CFS 596-Q Rev 8/2020

## State of Illinois Department of Children and Family Services

## **Annual Report for Illinois Licensed Adoption Agencies**

		Date: May 22, 2023				
Name of A	\gency: <u>Ou</u>	r Children's Homestead				
Corporate	Address*:	280 Shuman Blvd Stc. 27	0			
	dele i	Naperville, IL 60563				
Illinois DO License/Pr			Telephoi	Telephone: <u>630-369-0004</u>		
License E	ffective date	:May 14, 2021	to	May 14, 2024		
				ate to the agency's most recorded for this report:		
	gency opera		offices, please attac	h a separate sheet listing o	omplete	
Department each licent filed annuato provide suspension	nt of Childre sed agency ally, no late the annual of an age	en and Family Services at that maintains a website r than the 45th day follow I report or disclose certa	nd with the Illinois A shall provide this rep ring an adoption ager ain information requ	services and shall be filed attorney General's Office. In ort on its website. The report oncy's license anniversary date ired in the report may resubsequent violations may resubsequent violations may resu	addition, t shall be e. Failure alt in the	
-	rt applies o ersion servi	•	doption services an	d includes agencies providi	ng foster	
and home conversion	study servi	ices-only programs. Qu	estion number 1 (Adoption services only	nal agency-assisted adoption A-M) does not pertain to fo through foster care conversi	ster care	
Please resp as requeste		ollowing questions with	a yes or no answer o	n the lest and provide addition	nal detail	
YES 1.	Non-ident	tifying information for the	e past year concernin	g adoption is attached:		
	A. Th	Agency-Assisted Adopt ne number of adoptive far not yet licensed:		nitted an agency application	but who	
		ne number of adoptive fa of the agency's fiscal yea		sed and awaiting domestic p	lacement	
		ne number of biological porting period for domest	-	ency provided services to di	uring the	
	Ad	ne number of children pla doptive parents/families v doptive parents/families v	vho are Illinois Resid	lents:		

	The number of adoptions initiated during the year:  Adoptive parents/families who are Illinois Residents:  Adoptive parents/families who are non-Illinois Residents:					
	The number of adoptions finalized during the year:  Adoptive parents/families who are Illinois Residents:  Adoptive parents/families who are non-Illinois Residents:					
G.	The number of adoptive placement disruptions:					
Н.	The number of domestic adoption dissolutions this year:					
	ternational Adoptions (either by direct placements/referrals, or through home-study-rvices-only)					
Ch	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.					
	te number of adoptive families who have submitted an agency application but who are not approved or licensed:					
	ne number of adoptive families who are licensed or approved and awaiting international acement:					
Th	e number of international adoptive placements made during the year:					
Li	st the countries with which you have accredited international adoption programs:					
_						
	e number of international adoptions finalized this year in the U.S., specifying the countries origin:					
Th	e number of finalizations in other countries, specifying the countries of origin:					
=						
Th	e number of international adoptive placement disruptions:					
Ha	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 explanation.

	buring 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 A	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 (	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.					
_NO7	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.					
<u>NO</u> 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.					
1	O. The agency's website address is: www.ochkids.org					
YES 1	<ol> <li>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.</li> </ol>					
YES 12	<ol> <li>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.</li> </ol>					
<u>YES</u> 13	. Effective August 15, 2005, Annual Reports are available upon request.					
Informatio Care Act a	n contained in this report is subject to the applicable confidentiality requirements of the Child nd the Adoption Act.					
I certify th	at the above statements are true and accurate, based on information available to me at this time.					
Marissa Al	en (					
Printed or	typed name of Executive Director					
Signature of	of Executive Director					

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, 1L 62702