

UNREPORTED
IN THE COURT OF SPECIAL APPEALS
OF MARYLAND

No. 0531

September Term, 2015

IN RE: REBECCA C.

Graeff,
Friedman,
Zarnoch, Robert A.
(Retired, Specially Assigned),

JJ.

Opinion by Graeff, J.

Filed: October 23, 2015

*This is an unreported opinion, and it may not be cited in any paper, brief, motion, or other document filed in this Court or any other Maryland Court as either precedent within the rule of stare decisis or as persuasive authority. Md. Rule 1-104.

In this child in need of assistance (“CINA”)¹ proceeding, Shawn C. (“Mr. C.”), appellant, father of Rebecca C. (born May 11, 2011), appellant, appeals from an order of the Circuit Court for Cecil County, sitting as a juvenile court. The court granted custody and guardianship of Rebecca to her paternal aunt and uncle, Elizabeth K. and James K., and terminated the CINA case after determining that Mr. C. lacked the “ability to keep [Rebecca] safe.” The court granted supervised visitation to Mr. C. Rebecca first came to the attention of the Cecil County Department of Social Services (the “Department”), also an appellee, in March 2014, when the Department received reports that Patricia E., mother of Rebecca, was unable to care for Rebecca.

On April 15, 2015, the court conducted a hearing to consider the Department’s recommendations to grant custody and guardianship to the K.s, and terminate the CINA case. At the conclusion of the hearing, the court granted the K.s custody and guardianship of Rebecca and terminated the CINA case.

On appeal, Mr. C. presents the following three questions for our review:

1. Did the [c]ourt err in granting [c]ustody and [g]uardianship to the paternal relatives when [Mr. C.] had substantially complied with his service agreement and the only outstanding issue was appropriate housing?

¹ A child in need of assistance (“CINA”) is “a child who 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.” Md. Code (2013 Repl. Vol.) § 3-801(f) of the Courts and Judicial Proceedings Article (“CJP”).

2. Did the [c]ourt err in finding that the [Department] made reasonable efforts toward the plan of reunification?
3. Did the [c]ourt err in failing to award the father unsupervised visits?

For the reasons set forth below, we shall affirm the judgment of the circuit court.

FACTUAL AND PROCEDURAL BACKGROUND

In early 2014, Rebecca lived with Ms. E., who had a history of untreated bipolar disorder and mental health issues. They lived in an “extremely cluttered” and unsafe residence. Animal feces and garbage were piled on the floor of the residence, and several unsecured guns, including two shotguns that were kept behind a couch, were accessible to Rebecca.

Due to Ms. E.’s depression and inability to get out of bed at times, Ms. E. regularly would leave Rebecca unsupervised in a pack ‘n play or in a locked room for extended periods of time. She also gave Rebecca Benadryl or Tylenol on a regular basis to make her sleep. On one occasion, while unsupervised, Rebecca picked up a razor blade in the residence and cut her finger.

Ms. E. would allow Rebecca to stay with Mr. C. in his home for occasional weekend visits. Mr. C. is cognitively impaired, mildly autistic, and he has bipolar disorder. He also has a history of drinking alcohol, as well as drinking alcohol while taking prescription medications. Mr. C. watches child pornography, he “has severe anger issues,” and he resided with his brother, Aloysius, who was convicted of sexual abuse of a minor and is a registered sex offender. Ms. E. disclosed a history of domestic violence with Mr. C. Mr. C. receives adult services from the Department.

Rebecca had developmental delays. At nearly three years of age, she knew only three to five words. Instead of speaking, Rebecca communicated through sounds and pointing, and she was unable to advocate for her needs. She was unable to feed herself and had not yet begun toilet training. Rebecca experienced “severe night terrors,” and when she was in Mr. C.’s care, he would tell her that “the boogie man would eat her” because he “didn’t know how else to get her to stay in bed.”

Rebecca’s teeth were in such poor condition that she required dental surgery. She picked at her face excessively, creating open cuts on her cheek. Rebecca often placed her hand in her rectal region, had a consistent diaper rash that was red and blotchy, and her urine was “dark and smelly.” On one occasion, Rebecca had her hand in her diaper, and she had blood in her diaper from a cut on her clitoris. Rebecca’s vagina was bright red, and she had several small sores in her rectal region. Mr. C. claimed that “all you need to do” to clear up Rebecca’s severe diaper rash was “put Desitin and baby powder” on it.

Given Ms. E.’s inability to take care of Rebecca, Ms. E. placed Rebecca in the custody of Rebecca’s maternal aunt and uncle, Laura E. (“Laura E.”) and Curtis E. (“Mr. E.”), pursuant to a consensual custody order. After Ms. E. placed Rebecca in the custody of Laura E. and Mr. E., they reported some “concerning issues,” including Rebecca’s diaper rash, her night terrors, her excessive masturbatory behaviors, and her attempts to insert toys into her vagina during bath time. A subsequent medical examination revealed inflammations, abrasions, and excoriated skin in her vaginal and anal areas. Rebecca was treated for candida diaper rash. Although Mr. C. was “bother[ed]” by hearing that Rebecca had grabbed a razor blade, he was “not too worried” about Rebecca’s masturbatory

behaviors. On April 14, 2014, after Laura E. and Mr. E. determined that they were no longer able to care for Rebecca, they contacted the Department.

Although Mr. C. had agreed to Rebecca’s placement with the E.s, he requested that the Department consider his brother as a relative caregiver. The Department visited Mr. C.’s home and attempted to contact him by telephone, but he was not present at the home and did not respond to information left at the home and on his voicemail. Ms. E. reported having no other relative resources, and she expressed that she did not want Rebecca placed with anyone from Mr. C.’s family because they were not appropriate resources. The Department petitioned for shelter care, and after the court granted the petition, Rebecca was placed in the Department’s custody.

On May 7, 2014, at the first adjudication and disposition hearing, the court found that neither Ms. E. nor Mr. C. was able to care for Rebecca. The court noted that Ms. E. was in need of mental health evaluation treatment, and Mr. C. received adult services and was unable to provide proper care for Rebecca. The court found Rebecca to be a CINA because of abuse and/or neglect, noting that she “is exhibiting sexualized behaviors indicative of possible exposure to sexual abuse,” and she was “not developmentally on target, can only speak a few words, is unable to feed herself, and will approach strangers and indicate a desire to be picked up.” The court ordered that both parents participate in psychological, parenting, and drug and alcohol evaluations, and that they follow the recommendations that resulted from these evaluations.

After conducting a relative home study, the Department approved the K.s as Rebecca’s relative placement. Rebecca was placed with the K.s in May 2014, and she

began speech therapy sessions and educational services through the Infants and Toddlers program. She enrolled in preschool, where she thrived. Rebecca socialized appropriately with the other children in her preschool class and improved both developmentally and with her speech. The director of Rebecca’s preschool stated that the changes in Rebecca had “been dramatic.” Rebecca also underwent dental surgery. By July 2014, Rebecca was able to follow directions, repeat colors and shapes, count with her speech therapist and put two words together.

By October 2014, Rebecca was developmentally on target. She was able to put more than three words together, make sentences, and “state her wants and needs.” Rebecca did not have any medical issues, was up-to-date with her medical appointments, and had adjusted well to her placement with the K.s, whom she referred to as “mom” and “daddy.”

Following the adjudication and disposition hearing, Brenda Miller, the Department’s caseworker assigned to Rebecca’s case, entered into a service agreement with Mr. C. The service agreement required Mr. C. to: (1) participate in psychological, parenting, and drug and alcohol assessments; (2) maintain mental health treatment; (3) complete parenting classes; (4) obtain safe and stable housing; and (5) develop a financial plan to provide for Rebecca’s basic needs. Ms. Miller reported that Mr. C. had completed psychological, parenting, and drug and alcohol assessments, and he had maintained his mental health treatment, but his housing situation remained a “major obstacle.” Although Ms. Miller had offered Mr. C. assistance, he responded that he was “taking care of things on his own,” and he did not need the Department’s assistance. Mr. C. also told Ms. Miller that he had raised his brothers and sisters, and he was not in need of parenting classes

because “he knew [h]ow to parent.” Although Ms. Miller discussed with Mr. C. that living with his brother, a registered sex offender, was a barrier to reunification with Rebecca, Mr. C. responded that “his brother was allowed around children,” and he did not “see why there was any problem” or “any concerns” with his brother being around children. Mr. C. claimed that his brother had been “falsely accused” of being a sex offender.

Mr. C. complied with some, but not all, portions of his service agreement. He consistently took his prescribed medications and attended weekly therapy, but he stated that he received therapy only for his “anger issues.” He obtained a drug and alcohol assessment from the Cecil County Health Department, which found, based solely on Mr. C.’s self-reported behaviors, that he did not need any substance abuse treatment. Mr. C. did not participate in any parenting classes. Although Ms. Miller had referred him to a parenting class, he did not attend due to a scheduling issue, and he did not ask Ms. Miller for another referral.

Peggy M. Hullinger, Ph.D., conducted Mr. C.’s psychological evaluation on July 8, 2014. The evaluation consisted of psychological testing and a clinical interview. Mr. C. was only “superficially cooperative” with the evaluation. Although Mr. C. agreed to secure records of his mental health treatment and other medical forms and records prior to the interview, he did not do so. He also refused to participate in assessments of his parenting skills, and he randomly answered questions on the MMPI-2 without reading the questions. His attitude throughout the evaluation was “one of indifference.” He was aloof, detached, and irritable throughout the evaluation.

During the interview, Mr. C. reported that he had spent most of his life in either foster care, group homes, or residential treatment centers. He has three siblings, and although they also had been in foster care, they eventually were returned to his mother. He, however, remained in residential treatment until he was 21 years old, due to his aggressive behaviors. He began drinking alcohol when he was 13 years old and reported that he currently drank only “occasionally.” He denied the use of prescription pain medications. Mr. C. reported working at only three jobs, two of which he quit because he had difficulty dealing with his managers, and the third he left when he was injured. Mr. C. had never been married, and Rebecca is his only child.

Dr. Hullinger reported that the results of her evaluation revealed that Mr. C. “has deficits in all spheres, cognitive, behaviors, emotional, interpersonal and occupational.” She reported that Mr. C.’s “approach avoidance thinking” and “aloofness and inability to attach to other human beings in a natural manner coupled with his manner of coping” suggested that he would be “unable to act upon any events that would create a conflict or confrontation for him,” which would leave Rebecca at risk for harm. Dr. Hullinger continued that Mr. C.’s history of mood instability and aggression, coupled with his long history of use of alcohol and prescription pain medications “presents many risk factors for Rebecca as well as others.”

Mr. C. agreed that it was in Rebecca’s best interest to be permanently placed with the K.s. Dr. Hullinger recommended that Mr. C. should continue with his mental health treatment and attend Alcoholics Anonymous daily. She further recommended that the

Department should move forward with permanent placement for Rebecca, and that Mr. C.’s visitation with her “should always be supervised.”

After Rebecca was sheltered, the Department arranged for Mr. C. to have supervised visitation with Rebecca at the Department. Mr. C. attended visitation on a regular basis. Rebecca appeared “disconnected and unattached” to Mr. C. and did not acknowledge or approach him without prompting. In August 2014, the Department moved the supervised visitation to the community under the supervision of Ms. K. Although the Department gave Mr. C. the K.s’ contact information so that he could arrange visitation, Mr. C. did not request any visitation or initiate any contact with Rebecca.

In September 2014, Ms. Miller contacted Mr. C. to inquire about his lack of visitation with Rebecca. Mr. C. told her that he “was busy, he had a lot of things that he was trying to get done.” Ms. Miller asked if the Department could provide any assistance to Mr. C. to resume visitation, but he stated that “he had everything under control.” A few weeks later, the Department again asked Mr. C. if it could work with him to resume visits, but Mr. C. responded that he had “too much stuff going on right now to deal with that stress.” At the end of October, Mr. C. resumed visits with Rebecca. Thereafter, he was “[f]airly consistent” with visitation, although he missed at least one visit because it was raining.

After visits with Ms. E. and Mr. C., Rebecca began exhibiting behavior issues. She defecated in her pants at home and in preschool, and she would cry “uncontrollably” at times. Due to those concerns, in December 2014, Rebecca started play therapy, on a weekly basis.

On April 15, 2015, the court interviewed Rebecca, along with the K.s, and it conducted a hearing on the Department’s recommendation to grant custody and guardianship to the K.s and terminate the court’s jurisdiction. Ms. E. and Rebecca, through counsel, agreed with the Department’s recommendations. Mr. C. opposed the recommendations and requested an evidentiary hearing.

At the hearing, Ms. Miller testified that the Department had several concerns regarding Mr. C.’s ability to care for Rebecca. Most of the Department’s concerns were in regard to Mr. C.’s “long history of mood instability, diagnosis of bipolar disorder, a long history of alcohol use and prescription pain medication” that prevented Mr. C. from having the “ability to provide a safe and stable environment for Rebecca.” Ms. Miller stated that, despite Mr. C.’s participation in some services, he had not done “anything in the last six months or in the last year” that alleviated the above concerns. She stated that the Department did not recommend unsupervised visits between Mr. C. and Rebecca due to concerns about whether he would “be able to safely care for Rebecca and safely supervise Rebecca during unsupervised visits.”

Mr. C. testified that his visitation with Rebecca was “pretty good” when it occurred at the Department, but once it began to occur at the K.’s house, his sister, Ms. K., “undermined” him during visits. He stated that Ms. K. “has [Rebecca] calling her and [Mr. K.] mommy and daddy, without correcting her,” and he had spoken to therapists who told him “that can actually mess up her mental state, without being corrected on that.” He stated that he was consistent with visits, and he requested that the court grant him unsupervised visitation. Mr. C. reiterated that he did not think that his brother was “a real

sex offender” or “really did anything wrong,” and he did not have a problem with his brother being around Rebecca. Mr. C. stated that he takes pain medication and muscle relaxers daily, and he did not think he needed parenting classes.

At the conclusion of the hearing, the court ruled as follows:

[T]he court recalls that when [Rebecca] came into care she couldn’t talk. She . . . didn’t have any speech skills at all.

Today she’s verbal. She is a delightful child. She was engaged in talking with us this morning.

The standard is not one of the best interest of the father, but best interest of the child. The court has concerns about father’s housing situation. It’s inappropriate to live with a sex offender, whether he believes it happened or not. It’s just inappropriate. It can’t happen no matter how much supervision takes place. So there is no evidence that he has safe housing.

He hasn’t taken the parenting classes, and he . . . admitted he doesn’t need them. In fact, he . . . has said to everybody involved in the case. I don’t need parenting classes; but I will take them anyway. He has a self-reported alcohol evaluation.

On the good side he does do his mental health treatment, he’s compliant with meds, and those are all good things; but the . . . lack of safe housing, the lack of ability to keep this child safe weigh against him.

Accordingly, the court ordered custody to the K.s, with supervised visitation to Mr. C. The court noted that it would not consider unsupervised visitation until Mr. C. had a “safe place to go” with Rebecca.

STANDARD OF REVIEW

In reviewing the decision of a juvenile court, we apply three different levels of review:

“When the appellate court scrutinizes factual findings, the clearly erroneous standard . . . applies. [Secondly,] if it appears that the [juvenile court] erred as to matters of law, further proceedings in the trial court will ordinarily be required unless the error is determined to be harmless. Finally, when the appellate court views the ultimate conclusion of the [juvenile court] founded upon sound legal principles and based upon factual findings that are not clearly erroneous, the [juvenile court’s] decision should be disturbed only if there has been a clear abuse of discretion.”

In re Shirley B., 419 Md. 1, 18 (2011) (quoting *In re Yve S.*, 373 Md. 551, 586 (2003)). In reviewing the juvenile court’s ultimate decision, we are mindful that

[q]uestions within the discretion of the trial court are much better decided by the trial judges than by appellate courts, and the decisions of such judges should only be disturbed where it is apparent that some serious error or abuse of discretion or autocratic action has occurred. In sum, to be reversed the decision under consideration has to be well removed from any center mark imagined by the reviewing court and beyond the fringe of what that court deems minimally acceptable.

In re Yve S., 373 Md. at 583-84 (citations and quotations omitted).

I.

Court’s Grant of Custody & Guardianship to the K.s

Mr. C.’s first argument is that the court erred in granting custody to the K.s because he had “made significant progress towards achieving reunification” and had “substantially complied” with the Department’s service agreement. He asserts that, although he “was not necessarily requesting that custody be granted to him,” he “was asking the [c]ourt to consider granting him unsupervised visits and/or continuing the permanency plan of

reunification.” He contends that, given the “significant strides” he had made, the court “should have continued the plan as one of reunification and allow[ed him] additional time to procure housing.”

The Department contends that this case involves custody, as opposed to termination of parental rights, and it was Mr. C.’s burden to persuade the court to make a finding that there was no likelihood of further abuse or neglect, pursuant to Md. Code (2012) § 9-101(b) of the Family Law Article (“FL”).² It asserts that, despite Mr. C.’s evidentiary burden, the evidence “unequivocally rebutted the presumption that Rebecca’s best interests would be served by being placed in Mr. C.’s care and custody.”

Counsel for Rebecca argues that, although Mr. C. had substantially complied with his service agreement, his “housing circumstances would expose Rebecca to a child sexual offender from whom [Mr. C.] did not believe [she] needed to be protected,” and it did not “appear those circumstances were likely to change in the foreseeable future.” Accordingly,

² FL § 9-101, entitled “**Denial of custody or visitation on basis of likely abuse or neglect,**” provides:

(a) *Determination by court.* — In any custody or visitation proceeding, if the court has reasonable grounds to believe that a child has been abused or neglected by a party to the proceeding, the court shall determine whether abuse or neglect is likely to occur if custody or visitation rights are granted to the party.

(b) *Specific finding required.* — Unless the court specifically finds that there is no likelihood of further child abuse or neglect 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.

Mr. C. had not “made sufficient progress” towards reunification, and there “was no longer a continued need for [Rebecca] to remain in care.”

In any child custody case, including a proceeding for custody and guardianship, “the paramount concern is the best interest of the child.” *In re Caya B.*, 153 Md. App. 63, 76 (2003). Indeed, “the child’s best interest has always been the transcendent standard in . . . third-party custody cases.” *In re Adoption/Guardianship of Ta’Niya C.*, 417 Md. 90, 112 (2010). Although the presumption is that “the child’s welfare will be best subserved in the care and custody of its parents,” that presumption is rebutted when a court declares the child a CINA and removes her from the care of the parents. *In re Caya B.*, 153 Md. App. at 76.

In cases involving abuse and neglect, the juvenile court must be “particularly cautious not to presumptively favor reunification.” *Shirley B.*, 419 Md. at 31. In such cases, “where the interests of the child are in jeopardy,” “[t]hat which will best promote the child’s welfare becomes particularly consequential.” *In re Mark M.*, 365 Md. 687, 705-06 (2001). Thus, where, as here, the child has been declared a CINA because of abuse or neglect, the juvenile court is thereafter

constrained by the requirements of [FL § 9–101(b)] . . . to deny custody to the parent unless the court makes a specific finding that there is no likelihood of further abuse or neglect The burden is on the parent previously having been found to have abused or neglected the child to adduce evidence and persuade the court to make the requisite finding under § 9–101(b).

In Re: Yve S., 373 Md. at 587 (citations omitted).

Here, the evidence established that Rebecca suffered neglect, which resulted in significant developmental delays, including the inability to speak more than three to five

words at the age of three, and the inability to feed herself or to advocate for her needs. She also exhibited sexualized behaviors consistent with sexual abuse. Rebecca’s teeth were in such poor condition that she required dental surgery. She also suffered from severe diaper rash that remained untreated. Although Mr. C. had made some progress, his “deficits in all spheres, cognitive, behaviors, emotional, interpersonal and occupational,” and his “approach avoidance thinking” and “aloofness and inability to attach to other human beings in a natural manner coupled with his manner of coping” indicated that he would be “unable to act upon any events that would create a conflict or confrontation for him,” which would leave Rebecca at risk for harm. Additionally, his history of mood instability and aggression, coupled with his long history of use of alcohol and prescription pain medications, presented “many risk factors for Rebecca as well as others.”

Based on the evidence, including that Mr. C. still lived with a child sexual offender, who Mr. C. thought was not “a real sex offender” and did not pose a risk to Rebecca, the court found that Mr. C. lacked “the ability to keep [Rebecca] safe.” The court was not persuaded that there was no likelihood of further abuse and neglect. Accordingly, because there was no showing that Rebecca could be safely returned to Mr. C.’s care within a reasonable time, the court properly granted custody to the K.s.

II.

Department’s Reasonable Efforts

Mr. C. next argues that the Department “failed to make reasonable efforts towards the presumptive plan of reunification.” He asserts that, although his “main obstacle was locating and obtaining appropriate stable housing,” the Department did not provide him

with any assistance in that regard. He further asserts that the Department did not provide him with “specialized services considering his cognitive needs” and did not provide him with any additional services regarding his drug and alcohol use, such as “random urine analysis or drug counseling.” Accordingly, he argues, the court erred in its “underlying finding” that the Department made reasonable efforts, and in granting custody and guardianship to the K.s.

The Department argues that the court is not required to make a finding of reasonable efforts in a hearing on a motion for custody or guardianship. In any event, it argues that, even if such a finding was required, ample evidence would support such a finding. It asserts that the evidence established that reasonable efforts were made to address the “root causes of Mr. C.’s inability to provide for Rebecca’s safety,” including offering Mr. C. assistance with complying with his service agreement, providing him with a psychological evaluation, offering him a parenting assessment and parenting classes, and offering to assist him in locating safe housing. The Department also arranged for Mr. C. to maintain visitation with Rebecca, and it ensured that Rebecca engaged in therapy to overcome behavioral difficulties that she experienced after visiting with him. Accordingly, it argues, in light of the services offered by the Department to Mr. C., to the extent a reasonable efforts finding was required, the court properly found that the Department fulfilled its duty.³

³ As discussed, *infra*, we agree that the record supports a finding that the Department made reasonable efforts to address Mr. C.’s inability to provide for Rebecca’s safety, and therefore, we need not address the Department’s initial argument.

Counsel for Rebecca argues that, although Mr. C. was compliant with certain services, his “mental health problems were still sufficiently pathological to make an award of custody to the [him] contrary to [Rebecca’s] safety, welfare, and best interest,” and Mr. C. did not believe that Rebecca needed to be protected from a child sexual offender. Counsel asserts that the Department did offer Mr. C. services, but Mr. C. refused some services and there were no “additional efforts that would render [him] able to be a custodial parent.”

In general, when a child is removed from his or her parent’s care and custody and placed in foster care, a department of social services has a statutory obligation to make reasonable efforts to reunify the child with the parent. *In re Joseph N.*, 407 Md. 278, 291-92 (2009). In determining the reasonable efforts to be made, and in making reasonable efforts to preserve and reunify families in order to make it possible for the child to safely return to the child’s home, “the child’s safety and health shall be the primary concern.” FL § 5-525(e).

“Reasonable efforts” must be determined on a case-by-case basis. *Shirley B.*, 419 Md. at 25. A department should “provide services to ameliorate facts present in the child or parent . . . that would inhibit a parent’s ability to maintain the child safely at home.” *In re James G.*, 178 Md. App. 543, 579 (2008). To effectuate a plan of reunification, the Department must offer a “reasonable level of . . . services, designed to address both the root causes and the effect of the problem.” *In re Adoption/Guardianship of Rashawn H.*, 402 Md. 477, 500 (2007). The Department, however, is “not obliged to . . . find and pay

for permanent and suitable housing for the family . . . or to cure or ameliorate any disability that prevents the parent from being able to care for the child.” *Id.*

Here, the evidence established that the Department made reasonable efforts to address the root causes of Mr. C.’s inability to provide for Rebecca’s safety. The Department arranged for Mr. C. to maintain visitation with Rebecca and offered additional services after Mr. C. stopped visitation for several months in 2014. When Rebecca began exhibiting behavioral issues after visitation with Mr. C., the Department ensured that she engage in therapy to overcome those issues. The Department also entered into a service agreement with Mr. C. to address the issues that inhibited his ability to provide for Rebecca’s safety. Although Mr. C. complied with portions of the service agreement, he refused to take parenting classes, stating that he “he knew [h]ow to parent.” And, critically, despite the Department’s offer of assistance to find safe and appropriate housing, Mr. C. declined the Department’s help, as he did not believe that his brother posed any risk of harm to Rebecca. Accordingly, the record reflects that the Department made good faith attempts to offer appropriate services to Mr. C. to achieve reunification.

III.

Unsupervised Visitation

Mr. C. argues that the court erred in failing to award him unsupervised visitation with Rebecca. He contends that the evidence indicated that his interactions with Rebecca were appropriate and consistent and it showed that he was “compliant with his mental health treatment, psychological and parenting assessment and that he completed the drug and alcohol assessment.” Thus, he asserts, despite his lack of appropriate housing, the

evidence presented “was sufficient to warrant the [c]ourt finding that unsupervised visits” were appropriate.

The Department contends that the court complied with its statutory obligation to ensure Rebecca’s safety by requiring that visitation, by a parent who had previously neglected her, be supervised. In fact, asserts the Department, based on its finding that Mr. C. lacked the ability to keep Rebecca safe, the court could not, pursuant to FL § 9-101, order unsupervised visitation. Counsel for Rebecca asserts that Mr. C.’s mood instability, and his history of drug and alcohol abuse and aggression, in addition to the fact that he “saw no need to protect Rebecca from his child sexual abuser brother,” warranted the court’s refusal to grant him unsupervised visitation.

Visitation is an “important, natural, and legal right, although it is not an absolute right.” *Roberts v. Roberts*, 35 Md. App. 497, 507 (1977) (quoting *Radford v. Matczuk*, 223 Md. 483, 488 (1960)). A juvenile court may deny visitation between parents and their children if the evidence demonstrates that visitation would not serve the best interests of the child. *See e.g., In re Billy W.*, 387 Md. 405, 447 (2005). Courts are further empowered to place any conditions on visitation that are necessary to ensure the safety and well-being of the child. *Id.* As noted above, in a custody or visitation proceeding, “if the court has reasonable grounds to believe that a child has been abused or neglected by a party to the proceeding[,]” the court is obliged to “specifically find[] that there is no likelihood of further child abuse or neglect by the party” before granting anything more than supervised visitation to the offending party. FL § 9-101(b).

Here, Rebecca was adjudicated CINA after the court found abuse and/or neglect. At the April 15, 2015, hearing, the court found that Mr. C. continued to lack the “ability to keep [Rebecca] safe.” Accordingly, because the court was unable to conclude that there was no likelihood of further abuse or neglect, it did not abuse its discretion in ordering that further visitation would be supervised.

**JUDGMENT AFFIRMED. COSTS
TO BE PAID BY APPELLANT.**