

On the Shelter Information Forms, the CPS worker documented under "Current Medical Situation" that the child is "Diabetic: see physician letter describing critical condition. (attached)." However, the letters attached do not provide specific information regarding the medical care of Jordan. The "Current Medications" states only "insulin" with an arrow to the next section which is "Allergies" that states "acquire from Eldridge 964-2300." OCPO does not believe that this provides sufficient information to the shelter staff or the shelter family necessary to provide Jordan with adequate care.

Prior to the removal, DCFS had contact with medical professionals who had been working with Jordan, which appear to have been the appropriate resource for providing instructions regarding Jordan's insulin injections. Additionally, DCFS has access to the Health Care Team who is available for consultation regarding the medical needs of children in custody.

Several hours after placing Jordan in shelter, the caseworker received a telephone call from Ms. Bierly's friend. She reported that, "[Jordan] had not yet received his insulin injection and indicating great distress and fear about his condition." The caseworker assured Ms. Bierly's friend that the shelter staff "would not disregard the medical urgency of the matter and would attend to it expediently." There is no documentation that the caseworker contacted the shelter staff to assess the situation. The caseworker assured Ms. Bierly and her friend that he would follow up with this in the morning. At 7:20 am the next day, the caseworker documented contact with Mrs. Bierly. Ms. Bierly explained that Jordan was "taken to a nighttime pediatric center...four hours after he was suppose to receive his insulin...as instructed."

OCPO obtained the Christmas Box House documents, which indicate that the child arrived at the shelter at 6:45 p.m. Ms. Bierly's instructions indicate that Jordan needed an insulin shot between 5:00 p.m. and 7:00 p.m. At 8:00 p.m. the shelter staff was leaving to transport Jordan to the shelter home where the shelter mother knew how to administer insulin. Jordan reported that he did not feel well. Jordan took his glucose level, which was 341 and the shelter staff documented that this was not a "critical or threatening glucose level" based on the instruction provided by Ms. Bierly, which indicated that a high level was 425. Jordan was reportedly apprehensive about leaving the shelter and reported that he did not want to go to the shelter home. The staff reportedly attempted to explain to him about the home and that they knew how to care for him. At 9:00 p.m. the staff documented contacting Nighttime Pediatrics to inform them that the shelter staff were bringing in a child who needed to have an insulin shot administered. Jordan received the shot and was transported to the shelter home. OCPO was unable to determine why Jordan was taken to the clinic rather than the foster home to have the insulin shot administered.

9.1%
On October 2, 2000, Jordan was seen at PCMC by Dr. Hardin. Dr. Hardin determined that Jordan would be hospitalized for two to three days to make changes in Jordan's insulin and to provide Ms. Bierly with education and counseling on diabetes. OCPO interviewed Dr. Hardin who reported that Jordan's subsequent hospitalization was not the result of one missed insulin shot. Reportedly Jordan's hemoglobin level was at 12%. Dr. Hardin indicated that anything above 9% is considered a great risk and that he was hospitalized in order to get him stabilized. Dr. Hardin further explained that this is not something that would have occurred quickly as the "sea of change" is approximately three months. Dr. Hardin explained that Jordan's high hemoglobin level is not something that was the result of the delay in the insulin shot his first night in custody or his care during his first few days in custody. OCPO also interviewed Dr. O'kubo regarding the impact of a delay in the bedtime insulin shot. Dr. O'kubo reported that although it is good to have a routine and give the shots at a regular time, that a 4-5 hour delay in this shot is not a problem.