

Circuit Court for Baltimore County  
Case No.: C-03-JV-25-000381

UNREPORTED  
IN THE APPELLATE COURT  
OF MARYLAND\*

No. 1841

September Term, 2025

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IN RE: M.D.

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Graeff,  
Kehoe, S.,  
Wright, Alexander, Jr.  
(Senior Judge, Specially Assigned),

JJ.

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Opinion by Wright, J.

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Filed: April 9, 2026

\*This is an unreported opinion. This opinion may not be cited as precedent within the rule of stare decisis. It may be cited for its persuasive value only if the citation conforms to Rule 1-104(a)(2)(B).

Ms. D. (“Grandmother”) appeals the Circuit Court for Baltimore County’s order determining that her grandson, M.D., is a child in need of assistance (“CINA”). On appeal, Grandmother asks us four questions, which can be consolidated and recast into one: Did the circuit court make clearly erroneous factual findings or abuse its discretion in determining that M.D. was a CINA?<sup>1</sup> For the reasons set forth herein, we find no error or abuse of discretion in the record before us, and accordingly, we shall affirm the judgment of the circuit court.

### **BACKGROUND**

M.D. was born in 2008 and was originally raised in Philadelphia with his mother and Grandmother. At some point thereafter, M.D.’s mother struggled with substance abuse issues and M.D.’s father became incarcerated. Accordingly, in 2017, Grandmother became M.D.’s legal guardian. In April of 2022, Grandmother and M.D. moved to Maryland. M.D. has several diagnoses including diabetes, autism, attention deficit hyperactive disorder,

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<sup>1</sup> Grandmother’s questions as presented in her brief are:

1. Did the court err when it sustained all CINA petition allegations?
2. Did the court err when it declared M.D. to be CINA and committed him to DSS custody for an out-of-home placement?
3. Was the court’s dispositional removal order tantamount to an inpatient commitment for a child with developmental disabilities, as described in [Md. Code Ann., Courts and Judicial Proceedings (“CJP”)] § 3-819(i), and as a result, did the court err because it made no findings under that provision by clear and convincing evidence?
4. If the court’s dispositional commitment of M.D. to DSS allows DSS to place M.D. in a residential treatment center absent further order of the court, does it also run afoul of CJP § 3-819(h)?

intellectual disability, language and speech impairment, and disruptive mood dysregulation disorder. He is verbal but has a limited vocabulary.

The Department of Social Services (“the Department”) first came into contact with Grandmother and M.D. on August 15, 2023, after Grandmother called the Department regarding M.D.’s aggressive behavior. Grandmother reported that M.D. was “tearing up” her home and that she was afraid that he would hurt her.<sup>2</sup> The Department responded to Grandmother’s home and provided her with information regarding an emergency response team called Mobile Crisis. The following day, Grandmother called Mobile Crisis, who responded to her home “several times[.]”

Several weeks later, M.D. was hospitalized at Sheppard Pratt. M.D. had a one-to-one aid while hospitalized, but Sheppard Pratt had difficulty managing him due to disruptive behaviors. In mid-September of 2023, M.D. returned to Grandmother’s home.

On October 5, 2023, police responded to Grandmother’s home due to a report that M.D. was assaulting Grandmother. Grandmother reported that M.D. was “acting out and striking her and everyone around him.” M.D. was transported to Northwest Hospital for an emergency evaluation. He was discharged to Grandmother’s home, but hospitalized again in mid-October. He was again discharged, but later hospitalized at Sheppard Pratt again in early November of 2023.

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<sup>2</sup> According to testimony from the Department, M.D. is “larger” in size and reportedly “towers” over Grandmother.

On November 14, 2023, M.D. returned to Grandmother’s home, but around Thanksgiving, Grandmother reported having a hard time with M.D. M.D. was taken to Northwest Hospital again but was not admitted.

On December 5, 2023, Grandmother called police after M.D. attacked her “with a metal pipe and threw a flowerpot at her.” Police transported M.D. to Ascension Saint Agnes Hospital (“St. Agnes”), where he remained through mid-February 2024.

While M.D. was hospitalized, the Department spoke with Grandmother about residential treatment for M.D. through a voluntary placement agreement.<sup>3</sup> Grandmother reportedly “fluctuated regularly between wanting him placed out of the home versus wanting him to go home with her with services.” In January of 2024, the Department had a local care team meeting, where it was agreed that voluntary placement for M.D. was appropriate. Grandmother ultimately did not agree to a voluntary placement agreement.

The Department coordinated with the Developmental Disabilities Administration (“DDA”) to obtain additional services for M.D.<sup>4</sup> DDA re-enrolled M.D. in school,

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<sup>3</sup> A voluntary placement agreement permits a legal guardian to place a child in the custody of a local department of social services for 180 days to obtain treatment or care for a developmental disability or mental illness. *See* Md. Code Ann., Family Law (“FL”) § 5-525(b).

<sup>4</sup> DDA is “the state agency that funds supports and services for children and adults of all ages with intellectual and developmental disabilities.” *Developmental Disabilities Administration Guide to Services for People with Intellectual and Developmental Disabilities and Families (“DDA Guide to Services”)*, Md. Dep’t of Health, 5, <https://health.maryland.gov/dda/Documents/Person-Centered%20Planning/5.19.23/DDA%20Guide%20To%20Services%20May%2019%202023.pdf> (last visited March 26, 2026).

approved M.D. for 720 hours of paid respite care a year and coordinated M.D.’s transportation for respite services following his hospitalization.<sup>5</sup> In mid-February of 2024, M.D. was transferred to Jumoke, Inc. (“Jumoke”), a residential respite program.

Not long after M.D.’s transition to Jumoke, Grandmother reported concerns to the Department. Specifically, she did not want male staff bathing M.D. and believed that Jumoke was not adequately maintaining M.D.’s hygiene. Grandmother requested that M.D. return to her for home respite care. The Department advised Grandmother that it would need to locate and identify an agency that would agree to providing home respite care for M.D.

In April of 2024, Grandmother advised the Department that she would be picking M.D. up from Jumoke because she believed that his diabetes was out of control. The Department clarified that there was no indication that M.D.’s diabetes was out of control and offered to “be a part of the communication between Jumoke and [Grandmother] to help alleviate ... confusion[.]” Grandmother agreed to M.D. staying at Jumoke for respite care, and the following month, M.D. attended Jumoke’s prom.

By June of 2024, the Department identified LifeGate Healthcare Services, Inc. (“LifeGate”) for in-home support services. M.D. was approved for eighty-two hours each

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<sup>5</sup> Respite care as defined by DDA is “short-term support that gives you and your family, or other primary caregiver, a break from daily routines.” *DDA Guide to Services*, at 54. It may take place in one’s “home; a respite care provider’s home; a licensed residential site; state certified overnight or youth camps; or other places and camps approved by the DDA.” *Id.*

week of in-home support; the maximum available through DDA. In July of 2024, M.D. transitioned back to Grandmother’s home.

Initially, M.D.’s return to Grandmother’s home seemed to be “going well.” Grandmother reported that LifeGate was able to assist when M.D. was “acting out” and when M.D. needed to be taken to appointments. Further, M.D.’s blood sugar levels went down to pre-diabetic levels. However, in September of 2024, M.D. was hospitalized at St. Agnes due to aggressive behaviors and breaking glass. Grandmother told several medical providers that she had discontinued his psychiatric medications because she felt that M.D. was overmedicated. She asked the hospital to keep M.D. for several days so she could clean up glass at home.

While M.D. remained hospitalized, St. Agnes informed the Department that it was not comfortable discharging M.D. to Grandmother because it did not believe its recommendations were being followed. St. Agnes filed a petition to restrict Grandmother’s guardianship in the Circuit Court for Baltimore City, however that petition was denied. The court ordered that Grandmother maintain full guardianship of M.D. and that she not alter M.D.’s medications or treatment.

On October 11, 2024, M.D. was discharged to Grandmother’s home with continuing in-home support services through LifeGate. Shortly thereafter, LifeGate informed the Department that they were having difficulty finding staff for M.D. due to Grandmother’s staffing criteria. Specifically, Grandmother had reportedly “sent staff away ... because of their appearance” or “if they had an accent[,]” and she would turn staff away “on weekends[,] or if she just wasn’t going to be there, she wouldn’t let them know[.]” Further,

she “[w]ouldn’t allow [staff] in the bathroom at times in her home” and “[w]ould only allow them to go into certain rooms, so they couldn’t be with [M.D.] all the time.”

By the end of that month, M.D. was again hospitalized at St. Agnes. Medical records indicate that Grandmother reportedly sought a higher level of care for M.D. and indicated that she supported M.D.’s residential placement. However, when the Department met with Grandmother, she declined out-of-home services. On November 1, 2024, M.D. was discharged back to Grandmother’s home.

Three days later, on November 4, 2024, M.D. was hospitalized again for “destroying the house.” LifeGate obtained special permission to accept seventeen-year-old M.D. into its adult residential respite program, which M.D. transitioned to by the end of November.<sup>6</sup> However, M.D. returned to Grandmother’s home on December 20, 2024, after running out of paid respite care through DDA.

LifeGate agreed to provide in-home respite support after M.D. returned to Grandmother’s home. However, on December 30, 2024, the LifeGate aide providing one-to-one services to M.D. resigned, citing verbal abuse from Grandmother. On January 5, 2025, M.D. was again hospitalized at St. Agnes for aggressive behavior.

On January 14, 2025, M.D. was scheduled to be discharged from St. Agnes and to return to Grandmother’s home with help from LifeGate. However, Grandmother picked up M.D., without LifeGate’s assistance, a day early. After returning to Grandmother’s home

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<sup>6</sup> It is unclear from the record whether or how long M.D. returned to Grandmother’s home after being hospitalized at St. Agnes and before transitioning to LifeGate in November of 2024.

on January 13, 2025, M.D. hit Grandmother on her head and hands. On January 14, 2025, M.D. returned to St. Agnes hospital, less than twenty-four hours after being discharged. LifeGate reportedly refused to work with Grandmother from that point on.

The Department held a family team decision meeting where it was agreed that Jumoke would take steps to prepare to accept M.D. as a formal CINA placement. In March of 2025, St. Agnes discharged M.D. to LifeGate for residential respite care until Jumoke was ready to accept M.D. as a formal CINA placement. On April 11, 2025, the Department filed a CINA petition with a request for continued shelter care, and M.D. transitioned to Jumoke. On April 14, 2025, the court granted the Department’s request for shelter care and placed M.D. in the Department’s custody.

Grandmother expressed several concerns about M.D.’s placement at Jumoke, including that she did not like the staff there, did not understand why she could not contact M.D. at certain times, and believed that staff had taken M.D.’s cell phone away.<sup>7</sup>

On May 7, 2025, the Department received a report that M.D. had been sexually abused by a Jumoke staff member. Grandmother picked M.D. up and brought him back to St. Agnes. Jumoke agreed to transfer M.D. to a different Jumoke location while the allegations were investigated. Ultimately, the allegations were ruled out after M.D. told a nurse that Grandmother had told him to say that Jumoke staff had touched him inappropriately.<sup>8</sup>

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<sup>7</sup> M.D. reported that he had ignored his phone to finish a video game.

<sup>8</sup> Grandmother denied doing so in her testimony before the circuit court.

On September 10, 2025, and October 20, 2025, the Circuit Court for Baltimore County held an adjudication hearing. At the conclusion of the hearing, the court issued an oral ruling sustaining each of the allegations in the CINA petition. The court found that there had been “an extraordinary level of services provided” but that M.D. has a “very high level of need” and that “this situation is only going to get more difficult” as M.D. and Grandmother continue to age. In its written order, the court noted that returning M.D. to Grandmother’s home was contrary to M.D.’s best interests “due to concerns of [M.D.’s] extensive developmental and behavioral needs, and his Grandmother/Legal Guardian’s difficulty with managing those needs while also keeping [M.D.] and herself safe in the home.”

Grandmother timely appealed.

### **STANDARD OF REVIEW**

“In CINA proceedings, we apply three different but interrelated standards of review.” *In re M.C.*, 245 Md. App. 215, 226 (2020). First, we will not “disturb the juvenile court’s findings of fact unless they are clearly erroneous.” *In re C.E.*, 456 Md. 209, 216 (2017). “A finding of a trial court is not clearly erroneous if there is competent or material evidence in the record to support the court’s conclusion.” *In re M.H.*, 252 Md. App. 29, 45 (2021) (quoting *Lemley v. Lemley*, 109 Md. App. 620, 628 (1996)).

Next, “if the trial court ‘erred as to matters of law, further proceedings in the trial court will ordinarily be required unless the error is determined to be harmless.” *In re M.C.*, 245 Md. App. at 226 (quoting *In re Adoption of Cadence B.*, 417 Md. 146, 155 (2010)). Finally, “when the ultimate conclusion of the trial court is founded upon sound legal

principles and based upon factual findings that are not clearly erroneous, the court’s decision should be disturbed only if there has been a clear abuse of discretion.” *Id.* (cleaned up). ““An abuse of discretion occurs where no reasonable person would take the view adopted by the trial court, or when the court acts without reference to any guiding rules or principles.”” *In re J.J.*, 231 Md. App. 304, 341 (2016) (cleaned up) (quoting *Hajireen v. State*, 203 Md. App. 537, 552 (2012)), *aff’d*, 456 Md. 428 (2017).

## DISCUSSION

### **I. The circuit court’s findings of fact are not clearly erroneous.**

Grandmother asserts that the circuit court erred in sustaining the factual allegations within the Department’s CINA petition. Specifically, she asserts that several allegations were not supported by a preponderance of evidence, including that she: (1) has not been able to manage M.D.’s needs; (2) admitted that M.D. needed a higher level of care; (3) was unable to keep M.D. and herself safe at home; (4) was often displeased with services provided to M.D.; and that she (5) unilaterally made changes to M.D.’s medication or admitted making changes to his medication. In response, the Department asserts that each of the court’s findings were supported by the record and were not clearly erroneous.

Regarding Grandmother’s first three challenges, Grandmother contends that she “never stated that she wanted M.D. to live outside the home or could not provide for his care so long as she had appropriate services[.]” The record reflects, however, that, even with the receipt of home respite services, including one-to-one services and transportation, M.D. was frequently hospitalized while in her care. Further, Grandmother acknowledged

that she would call 911 for help “because sometimes it get[s to be] too much” and when feeling like she was unable to handle M.D.’s outbursts:

[Counsel for the Department]: When you reach out to 911 is it because you feel you can’t handle [M.D.’s] outbursts?

[Grandmother]: Yes, I’m not going to lie. Yes, sometimes, sometimes.

Finally, medical records indicate that, on at least one hospital admission, Grandmother believed he needed a “higher level of care” and that she was “supportive of residential placement” and, at another, that she “felt [M.D.] was unsafe to take home” due to his aggression. Accordingly, we disagree that the court’s findings that Grandmother was not able to manage M.D.’s needs, admitted that he needed a higher level of care, and acknowledged she was unable to keep herself and M.D. safe at her home are unsupported by the record.

Similarly, Grandmother’s displeasure with services provided by the Department is supported by the record. The Department testified that it “started receiving concerns pretty quickly” into M.D.’s respite care at Jumoke and that Grandmother complained about staff and about the quality of care at Jumoke. Later, when M.D. was receiving home respite services through LifeGate, Grandmother accused staff of theft and turned them away based upon their “appearance” or “due to having ... a thick accent[.]” Finally, during M.D.’s placement at Jumoke following the Department’s shelter petition, Grandmother once more complained about the staff and accused them of theft and taking M.D.’s phone away. During her testimony before the circuit court, Grandmother did not challenge or dispute these allegations.

Nor are we persuaded by Grandmother’s challenges to the court’s findings regarding altering M.D.’s medication. Medical records indicate that Grandmother admitted to discontinuing M.D.’s medication to at least two separate providers. Although Grandmother disputes having discontinued M.D.’s medication, we cannot say that the court’s factual determinations are unsupported by the record before us. The circuit court is afforded “[s]uch broad discretion” in custody matters because it is in a “far better position than is an appellate court, which has only a cold record before it, to weigh the evidence and determine what disposition will best promote the welfare of the minor [child].” *In re Yve S.*, 373 Md. 551, 586 (2003).

**II. The circuit court did not abuse its discretion in determining that M.D. was a CINA.**

Grandmother asserts that the court erred in finding that M.D. was a CINA because “there was no adequate basis to find that she was ‘unable’ to care for him” under CJP § 3-801(f)(2). Instead, she maintains that M.D. could be “safely maintained in [her] care with consistent in-home aid.” (Emphasis omitted.) Further, she asserts that the Department “failed to prove that an out-of-home commitment was necessary to keep him safe.” The Department responds that the record indicated that in-home commitment was unlikely to meet M.D.’s needs, and that the court properly determined based upon the facts before it that Grandmother was unable to care for M.D.

A “child in need of assistance” is a child who needs 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.

CJP § 3-801(f). Here, Grandmother does not dispute that M.D.’s developmental disabilities satisfy CJP § 3-801(f)(1). Instead, she contends that M.D. is not a CINA under CJP § 3-801(f)(2). Specifically, she asserts that “without [the Department] proving that comprehensive in-home services truly were unavailable to [her] and M.D. as of October 2025, there was no basis for the court to find that [Grandmother] was unable to care for him safely in the family home at that time.”

We see no abuse of discretion in the court’s determination that Grandmother was unable to properly care for and keep M.D. and herself safe. The record reflects that, in the time from the Department’s initial involvement in August of 2023 to M.D.’s shelter by the Department in April of 2025, M.D. was hospitalized no less than nine times while in Grandmother’s care. The Department testified that, at the outset of its involvement with Grandmother and M.D., it had difficulty assessing M.D.’s needs because he was so frequently hospitalized. Further, the hospitalizations did not stop after M.D. was approved for respite care in Grandmother’s home. Even with the maximum number of in-home service hours available through DDA, M.D. was in Grandmother’s care less than two months before needing to be hospitalized for over a month. Around the same time, medical records indicate Grandmother’s fear for M.D.’s or her safety and interest in residential care for M.D. Further, Grandmother acknowledged that dealing with M.D.’s outbursts at times felt like “too much” and that, when M.D. has an outburst at school, it could take as many as five people to calm him down. The court’s finding that Grandmother was unable to

properly care for M.D.’s intensive needs was reasonable under these facts and well supported by the record.

Finally, Grandmother contends that the court’s CINA determination was “tantamount to an inpatient commitment under CJP § 3-819(i), which must be reversed because the court made none of the required dispositional findings by clear and convincing evidence.” The Department responds that Grandmother did not argue as such in the circuit court, and that, in any event, additional findings were not necessary for the court’s disposition.

We agree that the record reflects that this issue was not raised before the circuit court. To conclude that the court’s ruling was in violation of CJP § 3-819(i), this Court would need to find that the CINA determination amounted to a commitment “for inpatient care and treatment in a facility for the developmentally disabled[.]” Grandmother argues that Jumoke classifies as such a facility because it is a “DDA-approved group care facility which provides 24-hour supervision to M.D. with ‘specialized’ caretakers ‘trained to manage escalating behaviors in children with autism[.]’” The Department disagrees and argues that Jumoke is not such a facility because M.D. leaves Jumoke to attend school. We, however, express no opinion on this issue because it was neither raised in nor considered by the circuit court and, thus, is not properly before us on appeal. *See* Md. Rule 8-131(a) (stating that this Court “will not decide any other issue unless it plainly appears by the record to have been raised in or decided by the trial court”).

**JUDGMENT OF THE CIRCUIT COURT FOR  
BALTIMORE COUNTY IS AFFIRMED. COSTS  
TO BE PAID BY APPELLANT.**