Circuit Court for Baltimore City
Case No. T24109012

UNREPORTED*

IN THE APPELLATE COURT

OF MARYLAND

No. 1402

September Term, 2025

IN RE K.P.

Friedman,
Zic,
Sharer, J. Frederick
(Senior Judge, Specially Assigned),

JJ.

Opinion by Zic, J.

Filed: March 27, 2026

* 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 Maryland Rule 1-104(a)(2)(B).

This case arises from a termination of parental rights ("TPR") petition filed by the Baltimore City Department of Social Services ("Department") in the Circuit Court for Baltimore City, sitting as a juvenile court. The appellants, Mother and Father (collectively, "parents"), now separately challenge the court's grant of the TPR petition.

QUESTIONS PRESENTED

As we understand their respective briefs, the parents present a combined total of three distinct questions for our review. We have recast and rephrased these questions as follows:[1]

[1] Father phrased the questions as follows:

1. Did the juvenile court err when it admitted into evidence objected-to portions of K.P.'s hospital records, including medical opinions that certain injuries were "most likely" caused by and/or "most consistent" with child physical abuse, and were the court's evidentiary errors harmful?
2. Did the [juvenile] court err when concluding that clear and convincing evidence supported findings of parental unfitness and exceptional circumstances to justify terminating Father's parental rights?
    A. Did insufficient evidence support findings that Father abused K.P., neglected K.P., chronically abused K.P., and/or chronically neglected K.P.?
    B. Did insufficient evidence support a finding that [the Department] made adequate efforts to reunify K.P.?
    C. Did the [juvenile] court make additional erroneous findings?
    D. Does the totality of the [juvenile] court's errors warrant reversal of the TPR?

In her amended brief, Mother presented the questions as follows:

(continued)

1. Did the juvenile court err in admitting into evidence portions of K.P.'s medical records?

2. Did the juvenile court err in finding that the Department failed to provide the parents with reasonable and timely services?

3. Was there insufficient evidence to support the juvenile court's findings of parental unfitness and exceptional circumstances?

For the following reasons, we answer these questions in the negative and affirm.

BACKGROUND

K.P., born in September 2021, is the biological child of the parents. The Department first became involved with the parents in September 2021, after receiving reports of domestic violence by Father against Mother.

On January 4, 2022, K.P. was admitted to Sinai Hospital of Baltimore because she was experiencing a seizure and having difficulty breathing. Hospital medical staff discovered that, in addition to suffering from Covid-19 and hypothermia, K.P. had numerous physical injuries, including rib fractures, arm fractures, a subdural hematoma, retinal hemorrhages, and scratches on her chest. Dr. Scott Krugman, a child abuse pediatrician at Sinai Hospital who evaluated K.P. during her hospital stay, estimated that

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1. Did the [juvenile c]ourt err by admitting hearsay and improper expert opinion from [K.P.]'s medical records?
2. Did the [juvenile c]ourt err by finding that the Department provided appropriate and timely services and that reasonable efforts were made to facilitate reunification of [K.P.] with Mother?
3. Did the [juvenile c]ourt err by finding that Mother was unfit to be a parent or that exceptional circumstances exist[ed] to terminate Mother's parental rights?

her rib and arm fractures were approximately two to four weeks old. Neither Mother nor Father provided an explanation for how the injuries occurred. When an attending physician asked Father about the scratch marks on K.P.'s chest, Father attempted to leave the hospital with K.P. Father struck the physician in the chest when he tried to prevent Father from leaving, and hospital security was alerted to escort Father from the hospital. Mother remained with K.P. and permitted medical staff to continue evaluating K.P.[2] K.P. was ultimately discharged from the hospital on January 11, 2022.

[2] Notes in K.P.'s hospital record indicate that child physical abuse was "the most likely etiology" for her injuries given the absence of any reported history of trauma or accidental explanation for the injuries. The notes surrounding this statement are as follows:

> 3 month old with multiple acute and sub-acute injuries with no history of trauma. Most concerning injury at this point is the acute subdural hemorrhages which likely explain the acute difficulty breathing and possible seizure early this morning. Clinically neurologically ok at this point but needs observation to make sure not progressing and no further seizures. Need an MRI to evaluate the subdural space to better delineate the chronic subdural hemorrhage and hopefully date the injury better. Can get that tomorrow. Skeletal survey with multiple healing rib fractures and a healing transverse ulnar/radial fracture all likely occurred 2-4 weeks ago given callous formation. Given there was no history of trauma given or any accidental mechanism to explain any of these injuries, child physical abuse is the most likely etiology. Will need to r/o underlying bone disorder (though bones appear normal on XR) and bleeding disorder. Additionally need ophtho to evaluate for retinal hemorrhages. Also will need follow up skeletal survey in 2 weeks to see if there any [sic] new rib fractures (easier to see when healing in 2 weeks). Increased liver enzymes could be from COVID or could be abdominal trauma. If still rising or blood in urine abdominal MRI or CT to evaluate for abdominal trauma.

(continued)

K.P.'s Commitment to the Department

During K.P.'s hospital stay, on January 5, 2022, the Department filed a petition for shelter care pursuant to Maryland Code (1974, 2020 Repl. Vol.), Courts and Judicial Proceedings ("CJP") Article § 3-809. The juvenile court granted the Department's petition following a hearing held on the same day.

On April 28, 2022, the juvenile court adjudicated K.P. a child in need of assistance ("CINA") and committed her to the custody of the Department. The court permitted the parents to have supervised visits with K.P. At this point, K.P.'s permanency plan remained reunification with the parents. K.P. was placed with her current foster family, the W. family,[3] in June 2022.

The Department's Reunification Efforts

Between January 2022 and June 2023, during the reunification period, the Department provided the parents with three service agreements, each for a period of six months. The service agreements required that each of the parents attend all court

> Overall, the picture is most consistent with acute and subacute child physical abuse leading to the brain (Abusive Head Trauma) and skeletal injuries. COVID likely cause of the congestion and episode this AM, unless it was right after the abusive head trauma occurred.
>
> CPS/Police notified – will update as results return.

In Mother's appellate record extract, the above note immediately follows the attending physician's initial evaluation notes. Looking at the pagination of the original exhibit, however, we observe that there is a 73-page gap between the attending physician's evaluation notes and note reproduced above. Regardless, the above note was not objected to at the underlying TPR hearing.

[3] We have anonymized the surname of K.P.'s foster family with a single initial.

hearings; attend all meetings pertaining to K.P.'s medical needs; find safe and stable housing; consistently attend weekly supervised visits with K.P.; complete a mental health evaluation; enroll in and attend parenting classes; and complete anger management classes and therapy.[4]

Pursuant to these requirements, the Department arranged for weekly supervised visits between the parents and K.P.; attempted to conduct a home inspection for the parents; attempted to assist Mother in securing safe and stable housing by completing a Section 8 housing application; and made referrals for and covered the cost of individual therapy, group therapy, and anger management and parenting classes. When supervised visits were canceled, make-up visits were scheduled and/or later visits were extended by 30 or 60 minutes. The Department also continued to refer Father to anger management programming after he instigated a verbal altercation with one of K.P.'s case workers. After June 2023, the Department did not offer the parents an updated service agreement.

The Parents' Reunification Efforts

The juvenile court found that the parents were generally inconsistent with attending supervised visits as required by the service agreements: "Mother and Father attended only 23 of 45 visits in 2023; Father attended 10 of 50 visits in 2024 while Mother only attended around six; and Mother attended two of seven visits in 2025 while Father attended five." Although Mother testified that she became discouraged when

[4] At the TPR hearing, the Department entered the three copies of the unsigned service agreements into evidence. The juvenile court found that the parents were aware of the agreements and their requirements.

K.P.'s case worker informed her that the proceedings were "moving toward adoption[,]" the parents testified that they "missed a lot of visits because they overslept, forgot, or had other things to do."

The parents also missed a meeting to create an individualized education plan ("IEP") for K.P.—an absence which ultimately prevented an IEP from being implemented. Throughout K.P.'s foster placement, Mother lived in four different locations, and Father resided in seven. Additionally, Father completed two medical evaluations, while Mother only completed one of the required two.

Mother completed anger management classes and participated in group therapy with Father in the first half of 2023. For the first two years of K.P.'s placement, Mother did not communicate directly with the Department. Her communication with the Department did not improve after she obtained a cell phone or after she and Father separated. The parents did not attend K.P.'s medical or therapy sessions, and Mother "often missed court or showed up late." Mother continued to work seasonal jobs; was on a welfare program; and sometimes received money from her mother, K.P.'s maternal grandmother.

The juvenile court further noted that "Father provided inconsistent testimony about his job and the reasons for missing recent visits with [K.P.]" In April 2023, more than one year after K.P. was put into shelter care, Father completed an anger management program. Following this service, however, he instigated a verbal altercation with one of K.P.'s case workers. The Department again referred Father to anger management programming, but, at the TPR hearing, Father was unable to recall whether he had

completed the additional anger management classes. Father was also incarcerated from June through September 2024, following an arrest for illegal possession of a firearm.

The Underlying TPR Proceeding

Following a contested permanency plan review hearing, on November 13, 2023, the juvenile court changed K.P.'s permanency plan from sole reunification to concurrent plans of reunification or adoption and/or custody by a non-relative. Approximately five months later, the Department filed the TPR petition. The parents separately filed objections.

The juvenile court held a contested hearing on the TPR petition over three days, from July 15 to July 17, 2025. At the time of the TPR hearing, K.P. had been in foster care for 42 months, 38 of which were with the W. family. Testimony revealed that after her initial placement with the W. family, K.P. was diagnosed with autism and requires special educational services. Further testimony credited by the court established that K.P. is "securely bonded" to her foster parents and that removing her from their care would be "very difficult for K.P." The court ultimately found that K.P. had adjusted well to her placement with the W. family and that terminating her bond with them "would be more traumatic and damaging for her than ending her relationship with Mother and Father."

The parents testified at the TPR hearing. They objected to the Department's introduction of K.P.'s medical record from Sinai Hospital, in part challenging "expert" opinions by Dr. Krugman located throughout the medical record, and in part challenging specific pages of the record, which were described as containing opinions written by Dr. Krugman:

THE COURT: All right. So take your time, Counsel, but -- and when you're ready, let me know if you have any objection to [the medical record]. . . .

[COUNSEL FOR FATHER]: So, Your Honor, the only note I'd make is that Counsel has indicated that they in[t]end to call Dr. [Krugman] as a witness, so on those circumstances, assuming he's going to be called, I have no objection. However, there are things in the record that I believe would not be admissible absent his testimony. So he's on the witness list; I'm assuming he's coming. So I would just reserve objecting to that if he does not testify. But the rest of the record I have no objection to.

[COUNSEL FOR THE DEPARTMENT]: Well, Your Honor, I don't plan on calling Dr. [Krugman]. I am just moving in the medical records. These are business records. Counsel has been provided with notice of this for close to a year with no objection.

[COUNSEL FOR FATHER]: Your Honor, I have no objection to the authenticity of the records. However, the contents of the records contain reports and opinions that require expert testimony because the [c]ourt needs to know the basis for the opinion, and we should be able to cross-examine that opinion under Rule 702. And so if there are opinions in those records that are intended to be offered for the [c]ourt to make rulings based on those opinions, then they should not be admissible. We have the right to cross-examine and examine the witness.

THE COURT: You have the right to subpoena witnesses too, [Father's Counsel].

[COUNSEL FOR FATHER]: He is on the witness list that the Department provided that he would be testifying in the matter. I assumed --

THE COURT: That doesn't matter.

[COUNSEL FOR FATHER]: But Your Honor, this is --

THE COURT: They can put whoever they want on their witness list and decide for the trial strategy they don't want to call that witness anymore.

[COUNSEL FOR FATHER]: I appreciate that but then the -- then opinions that are being made by a -- purported to

be made by an expert can't come in. The mere fact that they've -- they've -- all that the notice of intent does, it says these records don't need a custodian to be admissible. That the certificate provides that these are authenticat[ic]. That doesn't mean everything in the record is thereby admissible. Now, there are other objections, like hearsay objections and objections based upon whether the content of the document is admissible and where the Department is trying to prove the opinions of a doctor or of a medical opinion, which frankly, some of these -- Dr. [Krugman], much of his work was not being done for treatment purposes. What Dr. [Krugman] was doing was an investigation regarding allegations of abuse. And so that would need the witness present to testify regarding what -- the opinions he's trying to offer for the [c]ourt.

THE COURT: I'm looking at Rule 5-803. "Hearsay exceptions. Unavailability of declarant not required. Statements for purposes of medical diagnosis or treatment."

[COUNSEL FOR FATHER]: But this is not -- the report that Dr. [Krugman] wrote is not for medical diagnosis and treatment.

THE COURT: What report?

[COUNSEL FOR FATHER]: *It's within the 338 pages of the medical records that ha[ve] been provided.* And one of the challenges, Your Honor -- and I understand the Department feels they have to --

THE COURT: It is not, [Father's Counsel]. I'm flipping through it. These are medical records. Discharge instructions, discharge summaries, medication orders, patient assessment reviews, patient assessment reviews. I don't see an opinion in this exhibit.

[COUNSEL FOR MOTHER]: Your Honor, I'm sorry, I do see it. I found --

THE COURT: Okay. Tell me where it is. See this -- Counsel, you know, it is incumbent upon you folks to point out exactly what it is to which you object. It's not my obligation to find it. So when you're telling me that there's something in here, you can't just tell me that oh, there are opinions in here. You've got to point out where the opinions are so I can make specific rulings as to that opinion. Because

the way I read the rules of evidence -- you've already stipulated to the authenticity of these documents. The way I read these rules of evidence, and in my brief review of the documents, these are medical records. So tell me exactly where in this document you have an objection.

[COUNSEL FOR MOTHER]: Well, Your Honor, I can -- if I -- I'm sorry. Okay. So page -- *page 43* --

THE COURT: 43.

[COUNSEL FOR MOTHER]: -- of 356.

[COUNSEL FOR FATHER]: Court's indulgence, please.

THE COURT: The document that's entitled "Ed physician documentation, impression, x-ray chest" -- you're telling me that those aren't for the purposes of medical diagnosis or treatment, Counsel?

[COUNSEL FOR MOTHER]: These have opinions.

THE COURT: Doesn't matter.

[COUNSEL FOR MOTHER]: So I would join [Father's Counsel's] objection because these are opinions by an expert. *"That may be due to previous injury. Non-accidental injury." So it says, "Non-accidental."* These are opinions that are highly prejudicial to the parents. If they're being offered -- if these records are being offered to show that this child sustained non-accidental injuries, and they don't have the expert who is rendering this opinion here to testify. And Your Honor, as far as 5-803, that exception, I don't think -- these aren't statements -- there is a statement in here from the --

THE COURT: "Statements made for purposes of medical treatment or medical diagnosis in contemplation of treatment and describing medical history or past and present symptoms, pains, or sensation, or the inception or general character of the cause or external sources thereof in so far as reasonably pertinent to treatment or diagnosis in contemplation of treatment."

[COUNSEL FOR MOTHER]: So, Your Honor, I would argue that page 3 --

THE COURT: Okay. Objection is overruled.

> [COUNSEL FOR MOTHER]: I'm sorry, Your Honor, it's page -- so can I finish. 5-803 would cover what it says out on page 3, "Patient's parents deny any recent fever, vomiting, diarrhea." That's a statement made for purposes of medical diagnosis. That would be what I would argue is contemplated by that rule. That's hearsay. Patient's parents making statements. And that is for the purpose of medical diagnosis and decision making. *What is set out on page 43, and this is just one example -- page 43 and page 44, are opinions about the cause of injuries and for that it is required that the expert be here.*
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> THE COURT: Didn't I just read you the rule where it says -- it talks about the probable cause --
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> [COUNSEL FOR MOTHER]: I disagree, Your Honor.
>
> THE COURT: Okay. Understood. You've made your argument.
>
> [COUNSEL FOR FATHER]: Your Honor, if I may, a finding of non-accidental injury does not meet that definition. It's not medical treatment. It's not medical diagnosis in contemplation of treatment. It is a separate forensic investigation that's done on behalf of the State to investigate whether there has been abuse and if they want to prove that the medical information through an expert under Rule 702 -- for the [c]ourt to accept an expert opinion, it must meet Rule 702. And by just having a record without qualifying the person as an expert witness to give an opinion like that, without having the expert give the basis for his opinion, and without that expert then being cross-examined based on that opinion, that report can't come in. And that is supported by appellate decision which --
>
> THE COURT: Which appellate decision?
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> Objection is overruled. If you find the appellate decision, I'm happy to consider it and reconsider my ruling but at this point, the objection is overruled. [The medical record] is admitted into evidence.

(Emphases added.)

The Juvenile Court's Findings

On August 19, 2025, the juvenile court issued a written opinion methodically and thoroughly applying the factors set forth in Maryland Code (1984, 2019 Repl. Vol.), Family Law ("FL") § 5-323(d), finding that both Mother and Father were unfit, and finding exceptional circumstances that warranted terminating parental rights in K.P.'s best interests.

Regarding the parents' unfitness, the juvenile court found that "[t]he only reasonable inference from the evidence is that the injuries [K.P. presented during her January 4, 2022 emergency department visit] resulted from abuse or severe neglect, and [that] either basis renders Mother and Father unfit." The court noted that it found "concerning or[] . . . implausible that neither [of the parents] noticed signs of pain or physical harm during" provision of daily, routine care of K.P. The court also found Father's aggressive conduct toward one of K.P.'s case workers, his domestic abuse of Mother in 2023, and his 2024 arrest for illegal possession of a firearm—all incidents occurring after Father completed one anger management program—"not indicative of someone earnestly working to regain custody of their child."

Additionally, the court found that Mother's "pattern of disengagement and inconsistency constitutes neglect." The court determined that Mother's "sporadic visits have a detrimental impact on [K.P.'s] well-being[;]" that her communication with the Department is irregular; and that she "has demonstrated little understanding or concern for [K.P.'s] medical, educational, or emotional needs."

Regarding exceptional circumstances, the juvenile court concluded that the parents' behavior—namely, their failure to make consistent or any progress toward the goals outlined in the service agreements—combined with the prolonged nature of K.P.'s foster placement (over three years), her need for permanency, and the strong bond she shared with the W. family, constituted exceptional circumstances that warranted terminating Mother's and Father's parental rights.

The parents noted separate, timely appeals challenging the court's grant of the TPR petition. We supplement with additional facts below as necessary.

DISCUSSION

I. THE JUVENILE COURT DID NOT ERR IN ADMITTING K.P.'S HOSPITAL RECORDS PURSUANT TO MARYLAND RULE 5-803(b)(4).

A. The Parties' Arguments

On appeal, the parents separately contend that the juvenile court erred in admitting into evidence K.P.'s Sinai Hospital medical record. The parents reason that Dr. Krugman's opinions within the medical record constitute improperly admitted expert testimony and inadmissible hearsay because Dr. Krugman was not called to testify at the TPR hearing.[5] In her amended brief, Mother takes issue with three statements located in K.P.'s hospital record, which she claims were made by Dr. Krugman:

> 3 month old with multiple acute and sub-acute injuries with no history of trauma. Most concerning injury at this point is the acute subdural hemorrhages which likely explain the

[5] Citing to *Marlow v. Cerino*, 19 Md. App. 619, 635-37 (1974), Father also urges this Court to "revisit its rule that *all* opinions in hospital records, whether 'controversial' or 'ordinary,' are generally admissible." We see no facts here that warrant straying from *stare decisis* and, accordingly, decline to do so.

acute difficulty breathing and possible seizure early this morning. Clinically neurologically ok at this point but needs observation to make sure not progressing and no further seizures. Need an MRI to evaluate the subdural space to better delineate the chronic subdural hemorrhage and hopefully date the injury better. Can get that tomorrow. Skeletal survey with multiple healing rib fractures and a healing transverse ulnar/radial fracture all likely occurred 2-4 weeks ago given callous formation. Given there was no history of trauma given or any accidental mechanism to explain any of these injuries, child physical abuse is the most likely etiology. Will need to r/o underlying bone disorder (though bones appear normal on XR) and bleeding disorder. Additionally need ophtho to evaluate for retinal hemorrhages. Also will need follow up skeletal survey in 2 weeks to see if there are[6] any new rib fractures (easier to see when healing in 2 weeks). Increased liver enzymes could be from COVID or could be abdominal trauma.[7] Overall, the picture is most consistent with acute and subacute child physical abuse leading to the brain (Abusive Head Trauma) and skeletal injuries. COVID likely cause of the congestion and episode this AM, unless it was right after the abusive head trauma occurred.

CPS/Police notified – will update as results return.

* * *

IMPRESSION:

Rib deformities as above may be due to previous injury with hypertrophic callus formation. Underlying bone lesion is not excluded. Clinical correlation is advised. Nonaccidental injury to be considered in patient age range.

* * *

[6] In her amended brief, Mother adds the word, "are[,]" to the note without brackets to indicate a modification.

[7] Mother omits the following sentence in the note, reproduced in *supra*, n.2, from her amended brief: "If still rising or blood in urine abdominal MRI or CT to evaluate for abdominal trauma."

> IMPRESSION:
>
> Subacute bilateral rib and right forearm fractures. Findings consistent with nonaccidental trauma.

The Department and K.P. counter in their respective briefs that, pursuant to Maryland Rules 5-803(b)(4) and (b)(6), the medical opinions within the medical record were properly admitted as pathologically germane statements. Alternatively, both the Department and K.P. argue that any error in admitting K.P.'s Sinai Hospital medical record was harmless.

B. Standard of Review

When properly preserved, we review whether a statement is hearsay *de novo*. *See Brooks v. State*, 439 Md. 698, 708-09 (2014) (citations omitted). In contrast, we generally review a trial court's ruling on admissibility of hearsay evidence for abuse of discretion. *Hall v. Univ. of Md. Med. Sys. Corp.*, 398 Md. 67, 82 (2007) (citations omitted). An abuse of discretion may occur when a decision is arbitrary, capricious, or "violative of fact and logic." *Wilson-X v. Dep't of Human Res.*, 403 Md. 667, 677 (2008) (citation omitted).

C. Legal Framework

1. Preservation

Generally, we "will not decide any [] issue unless it plainly appears by the record to have been raised in or decided by the trial court." Md. Rule 8-131(a). This Rule serves two primary purposes:

> (a) to require counsel to bring the position of their client to the attention of the lower court at the trial so that the trial court can pass upon, and possibly correct any errors in the

> proceedings, and (b) to prevent the trial of cases in a piecemeal fashion, thus accelerating the termination of litigation.

Maryland State Bd. of Elections v. Libertarian Party of Md., 426 Md. 488, 517 (2012) (quoting *Fitzgerald v. State*, 384 Md. 484, 505 (2004) (further citations omitted)). In the context of objections, this Court has explained that:

> While a party need not state the specific grounds for objection unless directed to do so by the court, the [Supreme Court of Maryland] has nonetheless held that "where a party voluntarily states his grounds for objection even though not asked, he must state all grounds and waives any not so stated."

Hall v. State, 225 Md. App. 72, 84 (2015) (quoting *von Lusch v. State*, 279 Md. 255, 261 (1997)).

2. Rule 5-803(b)(4) Hearsay and Rule 5-702 Expert Witness Testimony

We turn to distinguishing hearsay (and the relevant exceptions) from expert testimony. Hearsay is an out-of-court statement "offered in evidence to prove the truth of the matter asserted." Md. Rule 5-801(c). A trial court must exclude objected-to hearsay unless it falls within an exception. Md. Rule 5-802. Hearsay contained in hospital records may be admissible pursuant to the business records exception in Maryland Rule 5-803(b)(6).[8] Central here, Rule 5-803(b)(4) permits the admission of:

[8] Maryland Rule 5-803(b)(6) allows admission of:

> A memorandum, report, record, or data compilation of acts, events, conditions, opinions, or diagnoses if (A) it was made at or near the time of the act, event, or condition, or the rendition of the diagnosis, (B) it was made by a person with

(continued)

> Statements made for purposes of medical treatment or medical diagnosis in contemplation of treatment and describing medical history, or past or present symptoms, pain, or sensation, or *the inception or general character of the cause* or external sources thereof *insofar as reasonably pertinent to treatment or diagnosis in contemplation of treatment*.

(Emphases added.)

To fall under the Rule 5-803(b)(4) exception, the proffered statement must be "pathologically germane" to the medical condition(s) of the subject. *Marlow v. Cerino*, 19 Md. App. 619, 635-37 (1974). Pathologically germane statements are those that have "significant bearing upon and relation to the disease or injury from which one suffers." *Id.* at 635. Statements about the identity of the person who caused an injury are unlikely to be regarded as related to treatment. *State v. Coates*, 405 Md. 131, 134 (2008).

The Rule 5-803(b)(4) exception may only extend to statements made by *treating* medical professionals—not investigative or forensic medical professionals, whose work is conducted in preparation for litigation. *Low v. State*, 119 Md. App. 413, 417-21 (1998). Additionally, for hearsay to be admitted under Rule 5-803(b)(4), "it must appear

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> knowledge or from information transmitted by a person with knowledge, (C) it was made and kept in the course of a regularly conducted business activity, and (D) the regular practice of that business was to make and keep the memorandum, report, record, or data compilation. A record of this kind may be excluded if the source of information or the method or circumstances of the preparation of the record indicate that the information in the record lacks trustworthiness. . . .

As we understand the record, the juvenile court overruled the parents' objection pursuant to Rule 5-803(b)(4), not Rule 5-803(b)(6).

from the record itself that the person who expressed the opinion is qualified to do so." *Reynolds v. State*, 98 Md. App. 348, 358 (1993) (citing *Marlow*, 19 Md. App. at 636). "It must also appear from the record itself that there is an adequate factual basis for the opinion." *Reynolds*, 98 Md. App. at 358. A party seeking to challenge a declarant's qualifications is responsible for "call[ing] the declarant as a witness and examin[ing] him for weakness or error." *Marlow*, 19 Md. App. at 637 (citation omitted).

In contrast to statements made for the purpose of medical treatment under Maryland Rule 5-803(b)(4), expert witness testimony is elicited by parties in preparation for or during litigation. *Gross v. State*, 229 Md. App. 24, 32-33 (2016) (citing *State v. Payne*, 440 Md. 680, 699 (2014) (further citations omitted)). Admission of expert witness testimony is governed by Rule 5-702, which provides that:

> Expert testimony may be admitted, in the form of an opinion or otherwise, if the court determines that the testimony will assist the trier of fact to understand the evidence or to determine a fact in issue. In making that determination, the court shall determine:
>
> (1) whether the witness is qualified as an expert by knowledge, skill, experience, training, or education,
>
> (2) the appropriateness of the expert testimony on the particular subject, and
>
> (3) whether a sufficient factual basis exists to support the expert testimony.

To assess these factors, a court must hold a pre-trial evidentiary hearing that gives the proffered expert an opportunity to explain her relevant expertise, as well as to be cross-examined by the opposing party. *See Rochkind v. Stevenson*, 471 Md. 1, 26-27

(2020) (adopting the standard articulated in *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579 (1993), to admit expert testimony).

D. Analysis

As this Court understands the TPR hearing transcript, Father made a general objection to "reports and opinions" made by Dr. Krugman within K.P.'s Sinai Hospital medical record. At no point did Father direct the juvenile court to specific statements—or even any specific pages within the "338-page[]" exhibit—to which he objected. For this reason, Father's objection is not adequately preserved for our review. Furthermore, although Mother joined Father's objection and directed the court to statements on pages 43 and 44, respectively, of the medical record, on appeal, Mother challenges specific statements made on different pages of the medical record. Thus, Mother asks us to resolve an issue neither posed to nor resolved by the juvenile court. We will not do so. *See* Md. Rule 8-131(a); *see also Maryland State Bd. of Elections*, 426 Md. at 517 (explaining the practical purposes of Rule 8-131(a)).

We, accordingly, hold that the parents' objection to the admission of K.P.'s Sinai Hospital medical records is not adequately preserved for appellate review.

II. THE JUVENILE COURT DID NOT ERR IN FINDING THAT THE DEPARTMENT PROVIDED THE PARENTS WITH REASONABLE AND TIMELY SERVICES.

A. The Parties' Arguments

Next, the parents separately argue that the Department failed to provide them with reasonable and timely reunification services. Mother contends that the Department provided "boilerplate" services that were not tailored to her specific needs, such as her

mental health challenges. Mother additionally argues that the Department failed to address possible domestic violence by Father against her and failed to maintain open lines of communication. Similarly, Father contends that the Department did not make reasonable reunification efforts because the services offered did failed to specifically address the root cause of K.P.'s removal, namely, her injuries.

The Department and K.P. respond that the juvenile court properly assessed the Department's provision of services under FL § 5-323(d)(1), as only one of many factors in the best interests analysis. They separately maintain that the Department provided numerous services, including supervised visitation, referrals to parenting classes, anger management, therapy, and housing assistance, but that the parents did not take advantage of these services.

B. Standard of Review

This Court generally reviews a juvenile court's decision to terminate parental rights using three interrelated standards:

> When the appellate court scrutinizes factual findings, the clearly erroneous standard of Rule 8-131(c) applies. Second, if it appears that the 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 court founded upon sound legal principles and based upon factual findings that are not clearly erroneous, the court's decision should be disturbed only if there has been a clear abuse of discretion.

In re Ta'Niya C., 417 Md. 90, 100 (2010) (cleaned up) (quoting *In re Victor A.*, 386 Md. 288, 297 (2005) (quoting *In re Yve S.*, 373 Md. 551, 586 (2003) (citation omitted)). As

such, a finding of reasonable reunification services "is not clearly erroneous if there is competent or material evidence in the record to support the court's conclusion." *In re M.H.*, 252 Md. App. 29, 45 (2021) (quoting *Lemley v. Lemley*, 109 Md. App. 620, 628 (1996)).

C. Legal Framework

Pursuant to FL § 5-323(d), a juvenile court must consider multiple factors when determining whether to terminate parental rights, including "the extent, nature, and timeliness of services offered by a local department to facilitate reunion of the child and parent" and the extent to which the parents "have fulfilled their obligations" under any applicable service agreement. FL § 5-323(d)(1)(ii)-(iii). The juvenile court is not "require[d] . . . to weigh any one statutory factor above all others. Rather, the court must review all relevant factors and consider them together." *In re Jasmine D.*, 217 Md. App. 718, 736 (2014) (citation omitted).

"[A] reasonable level of [] services, designed to address both the root causes and the effect of the problem, must be offered[.]" *In re Rashawn H.*, 402 Md. 477, 500 (2007). "'[T]here is no bright line rule to apply the "reasonable efforts" determination'; instead, 'each case must be decided based on its unique circumstances.'" *In re Shirley B.*, 191 Md. App. 678, 710-11 (2010), *aff'd*, 419 Md. 1 (2011) (quotation omitted). Importantly, although a local department's efforts "must adequately pertain to the impediments to reunification[,]" those "efforts need not be perfect to be reasonable[.]" *In re James G.*, 178 Md. App. 543, 601 (2008) (quotation omitted). Moreover, a local department "need not expend futile efforts on plainly recalcitrant parents[.]" *Id.*; *see also*

In re C.E., 456 Md. 209, 224 (2017) (recognizing that "the General Assembly permitted waiver of the reasonable efforts to prevent a CINA from languishing in foster care").

D. Analysis

Here, the juvenile court's findings regarding the Department's services were not clearly erroneous. *See In re Ta'Niya C.*, 417 Md. at 100. The record establishes that the Department provided the parents with three service agreements, each for a six-month period, and associated referrals to support reunification.[9] The Department also arranged for weekly supervised visits; made referrals and covered the costs of individual therapy, group therapy, anger management classes, and parenting courses; and assisted Mother in seeking stable housing.

The record further demonstrates that both the parents did not take full advantage of the services offered by the Department. The court found that the parents' visitation was "inconsistent, at best." After June 2022, the parents attended only 16 of the available weekly visits for the remainder of the year. The parents testified that they missed visits because they "overslept, forgot, or had other things to do." Mother's argument that the services offered were not tailored to her mental health challenges and possible domestic

[9] The parents additionally argue that the juvenile court erroneously found that the Department made reasonable efforts because the Department did not offer a service agreement to the parents between June 2023, when the third agreement ended, and November 2023, when the permanency goal changed from reunification to adoption. We disagree. Local departments are not required to "expend futile efforts on plainly recalcitrant parents." *In re James G.*, 178 Md. App. at 601. By June 2023—nearly 18 months after K.P. was put in the Department's custody—the parents had made little to inconsistent progress in fulfilling multiple service plans. It was, accordingly, not clear error for the court to find that the Department made reasonable efforts despite not offering the parents yet another service plan in June 2023.

violence is also unavailing, for two reasons: Mother chose not to complete the second required mental health evaluation; and Mother did not attend any visits with K.P. between May 2025 and June 2025 (at which point she and Father had split), she continually missed CINA hearings, and she did not remain in contact with the Department.

Moreover, as the Department and K.P. note, addressing the root cause of K.P.'s removal was uniquely difficult because neither of the parents provided any explanation for or information regarding K.P.'s injuries. *See In re A.N.*, 226 Md. App. 283, 309 (2015) (noting the difficulty in mitigating causes of commitment when "the [p]arents provide no information and take no direct responsibility[]" for abuse).

For these reasons, we conclude that the juvenile court's findings regarding the Department's service offerings were supported by competent, material evidence, and are not clearly erroneous.

III. THE JUVENILE COURT DID NOT ABUSE ITS DISCRETION IN TERMINATING THE PARENTS' PARENTAL RIGHTS.

A. The Parties' Arguments

Last, both Mother and Father challenge the juvenile court's findings of parental unfitness and exceptional circumstances, contending that clear and convincing evidence did not support the termination of parental rights. Father argues that, without the medical opinions in the medical record, the record does not contain clear and convincing evidence that K.P.'s injuries were caused by child abuse. Mother separately argues that she has ended her relationship with Father, no longer lives with him, does not allow Father to

have unsupervised visits with her other child, and has substantially complied with the service agreements in recent years. Accordingly, she argues, there is no evidence that K.P.'s health and welfare would be in jeopardy if K.P. returned to her care.

The Department and K.P. respond that the juvenile court's findings of parental unfitness and exceptional circumstances are fully supported by the record. They cite specifically to the injuries suffered while in the parents' care, the parents' failure to meaningfully engage with service and visitation, Father's continued behavioral issues, and K.P.'s need for permanence after more than three years in foster care.

B. Standard of Review

"Legal conclusions of unfitness and exceptional circumstances are reviewed without deference." *In re C.E.*, 464 Md. 26, 47 (2019). That said, "[w]e review the [juvenile] court's . . . ultimate decision to terminate [] parental rights for abuse of discretion." *In re K'Amora K.*, 218 Md. App. 287, 301 (2014); *see In re Ta'Niya C.*, 417 Md. at 100 (describing the three interrelated standards of review).

C. Legal Framework

"[P]arents have a fundamental, Constitutionally-based right to raise their children free from undue and unwarranted interference on the part of the State[.]" *In re Rashawn H.*, 402 Md. at 495 (citations omitted); *accord Santosky v. Kramer*, 455 U.S. 745, 753 (1982) ("The fundamental liberty interest of natural parents in the care, custody and management of their child does not evaporate simply because they have not been model parents or have lost temporary custody of their child to the State."). Accordingly, there is a "substantive presumption . . . that it is in the best interest of children to remain in the

care and custody of their parents." *In re Rashawn H.*, 402 Md. at 495. Termination of parental rights is "an alternative of last resort, and is not to be taken lightly." *In re Amber R.*, 417 Md. 701, 715 (2011).

Pursuant to FL § 5-323(b), a juvenile court may terminate parental rights if it "finds by clear and convincing evidence that a parent is unfit to remain in a parental relationship with the child or that exceptional circumstances exist that would make a continuation of the parental relationship detrimental to the best interests of the child[.]" Either finding—unfitness or exceptional circumstances—standing alone, if supported by clear and convincing evidence, is sufficient to overcome the presumption in favor of continued parental rights. *In re C.E.*, 464 Md. at 49-50.

In its findings, the juvenile court must expressly consider the factors in FL § 5-323(d), including services offered to the parent before the child's placement; results of the parent's effort to adjust the parent's circumstances to make it in the child's best interests for the child to be returned to the parent's home; whether the parent has abused or neglected the child; and the child's emotional ties, feelings, and adjustments to her placement and community. *See also In re C.E.*, 464 Md. at 54-55 (referencing statutory factors); *In re T.K.*, 480 Md. 122, 158 (2022) ("[T]he facts surrounding even a single incident of abuse or neglect could, by themselves, be dispositive of a parent's ability to care for a child[.]").

Furthermore, the exceptional circumstances prong requires a separate inquiry apart from unfitness. *In re C.E.*, 464 Md. at 54. "In examining whether an exceptional circumstance exists, a juvenile court should look to whether there is a reason to terminate

the parental relationship because the best interest of the child is not served through continuing the parental relationship." *Id.*

"Unfitness or exceptional circumstances do not, by themselves, mandate a decision to terminate parental rights." *In re H.W.*, 460 Md. 201, 218 (2018) (citing *In re Jayden G.*, 433 Md. 50, 94 (2013)). "The three concepts—unfitness, exceptional circumstances, and best interests—'are fused together, culminating in the ultimate conclusion of whether terminating parental rights is in a given child's best interests.'" *In re H.W.*, 460 Md. at 219 (quoting *In re Jayden G.*, 433 Md. at 96 n.32). *See also In re Rashawn H.*, 402 Md. at 501 (explaining a court's role in TPR proceedings).

D. Analysis

In the instant case, the juvenile court's determination that both Mother and Father were unfit to parent K.P. was supported by clear and convincing evidence. In its opinion, the court noted the significant injuries to three-month-old K.P., including multiple healing bone fractures and a subdural hematoma, which she incurred over an extended period of time and for which neither of the parents had any explanation. The court found it "concerning or[] . . . implausible that neither [of the parents] noticed signs of pain or physical harm during [] routine care" of K.P., and concluded that "[t]he only reasonable inference from the evidence is that the injuries resulted from abuse or severe neglect[.]"

The court's finding of Father's unfitness is also supported by his interactions with hospital and Department staff. When a physician attending to K.P. questioned Father about scratches on K.P.'s chest, Father "lost his temper and assaulted" the physician. The court found that Father continued to exhibit concerning behavior, even after attending

anger management classes referred by the Department, by initiating a verbal altercation with K.P.'s caseworker, committing domestic violence against Mother in 2023 and 2024, and being arrested for illegal possession of a firearm in June 2024. Based on this evidence, the court determined that Father's behavior "is not indicative of someone earnestly working to regain custody of their child."

As to Mother, the juvenile court found that "her pattern of disengagement and inconsistency constitutes neglect." The record supports this finding. For the first two years of K.P.'s placement, Mother elected not to communicate directly with the Department. She missed over a year of visits with K.P. from May 2024 through June 2025. She did not attend multiple CINA hearings, appointments, and visitations because she "overslept," and failed to participate in the required mental health evaluations. Ultimately, we see no fault in the court's assessment that this evidence was clear and convincing as to Mother's and Father's unfitness to parent K.P.

The juvenile court also found that exceptional circumstances existed warranting termination of parental rights. Citing to its previous findings regarding the parents' inconsistent reunification efforts, the court found that "neither [of the parents have] meaningfully shown up for K.P." since her removal from their care. The record shows that K.P. has lived with the W. family since she was approximately eight months old. The court credited testimony given by one of K.P.'s foster parents, finding that K.P. is "securely bonded" to the W. family and that the W. family is "committed to providing the same level of care for [K.P.] in the future as they have so far." Testimony from one of K.P.'s foster parents demonstrated that "inconsistent visits [from the parents] negatively

affected [K.P.]. . . . When the visits became inconsistent, [K.P.] became withdrawn, sad, and confused. . . .” In sum, based upon the parents’ continued inconsistency, K.P.’s stable bond with the W. family, and the length of time the parents had to make strides toward reunification with K.P., the juvenile court determined that “terminating [K.P.’s] bond with the [W. family] would be more traumatic and damaging for [K.P.] than ending her relationship with Mother and Father.”

We, again, discern no error in this assessment. The juvenile court made specific findings as to each of the FL 5-323(d) factors; considered the services made by the Department and the parents’ efforts over the course of 42 months; and evaluated K.P.’s best interests, including her bond with the W. family and her individual needs. Accordingly, we hold that the juvenile court did not abuse its discretion in granting the Department’s TPR petition.

CONCLUSION

We hold that the parents did not adequately preserve their objection to the admission of K.P.’s medical records from Sinai Hospital. Additionally, we hold that the juvenile court did not err in finding that the Department provided reasonable and timely reunification services to the parents or abuse its discretion in terminating the parents’ parental rights.

JUDGMENT OF THE CIRCUIT COURT FOR BALTIMORE CITY AFFIRMED; COSTS TO BE PAID BY APPELLANTS.