DEPARTMENT OF CHILD SAFETY

July 10, 2026

Assessing Safety and Well-Being for Children with Diabetes

Diabetes is a chronic condition causing high blood sugar (glucose) levels, either because the body cannot produce enough insulin or cannot use it effectively.

Type 1 diabetes is where the body makes little to no insulin. Type 2 diabetes is when the body cannot use the insulin properly.

Diabetic Ketoacidosis (DKA) is a serious and potentially life-threatening complication of diabetes that happens when the body doesn't have enough insulin.

- This causes blood sugar levels to rise and the body to start breaking down fat for energy, which produces ketones—a type of acid. High levels of ketones can make the blood too acidic, leading to symptoms like: vomiting; stomach pain; rapid breathing; confusion; dehydration; fruity-smelling breath .

DKA requires urgent medical treatment. It can happen if a child misses insulin doses, has problems with their insulin pump, or gets sick (like with a stomach virus or infection).

- Often, when a child with known diabetes develops diabetic ketoacidosis (DKA), it's because they missed their insulin—sometimes by accident, or sometimes on purpose. When this happens more than once, it's important that the family works closely with a diabetes specialist to make sure they fully understand how to manage the child's care, especially during illness or when there are problems with an insulin pump. If it seems like the child or caregiver is purposely skipping insulin, a social worker or mental health professional should be involved to help explore and address any emotional, behavioral, or family issues that might be causing this.

Type	Treatment	Key Features
Type 1 Diabetes (autoimmune)	Lifelong insulin;Glucose checks	Rapid onset, lean body, requires insulin, often genetic predisposition
Type 2 Diabetes (not autoimmune)	May need insulin, other injectable, or oral medications; Glucose checks	Gradual onset, often linked to obesity and lifestyle

Appropriate Type 1 diabetes management is multifaceted. It involves a consistent approach to management that includes:

- Healthy eating with attention paid to carbohydrate intake
- Monitoring carbohydrate intake to prevent blood sugar spikes (carbohydrate counting)
- Changing insulin based on blood sugars and carbohydrate intake
- Regular activity and attention to exercise carbohydrate intake and the effect on blood sugars

Monitoring and medication

- Blood sugar checks several times a day some of which are timed with meals
- Hemoglobin A1C checked as directed by the doctor to monitor long term glucose control
- Insulin or other medications to control blood sugar
- Regular follow up with the doctor and regular blood work to assess diabetes control, adjust treatment and continued diabetes education

Did you know:

Children with type 1 diabetes require regular blood sugar monitoring to stay safe and healthy.

Daily Blood Sugar Monitoring

Children with type 1 diabetes typically need their blood sugar checked multiple times per day (often 6-10 times), depending on their treatment plan.

Blood sugar should be checked:

- **Before meals and snacks;**
- **at bedtime;**
- **before physical activity (sports or play);**
- **before driving (if age appropriate); any time the child is snacking;**
- **when symptoms of low or high blood sugar are present.**

How it is checked:

- **Finger prick using a glucose meter, or**
- **Continuous Glucose Monitor (CGM).**

Signs of low blood sugar:

- **Children may show: shaking or trembling;**
- **sweating;**
- **confusion or difficulty focusing;**
- **irritability or sudden behavior changes.**

Assessing Safety and Well-Being for Children with Diabetes

Caregiver & Youth Responsibilities

- Follow the prescribed diabetes treatment plan
- Ensure blood sugar checks are completed as directed
- Respond to high or low blood sugar appropriately

Other Medical Monitoring (Provider Based)

Hemoglobin A1C (A1C):

- Blood test completed by a medical provider
- Measures average blood sugar levels over the past 2-3 months
- Helps determine how well diabetes is being managed

General A1C ranges:

- Below 5.7% a Normal
- 5.7-6.4% a Pre-diabetes
- 6.5% or higher a Diabetes
- Higher A1C levels may indicate increased risk for complication (e.g., eyes, kidneys, nerves)

Consider the following information when completing a safety assessment:

- Poor diabetes management—whether it's due to medical neglect or not—can lead to serious short-term and long-term health problems for a child. Child welfare staff should understand and document how poor diabetes care may pose a safety concern when looking into possible medical neglect.
- Some immediate (acute) complications include severe low blood sugar (hypoglycemia), which can lead to seizures and brain damage, and diabetic ketoacidosis (DKA), which causes vomiting, dehydration, and often requires ICU hospitalization. DKA can cause brain swelling, stroke, and even death.
- DKA is often a sign that the child is not getting enough insulin. It is especially concerning when seen alongside other red flags for medical neglect. About 60% of DKA episodes happen in children with known diabetes, and just 20% of these children account for 80% of ICU admissions for diabetes. Frequent missed medical appointments are also linked to more DKA episodes.
- DKA events are preventable. When there is no clear medical reason for repeated DKA and no strong evidence of caregiver efforts to manage the condition, medical neglect may be a factor and should be fully evaluated.
- Discuss with the child's provider observation of diabetes management during clinic apportionments and whether the child has missed any appointments. One common red flag is when the blood sugar meter shows little or no monitoring at home, which the diabetes team can check by downloading the device data.
- Another important measure is the child's HbA1c level—a lab result that shows how well blood sugar has been controlled over the past few months. If the HbA1c stays high (over 9%) and doesn't improve, even after the child and family have had diabetes education and support, medical neglect may need to be considered.
- DCS Specialists should be aware that consistently high HbA1c levels suggest poor long-term control of the condition. This may be true even if the parent or child says they're following the care plan. If the HbA1c result isn't included in the original report, investigators should ask for this information during the investigation.

Gather information to assess the six domains of family functioning, as described in FFA - Investigation. In addition, gather the following information to assess threats of danger and parent/caregiver protective capacities in a family with medical neglect (diabetes) concerns:

- Level of understanding of the child's diabetes care
- Frequently attended/missed appointments
- Blood sugar meter showing/not showing monitoring
- HbA1c levels over 9%
- Information to support a caregiver's ability to obtain health care/delay in healthcare for the child
- Willingness to follow medical advice
- Medical consultation to identify strengths or concerns with the caregivers' responses to the management of the child's diabetic needs

Assessing Safety and Well-Being for Children with Diabetes

Questions to support information collection:	
• **Extent of maltreatment** • **Circumstances surrounding the maltreatment** • **Adult functioning** • **General parenting practices** • **Discipline and Behavior Management**	Ask open-ended and nonjudgmental questions to build trust and gather insight: Can you tell me who is involved in managing your child's diabetes care on a daily basis? How are responsibilities for your child's diabetes care shared among caregivers and supports? How often is the child's blood sugar being checked each day? Do you use a meter, a continuous glucose monitor (CGM), or both? Do you have a routine for checking before meals, snacks, bedtime, and activity? Can you walk me through what typically happens at home when the child needs insulin? Have there been any recent stressors or changes at home (e.g., housing, relationships, finances)? Is there a pattern to when the DKA episodes happen (e.g., weekends, school days, after visits)? Does the child or caregiver express fear, frustration, or resistance around diabetes care? Has the child ever voiced a desire to avoid insulin or expressed feeling burdened by diabetes? Do you know how to adjust your child's insulin based on what they eat? How confident do you feel in managing your child's diabetes day to day? What happens when your child is sick — how do you adjust their insulin? Has the child had any recent low blood sugar episodes (hypoglycemia)? Do you have an emergency plan for severe high/low blood sugar? Is the child's school/daycare aware of their diabetes care plan? Does the child participate in physical activities, and how is their blood sugar managed during those times? Have there been times when giving insulin felt especially hard or confusing? Are there times when your child refuses insulin or resists diabetes care? Who besides you, helps your child with their diabetes care (like checking blood sugar or giving insulin)? How confident do you feel about your child managing parts of their diabetes on their own? Do you have the supplies and support you need to manage the insulin pump (if applicable)? Do you have enough supplies (strips, lancets, CGM sensors, etc.) to check blood sugar regularly? Has your child's doctor talked with you about their A1C goal? Do you know your child's most recent A1C result? Has your child's A1C changed over time? If so, how? Do you feel like you have the tools and support you need to help your child meet their A1C goal? How is your child coping emotionally with their diagnosis? Is managing your child's diabetes affecting your stress levels, work, or family life? Who helps you with diabetes care when things feel overwhelming? Would it be helpful to connect you with a diabetes educator or nurse for more support or training? What does the family understand about the child's diabetes and how to manage it during illness? Has the family received training on insulin pump use or emergency care for diabetes? Is there a history of medical neglect or any concerns about the caregiver's ability to manage chronic conditions?
• **Child functioning**	Who helps you with your diabetes when you're at school or away from home? Can you tell me what it's like for you to take care of your diabetes every day? What do you do when you're not feeling well and your blood sugar is high/low? Are there times you don't want to take insulin? What's that like? Who helps you the most with your diabetes at home? Are there times when you take your insulin but do not want to eat? Have your doctor or nurse ever talked to you about your A1C? Do you know what your A1C number means or why it's important? Do you remember your last A1C result? Has anyone ever gotten upset or mad about diabetes stuff? Do you ever feel different from other kids because of your diabetes? Is there anything about taking care of your diabetes that feels scary, annoying, or frustrating? What would make managing your diabetes easier for you? Do you feel supported at home and school with your diabetes care? Has your child missed school recently due to diabetes related concerns, and if so, how many days in the past month?