



The Maryland Department of Human Services (DHS) is committed to transparency and the safety and well-being of Maryland's children. In line with this commitment, this letter and attached Form 2037 provide an update on a recent critical incident and our continuing work to ensure the safety and well-being of youth in our care.

Disclosure Following A Child Fatality

Following the tragic fatality of Kanaiyah Ward on September 22, 2025, in accordance with [Human Services § 1-203](#), the Department initiated permitted disclosures using the Maryland Disclosure of Information Child Fatality/Near Fatality (DHS/SSA 2037) form.

Under [Human Services § 1-203](#), the Department is permitted to disclose categories of information regarding the actions or omissions of the local department, DHS, or an agent of the Department. The information in this Form 2037 is the product of Local Departments of Social Services (LDSS), Child Juvenile Adult Management System (CJAMS) data, and local caseworker investigations.

The attached Form 2037 includes releasable details of this case, including:

- An account of Kanaiyah's interactions with case workers and team members from multiple LDSS beginning in 2019.
- Kanaiyah's involvement with the Department, including allegations of abuse and neglect that brought her to the attention of DHS, and the disposition of those allegations. LDSS arranged for out-of-home placements for Kanaiyah as her needs changed and in accordance with Department policy and practice.
- The Department's use of one-on-one services to provide additional support with Kanaiyah's placements and during her in-patient hospitalizations.
- Information about her most recent placement at a residential program located in Baltimore City, which discharged her with 72 hours notice in August 2025, and details about the multiple urgent attempts LDSS team members made to find her a new placement.
- The Department's efforts to identify appropriate mental health providers and therapeutic services for Kanaiyah.
- Information about the circumstances that led to her hotel stay, supported by one-on-one services provided by the staff of Fenwick Behavioral Services.
- The findings of an investigation conducted by the child protective services unit of the Baltimore City Department of Social Services into allegations of 1)

Child Abuse (Ruled Out), and 2) Child Neglect (Indicated) on the part of the one-on-one service provider's staff.

All information that can be made public by the Department is included in the Form 2037. Importantly, [Human Services § 1-203](#) specifically precludes the Department from disclosing any additional case information, especially medical reports or case files. The Department is committed to transparency and is providing the extent of permissible information.

For clarity, we have included a glossary of terms used in the Form 2037, which may have specific or different meanings within that context.

About Child Protective Services Investigations

Following a report of abuse or neglect, Child Protective Services (CPS) from the jurisdiction where the abuse or neglect is believed to have occurred will review the allegation and screen the report. If the information meets the criteria to open an investigation, then the case is assigned to a CPS Investigator.

Fatality investigations generally include interviewing the alleged maltreater(s), collateral witnesses, and other individuals who may have been aware of the allegations and circumstances. Additionally, a CPS investigation includes medical and mental health history, the Department's current and past involvement with the family and alleged maltreater, and the provider's policies and protocols. The CPS Investigator will also collect any other relevant evidence. At the conclusion of its investigation, CPS issues a finding for each allegation. The CPS Investigator will make a finding that abuse and/or neglect is Indicated, Unsubstantiated, or Ruled Out. The definition of each potential finding is included in the attached glossary.

When an allegation is found to be Indicated or Unsubstantiated, the alleged maltreater is provided with notice of appeal rights within 30 days of the closed investigation ([FL§5-706.1](#)). The individual has 60 days to file an appeal of the finding. If there is an open criminal investigation, the Office of Administrative Hearings must wait until the criminal proceedings conclude before considering the appeal.

If abuse or neglect is indicated for a fatality, CPS refers their findings to the local state's attorney, who may decide to prosecute, per [Family Law §5-706](#). If an indicated finding is upheld due to an individual's related criminal conviction, unsuccessful appeal, or a failure to appeal in a timely manner, a disposition of "indicated" child abuse or neglect will be documented in the Maryland Electronic State Record, the Department would no longer work with the employees to provide care, and the individual would not pass a child welfare clearance, limiting their ability to work with children in Maryland.

About Out-of-Home Placements

When we make placement decisions for children in out-of-home care, we balance the dual goals of assisting the child in being safe and well-cared for and limiting the additional trauma caused by removing a child from their family and friends, neighborhood, school, and community. Additionally, Maryland's most prioritized permanency plan, consistent with the best interests of the child placed in out-of-home care, is reunification with their parent or legal guardian.

According to [SSA Policy Directive 10-11](#), placement decisions must be carried out thoughtfully in order to:

1. Make the best individualized decision tailored to the child and family's needs and strengths;
2. Provide the least restrictive family-like placement;
3. Give kin/relatives priority over other out-of-home placement providers, assuming they meet COMAR requirements and placement with them is in the child's best interest;
4. Keep siblings together whenever possible;
5. Keep children in their home school and jurisdiction whenever possible;
6. Minimize trauma to the child and family; and
7. Enhance the likelihood of permanency.

When a child must be removed from their home, placements are considered in the following priority order:

1. Kinship Care/Restricted Foster Care. When placing with kin, the local department team members shall:
 - a. Inform prospective kinship providers that they have the option to become an approved foster home or a kinship provider;
 - b. Explain the rights and responsibilities under each option; and
 - c. Complete an assessment as prescribed in COMAR 07.02.09.03(D).
2. Public Family foster home.
3. Treatment foster home (public or private).
4. Congregate Care.

Before [ending the practice of facilitating stays in hotels or other unlicensed settings](#), hotels were used as a last resort, only when more suitable placements were not available and in accordance with our LDSS Responsibilities of Youth in Hospitals and Hotels policy ([SSA-CW #25-01](#)).

The Use of One-On-One Service Providers and Hotels

[Policy Directive SSA 09-14](#) outlines the purpose and goals of one-on-one services, as well as the expectations for how they should be used to augment our work serving youth.

Specifically: “The goal of providing one-on-one service(s) is to provide a more intensive level of care for the safety and security of the youth and others affected by the youth's behavior. These are exceptional interventions provided beyond the scope of the Program deemed necessary to resolve the immediate situation and to maintain the placement for the youth.”

All youth deserve care and support tailored to their needs, especially in the rare situation when they experienced a hotel stay supported by a one-on-one provider. The referrals from our local teams to care providers established individualized plans for children in these circumstances. If we find that our standards for care were not met, we hold our contractors accountable.

Following this tragic incident, on September 24, the Department ceased all referrals from Local Departments of Social Services to the one-on-one provider providing care for Kaniyah at the time of her death.

Ending Stays in Unlicensed Settings Like Hotels

Unlicensed settings, such as hotels, were a temporary stopgap to provide urgent shelter for youth while we identified appropriate placement settings. This administration has been committed to ending hotel stays since day one. In 2023, there were more than 40 youth staying in hotels, and no central tracking of these stays. At that time, the Department began removing structural barriers by tracking data statewide, enhancing data collection, raising the standard of practice, improving communication, and working with the Maryland General Assembly to expand the array of available services and increase youth placement with kin.

In 2024, the Department worked with lawmakers and child welfare advocates to pass and enact Maryland’s [Kinship Law](#) and rate reform to place more children with family by blood and by choice and to ensure those families received the support they needed to thrive. This work expanded safe and healthy placement options for children in out-of-home care as the Department worked to reduce stays in hotels and unlicensed settings.

In March 2025, the Department focused on winding down the use of hotel stays entirely. We issued a [policy](#) requiring that our leaders be directly notified of all hotel stays and a Rapid Response Review Team (RRRT) be convened immediately after any

stay was initiated to develop a plan for a safer and more sustainable placement. We issued a [Statement of Need in June 2025](#) to engage additional residential service providers and prevent unlicensed stays in the first place.

With these structural changes in place, on October 22, 2025, Secretary López issued a [directive](#) requiring all Local Department of Social Services to immediately stop facilitating stays in unlicensed settings and to move all youth remaining in a hotel to a placement appropriate to their needs no later than November 24, 2025.

In partnership with private providers, we worked diligently to expand the types of placement options to meet the needs of youth, remove barriers to placement, and move with urgency to ensure youth find stable and permanent homes.

Since the October 22 directive was put in place, we have not referred youth for stays in hotels, and as of November 20, 2025, there are no youth in out-of-home care experiencing a hotel stay.

The tragic death of Kanaiyah Ward underscores the urgency of our efforts to reform child welfare in Maryland. We remain steadfast in our mission: we will not rest until every child in our state is safe, thriving in a permanent home, and surrounded by a loving family.

Glossary

Term	The Social Services Administration (SSA) describes the terms as follows:
DHS 2037	The Maryland Disclosure of Information Child Fatality/Near Fatality (DHS/SSA 2037) is the form DHS uses to disclose information allowable per Human Services §1-203 .
Allegation	An assertion or claim that a child has suspected to been abused or neglected.
Disposition	Final decision or resolution about the case after the investigation and finding.
Child Abuse	<p>“Child abuse” means:</p> <ul style="list-style-type: none"> (a) The physical or mental injury of a child under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed by: <ul style="list-style-type: none"> (i) A parent; (ii) A household or family member; (iii) A caregiver; or (iv) An authority figure; (b) Sexual abuse, whether physical injuries are sustained or not; or (c) Labor trafficking, as defined by COMAR 07.02.07.02 (11).
Child Neglect	<p>“Child neglect” means one or more of the following by a parent or caregiver:</p> <ul style="list-style-type: none"> (a) A failure to provide proper care and attention to a child, including leaving a child unattended, under circumstances that indicate that the child's health or welfare was harmed or placed at substantial risk of harm; or (b) Mental injury of a child caused by the failure to provide proper care and attention to a child, as defined by COMAR 07.02.07.02 (14).
Ruled Out	“Ruled out” means a finding that child abuse or neglect did not occur, as defined by COMAR 07.02.07.02 (49).

Unsubstantiated	“Unsubstantiated” means a finding that there is insufficient evidence to support a finding of indicated or ruled out, as defined by COMAR 07.02.07.02 (58).
Indicated	“Indicated” means a finding that there is credible evidence, which has not been satisfactorily refuted, that child abuse or neglect occurred, as defined by COMAR 07.02.07.02 (29).
Finding	“Finding” means a disposition at the end of an investigation that child abuse or neglect is indicated, unsubstantiated, or ruled out and the identification of an individual responsible for unsubstantiated or indicated child abuse or neglect, as defined by COMAR 07.02.07.02 (24).
Findings Summary Narrative	A narrative that describes the facts gathered in the investigation and how they led to the disposition finding(s).
Child in need of assistance (CINA)	“Child in need of assistance” means a child who requires court intervention because: (1) The child has been abused, has been neglected, has a developmental disability, or has a mental disorder; and (2) The child’s parents, guardian, or custodian are unable or unwilling to give proper care and attention to the child and the child’s needs, as defined by the Courts and Judicial Proceedings Article, §3-801(f), Annotated Code of Maryland .
Residential Therapeutic Services	Also known as Residential Treatment Care, this is continuous 24-hour care and supportive services for a minor child placed in a facility that provides formal programs of basic care, social work, and health care services, as defined by Maryland Family Law §5-501(k) .
Placement	Also referred to as “out-of-home placement” this means the placement of a child into foster care, kinship care, group care, or residential treatment care, as defined by COMAR 07.02.11.03 (35) . The purpose of the Out-of-Home Placement Program is outlined in COMAR 07.02.11.01 .
Trial Home Visit	A trial home visit is a child welfare practice that allows a youth, after they have been placed in out-of-home care, to return to live with a parent for a short-term visit. Trial home visits are used to identify if the family can keep the child safe and provide for the child's well-being so that custody may be returned to the parents or legal guardian,

	per COMAR 07.02.11.25 . The youth remains in Department custody during the visit. These visits are often the last step before reunification.
Self-injurious Behaviors	Self-injurious behaviors are actions taken by an individual to respond to trauma and distress that include but are not limited to cutting, wounding, hitting, or otherwise injuring oneself without the intent to cause death. This term is synonymous with self-harm and non-suicidal self-injury (NSSI).
Emergently Placed	<p>A common term used in child welfare practice for a youth in need of urgent placement, typically requiring placement within the same day due to a circumstance that requires their abrupt and swift removal from their home, a placement setting, or another shelter.</p> <p>See COMAR regulations for the Licensing and Monitoring of Residential Child Care Facilities.</p>
Inpatient Psychiatric Care	Professional care or attention given to an individual who has been admitted as a resident in an inpatient facility for the purpose of improving or preventing the worsening of a mental disorder per Md. Code, Health-Gen. § 10-101 .
One-to-one Services	<p>Also known as one-on-one Support Services, these are “temporary supplemental services to provide individual supervision for children/youth to ensure their safety and that of others in the placement setting. These services are not intended to replace the professional treatment services needed by the youth and are generally for the purpose of providing awake supervision by staff comparable to Provider childcare staff, as defined in Policy Directive SSA 09-14.</p> <p>One-to-one mentors are professionals who provide 24/7 supervision to youth in need of a higher level of supervision and care. One-to-one mentors are typically employed by a provider that is unlicensed by DHS / SSA but may be contracted with an LDSS. See SSA 09-14.</p>
Residential Treatment Centers	A psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disturbances who require a self-contained therapeutic, educational, and recreational program in a residential setting, per COMAR 10.07.04.02 (12) .

Emergency Petition	This refers to a Petition for Emergency Evaluation, which authorizes the immediate involuntary custody and transport of an individual to an emergency facility for a psychiatric assessment, based on the reasonable belief that they present a danger to themselves or others due to a mental disorder per Md. Code, Health-Gen. § 10-622 .
Certificate of Need (CON)	A written recommendation from a treatment provider such as a medical doctor, psychiatrist, or psychologist which details the need for out-of-home placement under the Voluntary Placement regulations, per COMAR 07.02.11.06(B)(5)(b) , and COMAR 07.02.11.06 .
Referral Request	A request to other community agencies and/or providers to support the family/child.
Maltreatment Report	An allegation of abuse or neglect, made or received under Family Law §5-701(v) .
Open Case	A child welfare case where DHS is actively involved with any member in the family in an out-of-home, family preservation of child protective services capacity.
Permanency Plan	A plan specifying where and with whom the child shall live, and the proposed legal relationship between the child and the permanent caretaker or caretakers, as defined by COMAR 07.02.11.03B(39) .
Reunification	Reuniting the child with the child's parents or legal guardian, as defined by COMAR 07.02.11.03B(52) .
Safety assessment	A formal determination of whether a child is in imminent danger, using a standardized assessment tool. The Department assesses the safety of children in out-of-home care using the (Safety Assessment for Every Child) SAFE-C OHP as outlined in Policy Directive SSA 12-27 .
School visit	A caseworker completes a face-to-face visit with the child at their school for purposes of case management.
Exploration of Kin	Attempting to identify and locate the child/family's family by choice kin, this may include a formal interview or activities that foster identifying kin.
CINA Petition	A request to the court that a child be found to be a Child in Need of Assistance, as defined by Courts and Judicial Proceedings §3-801(f)-(g) .

Shelter Care Hearing	<p>A hearing held before disposition to determine whether the temporary placement of the child outside of the home is warranted, per Courts and Judicial Proceedings §3-801(dd).</p> <p>Shelter Care is a temporary placement of a child outside of the home at any time before disposition, per Courts and Judicial Proceedings §3-801(cc).</p>
Adjudicatory Hearing	A hearing to determine whether the allegations in a CINA petition, other than the allegation that the child requires the court's intervention, are true, per Courts and Judicial Proceedings §3-801(c) .
Disposition Hearing	<p>A hearing to determine:</p> <p>(1) Whether a child is in need of assistance; and</p> <p>(2) If so, the nature of the court's intervention to protect the child's health, safety, and well-being, per Courts and Judicial Proceedings §3-801(m).</p>
Monthly Visit	Refers to local department caseworker visits as outlined in COMAR 07.02.11.17 .
Treatment Team Meeting	Meetings to review the implementation of a child's treatment plan and the progress, regress, and effectiveness of the treatment regime, per COMAR 07.02.11.03(B)(69) .
Parenting Classes	A session or series of sessions designed to enhance caregivers' skills and knowledge, including safe and appropriate behavioral intervention, communication, coping with stress, and promoting an understanding of child development. These sessions are most often provided by a community partner.
Permanency Planning Hearing	The court determines the permanency plan for a child based upon the recommendations of the local department and the other parties at a permanency plan hearing, per COMAR 07.02.11.20 . Permanency is the goal to ensure youth have a permanent or long-term solution to placement and are embedded in a community that can meet their needs and encourage their well-being.
Home Assessment	A formal evaluation that involves a physical observation of a family's residence to determine its safety and suitability for the children.
Home Health Report	A report detailing the child's living environment and the

	overall conditions of their home. This standardized form is used by the Department when completing the home assessment.
IHIP - PRP Services	In-Home Intervention Program (IHIP) is an intensive Psychiatric Rehabilitation Program (PRP) that provides 24 hour-a-day, 7 day-a-week crisis intervention, home-based behavior modification, training, and support services to families who are caring for a child exhibiting intensive mental health and behavioral health issues.
Placement Referral	A placement referral is completed when requesting youth placement, to be completed by a Caseworker and approved by a Supervisor at the LDSS.
Rapid Response Review Team Meeting	These meetings are held with the LDSS, SSA and DHS leadership to review the current allegations, safety and risks for the child and other children in the home or under the care of the alleged maltreater, discuss the history of the family's involvement with the Department, and plan the next steps for the investigation and overall case management, per our Critical Incident Notification Policy (SSA/CW#25-06) Section 3 .
Family Team Decision Making Meeting (FTDM)	<p>A meeting with family members, including chosen supports, to make key child welfare decisions, including the decision to place a child outside the home, a placement change, and establishing or changing a permanency plan, per the Family Teaming Policy, SSA 21-02.</p> <p>An Emergency Team Decision Making Meeting is held if there is imminent risk of danger to a child or an emergency occurs that cannot be resolved, a change of placement may occur immediately. In these instances, an FTDM shall occur within 7 days of placement change.</p>
Mental Health Assessment	A licensed practitioner (LCPC, LCSW-C) completes assessments (formal or informal) related to the mental and behavioral health of the individual.
Education Meeting	An Education Meeting, also known as a "Best Interest" meeting, determines whether it is in the child's best interest to continue the child's education at the school the child last attended prior to the most recent change in placement, per COMAR 07.02.11.12 .
Behavioral	Behavioral management counseling is a clinical practice

Management Counseling	designed to increase pro-social behaviors and decrease anti-social behaviors. This is a well-defined clinical practice with ample literature supporting evidence-based interventions that support youth in care.
Weekly Visit	Refers to visitation between the child in out-of-home care and their parents, siblings and other family members.
Casey Life Skill Assessment	A tool to assess a youth's strengths and areas of need related to daily life skills development.

**Maryland Disclosure of Information
Child Fatality/Near Fatality (DHS/SSA 2037)**

DHS 2037: DISCLOSURE OF INFORMATION FORM	
1. Child's Name: Kanaiyah Ward	2. Type of Incident: Fatality
3. Date of F/NF: 9/22/2025	4. Date and time LDSS received F/NF report: Sep 22, 2025
5. Date/time LDSS opened the CPS investigation: Sep 22, 2025	6. Jurisdiction where F/NF occurred: Baltimore City
7. Child's Date of Birth/Age: 12/23/2008/ 16 years	8. Child's Gender: Female
9. Allegation and Disposition of THIS F/NF case: (If there are more than 2 allegations, enter them in the Addendum to Question 9)	
a. Allegation #1: Child Abuse	a. Disposition #1: Ruled Out
b. Allegation #2: Child Neglect	b. Disposition #2: Indicated
ADDENDUM to QUESTION 9	
c. Allegation #3: Choose One	c. Disposition #3: Pending
d. Allegation #4: Choose One	d. Disposition #4: Pending
e. Allegation #5: Choose One	e. Disposition #5: Pending
f. Allegation #6: Choose One	f. Disposition #6: Pending
10. Child fatality ONLY: Does the LDSS have the Office of the Medical Examiner (OCME) Medical Report? Yes. a. If "yes": What is the cause and manner of death? Cause: diphenhydramine intoxication; manner: suicide b. If "no": Has the OCME Report been requested? c. If "yes", date it was requested. 10/02/2025, accessed through OCME portal. d. If "no", the reason the report has not been requested.	
11. FINDINGS SUMMARY NARRATIVE: – Describe the facts gathered in the investigation and how they led to the finding(s): Kanaiyah Ward died on Monday, September 22, 2025. She had swallowed allergy medications containing diphenhydramine (commonly known as Benadryl). The Office of the Chief Medical Examiner determined that her	

cause of death was “diphenhydramine intoxication” and the manner of death was suicide.

Kanaiyah was a 16-year-old adolescent with a history of mental health challenges. In the summer of 2022, the juvenile court determined that Kanaiyah was a child in need of assistance due to, among other things, her history of mental health and behavioral issues and that no parent, guardian, or custodian was able and willing to provide proper care and attention to her, and placed her in the temporary custody of the Prince George’s Department of Social Services (PGDSS). PGDSS arranged for the child to receive residential therapeutic services at placements that provided trauma-informed services for adolescents and young adults, including diagnostic-level mental health stabilization interventions and individual, family, and animal therapy. Kanaiyah was also able to spend several months at home on a trial-home visit. At various times, Kanaiyah engaged in self-injurious behaviors and attempted suicide, for which she was emergently placed for inpatient psychiatric care and discharged when clinically appropriate.

Beginning in the summer of 2024, PGDSS periodically obtained one-to-one services to provide additional support for Kanaiyah at her placements as well as at her inpatient hospitalizations. In the meantime, PGDSS contacted various residential treatment centers both within and outside Maryland, but those providers repeatedly denied services for Kanaiyah due to her behavioral history. In August 2025, Kanaiyah’s residential program located in Baltimore City discharged her, with 72 hours’ notice. PGDSS urgently contacted five other placement facilities that were not able to accept her and placed her on a waitlist at another facility. No residential program was willing to accept her at that time, and she did not meet the criteria for an emergency petition for inpatient hospitalization. PGDSS, along with placement specialists at the DHS Social Services Administration, continued its efforts to identify appropriate therapeutic services. By mid-September, an outpatient mental health clinic had finished the first stage of establishing a certificate of need (CON) and had scheduled a follow-up assessment for that certificate to be conducted on September 22, 2025.

In the meantime, the PGDSS arranged for Kanaiyah to stay temporarily in a hotel with one-on-one services from Fenwick Behavioral Services (“Fenwick”) to help her manage her behavioral and mental health challenges. The hotel room was a suite-style room with a living room/kitchenette area, and an internal door leading to a bedroom and bathroom, so that the one-on-one could remain in the living area while Kanaiyah slept in the bedroom.

Fenwick had provided one-to-one services to Kanaiyah at various times over the prior year. Fenwick had established policies that required its one-on-one staff to provide continuous, 24-hour supervision, including hourly checks, directed staff that sleeping was not permitted during their shifts, and required that all patient medications be securely stored in a “lock box.” In the referral request to Fenwick, PGDSS noted Kanaiyah’s behavioral challenges that impact her safety, including her history of running away, damaging property and her need for consistent redirection with one-on-one providers who could stay nearby to monitor her behavior, offer support, and step-in when safety concerns arose. PGDSS identified that the one-on-one services should aim to help Kanaiyah build coping strategies and lessen the risk of suicide attempts.

On the weekend of September 20, 2025, Fenwick experienced staffing difficulties. They assigned a worker to provide services for a 24-hour shift, starting at 10:00 a.m. on Saturday. On Sunday, another worker was scheduled to begin a 24-hour shift at 10:00 a.m. but was ill and unable to work the shift. Fenwick then extended the first worker’s Saturday shift to continue until 3:00 p.m. on Monday. PGDSS was not notified of the scheduling difficulties.

On Monday, September 22, 2025, the assigned worker checked on Kanaiyah at 5:45 a.m. and reported that Kanaiyah responded but did not get up. At that point, the worker had been continuously assigned for nearly 40 hours. The worker returned to the room sometime after 10:00 a.m. By that time, Kanaiyah was no longer breathing. The worker then called for emergency assistance.

Emergency personnel responded to the location. They found Kanaiyah lying on her side in bed. An empty bottle labeled as diphenhydramine, with a quantity of 365 pills, was at the foot of the bed, along with a prescription bottle that contained two pills. Pink pills were also found nearby, in the bed and on the floor. Emergency medical personnel pronounced Kanaiyah deceased at 11:01 a.m.

Following Kanaiyah’s death, the child protective services unit of the Baltimore City Department of Social Services investigated reports of suspected child abuse and neglect in the hotel. The investigation ruled out the report of physical abuse of the child and confirmed that the child had been neglected. The neglect determination identified three individual staff members at Fenwick responsible for that neglect due to the failure to provide proper care and attention in ensuring Kanaiyah’s safety, by

approving the worker to provide supervision over a continuous 53-hour shift, and by failing to ensure that medications were properly secured in the hotel. CPS has notified those individuals of the investigatory findings and their statutory rights to appeal those findings.

12. Any prior or subsequent maltreatment reports for the child who is the subject of the F/NF? ☒ Yes If "yes" provide dates of each report.:

8/29/2025: Baltimore City Department of Social Services (BCDSS) investigated a report of alleged sexual abuse of the child.
The finding was: Unsubstantiated.

8/6/2025: BCDSS investigated a report of alleged physical abuse and neglect.
The finding was: Ruled-out.

8/9/2024: Montgomery County Department of Health and Human Services investigated a report of alleged neglect.
The finding was: Ruled out.

7/16/2024: Anne Arundel County Department of Social Services investigated a report of alleged neglect.
The finding was: Unsubstantiated.

3/04/2024: Prince George's County Department of Social Services (PGDSS) investigated a report of alleged physical abuse.
The finding was: Unsubstantiated.

5/18/2022: PGDSS investigated a report of alleged neglect.
The finding was: Unsubstantiated.

3/01/2022: PGDSS investigated a report of alleged physical abuse.
The finding was: Unsubstantiated.

5/29/2019: PGDSS conducted an alternative response of alleged physical abuse.

13. Any previous Child In Need of Assistance (CINA) adjudications for:

a. The child who is the subject of this F/NF?	a. <input checked="" type="checkbox"/> Yes If "yes" provide dates: 8/2/2022
b. A sibling of the child who is the subject of the F/NF	b. <input type="checkbox"/> No If "yes" provide dates:

c. Another child in the household, family, or the care of the maltreater?	c. No If "yes" provide dates:
<p>14. Was there an open case that included the child who is the subject of this report at the time the F/NF occurred? Yes</p> <p>If yes, type of case: Out-of-Home</p> <p>If "Other" selected, explain here:</p> <p>If yes, describe the status of that case at the time of the F/NF. Child was in an out-of-home placement committed to Prince Georges County DSS with a permanency plan of reunification.</p> <p>If "Other" selected and/or there were multiple open cases, explain here: 8/29/2025: Baltimore City Department of Social Services (BCDSS) investigated a report of alleged sexual abuse of the child. The finding was: Unsubstantiated. 8/6/2025: BCDSS investigated a report of alleged physical abuse and neglect. The finding was: Ruled-out.</p>	
<p align="center">See Question 15 on the Next Page</p>	

Question 15: Services Provided: describe the services provided to the child who is the subject of the F/NF AND other persons in the home or involved. (If there are multiple persons receiving services, enter them in the Addendum to #15).					
Relationship to child who is subject of the f/nf	List the type of service provided by the LDSS and other provider One line per service	Dates of service from: to:		Outcome of service (briefly describe - ex: case indicated; services completed).	Other service referrals made but not provided and why.
Maltreators 1, 2, and 3	No services or referrals provided	Date	Date		
		Date	Date		
		Date	Date		
		Date	Date		
		Date	Date		
		Date	Date		
		Date	Date		
Child Subject of F/NF and Family	Psychoeducation	5/29/2019	6/26/2019	The family was given Information regarding parenting techniques, support groups,	

				individual and family therapy, and medication management for the child.	
	Psychoeducation regarding Maryland Law regarding abuse and neglect and physical discipline	3/1/2022		The family was provided information around appropriate parenting and alternative placement options were discussed with the family.	
	Safety Planning	5/18/2022			Home assessment , safety assessment , school visit attempted.
	Exploration of Kin	6/8/2022		The CPS worker explored kin with the youth and who those she felt would be a support to her for placement.	

	School visit	6/8/2022		The CPS worker completed a visit with the youth to discuss exploration of kin.	
	Placement Service	6/8/2022		The Department located an appropriate placement provider that offered a higher level of care.	
	Emergency Family Team Decision Making Meeting	6/9/2022		Referred the youth for mental health services including individual therapy, medication management and family therapy. The Department also	

				recommended parenting classes	
	CINA Petition filed Shelter Care Hearing	6/9/2022		The Department petitioned the juvenile court to authorize the youth's continued placement in shelter care.	
	Shelter Care Hearing	6/22/2022		The Department presented testimonial evidence to support its shelter care petition.	
	Placement Services	6/23/2022		Worker explored a placement resource and scheduled a visit.	
	Placement Services	6/29/2022		Worker visited a placement with the youth and conveyed the importance	

				of behavioral compliance.	
	Family Engagement	7/5/2022		Worker conducted initial outreach for potential familial resources.	
	Family Engagement	7/5/2022		The worker emailed and left a voice message to connect with a family member.	
	Adjudication disposition hearing	7/7/2022		Worker and youth attended the hearing.	
	Education Services	7/18/2022		Worker requested the youth's education records to assess academic progress and for school placement.	
	Monthly Visit	8/16/2022		Worker met with youth for assessment of safety, case planning, and	

				monitoring child's well-being.	
	Treatment Team Meeting	8/16/2022		Meeting with family, the youth and the placement provider to discuss the treatment plan.	
	Parenting Classes	8/23/2022		Worker submitted a referral for family member to engage in supportive services about safe discipline, and parenting.	
	Education Services	8/31/2022		Worker enrolled the youth in school within the residential placement area.	

	Family Engagement	9/2/2022		Worker submitted a referral to expand familial resource options.	
	Monthly Visit	9/15/2022		Worker met with youth at school for assessment of safety, case planning, and monitoring child's well-being. Worker assessed for behavioral support and academic progress.	
	Family Mental Health Services	9/30/2022		Worker followed up with an outpatient mental health provider to discuss treatment planning.	

	Family Mental Health Services	10/4/2022			Worker made an attempt to follow up with a family member's therapeutic provider about progress in mental health services. The worker left a voicemail and email.
	Monthly Visit	10/25/2022		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	Monthly Visit	11/17/2022		Worker met with youth for assessment of safety, case planning, and monitoring	

				child's well-being.	
	Permanency Planning Hearing	11/22/2022		Worker attended the court hearing.	
	Monthly Visit	12/23/2022		Worker visited youth and family member for case planning, and monitoring the youth's well-being.	
	Coordination of Mental Health Services	1/9/2023		Worker engaged the mental health provider about discharge planning.	
	Monthly Visit	2/9/2023		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	Home Health Report	2/21/2023		Worker completed assessment to	

				identify potential health hazards and to ensure a safe and healthy living environment in preparation of home trial visit.	
	Safety Assessment	2/21/2023		Worker completed assessment and discussed the safety plan with family..	
	Mental Health Services	2/21/2023		Worker completed a referral for outpatient services for the youth.	
	Monthly Visit	3/16/2023		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	Monthly Visit	4/20/2023		Worker met with youth for	

				assessment of safety, case planning, and monitoring child's well-being.	
	Monthly Visit	5/18/2023		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	Safety Plan	5/22/2023		A Safety plan was discussed with the family to prepare for unsupervised home visits.	
	Visit	06/9/2023		Worker attended the youth's graduation. Worker discussed with family member reconsideration of allowing the youth for the	

				home trial visit.	
	Monthly Visit	06/22/2023		Worker visited youth.	
	Team Communication	7/10/2023		Worker discussed the youth's mental health needs with family member.	
	Monthly Visit	7/24/2023		Worker met with youth for on-going assessment of safety, case planning, and monitoring child's well-being.	
	Monthly Visit	8/14/2023		Worker met with youth for on-going assessment of safety, case planning, and monitoring child's well-being. Worker discussed the importance of	

				active participation in family therapy sessions.	
	Coordination for Family Therapy	8/2023	9/2023	Worker consulted with the family therapist. Worker was informed that the family sessions were terminated because they were deemed clinically inappropriate at the time Consultation with family therapist	
	Placement Services	10/12/2023		Conduct search and placement options for youth and identified a placement for youth.	
	Diagnostic Mental Health Services	10/12/2023	12/15/2023	Worker admitted youth	

				for monitoring and assessment and stabilization. Youth met weekly with the psychiatrist.	
	Individual Therapy	10/12/2023	12/15/2023	The worker followed up with the provider to confirm youth's compliance.	
	Education Services	10/16/2023		Youth enrolled in diagnostic school to assess the youth's specific academic and/or behavioral needs to determine the ongoing necessary support services .	
	Monthly Visit	10/24/2023		Worker met with youth for assessment of safety, case	

				planning, and monitoring child's well-being.	
	Treatment Team Meeting	11/9/2023		Worker attended meeting at youth's placement to discuss her behavioral health needs and well-being.	
	Monthly Visit	11/9/2023		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	Treatment Team Meeting	12/12/2023		Worker attended meeting at youth's placement	
	Monthly Visit	12/12/2023		Worker visited youth to plan for the youth to start an in-home trial visit,	

				Expected before the holidays upon discharge on 12/15/2023.	
	Transportation Services	12/15/2023		Worker transported youth for trial home visit	
	Education Services	12/19/2023		Worker assisted with educational placement.	
	Education Services	1/3/2024		Worker followed up with the educational institution regarding enrollment date.	
	Safety Assessment	2/6/2024		Worker completed a formal safety assessment.	
	Visit	2/20/2024		Worker met with youth for	

				assessment of safety, case planning, and monitoring child's well-being.	
	Psychiatric hospitalization -psychological assessment and stabilization	3/5/2024	3/7/2024	Monitor youth's psychiatric services for threats of harm to self and others	
	Inpatient psychiatric hospitalization	3/7/2024	3/15/2024	Worker coordinated the admission and transfer for inpatient psychiatric care.	
	Trial Home visit	3/15/2024	4/11/2024	Facilitated and prepared youth and family for trial home visits, to include safety planning, home assessments, referrals	

				coordinate health needs and establish schedule	
	PRP services - The In-Home Intervention Program (IHIP)	4/8/2024	4/8/2024	A referral for IHIP was made to obtain services while the youth was on a trial home visit with family.	
	Monthly Visit	4/9/2024		Worker visited youth and met with school staff. Worker assessed safety, case planning, and monitoring child's well-being.	
	Mental Health Evaluation	4/11/2024	6/20/2024	Stabilization - at the hospital The Department signed the consent for treatment and evaluation, and attended treatment team meetings.	

	Treatment Team Meeting	4/16/2024		Worker attended a treatment meeting with a local outpatient provider with a family member.	
	Visit	4/16/2024		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	Placement Services	4/19/2024		Worker submitted a placement referral.	
	Placement Services sought	4/25/2024		Worker conducted additional placement searches.	
	Monthly Visit	5/28/2024		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	

	One-on-one	6/15/2024	6/16/2024	Purchased Services for youth	
	One-on-one services	6/17/2024	6/20/2024	Purchased services for youth	
	Placement Services	6/20/2024	8/13/2024	New placement for the youth identified; the department facilitated the transition of youth to new placement.	
	Monthly Visit	7/1/2024		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	

	Rapid Response Review Team Meeting	7/17/2024		A Rapid Response Review Team meeting was conducted to discuss the emergent situation.	
	Placement Services	8/2/2024		Worker conducted searches for appropriate placement services for youth.	
	Monthly Visit	8/8/2024		Worker visited youth, discussed coping skills.	
	Medical Services - psychiatric mental health stabilization	8/13/2024 -	09/3/2024	Provide oversight and monitoring of youth's functioning, coordinate services with mental health	

				providers	
	One-on-one services	8/13/2024	8/14/2024	Purchased services for youth	
	Meeting	8/16/2024		Worker attended meeting at the hospital to discuss progress and planning.	
	Monthly Visit	8/21/2024		Worker visited youth to assess safety and well-being.	
	Family Team Decision Making Meeting (FTDM)	8/27/2024		The Department held a meeting to discuss the change in placement, recent hospitalizations ,youth's current functioning. The hospital agreed to further assess youth for discharge recommendations.	

	Placement Services	9/3/2024	8/4/2025	Facilitated the youth's move to new placement; Worker transported youth to placement and coordinated with placement provider.	
	One-on-one services	9/3/2024	9/8/2024	Purchased services for youth	
	One-on-one services	9/9/2024	9/15/2024	Purchased services for youth	
	Placement Services	9/13/2024		Worker conducted searches for appropriate placement services for youth.	
	One-on-one services	9/16/2024	9/22/2024	Purchased services for youth	
	Monthly Visit	9/17/2024		Worker met with youth for assessment of safety, case planning, and	

				monitoring child's well-being.	
	Mental Health Assessment	9/18/2024		Worker scheduled youth for the initial assessment portion of the Certificate of Need (CON).	
	Mental Health Services	9/23/24		Worker scheduled appointment for the 2nd part of the CON.	
	One-on-one services	9/23/2024	9/29/2024	Purchased services for youth	
	Mental Health Services	9/25/2024		The 2nd part of the CON was completed so that the Worker can assist with locating services.	
	One-on-one services	9/30/2024	10/6/2024	Purchased services for youth	
	One-on-one services	10/7/2024	10/13/2024	Purchased services for	

				youth	
	Monthly Visit	10/22/2024		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	One-on-one services	10/28/2024	11/3/2024	Purchased services for youth	
	Education Meeting	10/31/2024		Worker met with school to discuss concerns of youth's behavior while at school.	
	Monthly Visit	11/1/2024		Worker visited youth to assess safety and well-being	
	Psychological Evaluation	11/1/2024		Worker attended the appointment with the youth	

				and assisted in the evaluation	
	One-on-one services	11/4/2024	11/10/2024	Purchased services for youth	
	Referral for Mental Health Services - individual and family counseling, psychiatric services, and behavioral management counseling	11/7/2024		Worker met with the counseling services provider to make a referral for mental health needs and psychotropic medication oversight.	
	One-on-one services	11/11/2024	11/17/2024	Purchase services for youth	
	One-on-one services	11/18/2024	11/30/2024	Purchase services for youth-Fenwick Behavioral Health	
	Psychiatric Appointment - psychological assessment, outpatient mental health services	12/19/2024		Coordinated with Outpatient service provider. The worker advised	

				youth of the importance of appointment adherence.	
	One-on-one services	1/6/2025	1/31/2025	Purchased services for youth-Fenwick Behavioral Health	
	Certificate of Need - psychological assessment	1/8/2025		Seeking a higher level of care with recommendation. The report was submitted on January 9, 2025 to support placement efforts.	
	Placement Services	1/29/2025		Conducted search of appropriate placement providers for youth	
	One-on-one services	2/1/2025	2/28/2025	Purchased services for youth-Fenwick Behavioral Health	

	Monthly Visit	2/21/2025		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	Education Services	3/7/2025		The worker attended the 504 plan education meeting. Family member and caseworker engaged in youth educational meeting	
	Monthly Visit	3/20/2025		Worker met with youth for assessment of safety, case planning, and monitoring child's	

				well-being.	
	Meeting with Placement Team	3/25/2025		An update on out-of-state placement searches for Residential Treatment Center was provided.	
	Springbreak College Tour	3/31/2025		Worker requested approval for youth's participation.	
	One-on-one services	4/1/2025	4/26/2025	Purchased services for youth-Fenwick Behavioral Health	
	Placement Services	4/1/2025		Follow up made about placement availability. No response was provided.	
	Post Secondary Education support and recreational services (College Tour in Florida)	4/14/2025	4/17/2025	Approved for one-on-one support for the college tour during spring break.	

	Monthly Visit	4/23/2025		Worker visit with youth at local urgent care; youth was ill. Assessed for safety, and monitoring child's well-being.	
	Hospitalization	4/29/2025	5/9/2025	Worker signed paperwork on consent to treat youth.	
	Care Coordination	5/1/2025		Worker met with the hospital staff for the youth's coordination of care.	
	Care Coordination	5/2/2025		Worker met with the hospital staff for the youth's coordination of care. Worker informed the family member of the youth's care coordination.	

	Meeting with the hospital	5/7/2025		The hospital noted that follow up will be done regarding the physician's recommendation to determine if it will be a partial hospitalization program.	
	Discharge Planning	5/8/2025		Worker attended discharge planning meeting and discussed recommendations for community services.	
	One to One Services	5/12/2025		Worker met with placement about one to one services. The caseworker inquired about family contact, the youth and discussed	

				medication management.	
	Monthly Visit	5/12/2025		Worker visited with youth to assess safety, case planning and well-being	
	One-on-one services	6/1/2025	6/30/2025	Provided services for youth-Fenwick Behavioral Health	

ADDENDUM to QUESTION 15					
Relationship to child who is subject of the F/NF	List the type of service provided by the LDSS and other provider One line per service	Dates of service: from: to:		Outcome of service ex: case indicated; service completed).	Other service referrals made but not provided and why.
Child subject of F/NF	Monthly Visit	6/2/2025		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	

	One-on-one services	7/1/2025	7/31/2025	Purchased services for youth-Fenwick Behavioral Health	
	Education Services	7/1/2025		Worker coordinated with the school regarding summer school.	
	Monthly Visit	7/21/2025		Worker visited with the youth for case planning. Youth indicated she wants to be finished with DSS and emancipate at 18. Worker highlighted attending school, completing chores, etc. The caseworker spoke with youth about placement.	
	Clinical Evaluation with provider	7/28/2025		Diagnostic Impression completed. Department	

				coordinated with provider, reviewed results and supported implementation of findings.	
	Placement Services search	8/1/2025		Worker conducted alternative placement search of appropriate placement for youth.	
	Temporary living arrangement Hotel stay	8/4/2025	8/18/2025		
	Placement Meeting	8/6/2025		LDSS met with DHS central staff at SSA to coordinate and obtain assistance for an appropriate placement for youth.	
	Weekly Visit	8/7/2025		Worker visited with youth. The worker inquired of her well-being. The worker reviewed youth's	

				medications.	
	Rapid Response Review Team (RRRT) Meeting	8/7/2025		Review of current placement status with team members.	
	Medical and Mental Health Services	8/8/2025		Worker coordinated with the nurse regarding substance and mental health evaluation to include medication refill.	
	Coordination with Family	8/14/25		Worker discussed plans for the upcoming holiday with family member and the youth.	
	Weekly Visit	8/14/2025		Worker visited with the youth and completed the Casey Life Skill Assessment, reviewed the medication, discussed her permanency plan and her	

				family member having legal guardianship.	
	Coordination with Family	8/20/25		Worker held session with family, discussed driver's education with the youth, and provided updates on the department's placement efforts.	
	Weekly Visit	8/21/2025		<p>Worker visited with youth for assessment of safety, case planning, and monitoring child's well-being.</p> <p>Worker inquired of her feelings about returning to the group home. The worker also started the youth transition plan with the youth.</p>	

	Placement	8/22/2025		Worker received the youth's psychiatric evaluation from the nurse practitioner. Department reviewed results and provided the documentation to a potential placement provider to support placement needs.	
	Hotel stay	8/26/2025	9/22/2025		
	Weekly Visit	8/28/2025		Worker visited the youth at her school for case planning. Worker spoke with the principal and educational associate to follow up on behavioral health support and educational	

				needs.	
	Coordinated school therapy	9/3/2025		Worker contacted the school therapist to initiate services in school.Coordinated to have consent signed.	
	Coordinated with school	9/4/2025		Worker spoke with the school and the youth regarding suspension and verbal threats and implementation of services.	
	Monthly Visit	9/5/2025		Worker met with the youth at the hotel and discussed her concerns about her family.	
	Collaborated with school	9/8/2025		Worker spoke with the school about the youth's suspension and	

				notified the family.	
	Weekly Visit	9/11/2025		Worker visited with youth to assess for safety and case plan with the youth. Worker, discussed the importance of school, individual and art therapy, following rules, and possible placement with a relative.	
	Certificate of Need part 1 - psychosocial evaluation	9/12/2025		The worker ensured the youth participated in the first aspect of the CON was completed. The 2nd portion was scheduled for 9/22/2025.	
	Collaboration with family member	9/15/2025		Worker was informed about a meeting with the school.	

	Worker collaboration with One to One Mentor	9/16/25		Worker collaborated about the youth's participation at school.
	Discussion with Youth about school and education	9/17/25		Worker spoke with the youth about an incident that occurred at the school. Online schooling was also discussed.
	Family Engagement	9/17/2025		The Department made contact with a family member.
	Mental Health Services - psychotherapy	9/17/2025		The Department contacted a therapist to schedule therapy sessions for youth
	Educational Services	9/18/2025		Worker attended the

				meeting with the school to begin the process for an Individualized Educational Plan.	
	Weekly Visit	9/18/2025		Worker met with youth for assessment of safety, case planning, and monitoring child's well-being.	
	Placement Efforts	9/19/2025		The Department coordinated with potential placement providers and continued searching for appropriate placement.	

FOLLOW-UP CONTACT INFORMATION

<p>LDSS completing this form Baltimore City/Prince George's County</p> <p>Person completing this report: Name: Emily Harris Title: CPS Program Manager Phone #: 443-423-7010 Email: emily.harris1@maryland.gov</p> <p>Name: Carlesa Peterson Title: Assistant Director Phone: 301-909-2110 Email: Carlesa.Peterson@maryland.gov</p> <p>Name: Jamie Dixon Title: Deputy Director of Clinical Programs and Support Services Phone: 301 909-7016 Email: Jamie.Dixon@maryland.gov</p>	<p>Directors Name: Brandi Stocksdales Directors Phone #: 443-378-4600</p> <p>Today's Date: Oct 7, 2025</p> <p>Director's Name: Erica Turner Director's Phone #: Today's Date: October 15, 2025</p>
<p>Name of State Attorney to whom this request for Disclosure will be sent (when applicable):</p>	<p>SAO Name: Ivan Bates SAO Phone #: 443-984-6000</p>