CFS 596-Q Rev 8/2020

State of Illinois Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

	Date: 3/31/2022			
Name of Agency	: Little City Foundation			
Corporate Addre	ss*: 1610 W. Colonial F	arkway		
	Inverness, IL 6006	7		
Illinois DCFS License/Provider ID number: 209412		Те	elephone: <u>(847)</u> 358-551	0
License Effective	e date: May 2	6, 2018 to _	May 26,	2022
			port relate to the agency ing period for this repor	
*If the agency addresses of all		oranch offices, please	e attach a separate sh	eet listing complete
Department of C each licensed ag filed annually, no to provide the a suspension of as	hildren and Family Ser ency that maintains a w o later than the 45 th day nnual report or disclo	vices and with the Illivebsite shall provide to following an adoption se certain information a period of 90 day	ption services and sha inois Attorney General' his report on its website on agency's license anni n required in the repo s. Subsequent violation	s Office. In addition, e. The report shall be iversary date. Failure rt may result in the
This report app care conversion	· · ·	on of adoption servi	ces and includes agenc	ies providing foster
and home study conversion adopt	services-only progran	ns. Question numbe ovide adoption service	ernational agency-assist r 1 (A-M) does not p es only through foster ca r 1.	ertain to foster care
Please respond to as requested:	the following question	ns with a yes or no ans	swer on the left and pro-	vide additional detail
1. Non-	identifying informatio	n for the past year cor	ncerning adoption is atta	iched:
<u>Dom</u> A.	The number of adopare not yet licensed:	otive families who ha	ve submitted an agency	application but who
В.		ptive families who are scal year end:	e licensed and awaiting	domestic placement
C.		logical parents who to domestic adoption:	the agency provided se	rvices to during the
D.	Adoptive parents/fa	lren placed in adoptiv milies who are Illinois milies who are non-Ill		:

E.	The number of adoptions initiated during the year: Adoptive parents/families who are Illinois Residents: Adoptive parents/families who are non-Illinois Residents:				
F.	The number of adoptions finalized during the year: Adoptive parents/families who are Illinois Residents: Adoptive parents/families who are non-Illinois Residents:				
G. Th	e number of adoptive placement disruptions:				
H. Th	H. The number of domestic adoption dissolutions this year:				
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.				
	umber of adoptive families who have submitted an agency application but who are not proved or licensed:				
	number of adoptive families who are licensed or approved and awaiting international ement:				
The ni	e number of international adoptive placements made during the year:				
List th	e countries with which you have accredited international adoption programs:				
	umber of international adoptions finalized this year in the U.S., specifying the countries gin:				
The nu	umber of finalizations in other countries, specifying the countries of origin:				
	umber of international adoptive placement disruptions:				
Has the agency:					
	st the right to provide adoption services in any state or country, d 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 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 complaints, or lawsuits related to the provision of adoption services against the agency or any of its employees, 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.			
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: https://www.littlecity.org/foster			
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.			
		contained in this report is subject to the applicable confidentiality requirements of the Child d the Adoption Act.			
certify that the above statements are true and accurate, based on information available to me at this time.					
Shawn E. Jeffers					
Printed or typed name of Executive Director					
Yhu	٠ ٢	Executive Director $\frac{03/31/2022}{\text{Date}}$			
sigňatu	re of	Executive Director 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 Supervisor	A&I Licensing Unit A&I Licensing Supervisor	A&I Licensing Unit 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