CFS 596-Q Rev 8/2020

State of Illinois Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

| | | Date: July 19, 2024 | | | | |
|---|--|---|---|---|---|---|
| Name of Ag | gency: <u>I</u> | utheran Family Service | - 8 | | | |
| Corporate A | \ddress*: | 17628 Hubbard Road | | | | |
| | | East Moline, IL 61244-9 | 782 | | | |
| Illinois DCI License/Pro | FS ovider ID number: <u>568556</u> | | | Telephone: 515.669.5187 | | |
| License Eff | ective da | te: <u>10/2/2018</u> | t | o | 10/2/2024 | |
| | | d and answers to all queses of your agency's fisca | | | | |
| *If the age | | rates satellite or branc er offices. | ch offices, ple | ease attach a s | separate sheet li | sting complete |
| Department each license filed annual to provide suspension | of Child ed agency lly, no la the annu of an a | the completed by agencial ren and Family Services by that maintains a websiter than the 45th day follow all report or disclose agency's license for a pense. [Rule 401.530] | s and with the te shall provid owing an ado ertain informa | Illinois Attornate this report or ption agency's ation required | ey General's Offinits website. The license anniversa in the report ma | ce. In addition, report shall be ry date. Failure by result in the |
| This repor | | only to the provision ovices. | of adoption se | ervices and incl | ludes agencies p | roviding foster |
| and home conversion | study se adoption | (A – M) pertains only to rvices-only programs. s. Agencies that provide 12, but need not answe | Question nur e adoption ser | nber 1 (A-M) vices only thro | does not pertain | to foster care |
| Please respe | | e following questions w | ith a yes or no | answer on the | left and provide a | ndditional detail |
| Yes 1. Non-identifying information for the past year concerning adoption is attached: | | | | | | |
| | Domest A. | ic Agency-Assisted Ade The number of adoptive are not yet licensed:4 | families who | have submitte | d an agency appl | ication but who |
| | В. | The number of adoptive as of the agency's fiscal | | | and awaiting dom | estic placement |
| | C. | The number of biologic reporting period for don | | | provided service | s to during the |
| | D. | The number of children Adoptive parents/famili Adoptive parents/famili | es who are III | inois Residents: | : | |

| | Adoptive parents/families who are Illinois Residents: | | | | | |
|------|---|--|--|--|--|--|
| | F. The number of adoptions finalized during the year: Adoptive parents/families who are Illinois Residents: 2 Adoptive parents/families who are non-Illinois Residents: 7 | | | | | |
| | G. The number of adoptive placement disruptions: 2 | | | | | |
| | H. The number of domestic adoption dissolutions this year:0_ | | | | | |
| | International Adoptions (either by direct placements/referrals, or through home-study-services-only) | | | | | |
| | Check the boxes that apply to the intercountry adoption services the agency provides: | | | | | |
| | Child referral/matching placement services; | | | | | |
| | Adoption home study/post placement services (utilized by families who are | | | | | |
| | working with another agency for their referral/match); | | | | | |
| | ☐ None. | | | | | |
| | The number of adoptive families who have submitted an agency application but who are not yet approved or licensed: | | | | | |
| | The number of adoptive families who are licensed or approved and awaiting international placement: | | | | | |
| | The number of international adoptive placements made during the year: | | | | | |
| | List the countries with which you have accredited international adoption programs: | | | | | |
| | The number of international adoptions finalized this year in the U.S., specifying the countries of origin: | | | | | |
| | The number of finalizations in other countries, specifying the countries of origin: | | | | | |
| | | | | | | |
| | The number of international adoptive placement disruptions: | | | | | |
| _ 2. | Has the agency: | | | | | |
| | lost the right to provide adoption services in any state or country, | | | | | |
| | had its license suspended for cause, or was the agency the subject of other sanctions by any court, governmental agency, or | | | | | |
| | governmental regulatory body relating to the provision of adoption services? | | | | | |

If the answer to any portion of this question is yes, attach a full and complete statement of

The number of adoptions initiated during the year:

E.

explanation.

| No | 3. | During the past year, were any actions related to licensure initiated against the agency by a | | | | |
|--|---|--|--|--|--|--|
| | | licensing or accrediting body? If the answer is yes, attach a complete statement of explanation. | | | | |
| No | 4. | During the past year, has the agency been a named party in any civil court actions in relation | | | | |
| • | | to the provision of foster care or adoption services? If the answer is yes, attach a complete statement of explanation. | | | | |
| No | 5. | Is the agency currently the subject of a pending investigation by federal or state authorities? If the answer is yes, attach a complete statement of explanation. | | | | |
| No | 6. Were there any criminal charges, child abuse charges, malpractice complain related to the provision of adoption services against the agency or any of officers, or directors during the past year? | | | | | |
| | | If the answer is yes, attach a complete statement of explanation and the basis or disposition of the actions. | | | | |
| No_ | 7. | Was the agency found liable for any civil or administrative violation or found guilty of or pled guilty to any criminal or administrative violation that relates to the provision of adoption services under federal, state or foreign law? If the answer is yes, attach a complete statement of explanation. | | | | |
| NI | 0 | | | | | |
| No | 8. | Was any employee, officer or director of the agency found guilty of any crime or determined to have violated a civil law or administrative rule relating to the provision of adoption services under federal, state or foreign law? If the answer is yes, attach a complete statement of explanation. | | | | |
| No | 9. | Was any civil or administrative proceeding relating to adoption services instituted by the agency during the year (excluding uncontested adoption proceedings and proceedings filed pursuant to Section 12a of the Adoption Act)? If the answer is yes, attach a complete statement of explanation. | | | | |
| Yes | 10. | The agency's website address is: www.lutheranfamilyservice.org; many-hearts.com | | | | |
| Yes | 11. | An audited financial statement for the prior fiscal year, including a general description of fees, wages, salaries and other compensation described in Rule 401.565(a), certified by an independent public accountant, is attached. | | | | |
| _Yes_ | 12. | This Annual Report with attachments and audited financial statement, certified by an independent public accountant, has been posted on the website listed in item 9. | | | | |
| Yes | 13. | Effective August 15, 2005, Annual Reports are available upon request. | | | | |
| Information contained in this report is subject to the applicable confidentiality requirements of the Child Care Act and the Adoption Act. | | | | | | |
| I certif | y tha | at the above statements are true and accurate, based on information available to me at this time. | | | | |
| Kimberly Laube, Deputy Director | | | | | | |
| Printed or typed name of Executive Director | | | | | | |
| Signature of Executive Director Date Signature of Executive Director | | | | | | |
| استهدب | 41 W C | Lacourt University Date | | | | |

Mailing Instructions on the back

This report is to be mailed to the child welfare agency's A&I licensing Unit and the Illinois Attorney General's Office:

Illinois Attorney General Charitable Trust Bureau 100 W. Randolph Street, 11th Floor Chicago, IL 60601 312-814-2595 or 312-814-3000

DCFS Agency and Intuitional Licensing Units:

| Cook County | Northern Region | Central / Southern Region |
|--|--------------------------|---------------------------|
| A&I Licensing Unit | A&I Licensing Unit | A&I Licensing Unit |
| A&I Licensing Supervisor | A&I Licensing Supervisor | A&I Licensing Supervisor |
| 1911 S. Indiana Ave. – 9 th Fl. | 1619 W. Jefferson Street | 1124 N. Walnut |
| Chicago, IL 60616 | Joliet, IL 60435 | Springfield, IL 62702 |