CIS 596-Q Rev 8-2020

State of Illinois Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

	Date: July 2023			
Name of Agency	: Lutheran Family Service			
Corporate Addre	ss*: 17628 Hubbard Road	· · · · · · · · · · · · · · · · · · ·		
	East Moline, IL 61244-9782			
Illinois DCFS License/Provider	ID number: <u>568556</u>	Telephone: 515.669.5187		
License Effective	e date: 10/2/2018	toto		
		ns for this report relate to the agency's most recent fiscal ear and reporting period for this report: 7/1/22 - 6/30/23		
*If the agency addresses of all		offices, please attach a separate sheet listing complete		
Department of C each licensed age filed annually, no to provide the a suspension of a	hildren and Family Services an ency that maintains a website slotater than the 45 th day followinnual report or disclose certa	providing adoption services and shall be filed with the d with the Illinois Attorney General's Office. In addition, hall provide this report on its website. The report shall being an adoption agency's license anniversary date. Failure in information required in the report may result in the od of 90 days. Subsequent violations may result in a		
This report app care conversion		doption services and includes agencies providing foster		
and home study conversion adopt	services-only programs. Que	nestic and international agency-assisted adoption services estion number 1 (A-M) does not pertain to foster care coption services only through foster care conversions must estion number 1.		
Please respond to as requested:	the following questions with a	yes or no answer on the left and provide additional detail		
YES 1. Non-	-identifying information for the	e past year concerning adoption is attached:		
<u>Dom</u> A.	The number of adoptive far are not yet licensed:2	ons milies who have submitted an agency application but who		
В.	The number of adoptive far as of the agency's fiscal year	milies who are licensed and awaiting domestic placement ar end:		
C.	The number of biological reporting period for domest	parents who the agency provided services to during the ic adoption: _32_		
D.	Adoptive parents families w	ced in adoptive homes during the year: who are Illinois Residents: 3 who are non-Illinois Residents: 7		

	E.	The number of adoptions initiated during the year: Adoptive parents/families who are Illinois Residents:3 Adoptive parents/families who are non-Illinois Residents:7				
	F.	The number of adoptions finalized during the year: Adoptive parents/families who are Illinois Residents:3 Adoptive parents/families who are non-Illinois Residents:7				
	G. Th	ne number of adoptive placement disruptions:0_				
	H. Th	ne number of domestic adoption dissolutions this year:0_				
	International Adoptions (either by direct placements/referrals, or through home-study-services-only)					
	Checl	k 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 n	The number of international adoptive placements made during the year:				
	List the countries with which you have accredited international adoption programs:					
		number of international adoptions finalized this year in the U.S., specifying the countries gin:				
	The n	number of finalizations in other countries, specifying the countries of origin:				
	The n	number of international adoptive placement disruptions:				
<u>No</u> 2.	Has t	he agency:				
		est the right to provide adoption services in any state or country,				
		ad its license suspended for cause, or as the agency the subject of other sanctions by any court, governmental agency, or				
	g If the	overnmental regulatory body relating to the provision of adoption services? answer to any portion of this question is yes, attach a full and complete statement of				
	expla	nation.				

Signature of Executive Director Date					
k	Sun	buy Laube BA. July 10, 2023			
Kimberly Laube, Deputy Director Printed or typed name of Executive Director					
I certify that the above statements are true and accurate, based on information available to me at this time.					
Information contained in this report is subject to the applicable confidentiality requirements of the Child Care Act and the Adoption Act.					
Yes	13.	Effective August 15, 2005, Annual Reports are available upon request.			
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	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	10.	The agency's website address is: www.lutheranfamilyservice.org			
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.			
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_	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	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	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	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.			
140	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.			

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. – 9th Fl.	1619 W. Jefferson Street	1124 N. Walnut
Chicago, IL 60616	Joliet, IL 60435	Springfield, IL 62702