State of Illinois Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

	Date: 1/28/2025				
Name of Agency	y: Lutheran Social Services of Illino	ois			
Corporate Addre	ess*: <u>1001 E. Touhy Ave., Suite 50</u>				
Illinois DCFS	Des Plaines, IL 60018				
License/Provide	r ID number: <u>013005</u>	Telephone: <u>847-635-4600</u>			
License Effectiv	e date:12/19/2022	toto			
		s for this report relate to the agency's most recent fiscal ar and reporting period for this report: 7/1/23 - 6/30/24			
*If the agency addresses of all		fices, please attach a separate sheet listing complete			
Department of C each licensed ag filed annually, n to provide the s suspension of a	Children and Family Services and rency that maintains a website should be older than the 45th day following annual report or disclose certain	roviding adoption services and shall be filed with the l with the Illinois Attorney General's Office. In addition, all provide this report on its website. The report shall be ag an adoption agency's license anniversary date. Failure in information required in the report may result in the d of 90 days. Subsequent violations may result in a			
This report app care conversion		option services and includes agencies providing foster			
and home study conversion adop	services-only programs. Que	estic and international agency-assisted adoption services, stion number 1 (A-M) does not pertain to foster care option services only through foster care conversions must estion number 1.			
Please respond t as requested:	o the following questions with a	yes or no answer on the left and provide additional detail			
<u>NA</u> 1. Non	a-identifying information for the	past year concerning adoption is attached:			
Don	Domestic Agency-Assisted Adoptions				
A.	The number of adoptive fam are not yet licensed: <u>NA</u>	ilies who have submitted an agency application but who			
В.	The number of adoptive far as of the agency's fiscal year	tilies who are licensed and awaiting domestic placement end: NA			
C.	The number of biological preporting period for domestic	arents who the agency provided services to during the adoption: NA			
D.	Adoptive parents/families wh	ed in adoptive homes during the year: no are Illinois Residents: NA no are non-Illinois Residents: NA			

E.	The number of adoptions initiated during the year: Adoptive parents/families who are Illinois Residents: NA Adoptive parents/families who are non-Illinois Residents: NA
F.	The number of adoptions finalized during the year: Adoptive parents/families who are Illinois Residents: NA Adoptive parents/families who are non-Illinois Residents: NA
G. T	he number of adoptive placement disruptions: <u>NA</u>
H. T	he number of domestic adoption dissolutions this year: <u>NA</u>
	rnational Adoptions (either by direct placements/referrals, or through home-study-ices-only)
	ek 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: NA
	number of adoptive families who are licensed or approved and awaiting international ement: <u>NA</u>
The	number of international adoptive placements made during the year: <u>NA</u>
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: NA
	number of finalizations in other countries, specifying the countries of origin:
	number of international adoptive placement disruptions: NA
	the agency:
a 1	act the right to provide adoption corriges in any state or country

No

- 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.

No	3.			
		licensing or accrediting body? If the answer is yes, attach a complete statement of explanation.		
Yes	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: www.lssi.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.		
		a contained in this report is subject to the applicable confidentiality requirements of the Child and the Adoption Act.		
I certify	y tha	t the above statements are true and accurate, based on information available to me at this time.		
		Executive Director, Children's Community Services LSSI		
		yped name of Executive Director		
		Digitally signed by Jere Murry Date: 2025.01.28 15:33:51 -06'00'		
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