CFS 596-Q Rev 8/2020

State of Illinois Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

				Date:	
Name of A	gency: _				
Corporate A	Address*	:			
Illinois DC License/Pro		number:		Telephone:	
License Ef	fective da	ate:	to		
				report relate to the agency's mo	
*If the ago			nch offices, plea	ase attach a separate sheet lis	ting complete
Department each licens filed annuate to provide suspension	t of Chil ed agence lly, no la the ann of an a	dren and Family Service by that maintains a webs atter than the 45 th day for ual report or disclose	es and with the liste shall provide llowing an adop certain informat	doption services and shall be Illinois Attorney General's Office this report on its website. The tion agency's license anniversarion required in the report may ays. Subsequent violations m	ce. In addition, report shall be by date. Failure y result in the
This repor			of adoption ser	vices and includes agencies pr	oviding foster
and home conversion	study se	ervices-only programs.	Question numled adoption server	nternational agency-assisted ado ber 1 (A-M) does not pertain ices only through foster care con ber 1.	to foster care
Please resp as requeste		ne following questions v	vith a yes or no a	answer on the left and provide a	dditional detail
1.	Non-id	entifying information fo	or the past year c	concerning adoption is attached:	
	Domes	tic Agency-Assisted Ac	<u>loptions</u>		
	A.	The number of adoptive are not yet licensed:		have submitted an agency applic	cation but who
	B.	The number of adoptive as of the agency's fiscal		are licensed and awaiting dome —	estic placement
	C.	The number of biolog reporting period for do		o the agency provided services	to during the
	D.	The number of children Adoptive parents/famil Adoptive parents/famil	ies who are Illin		

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. Tl	he number of adoptive placement disruptions:
H. T	he number of domestic adoption dissolutions this year:
	rnational Adoptions (either by direct placements/referrals, or through home-study-ices-only)
Chec	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.
	number of adoptive families who have submitted an agency application but who are not pproved or licensed:
	number of adoptive families who are licensed or approved and awaiting international ement:
The 1	number of international adoptive placements made during the year:
List t	the countries with which you have accredited international adoption programs:
	number of international adoptions finalized this year in the U.S., specifying the countries igin:
The 1	number of finalizations in other countries, specifying the countries of origin:
	number of international adoptive placement disruptions:
	the agency:
	ost 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 explanation.

	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.			
	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.			
	5.	Is the agency currently the subject of a pending investigation by federal or state authorities? <i>If the answer is yes, attach a complete statement of explanation.</i>			
	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.			
	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? <i>If the answer is yes, attach a complete statement of explanation.</i>			
	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.			
	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.			
	10.	The agency's website address is:			
	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.			
	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.			
	13.	Effective August 15, 2005, Annual Reports are available upon request.			
		n contained in this report is subject to the applicable confidentiality requirements of the Child and the Adoption Act.			
I certify	/ tha	at the above statements are true and accurate, based on information available to me at this time.			
	1	yped name of Executive Director			
Signature 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