Boname Fatality Summary

Child's Name: Kaiden Boname

County: Washington

Date of Birth: 05/09/2014

Date of Death: 06/15/2025

Report Number: 2025-206902

Family Composition Chart

Name	Age at Time of the Incident	Relationship with Deceased Child
Kaiden Boname	11-years-old	Deceased Child
[redacted]	9-years-old	Half Sibling
[redacted]	4-years-old	Half Sibling
Mickayla Boname	31-years-old	Mother
John Evans	31-years-old	Father

Circumstances Surrounding Death

On June 15, 2025 an investigation was received regarding allegations of internal and physical injuries concerning a 11-year-old child after the child was found unresponsive by hus father. At the time of the incident, the child had been spending the weekend with his father at the home of the paternal grandparents and had arrived at the home on June 13, 2025 for his every other weekend visitation with his father.

At 9:07am on June 15th, an emergency call was made regarding the child after the father found the child unresponsive with a high blood sugar level and vomiting blood. The father further advised that the child had been sick and vomiting since June 14th, and the child was diagnosed with Type 1 Diabetes. The child was observed to have dried blood around his mouth and nose. The child had to be intubated enroute to the hospital. The child was assessed at the emergency room. There was no signs of trauma, but based on medical tests, it was determined that the child was in severe ketoacidosis with a glucose level of 1959. The child was admited to the Pediatric Intentsive Care Unit. The child was pronounced deceased a short time after being admitted after the child suffered his second cardiopulmonary arrest.

The father advised that the child arrived to his home on 06/13/25 at approximately 8:30am. The child acted fine until after he ate chili for dinner at around 5:30pm. The child vomited after this. On June 14th, the father took the child to Wal-Mart to get test strips and food. After they returned to the home, the child started vomiting again. The father spoke with the mother whom advised to give the child some Benadryl and gatoraid. According to the father, the child continued to having vomiting episodes that night. The father advised that when he woke up around 8am on the morning of the 15th, he observed the child having thrown up blood and unresponsive. The father checked his blood sugar, and the monitor indicated it was high which is a reading of over 600 blood glucose. The father then contacted emergency services.

Medical records show that the child had been diagnosed with Type 1 Diabetes since he was approximately 18 months old. Records indicate that the child had multiple different primary care and specialty providers throughout his diagnosis. The child also had prior hospitalizations due to his condition. The child's diet was not restricted, and the child often checked his own blood sugar levels. The mother was the primary caregiver for the child, and she was the caregiver whom attended medical appointments with the child. At the time of his death, the child did not have medical insurance, and his mother was paying out of pocket for medical supplies.

The Child Protection Team was consulted following the death of the child due to the concerns of medical neglect. The Child Protection Team found evidence of medical neglect. "There are findings of medical neglect as evidence by an onhoing history of non compliance with treatment plan, no dietary restrictions, missed appointments and extended period of time between follow up visits. Multiple instances are documented of missed insulin doses and failure to provide corrective coverage when needed. The mother/family were instructed to notify the endocrinologist of extremes in BG levels (Highs and Lows) but this was never done. Kaiden went from August until November of the-2024-2025 school year without a treatment plan/care plan being provided to the school. There are incomplete records of nurse visits throughout the remainder of the year. However, a clear pattern of poor glucose control was documented, and nothing was done to adjust the treatment plan accordingly. As to days prior to his death, we have learned that Kaiden began vomiting Friday PM, and by Saturday he was lethargic, not eating or drinking. His father reported that his BG was ~ 137 mg/dl, but the glucose monitor indicated it was high (above 600). Kaiden's father was instructed by the mother to give him Body Armor or Gatorade and Benadryl. His condition continued to worsen, and Sunday morning he became unresponsive. EMS was called. Kaiden was observed to be hypoxemic and hypercapnic, with extremely elevated BG levels. He was determined to be in DKA with Coma with a blood glucose of 1959 on admission to HCA Gulf Coast Hospital ER. He was severely acidotic with a pH of 6.4 and was in respiratory failure. He was admitted to the PICU where the care team was attempting to lower the hyperglycemia and reverse the severe acidosis when he went into cardiac arrest. After a brief period of ROSC, he arrested again,and they were unable to revive him."

Records received from the child's glucose meter following his death. Blood glucose levels were consistently near 600 mg/dL during the week prior to the child's death. For children with Type 1 diabetes, the American Diabetes Association (ADA) generally recommends blood glucose targets of 90–130 mg/dL before meals and 90–150 mg/dL at bedtime/overnight.

The child's Hgb A1C level was 11.8 on admission Gulf Coast on 6/15/2025 which is consistent with blood glucose levels of greater than blood glucose of 400 mg/dl daily over the previous 90 days. The A1C level is a test that measures a person's average blood sugar for the past 2-3 months, showing the percentage of hemoglobin proteins in red blood cells coated with sugar. For children with Type 1 diabetes, the American Diabetes Association (ADA) generally recommends a A1C goal of less than 7.5%.

The child did attend public school. Nursing staff from the school advised that the child had a consistently high blood glucose level.

The Washington County Sheriff's Department completed the criminal investigation into the death of the child. No charges were filed, and there are no pending charges.

The District Fourteen Medical Examiner's Office completed the autopsy. The cause of death was determined to be diabetic ketoacidosis, and the manner of death was listed as natural.

Based on interviews and evidence gathered during the investigation, the Child Protective Investigations Unit closed their report with the following findings:

Child	Identified Maltreatment	Finding	Caregiver Responsible
Kaiden Boname	Death	Verified	Mickayla Boname
	Death	Verified	John Evans
	Medical Neglect	Verified	Mickayla Boname
	Inadequate Supervision	Verified	John Evans
	Physical Injury	No Indicators	
	Internal Injuries	No Indicators	
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

Other Children in the Family

[redacted].

Summary of Prior Agency Involvement with Family

There are two prior reports concerning the child. In 2016, there was a report received regarding allegations of medical neglect stating that the child had been diagnosed with diabetes in August of 2015, hospitalized for the condition in December 2015, and the child had missed scheduled appointments for his diabetes with multiple attempts to contact the parents. This report was closed with no indicators of medical neglect noting that the mother did cancel two appointments with his physician, but she was taking action to ensure that the child was healthy, and she advised that the child's blood sugars was normal. In 2020, there was another report received concerning the child for allegations of environmental hazards and medical neglect. This report concerned allegations that the father and paternal grandfather were not feeding the child enough, and they did not take the child to the doctor when he was sick. This report was also closed with no indicators of both maltreatments.

[redacted]

Jennifer Renfro 1/19/2026

Jennifer Renfro
Child Fatality Prevention Specialist

Date

Regina Pleas 1/19/26

Regina Pleas
NWR Family Safety Program Manager

Date