CFS 596-Q Rev 8/2020

State of Illinois Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

				Date: <u>07/</u>	01/2025	
Name of A	gency: C	Children's Place A	ssociation			
Corporate	Address*	: 11 E. Adams St	t., Suite 1550			
		Chicago, IL 60	503			
Illinois DCFS License/Provider ID number: 169899			9	Telephone: <u>(773)</u> 733-9954		
License Ef	fective da	nte:1	2/07/2021	to	12/07/2025	
	~ .		•		this report: 7/1/24 - 6/30/25	
*If the ag			or branch offices, p	lease attach a sej	parate sheet listing complete	
Department each license filed annual to provide suspension	nt of Child sed agence ally, no la the annu of an a	dren and Family y that maintains ter than the 45 th aal report or di	Services and with the a website shall providay following an adsclose certain information for a period of 90	e Illinois Attorney ide this report on i option agency's lichation required in	s and shall be filed with the General's Office. In addition, its website. The report shall be cense anniversary date. Failure the report may result in the nt violations may result in a	
This report			ovision of adoption s	services and inclu	des agencies providing foster	
and home conversion	study se adoption	rvices-only projes. Agencies that	grams. Question nu	umber 1 (A-M) dervices only throug	ncy-assisted adoption services, oes not pertain to foster care th foster care conversions must	
Please resp as requeste		e following que	stions with a yes or n	o answer on the le	ft and provide additional detail	
<u>NA</u> 1.	Non-ide	entifying inform	ation for the past yea	r concerning adop	tion is attached:	
	A.	ic Agency-Assi The number of are not yet licen	adoptive families wh	o have submitted	an agency application but who	
			adoptive families who's fiscal year end:		l awaiting domestic placement	
			biological parents value of the biological parents value of th		rovided services to during the	
		Adoptive parent	children placed in ad ts/families who are Il ts/families who are n	linois Residents: _		

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. The number of adoptive placement disruptions:						
H. The number of domestic adoption dissolutions this year:						
<u>International Adoptions (either by direct placements/referrals, or through home-study-services-only)</u>						
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:						
Has the agency:						
 lost the right to provide adoption services in any state or country, 						

The number of adoptions initiated during the year:

• had its license suspended for cause, or

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• 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? <i>If the answer is yes, attach a complete statement of explanation.</i>				
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.childrens-place.org/				
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.				
		n contained in this report is subject to the applicable confidentiality requirements of the Child and the Adoption Act.				
I certify that the above statements are true and accurate, based on information available to me at this time.						
		on III - Executive Director, Child Welfare				
Printed	or t	yped name of Executive Director				
Signatu	ire o	f 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 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