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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA
FIRST APPELLATE DISTRICT
DIVISION ONE

C.J., et al.,

Petitioners,

v.

THE SUPERIOR COURT OF
CONTRA COSTA COUNTY,

Respondent;

CONTRA COSTA COUNTY
CHILDREN AND FAMILY
SERVICES BUREAU,

Real Party in Interest.

A174725

(Contra Costa County
Super. Ct. No. J2500237)

E.P. (mother) and C.J. (father) seek extraordinary writ relief from the juvenile court's order terminating reunification services as to their son T.J., setting a permanency planning hearing (Welf. & Inst. Code, § 366.26), and finding C.J. to be T.J.'s biological father but not his presumed father.¹ Both request a stay of the permanency planning hearing, which is scheduled for February 19, 2026. We deny the petitions and the requests for a stay.

¹ Undesignated statutory references are to the Welfare and Institutions Code.

I. BACKGROUND

A. *Initial Proceedings*

In August 2024, the Contra Costa County Children and Family Services Bureau filed a dependency petition based on failure to protect T.J., who was three years old at the time (§ 300, subd. (b)(1)). The Bureau alleged E.P. had failed to address T.J.’s ongoing serious medical needs, in particular his severe eczema and developmental delays. She failed to bring him to more than 10 scheduled medical appointments, and he was seen in the emergency room twice under troubling circumstances: once in October 2022 with burns on 15 to 20 percent of his body, and again in April 2023, in a minimally interactive state with a fever and potential infection. E.P. left the second emergency room visit with T.J. against medical advice; she said she would follow up with his pediatrician but failed to do so.

The Bureau further alleged that the Antioch Police Department received multiple “disturbance and domestic violence calls due to [E.P.]’s alcohol abuse,” culminating in a July 2024 incident in which E.P.’s boyfriend D.W. pulled her hair and bit her and she displayed a knife to him in T.J.’s presence. At that time, E.P.’s home was found to be in a “‘horrible condition,’ ” with “trash all over the floor, [a] soiled mattress on the floor, . . . an odor of alcohol, and holes in the wall.” T.J. had “severe eczema that covered his face, head, and [other] parts of his body,” which “was white, scabbed, flaking, bleeding, and ha[d] pus.” He was taken into custody and admitted to the hospital “due to concerns for skin infection and being underweight.”

The Bureau alleged that T.J. suffered or was at substantial risk of serious physical harm or illness due to E.P.’s failure to address his medical needs, participation in domestic violence, substance abuse, failure to provide

adequate shelter, and untreated depression. (§ 300, subd. (b)(1)(A), (C), (D).) It submitted a report substantiating the allegations summarized above, which included photographs of T.J.’s condition at the time he was taken into custody.

At the detention hearing, the juvenile court emphasized E.P.’s failure to provide T.J. with medical care. The court said the pictures of T.J.’s condition “sp[o]k[e] for themselves,” showing “tears around his eyes” and “so many areas of his body that were impacted by [his eczema],” which had reached a state that no one “should have to endure” and “sure[ly]” had caused T.J. “a great amount of distress.” The court formally detained T.J. in foster care and ordered one hour of visitation with E.P. per week. During hearings in August 2024, E.P. identified C.J. as T.J.’s alleged father and stated that he lived with her and T.J. for about “11 months,” then “[h]e up and just left.” She said C.J. recently told her he was moving to Las Vegas, and she could provide his social media information but not his phone number. He had not responded to her last message from about a month earlier.

The Bureau submitted an addendum report in advance of the jurisdictional hearing, which documented T.J.’s serious medical and developmental challenges. T.J. had been referred to medical specialists in ear, nose, and throat issues, dermatology, occupational therapy, physical therapy, audiology, allergies, immunology, orthopedics, and autism spectrum disorder. He had a significant speech delay and articulation issue, with “extremely limited to no self-help or Activities of Daily Living (ADLs) skills or emotional regulation.” The ear, nose, and throat specialist recommended surgery to remove T.J.’s extremely large tonsils and adenoids, which contributed to his sleep disruption and potentially impacted his cognitive development.

E.P. visited with T.J. a handful of times in August 2024 before the jurisdictional hearing. Two virtual visits were unsuccessful: at first, T.J. would “look in the camera and make faces, however, as soon as [he] saw [E.P.]’s screen come on he would say, ‘No!’ and run out of the room.” A social worker “took preferred items and toys into the room to incentivize [T.J.] to come [in] the room”, but he refused. E.P.’s first in-person visit with T.J. lasted only five minutes because T.J. “shook his head ‘no’” and “repeatedly pointed to the door.” Before the next visit, E.P. “was receptive to feedback on how to interact with” T.J. When T.J. entered the visitation room and saw E.P., “he froze then said, ‘no.’” E.P. “patiently waited” while the social worker attempted to engage T.J. in playing with E.P. and T.J. “again said, ‘no.’” After about 20 minutes, E.P. played an episode of a show and T.J. asked her to play the episode again. T.J., E.P., and the social worker then briefly played with toys and “took turns making baskets [in a basketball hoop] and cheering for each other.” At the end of the visit, E.P. walked outside with T.J. and the social worker and T.J. waved and said “‘good bye mommy’” as he left.

At the jurisdictional hearing, the court admitted the two reports prepared by the Bureau and found they provided “ample evidence to support each and every allegation contained in the petition.” Based on a third report, which documented several attempts to contact C.J. at addresses in Las Vegas, Tennessee, and California, the court found the Bureau had exercised due diligence in attempting to locate C.J.

B. Disposition Hearing

The Bureau submitted a disposition report recommending that the juvenile court order reunification services to E.P. The report summarized E.P.’s account of her childhood trauma and mental health struggles from a

young age. E.P. explained that she first went to therapy when she was about nine years old and had a good relationship with her usual therapist. But when that therapist went on vacation, another therapist covered E.P.’s sessions and “placed [E.P.] on a 5150 hold, which greatly influenced her trust in mental health providers.” E.P. acknowledged drinking alcohol and smoking marijuana, but claimed she did not drink excessively. She believed T.J.’s removal resulted from her financial and emotional struggles and did not believe her alcohol use contributed. E.P. received referrals for individual therapy and substance abuse treatment three times in August 2024, but did not begin either, and she did not complete any drug tests. She said she was seeing a psychiatrist and taking prescribed medication, but did not specify the medication. E.P. was referred to and completed courses in parent education and domestic violence education, and felt she had learned from both.

E.P. reported that she met C.J. when she was working at 7-Eleven. “They got an apartment together and found out shortly afterwards that [E.P.] was pregnant.” C.J. was “not a consistent romantic partner” and frequently left and returned to their relationship. Meanwhile, E.P. began a romantic relationship with D.W. in 2021—she said he was C.J.’s “twin brother” and she knew the two men for about the same amount of time. D.W. was initially loving and supportive, but became “clingy” and was “triggered” when E.P. would ask for time away from him. E.P. described D.W. as T.J.’s “dad, as he has been a consistent male in [T.J.]’s life” and helped care for him.

E.P. did not visit with T.J. in September or October 2024 due to a conflict with job interviews on one occasion, oversleeping her alarm on another occasion “due to [her] new medication,” and delays in scheduling therapeutic visitation resulting from the therapist’s vacation.

The disposition report explained that T.J.’s eczema was being treated with a “cycle” of “prescription steroid topical medications,” plus “Aquaphor a minimum of four to eight times per day” and “monthly injections” administered by his caregivers. The Bureau had attempted to engage E.P. in T.J.’s medical appointments, but she was not able to participate “due to . . . not hav[ing] a working phone number.” His caregivers reported that now-four-year-old T.J. functioned at the developmental age of a two- to three-year-old. He “was not speaking or feeding himself” when he came into their care, and during the night, he “would wake up every hour screaming and crying.” He “had difficulty with emotional regulation and following routines,” and he “would get frustrated when trying to communicate with caregivers and would frequently ‘give up’ trying.” But T.J. had made progress: he was “beginning to string 2-3 intelligible words together” and could dress himself, put on his shoes, and feed himself (though he preferred to stand while eating). He was being assessed for an individual education plan (IEP) by the school district.

The disposition report recounted that in October 2024, a social worker spoke to C.J., “who reported he was unsure of his paternity status” and “requested genetic testing, as he was not present when [T.J.] was born, his name [was] not on the birth certificate, and [he had] not lived with” T.J., though he claimed he was paying child support. C.J. said he learned E.P. “had been with another individual around the same time” as him and he “did not want to commit to becoming involved in the dependency case” until paternity testing was completed. C.J. lived in Las Vegas and had not seen T.J. in “over a year.” He did not have any contact with T.J. because E.P. would “not answer his calls.” C.J. reported that during his time with E.P., she “would often drink and use other illicit substances not just marijuana,” and he was concerned that T.J. had been exposed to domestic violence

between E.P. and D.W. The social worker also spoke to T.J.’s grandmother and aunt on C.J.’s side, who both lived in Tennessee. Both expressed interest in caring for T.J. if he did not reunify with E.P. The juvenile court appointed counsel for C.J. prior to the disposition hearing.

The disposition hearing proceeded in November 2024. The juvenile court adopted the recommendations in the disposition report, including that E.P. must comply with drug testing, complete individual counseling and mental health and substance abuse assessments, and regularly visit with T.J. and monitor and address his medical and other needs. The court ordered weekly supervised visitation between E.P. and T.J. It noted that while it understood E.P. did “not feel that drugs and alcohol [we]re an issue” for her, “quite a lot of evidence” was to the contrary, so it was “very important” that E.P. “prove” her substance abuse was “not an issue,” which she could “best” do “by testing clean.” E.P. responded that she would not “have alcohol in her system,” but did “use marijuana to help with sleep apnea and anxiety.” The court explained that “any substance” that impaired E.P.’s ability to care for T.J. was “problematic,” and suggested she work with her doctor to find another way to address her medical needs.

C.J. appeared at the disposition hearing remotely. The court ordered genetic testing and encouraged C.J. to test promptly so he could visit with T.J. “at the earliest possibility.”

C. Reunification Period

The Bureau submitted another report before the six-month status review hearing, recommending that the juvenile court continue reunification services with E.P. The report explained that T.J.’s allergist was working to optimize his inhaler routine and rule out any food allergies, and his immunologist had ruled out a rare genetic condition. His eczema was now

well-managed, and his dermatologist was refining his routine. Some of his occupational therapy services had concluded due to his progress in building strength and performing daily activities. T.J. could now sit at the table for a meal, spoke several words at a time, and used hand gestures to help get his point across, taking great pride in his speech progress. He received speech therapy twice a week through his IEP.

The Bureau characterized E.P.'s progress on her case plan as "partial as she has completed some components, but also completely refused to do others." She reported she was no longer in a relationship with D.W., "although she s[aw] him on occasion." Also, she had not completed an assessment for substance abuse or a substance abuse program, and she resisted drug testing because of her marijuana use. While a social worker encouraged her "to attend the drug tests regardless of marijuana so that she could show she was free of all other substances," E.P. failed to appear for 21 out of 22 drug tests, testing positive for marijuana at the only test she attended. E.P. did not begin individual therapy, citing her difficulty trusting therapists after being placed on a psychiatric hold when she was young. She did participate in collateral sessions with T.J.'s therapist and attend appointments with her psychiatrist but consistently took only one of the two medications the psychiatrist prescribed. E.P. continued "to blame poverty and lack of employment for [T.J.]'s condition when he was brought into care" and blamed his medical needs and delays "on him being a Covid-19 baby with a lack of exposure to other[s]." The Bureau viewed these explanations as inconsistent with medical findings. E.P. reported that she needed "to obtain employment as her income decreased significantly when [T.J.] was removed." She felt she needed additional time with T.J. and financial and employment assistance to provide a safe and stable environment for him. E.P. was invited

to attend two of T.J.’s medical appointments but did not attend one because her mobile map application was not working and missed the other because she was feeling ill. Overall, the Bureau concluded that E.P. lacked understanding about T.J.’s medical and developmental needs. She had not been actively involved in his treatment and was unclear about his daily routine.

The Bureau hoped to increase E.P.’s visitation by adding dyadic therapy sessions, but scheduling issues continued to delay these sessions. Meanwhile, E.P. had three generally positive visits with T.J. in December 2024, though she had to be reminded multiple times to apply his Aquaphor. At the next visit at the end of December, T.J. hid behind the visitation supervisor and said, “‘go back home, go back home.’” The supervisor again reminded E.P. to apply T.J.’s Aquaphor. E.P. asked to end the visit after an hour “because she was feeling anxiety about [T.J.] not wanting to be there and she did not know what to do.” E.P. failed to confirm her next visit with T.J. and the visit was cancelled.

E.P. missed three more visits during January, February, and March 2025 and continued to need reminders to apply T.J.’s Aquaphor. T.J. would engage with E.P. at times, and at other times did not want to. A social worker reported that E.P. loved T.J. and wanted what was best for him, while T.J. “made progress in his desire to engage with” E.P. But E.P. “frequently require[d] reminders to apply Aquaphor, assist [T.J.] with bathroom needs, and ensure he is fed,” which was particularly troubling given “ongoing concerns about [T.J.]’s difficulties with feeding himself, which may have resulted from neglectful feeding practices in the past.” Ultimately, “it d[id] not appear much ha[d] changed in [E.P.]’s ability to consistently provide the care needed to meet [T.J.]’s medical and developmental needs.”

The report advised that C.J.’s whereabouts remained unknown and he had not provided a sample for genetic testing. A social worker sent letters to C.J. and called his last known phone number, but could not make contact. She spoke with T.J.’s paternal grandmother, who did not know why C.J. had not taken the paternity test and said she was willing to care for T.J. regardless of paternity. The paternal grandmother said she did not have twins and did not know D.W. The Bureau confirmed that C.J. was adjudicated T.J.’s father in child support proceedings and submitted a declaration describing its further unsuccessful efforts to locate him. C.J. did not appear at the six-month status review hearing but provided his counsel with an updated phone number and an address at a post office box in Tennessee.

The juvenile court continued reunification services, ordering two hours of supervised visitation for E.P. twice a week plus weekly dyadic therapy as recommended. The court also ordered two virtual visits per week for T.J.’s paternal grandmother. The court again found that the Bureau had exercised due diligence in locating C.J.: “Obviously, they were able to somehow make contact with him, as he reached out to his attorney today.” It again emphasized to E.P. that T.J. “cannot be returned to the care of someone who is not actively engaged in . . . his care,” which made her use of both alcohol and marijuana problematic. The court emphasized the need for progress on “negative tests,” as well as its concern that E.P. continued to need reminders to apply T.J.’s moisturizer, which meant the court would look “very carefully to see if mom can initiate his necessary care herself moving forward.”

The Bureau prepared a final report in advance of the 12-month hearing. It recommended terminating reunification services to E.P. and

scheduling a hearing to determine the most appropriate permanent plan for T.J., which the Bureau believed to be adoption by his caregivers.

The report explained that E.P. missed eight out of 20 visits with T.J. from April to mid-August 2025 and continued to require reminders to apply his Aquaphor. She participated in five dyadic therapy sessions with T.J. and cancelled five sessions. E.P.’s progress on her case plan remained “minimal”: while she had completed domestic violence and parenting classes in the first status review period, she remained “adamant” that she would “not do therapy or drug testing,” two “critical” elements of her case plan in the Bureau’s view. She did not complete a substance abuse assessment, missed appointments with her psychiatrist, and did not take medications as prescribed. In August 2025, a social worker saw empty beer cans in the trash outside E.P.’s front door. E.P. explained that her “friends . . . come over and drink while she smokes marijuana.” When the social worker noted that the court might not give E.P. more time to complete her case plan, E.P. “replied, ‘I’ll make sure that my baby knows that I’m an adult, and I have friends, and I deserve to have a good time’ ” and “said, ‘It’s on the Court if I don’t get my son back.’ ” E.P. “believe[d] her financial difficulties [we]re related to” T.J.’s removal and that she “need[ed] more time . . . to reunite,” but declined to provide “more input on her perception of need.”

T.J. had successful tonsillectomy/adenoideectomy surgery in April 2025. E.P. came to see him before the operation and waited while he was in surgery. She came into the recovery room after the surgery, “but only stayed ten minutes as she said the ‘Beeping [wa]s messing with [her] anxiety.’ The [social worker] appealed to her to be there when [T.J.] woke up from surgery, but she chose to leave early.” E.P. was emailed before all of T.J.’s medical appointments but made only one more attempt to attend an appointment in

person—which she missed because she was late—and asked T.J.’s foster parents to include her by video in another appointment, which could not be accommodated. E.P. was initially “resistant to signing” T.J.’s IEP after she failed to attend a meeting about it, but did eventually sign it and attend a subsequent meeting. The Bureau’s report concluded, “Not much has changed in [E.P.]’s ability to consistently provide the care needed to meet [T.J.]’s medical and developmental needs,” and E.P. “still does not seem to understand or admit her part in the severity of [T.J.]’s delays and medical issues.”

A social worker spoke to C.J. in August 2025, but he declined to give the address where he was living, now in the Seattle area, and instead provided a post office box used by T.J.’s paternal grandmother in Tennessee. The social worker subsequently “texted [C.J.] reaffirming that a physical address for him is needed in order to proceed with the paternity testing,” but he “did not reply.” The paternal grandmother had virtual visits with T.J., but told a social worker she was having health issues and would not be able to raise him. Months later, she updated the social worker that her condition was “‘not as challenging as [she] thought’” and she was still interested in adopting T.J. The social worker initiated the necessary process under the Interstate Compact on the Placement of Children.

In September 2025, the parties appeared in anticipation of the 12-month hearing. C.J. appeared remotely, and his counsel reported that there were “some issues with his physical address” but he did want to complete paternity testing. He provided his address in South Seattle, Washington. During an unsworn conversation with the court, E.P. stated that C.J. was present at T.J.’s birth, lived with her and T.J. for six to eight months, and visited about five times after he stopped living with them. The court granted

E.P.’s request to continue the hearing to allow for additional discovery. It ordered C.J. to appear in person if he wished to testify.

Meanwhile, T.J.’s caregivers filed a request to be appointed his de facto parents. They filed a caregiver information form describing significant progress in many aspects of T.J.’s health and development. The caregivers filed an update before the continued hearing, addressing T.J.’s “extremely challenging” transition to kindergarten and their efforts to “advocat[e] for a move to transitional kindergarten” in conversations with his “teacher, special ed teacher, behavioral therapist, and afterschool care providers.”

The Bureau filed a memorandum updating its report prior to the continued hearing. The memorandum indicated that paternity testing had been completed, and C.J. could not be excluded as T.J.’s biological father. Since August 2025, E.P. had attended four dyadic therapy sessions and visits and cancelled or failed to confirm three. The dyadic therapy provider prepared a summary of services, which said E.P. and T.J. had “shared meaningful moments of connection” and E.P. “continue[d] to make progress toward [T.J.]’s treatment goals,” although “therapy [wa]s still in the early stages.” An updated summary noted that T.J. “displayed indicators of an increase in emotional safety when present with mom and Clinician in the therapeutic space.” A social worker asked the provider for more details, but was told the provider did not make recommendations and so did not wish to provide “specifics.”

D. The Juvenile Court’s Rulings

The 12-month hearing proceeded in October 2025. The juvenile court granted the caregivers’ request to be appointed T.J.’s de facto parents. The Bureau and T.J.’s counsel both supported that request and submitted the matter based on the reports summarized above and the recommendation to

terminate reunification services. E.P.’s counsel questioned a social worker about E.P.’s progress on her case plan, and the social worker emphasized that E.P. repeatedly “refused” to engage in individual therapy (though E.P. recently said “she might be open to it sometime in the future”). The social worker noted that E.P. did not request information about T.J.’s medical appointments or claim she was not receiving that information, and did not attempt to reschedule visits with T.J. that she had missed. The social worker did not believe E.P. could adequately care for T.J. if provided with additional services, concluding, “We’ve just not seen the capacity to follow through on what she has been asked to do” in her case plan and visits.

E.P.’s counsel argued that reunification services should be extended for an 18-month review hearing, emphasizing E.P.’s “early completion of the parenting” and “domestic violence class[es]” and her “psychiatric assessment.” Although E.P. did not testify, her counsel asked the court to assign “great weight to the letter” from the dyadic therapy provider, which described “positive interactions” between E.P. and T.J., and to continue that therapy “regardless” of whether other services continued.

C.J. appeared remotely. He was in the back seat of his parents’ car, and they dropped him off at an airport during the proceedings. His counsel requested presumed or “at least” biological father status. Allowing that C.J. may not have been present at T.J.’s birth and had not seen him in “sometime,” counsel argued that—per E.P.’s assertions—C.J. “did know” and “visit[]” T.J., “provide[d] some support for him,” and “did acknowledge [T.J.] was his child.” E.P.’s counsel generally agreed, adding that “[t]hey did live together as a family . . . for 4 to 6 months when [T.J.] was a baby, and then [C.J.] . . . moved and unfortunately did not provide financial support.” The

court asked C.J.’s counsel if she wished to present evidence, but she declined. E.P. did not testify or offer evidence concerning C.J.’s status, either.

After hearing the evidence and argument, the juvenile court elevated C.P. to biological father status only and terminated reunification services to E.P. The court explained that T.J. had been discovered in “dire condition”: this was not a matter of “failing to keep medical appointments” but of “gross neglect of [T.J.’s] medical needs.” E.P. failed to show she could understand and meet T.J.’s needs despite “significant time to engage in services.” She appeared to still use alcohol and admitted to using marijuana, which also “dulls the ability to exercise good judgment and to perceive” one’s surroundings, even a child “in deplorable condition.” E.P. “failed to make many visits” and “to participate in all the dyadic therapy sessions she’s been offered,” and “couldn’t even sit and wait for [T.J.] to . . . wake up after the tonsillectomy because she was too worried about her own trauma and anxiety.” The court concluded, “[t]here is not a shred of evidence that there’s a substantial probability that the child could be returned to mother by the 18-month date.” The court discontinued dyadic therapy for E.P., denied her request for a bonding study, and ordered one hour of visitation per month to E.P. and to C.J.

II. DISCUSSION

In separate petitions for writ of mandate, E.P. claims the juvenile court erred by terminating reunification services because she made significant progress on her case plan and there was a substantial likelihood of return by the 18-month date. C.J. contends the court violated his due process right to be heard on the issue of his paternity status, and asks us to vacate the order finding him entitled only to biological status and either “return his child” or

“continue the reunification period.” As we will explain, neither petition has merit.

A. Termination of Reunification Services

1. Governing Law

“Because family preservation is ‘‘the first priority’’ in dependency proceedings, ‘‘the juvenile court ordinarily must order child welfare services’’ to ‘‘facilitat[e] reunification of the family.’’” (*B.D. v. Superior Court* (2025) 110 Cal.App.5th 1132, 1150 (*B.D.*).) “For children over the age of three [upon] initial removal, the presumptive period of services is 12 months, with an 18-month maximum. (§ 361.5, subd. (a)(1)(A), (3).)” (*Ibid.*) At the 12-month status review hearing, the court must order the return of the child to the parent unless it finds by a preponderance of the evidence that the return “would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child.” (§ 366.21, subd. (f)(1).)” (*L.C. v. Superior Court* (2024) 98 Cal.App.5th 1021, 1033.) “[I]f the court does not return the child and finds . . . no substantial probability of return” within 18 months, it “must terminate reunification efforts and set the matter for a hearing pursuant to section 366.26 for the selection and implementation of a permanent plan. (§ 366.21, subd. (g).)” (*Cynthia D. v. Superior Court* (1993) 5 Cal.4th 242, 249.)

The juvenile court can extend reunification services beyond the 12-month hearing “only if it finds that there is a substantial probability that the child will be returned” to the parent “and safely maintained in the home within the extended period . . . or that reasonable services have not been provided to the parent . . .” (§ 366.21, subd. (g)(1).)” (*F.K. v. Superior Court* (2024) 100 Cal.App.5th 928, 935 (*F.K.*).) A substantial probability of return “requires findings that the parent (1) ‘consistently and regularly

contacted and visited with the child,’ (2) ‘made significant progress in resolving problems that led to the child’s removal . . .,’ and (3) ‘demonstrated the capacity and ability both to complete the objectives of their treatment plan and to provide for the child’s safety, protection, physical and emotional well-being, and special needs.’ (§ 366.21, subd. (g)(1)(A)–(C).)” (*Ibid.*)

We review the juvenile court’s factual findings for substantial evidence, and its decisions based on those findings for abuse of discretion. (*B.D., supra*, 110 Cal.App.5th at p. 1150.)²

2. Analysis

The juvenile court found “not a shred of evidence that there’s a substantial probability that [T.J.] could be returned to [E.P.] by the 18-month date.” In line with this determination, E.P.’s supervised visits with T.J. were inconsistent. E.P. made little progress in resolving the problems that led to T.J.’s removal: while she completed domestic violence and parenting courses and apparently ended her relationship with her former boyfriend D.W., she

² E.P. does not dispute the court’s findings that T.J.’s return at the 12-month mark would have created a substantial risk of detriment and that she was provided with reasonable reunification services. Our review of the record confirms that substantial evidence supports these findings. Insofar as E.P. claims the Bureau was required to provide her with “specific referrals to a therapist who could [address] . . . trauma from a previous therapeutic experience,” she fails to support her claim with legal authority or record citations. In fact, the record is clear that E.P. bluntly and repeatedly refused to attend individual therapy, and there is no evidence she suggested she would accept a more specific referral. The Bureau could not force E.P. to attend therapy and was not required to take her “‘by the hand and escort . . . her to . . . counseling sessions.’” (*In re Nolan W.* (2009) 45 Cal.4th 1217, 1233; compare with *T.J. v. Superior Court* (2018) 21 Cal.App.5th 1229, 1247 [reasonable reunification services not provided where mother was “difficult to work with” but “never refused to receive services outright or ignored any referrals”], disapproved of on another ground by *Michael G. v. Superior Court* (2023) 14 Cal.5th 609.)

made little if any progress in addressing her substance abuse and mental health issues that seemingly led to what the court aptly characterized as T.J.’s “gross neglect.” E.P. failed to demonstrate the capacity or ability to complete key objectives of her treatment plan related to these concerns. Most importantly, she failed to show any potential to meet T.J.’s medical and developmental needs, repeatedly failing to address his most basic care requirements by remembering to apply his Aquaphor, participating in his medical appointments, and remaining with him in stressful circumstances like his recovery from surgery. Substantial evidence supports the juvenile court’s ruling that there was no substantial probability T.J. could be returned to E.P.’s care.

E.P. argues that she grew more attuned to T.J. and he became less uncomfortable with her as time went on, but she does not address the inconsistency of her visits or her need for reminders to meet T.J.’s basic needs even during these short, supervised periods with him. She stresses her completion of parts of her case plan and excuses her lack of progress on its other important components. For example, she urges that she “struggled to engage in individual therapy due to her previous trauma,” notes she did participate in “sessions with T.J.’s therapist and later stated she may be open to therapy in the future,” and emphasizes that she was honest about her marijuana use and did not believe it interfered with her parenting. These arguments highlight E.P.’s persistent refusal to commit to individual therapy or any process of understanding the causes of T.J.’s severe medical neglect. E.P. does not address her alcohol use and she did not submit to testing to show she did not use substances other than marijuana. Despite E.P.’s contrary opinion, the juvenile court’s determination that her use of marijuana and other substances did contribute to her neglect of T.J. is supported by

substantial evidence. Finally, while E.P. vaguely states that she “is amenable to any additional services,” she identifies no evidence that she is willing and able to address her mental health and substance abuse issues in a meaningful way, and does not even try to explain how she could develop the ability to manage T.J.’s demanding medical and developmental needs.

E.P. argues that she need not achieve complete sobriety or perfect compliance with her case plan to support a finding of T.J.’s probable return. But E.P.’s compliance was not merely imperfect, it was wholly inadequate. The authorities she relies on illustrate the difference. In *F.K., supra*, 100 Cal.App.5th 928, the petitioner “did virtually everything she was ordered to do” and “was making progress” according to her therapist and substance abuse counselor; her “isolated incidents of alcohol use and missed tests” did not show a lack of progress “in the context of her overwhelming compliance with her treatment plan.” (*Id.* at p. 937 [applying clear and convincing evidence standard in reviewing termination of reunification services at the six-month mark].) In *Jennifer A. v. Superior Court* (2004) 117 Cal.App.4th 1322, 1337, 1341–1343, the petitioner missed no therapy sessions, had daily, unmonitored visits with her children, and completed 84 drug-free tests out of 95 testing obligations; her therapist reported she “was ‘‘far removed from ever leaving children unattended’’” and her social worker testified that “he believed Mother did not have a drug problem that affected her parenting.” There is no similar evidence here. The positive feedback from T.J.’s dyadic therapy provider was vague and tentative. Meanwhile, E.P. completely refused to address her mental health and substance abuse issues and failed to make progress in meeting T.J.’s medical needs despite extensive supervision and support.

We will accordingly deny E.P.’s petition and request for a stay.

B. Paternity Determination

1. Governing Law

California dependency law generally recognizes three types of fathers: alleged, biological, and presumed. (*In re T.R.* (2005) 132 Cal.App.4th 1202, 1208–1209 [noting that some authorities include a fourth type, “de facto” fathers who have assumed the role of parent day-to-day].) Only statutorily presumed fathers are entitled to reunification services and possible custody. (*In re Jerry P.* (2002) 95 Cal.App.4th 793, 801.)³ “Due process for an alleged father requires only that he be given notice and an opportunity to appear[.] . . . assert a position and attempt to change his paternity status.’” (*In re Mia M.* (2022) 75 Cal.App.5th 792, 806.)

Presumptions of legal parentage arise from several circumstances. (See *In re A.H.* (2022) 84 Cal.App.5th 340, 349, fn. 2 [providing non-exhaustive summary].) C.J. does not specify which might apply to his situation, but his argument suggests the statutory presumption that arises when a man “receives the child into [his] home and openly holds out the child as [his] natural child.” (Fam. Code, § 7611, subd. (d); *In re A.H., supra*, 84 Cal.App.5th at p. 349, fn. 2 [explaining that this “ground, although it does not require that the child actually live with a parent, does require proof of ‘a fully developed parental relationship with the child’ ”].) A man seeking to raise his paternity status based on this presumption has the burden to prove the facts supporting his claim by a preponderance of the evidence, and we review the

³ “[T]he juvenile court *may* order services for the child and the biological father, *if* the court determines that the services will benefit the child.” (§ 361.5, subd. (a), italics added.) C.J. did not request services as T.J.’s biological father and does not argue in his writ petition that the court should have ordered them.

juvenile court’s findings on this issue for substantial evidence. (*In re A.A.* (2003) 114 Cal.App.4th 771, 782.)⁴

2. Analysis

C.J. claims the juvenile court violated his due process rights by making only “informal inquiries” about paternity and by failing to consider admissible evidence concerning his paternity status. He hypothesizes that his delay in paternity testing may have been “due to the fact [that] he lives out of state” and “the social worker’s inability to arrange for a testing site.” This argument was not raised during juvenile court proceedings and is contrary to the Bureau’s unrefuted reports, which tell a different story. (*J.H. v. Superior Court* (2018) 20 Cal.App.5th 530, 537 [court may rely on social service reports per section 281, and must consider them at the 12-month hearing per section 366.21, subdivision (f)(1)(C)].) It also conflates the court’s duties to inquire into an alleged father’s parentage, locate him, and provide notice of the proceedings (see *In re A.H., supra*, 84 Cal.App.5th at p. 350 [summarizing these duties]) with the burden to present *evidence* of presumed paternity that rests with the alleged father (*In re A.A., supra* 114 Cal.App.4th at p. 782).

C.J. does not dispute that he had ample notice of the proceedings including the 12-month review hearing, and the record is clear that he did. C.J. first appeared in the case in October 2024—a full year before the 12-month hearing—and at that time explained to the social worker he did not

⁴ Rights equivalent to those of a presumed father may be acquired by “an unwed biological father who has been *prevented* by a child’s mother from becoming a presumed father under the statutory presumptions . . . (a ‘Kelsey father’).” (*In re A.H., supra*, 84 Cal.App.5th at p. 349, fn. 2.) C.J.’s argument does not suggest he claims to be a *Kelsey* father, and he would still bear the burden to prove such a claim. (*Adoption of O.M.* (2008) 169 Cal.App.4th 672, 679–680.)

want to commit to becoming involved in the dependency case until genetic testing was completed. Soon thereafter, he was appointed counsel. At the November 2024 disposition hearing, C.J. was ordered to complete genetic testing. The Bureau’s continuing efforts to determine C.J.’s location are well-documented. As late as August 2025, C.J. refused to give the Bureau an address in the area where he was living and instead provided a post office box in another state. When the social worker texted him to reaffirm that a physical address was needed to proceed with paternity testing, C.J. did not reply. Given this inaction, by the 12-month review hearing in September 2025, C.J. had still not completed his end of the genetic test. In sum, there is no support in the record for C.J.’s suggestion that his delay in asserting his rights was anything other than a deliberate decision on his part.

As for the juvenile court’s paternity determination, the court instructed C.J. to appear at the 12-month hearing in person if he wished to testify, making it clear it would consider his testimony if offered. Instead, C.J. appeared remotely and conveyed through counsel that he did not wish to present evidence. The court accordingly relied on other record evidence to determine that C.J. was T.J.’s biological father, information that was essentially undisputed on that record. The Bureau’s report admitted into evidence indicated that C.J. told the social worker he had not been present at T.J.’s birth, his name was not on the birth certificate, and he had not lived with T.J.⁵ Throughout court proceedings, C.J. remained uninvolved with T.J.: he declined to provide his address and apparently took no steps to test or to obtain reunification services with T.J. for nearly a year, despite his

⁵ Even if the details about C.J.’s involvement with T.J. that E.P. mentioned in court were in evidence (which they were not), we would presume the juvenile court credited C.J.’s own account over E.P.’s, and we would defer to that credibility determination.

contacts with social workers, his appointed counsel, and the juvenile court. These facts bear no resemblance to those in *In re Julia U.* (1998) 64 Cal.App.4th 532, 541–542, where the child’s biological father “did not delay in asserting his interest” and expressed his desire to establish a relationship with his child should she prove to be his biological daughter “[f]rom his initial contact” with social services. Substantial evidence supports the court’s determination that C.J. was not T.J.’s presumed father. (See *In re J.H.* (2011) 198 Cal.App.4th 635, 646–647 [although father visited son and provided some financial support, substantial evidence showed he was not presumed father where it was not clear when or if he publicly acknowledged his son and he did nothing to legally establish his paternity or seek custody until dependency proceedings began].)

Finally, as C.J. acknowledges, his asserted status as “an ‘adjudicated father’” in child support proceedings did not compel a different outcome. As a threshold matter, C.J. identifies no record evidence or judicially noticeable document that shows what orders or judgments may have issued in family court proceedings concerning T.J. Even if a family court ruled that C.J. was T.J.’s father, such a judgment does not “by itself require[] that a man be declared a presumed father”; rather, it is “designed primarily to settle questions of biology and provide[] the foundation for an order that the father provide financial support.” (*In re E.O.* (2010) 182 Cal.App.4th 722, 727–728.) “Presumed father status, by contrast, is concerned with a different issue: whether a man has promptly come forward and demonstrated his ‘full commitment to his parental responsibilities—emotional, financial, and otherwise.’” (*Ibid.*) Again, C.J. did not even try to meet his burden to show he was T.J.’s presumed father, and the reports the court received in evidence established he did not have any relationship with T.J. for years.

III. DISPOSITION

The petitions for extraordinary writs are denied on the merits. (See § 366.26, subd. (l); *In re Julie S.* (1996) 48 Cal.App.4th 988, 990–991.) We deny the requests for a stay, and our decision is final immediately. (Cal. Rules of Court, rules 8.452(i), 8.490(b)(2)(A).)

SMILEY, J.

WE CONCUR:

HUMES, P. J.

LANGHORNE WILSON, J.

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