STATE OF MICHIGAN

COURT OF APPEALS

UNPUBLISHED
August 27, 2026
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In re N. SANDERSON, Minor.

No. 379249
Ingham Circuit Court
Family Division
LC No. 25-006332-NA

Before: GADOLA, C.J., and RIORDAN and SWARTZLE, JJ.

PER CURIAM.

Respondent-mother appeals as of right the trial court order that authorized the petition under MCL 712A.2(b) and removed her child from her custody under MCL 712A.13a(9). We affirm the authorization of the petition and the removal order.

I. BACKGROUND

Petitioner, Michigan Department of Health and Human Services, filed a petition for jurisdiction over respondent's child and sought removal of the child from respondent's custody the month after the child was born. The petition stated that Child Protective Services (CPS) received a referral for respondent concerning allegations of physical injury against the child because respondent tested positive for benzodiazepines, ecstasy and cannabinoids during her pregnancy, as well as the child testing positive for THC[1] at the time of her birth. The initial referral section of the petition further noted that respondent had a history of untreated mental-health concerns and had recently been admitted into psychiatric care one month prior to the child's birth. The petition also described respondent's criminal convictions from more than a decade prior to the child's birth. Additionally, the petition reported respondent's prior history with CPS beginning in 2010 that related to respondent's other children that are not party to this matter. A summary taken

[1] "Tetrahydrocannabinol, or THC, is the physiologically active component of marijuana. See Stedman's Medical Dictionary (26th ed), p 1791." *People v Koon*, 494 Mich 1, 3 n 3; 832 NW2d 724 (2013).

from a psychological evaluation completed in April 2025 was included and it recommended that respondent continue with supervised parenting time with her other children. The petition's ultimate recommendation stated:

> It is contrary to the welfare of [the child] to remain in the care and custody of her mother . . . without court intervention as a result of threatened harm of placing a child at unreasonable risk due to concerns for [respondent's] mental health and the recommendation by a prior psychological evaluation that she be supervised when parenting.

At the preliminary hearing regarding the petition, the court, via referee, elicited testimony from the CPS investigator who prepared the petition. The court asked whether the investigator believed it was contrary to the welfare of the child to remain in respondent's home, and the investigator answered yes. The investigator confirmed that respondent had children not in her care for whom she was afforded only supervised parenting time. The investigator affirmed that respondent had tested positive for ecstasy and THC while pregnant with the child, that respondent had been placed in involuntary mental-health treatment one month before the child's birth, and that the child tested positive for THC at birth.

Lastly, the court asked the investigator what petitioner's proposed placement would be, and the investigator indicated a licensed, unrelated foster home placement. The court asked whether the conditions would be adequate to safeguard the child's health and welfare, and the investigator answered yes. The court then stated, "based upon the petition, the prior testimony at all the hearings, the petition is authorized," and stated that the child would remain in the custody of petitioner. The court ultimately found probable cause that one or more of the allegations in the petition were true. The court also recorded its contrary-to-welfare findings on the order itself, stating:

> The mother has children not in her care with supervised parenting time only by a 3rd party. The mother has a history of physical neglect, physical abuse, drug exposed baby, domestic violence, improper supervision and mental health issues. The mother used at least THC during her pregnancy. The mother was involuntarily admitted to the psychiatric unit of sparrow hospital due to depression and suicidal ideation. The mother tested positive for ecstasy and THC. A psychological evaluation of the mother recommends only supervised visitation. The minor was born positive for THC.

Respondent now appeals the order after the preliminary hearing.

II. JURISDICTION

Respondent argues that the court failed to make adequate factual findings at the preliminary hearing to support authorizing the petition. "Challenges to the court's decision to exercise jurisdiction are reviewed for clear error in light of the court's finding of fact." *In re Boshell/Shelton*, ___ Mich App ___; ___ NW2d ___ (2025) (Docket No. 371973); slip op at 3 (quotation marks and citation omitted). "Clear error requires that the reviewing court be left with a firm and definite conviction that a mistake has been made." *In re Williams*, 333 Mich App 172,

178; 958 NW2d 629 (2020) (quotation marks and citation omitted). "The preponderance of the evidence standard applies to cases where the court is merely assuming jurisdiction over the child and not terminating the parent's rights in that child." *Id.* at 183 (quotation marks and citation omitted).

To begin child-protective proceedings, a petitioner must file a petition asserting facts that, if proven, would be sufficient for the trial court to exercise jurisdiction over the child. See MCR 3.961. The first phase of a child-protective proceeding is the adjudication phase, in which the trial court determines if it can take jurisdiction over a child. *In re Sanders*, 495 Mich 394, 404; 852 NW2d 524 (2014). "After receiving the petition, the trial court must hold a preliminary hearing and may authorize the filing of the petition upon a finding of probable cause that one or more of the allegations are true and could support the trial court's exercise of jurisdiction under MCL 712A.2(b)." *In re Ferranti*, 504 Mich 1, 15; 934 NW2d 610 (2019). The trial court has a statutory basis for jurisdiction over a child, in relevant part, if either of the following conditions are met:

> (1) Whose parent or other person legally responsible for the care and maintenance of the juvenile, when able to do so, neglects or refuses to provide proper or necessary support, education, medical, surgical, or other care necessary for his or her health or morals, who is subject to a substantial risk of harm to his or her mental well-being, who is abandoned by his or her parents, guardian, or other custodian, or who is without proper custody or guardianship.
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> * * *
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> (2) Whose home or environment, by reason of neglect, cruelty, drunkenness, criminality, or depravity on the part of a parent, guardian, nonparent adult, or other custodian, is an unfit place for the juvenile to live in. [MCL 712A.2(b).]

The trial court held that respondent having custody of the child presented a substantial risk of harm to the child's life, physical health, and mental well-being. The trial court considered the information from all of the testimony and evidence that was introduced at the preliminary hearing, to include that respondent was using THC and ecstasy while the child was in utero, that respondent was placed into involuntary mental-health treatment one month prior to the child's birth, that respondent was given a psychological evaluation six months before the child's birth, and that respondent had other children with whom she was only allowed to have supervised parenting time. Additionally, the child tested positive for THC at birth.

We are not left with a firm and definite conviction that a mistake was made when the trial court authorized the petition and took jurisdiction, because the evidence indicated that respondent was engaged in conduct that did not appropriately account for the well-being of the child.

III. REMOVAL

Next, respondent argues that the court failed to make adequate factual findings at the preliminary hearing to support authorizing the removal of the child. Before placing a child in foster care, the trial court must find that the following conditions exist:

> (a) Custody of the child with the parent presents a substantial risk of harm to the child's life, physical health, or mental well-being.
>
> (b) No provision of service or other arrangement except removal of the child is reasonably available to adequately safeguard the child from risk as described in subdivision (a).
>
> (c) Continuing the child's residence in the home is contrary to the child's welfare.
>
> (d) Consistent with the circumstances, reasonable efforts were made to prevent or eliminate the need for removal of the child.
>
> (e) Conditions of child custody away from the parent are adequate to safeguard the child's health and welfare. [MCL 712A.13a(9); MCR 3.965(C)(2).]

"A trial court is generally not obligated to articulate extensive findings regarding every conceivable detail." *Williams*, 333 Mich App at 183. "However, when a statute or court rule requires factual findings as to an enumerated list of factors, the trial court must make a record of its findings as to each and every factor sufficient for this Court to conduct a meaningful review." *Id.*

Concerning MCL 712A.13a(9)(a), the court recorded its contrary-to-welfare findings on the order itself. The court's removal order detailed numerous factors supporting that maintaining custody of the child with respondent would present a substantial risk of harm to the child.

Concerning MCL 712A.13a(9)(b), the trial court relied upon the CPS investigator's testimony that no other arrangement except removal was available to safeguard the child from risk. Given the trial court's detailed contrary-to-welfare findings, we are not left with a definite and firm conviction that a mistake was made concerning this factor. Respondent had serious mental health issues, including suicidal ideation, and had been involuntarily committed for mental health treatment just one month before the child's birth. Respondent used opiates and cannabinoids while the child was in utero, and the child tested positive for THC at birth. Furthermore, respondent had only supervised visitation with her older children. We find no clear error in the trial court's finding that no option other than removal of the child would safeguard the child from risk of harm.

As to MCL 712A.13a(9)(c), the trial court's findings concerning respondent's most recent psychological evaluation that respondent struggled with the "basic activities of daily living" support the trial court's findings on this factor. Maintaining a safe and healthy home environment is within the scope of the activities of daily living, so we are not left with a firm and definite conviction that the court made a mistake in finding that MCL 712A.13a(9)(c) was met.

Regarding MCL 712A.13a(9)(d), reasonable efforts to prevent removal, the petition provides an extensive list of services that were provided to respondent in the past. Given the trial court's other findings in this case, it is beyond dispute that the services previously provided to respondent have been to no avail. Therefore, we are not left with a firm and definite conviction that the trial court made a mistake with respect to reasonable efforts.

Concerning MCL 712A.13a(9)(e), the trial court asked the CPS investigator where the child would be placed and was informed that there was a licensed foster care placement available. The CPS investigator further testified that this placement would be adequate to safeguard the child's health and welfare. Given the investigator's testimony, we are not left with a firm and definite conviction that the trial court made a mistake. The trial court did not err in determining that MCL 712A.13a(9)(e) was satisfied.

Finding no errors warranting reversal, we affirm the trial court's authorization of the petition and its removal order.

/s/ Michael F. Gadola
/s/ Michael J. Riordan
/s/ Brock A. Swartzle