry, *Relative Preference, Emotional Attachments, and the Best Interest of the Child in Need of Assistance*, 50 U. Balt. L.F. 83, 106-07 (2020).

“The valid premise is that it is in the child’s best interest to be placed in a permanent home and to spend as little time as possible in” the custody of the Department. *See In re Jayden G.*, 433 Md. at 84.

In re M., 251 Md. App. at 127-28.

DISCUSSION

I. CUSTODY AND GUARDIANSHIP

Father contends that the juvenile court abused its discretion by awarding Grandmother custody and guardianship of K. and terminating the CINA proceedings, rather than ordering “therapeutic services necessary to permit visitation” to continue for “a reasonable timeframe[.]” In support, he points out that, during the twenty-two months between the shelter care order and termination of the CINA proceedings, “the Department neither arranged for visitation between [K.] and her father[,] nor provided the services necessary to allow for visitation to take place.” Citing *In re M.*, 251 Md. App. at 125; *In re James G.*, 178 Md. App. 543 (2008); and *In re Alvin R.*, 134 Cal. Rptr. 2d 210 (Cal. Ct. App. 2003), Father attributes the “lack of progress in effectuating reunification” with K. to the “insubstantial efforts” made by BCDSS “to arrange for family therapy” and individual therapy. According to Father, in contrast to the child in *In re M.*, here, “as in *James G.* and especially *Alvin R.*, the lack of progress . . . was attributable squarely to the Department.” In particular, Father considers it “telling that the Department’s summary of its efforts in its

January 2024 report to the court was nearly word-for-word the same as the summary in its report to the court in March of 2023.”

BCDSS, quoting the CINA statute contemplating that “[e]very reasonable effort to effectuate permanent placement for the child within 24 months after the date of initial placement[,]” (quoting CJP § 3-823(h)(5)), points out that Father “never challenged the juvenile court’s reasonable efforts findings below[,]” either by arguing that the efforts identified in the series of court reports submitted before each review hearing “had not been reasonable” or by “ask[ing] the court to order any additional services.” “Instead, [Father] persisted in rehashing the circumstances leading to [K.’s] removal from his home[,]” which not only demonstrated his “lack of insight and failure to take responsibility[,]” but also justified K.’s “persistent refusal to have contact with” Father and explained why “there had ‘been no real progress in the case.’”

Through her court-appointed counsel, K. responds that she “does have considered judgment” and that her “position is that the trial court was correct in finding that it was in [her] best interest . . . to award custody” and guardianship to Grandmother “and to leave visitation with [K.] within her discretion.”

We are not persuaded that the juvenile court erred or abused its discretion in terminating this CINA proceeding with an award of custody and guardianship to Grandmother. As a threshold matter, we agree that during the twenty-two months after K. was removed from Father’s custody, he did not challenge the reasonableness of the Department’s efforts toward reunification, but rather focused on re-litigating his claims that K. accused falsely him of physical abuse. As BCDSS points out, Father has not cited

a single instance when he contested the juvenile court’s findings that the Department made reasonable efforts to promote reunification, which appear in all four of the reviews conducted between May 2022 and March 2024.

In any event, the court did not err or abuse its discretion in finding that such efforts were reasonable. From the outset, BCDSS maintained regular contact with K., Grandmother, and Father, including providing weekly updates for Father, weekly virtual meetings with Grandmother, and monthly in-person meetings with K. Father agreed to a service plan that included mental health and parental fitness evaluations that were arranged by the Department. Significantly, Father also agreed that, if individual therapy was recommended, he would complete successfully such therapy.

The Department arranged for mental health and parenting fitness evaluations. Citing Father’s resistance to taking responsibility for his abuse, the evaluator identified, as an obstacle to Father’s ability to parent K., that Father lacked “understanding about why he was investigated for child abuse and has not yet developed new behavioral intervention strategies.” She recommended individual therapy as a predicate for family therapy, visitation, and ultimately reunification.

In accordance with Father’s service plan, in which he agreed to complete successfully individual therapy, the juvenile court ordered him to do so. Although Father completed parenting classes, communicated with BCDSS, and complied with other conditions for re-establishing contact with K., he did not engage in the individual therapy. Father recognizes that “it was the lack of therapy that apparently stood as the main obstacle to visitation, which, in turn, was a necessary first step toward reunifying the family.” Rather

than explaining why he never began such therapy, or even asking for more time to obtain it, however, Father focused on what he viewed as righting the “wrong” done *to him*, by asking for another investigation into the events of 8 May 2022.

In doing so, Father underscored and aggravated perhaps his rift with K., who responded by re-affirming that she does not want to reconcile. K. told the court that she had additional photographic and witness evidence establishing her injuries, both from the 8 May 2022 assault and from other incidents. She still did not want to visit with Father, much less return to his custody. To the contrary, she confirmed – with emotion noted by the court – that she wanted to remain with Grandmother, where she was receiving regular medical care, felt safe, and had improved in school.

We are not persuaded by Father’s attempt to shift responsibility for his actions and inactions to BCDSS. To the contrary, the record supports the juvenile court’s finding that the breakdown in reunification services is attributable to Father’s persistent failure to engage in individual therapy while continuing to dispute the abuse giving rise to his need for it.

When Father expressed difficulties in arranging for individual therapy, he received assistance from BCDSS, which included information about Medicaid and referrals to therapists who were accepting patients. Yet Father did not follow through or proffer any explanation for why he failed to do so. Rather, he re-litigated his grievances about losing custody of K. After conceding that he abused verbally K., Father insisted that he did not assault physically her. Rather than requesting more time to obtain a therapist or engage in family therapy in an effort to bridge the breach with K., Father demanded more time to

exonerate himself, while reasserting his parental rights and accusing Grandmother of purely monetary motives for maintaining custody of K.

Neither of the cases cited by Father support his argument that “the lack of progress in effectuating reunification was attributable squarely to the Department” or otherwise warrant reversal. In *In re James G.*, 178 Md. App. at 591, 601, the father’s unemployment was an impediment to reunification, but the local social services department made only one single referral to a vocational resource, then merely “‘monitored’ his employment and ‘entered into a service agreement.’” We recognized that “the Department’s efforts need not be perfect to be reasonable, and it certainly need not expend futile efforts on plainly recalcitrant parents,” but pointed out that

its services must adequately pertain to the impediments to reunification . . . and, in the context of this case, it required more than a single referral to a vocational resource. Appellant’s lack of a job, which, in turn, adversely affected his ability to obtain suitable housing, prevented his reunification with James. In effect, “for want of a nail . . . the battle was lost.”

Id. at 601.

In *Alvin R.*, 134 Cal. Rptr. 2d at 218, the obstacle to reunification was the lack of therapeutic counseling for a child who was refusing to visit with his father while in his grandmother’s care. The local department made only a single referral to a counselor who was not accepting patients. The California court noted that

[t]he maternal grandmother’s schedule and her insistence upon a therapist near her home was a major obstacle to any reunification efforts. Nevertheless, the Department’s only effort to overcome this obstacle was apparently to make a referral to a therapist who had no time available to see Alvin. There was no evidence that the Department made an effort to find other therapists in the area, or that the Department attempted to find transportation for Alvin to see an available therapist further away. *Some*

effort must be made to overcome obstacles to the provision of reunification services.

We recognize that the mere fact that more services could have been provided does not render the Department's efforts unreasonable. Here, however, reunification was not going to be accomplished without visitation, and the social worker knew that Alvin would be unlikely ever to consent to visitation without conjoint therapy. And conjoint therapy was not going to be accomplished unless some effort were made to get Alvin into individual therapy.

Father had done all that was required of him under the plan. Thus, *one* service, getting Alvin into eight sessions of individual therapy, stood in the way of all measures remaining under the reunification plan, and the Department submitted no evidence of having made a good faith effort to bring those sessions about. . . . And there was no evidence with regard to any follow-up by the Department to move things along or to assist the overwhelmed maternal grandmother in any respect other than a referral to a therapist with a waiting list.

And yet, time was *critical*. The longer parent and child live with no visitation, the less likely there will ever be any meaningful relationship. Under such circumstances, we cannot find that substantial evidence supports the finding that reunification services were reasonable.

In re Alvin R., 134 Cal. Rptr. 2d at 218 (citations omitted).

Here, in marked contrast, the two obstacles to reunification were matters within entirely Father's control, *i.e.*, his persistent denials of physical abuse and his failure to follow through on his commitment to engage in individual therapy by contacting the providers referred by BCDSS. Although we agree that "time [i]s critical" when there is no visitation between parent and child, the delays in this scenario were attributable to Father. Based on Father's unrepentant stonewalling as K. looked on in court, the juvenile court did not err in finding that, despite reasonable efforts to provide Father with resources to obtain

individual therapy, there had been no progress toward reunification, and none was likely to occur within the twenty-four-month benchmark for finalizing a CINA’s placement.

Nor did the juvenile court abuse its discretion in concluding that extending the CINA proceedings for the Department to continue reunification efforts was not in K.’s best interests. As this Court has emphasized, CINA proceedings are “designed to be temporary” because “[t]he valid premise is that it is in the child’s best interest to be placed in a permanent home and to spend as little time as possible in’ the custody of the Department.” *In re M.*, 251 Md. App. at 127-28 (quoting *In re Jayden G.*, 433 Md. at 84). When, as in this case, a parent who has received reasonable assistance from the Department “remains . . . unwilling to provide appropriate care[,] [t]he State is not required to allow children . . . to grow up in permanent . . . instability[.]” *In re Adoption/Guardianship of Rashawn H.*, 402 Md. at 501.

Here, the record supports the court’s finding that for twenty-two months, there was no meaningful progress toward reunification because Father insisted on re-litigating the traumatic events that precipitated K.’s removal from his custody, while failing to follow through on the individual therapy that was a prerequisite to reunification. Because K. has stabilized her physical and mental health while in the care of Grandmother, the juvenile court did not abuse its discretion in concluding that it was in K.’s best interests to terminate the CINA proceedings with an award of custody and guardianship to Grandmother. Although K. has not expressed as yet an interest in resuming a relationship with Father, the court left the door open to reconciliation by ordering liberal and supervised visitation at K.’s discretion, as discussed below. *See In re M.*, 251 Md. App. at 128.

II. VISITATION

Father contends next that the juvenile court erred as a matter of law in giving Child unrestricted discretion to decline visitation with him. Although Father acknowledges that the court considered appropriately K.’s views as grounds for not forcing visitation, he argues that a child’s wishes may not be the sole criterion governing whether visitation takes place because “a juvenile court cannot delegate the decision whether visitation will occur between a parent and a child[.]”

BCDSS counters that Father did not preserve this challenge because, although he “did request visitation at the January 29, 2024 review hearing[.]” he did not otherwise “raise the issue either in his written exceptions” or “during the exceptions hearing” on 4 March 2024. “In any event, the juvenile court committed no abuse of discretion when it ordered that visitation would be at [K.’s] discretion.”

We agree with BCDSS that Father did not preserve this challenge for appellate review because he did not raise the issue, either in his written exceptions to the magistrate’s recommendation or during the exceptions hearing. *See* Md. Rule 8-131(a) (providing that appellate courts ordinarily decide an issue only when it “plainly appears” to have been raised in or decided by the trial court); Md. Rule 11-103(e)(1)(B) (requiring party to state “with particularity, those items to which the party excepts”); Md. Rule 11-103(f)(2)(A) (limiting exceptions hearing “to those matters to which exceptions have been filed”). Even had Father objected, we conclude that the juvenile court did not abuse its discretion in ordering visitation at K.’s discretion.

Visitation is an essential component of CINA planning, to be determined by the court after hearing from the parent, the child, and the local social services department. *See In re Justin D.*, 357 Md. 431, 449-50 (2000). The right to parental visitation is “important, natural and legal[,]” but not absolute, in that it “must yield to the good of the child.” *Roberts v. Roberts*, 35 Md. App. 497, 507 (1977) (quoting *Radford v. Matczuk*, 233 Md. 483, 488 (1960)) (other citation omitted).

Because visitation decisions must be in the child’s best interests, the court may restrict or even deny visitation based on threats to the child’s health or welfare. *See In re J.J.*, 231 Md. App. 304, 347 (2016), *aff’d*, 456 Md. 428 (2017). Moreover, when there has been an adjudication of prior abuse, “[u]nless the court specifically finds that there is no likelihood of further child abuse . . . by the party, the court shall deny custody or visitation rights to that party, except that the court may approve a supervised visitation arrangement that assures the safety and the physiological, psychological, and emotional well-being of the child.” FL § 9-101(b).

When determining whether visitation will “jeopardize the safety and well-being of” a particular child, *In re Billy W.*, 387 Md. 405, 448 (2005), the juvenile court may consider “the wishes of the child as a factor[.]” *In re G.T.*, 250 Md. App. 679, 700 (2021). Although this Court has held that “[i]t cannot be left up to the unfettered discretion of . . . five-year old children whether to visit with their mother, especially when the visits are carefully supervised[,]” we recognize also that factoring the child’s wishes in determining whether visitation should be granted may be reasonable to prevent children from being “physically

forced, kicking and screaming, into their [parent’s] presence[.]” *In re Barry E.*, 107 Md. App. 206, 220-21 (1995).

K.’s opposition to visiting with Father was predicated on the trauma she suffered while in his custody, as well as his continuing denial of it. Continuing to have nightmares about the abuse, she feared and avoided him. By the March 2024 CINA review and permanency plan hearing, K. was thirteen and one half years old and able to articulate clearly her opposition to visiting Father. Rather than addressing the reasons for K.’s fear through individual therapy, Father continued to deny and deflect his responsibility for this rift. Based on the negative impact of K.’s fear and stress about Father on her health, her therapist opined that visitation against K.’s wishes was not indicated therapeutically.

In these circumstances, the court’s decision to condition visitation on K.’s agreement was not an improper delegation of the court’s authority, but an appropriate consideration of that trauma and the recommendations of K.’s therapist. Given K.’s medical and mental health concerns, and Father’s continuing resistance to taking responsibility for his actions or engaging in individual therapy, the juvenile court did not err or abuse its discretion in determining that forcing K. to visit with Father against her wishes was not in her best interests.

CUSTODY, GUARDIANSHIP, AND VISITATION ORDER ENTERED 5 MARCH 2023, BY THE CIRCUIT COURT FOR BALTIMORE COUNTY, SITTING AS A JUVENILE COURT, AFFIRMED. COSTS TO BE PAID BY APPELLANT.