State of Illinois Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

		Date: 1/10/202.				
Name of Agency	: Lakeside Co	mmunity Committee				
Corporate Addre	ss*: <u>7418 S C</u>	ottage Grove Ave	· · · · · · · · · · · · · · · · · · ·			
···· · · · · · · · · · · · · · · · · ·	_Chicago.	Illinois 60619				
Illinois DCFS License/Provider	ID number:	212385	Telepho	one: 773-224-9217		
License Effective	e date:	12/30/2021	to	12/30/2025		
The reporting pe	eriod and ansv	wers to all questions for agency's fiscal year a	or this report r nd reporting p	relate to the agency's most recent fiscal period for this report: 7/1/226/30/23	i -	
*If the agency addresses of all			es, please atta	ach a separate sheet listing complete)	
Department of C each licensed ag filed annually, it to provide the suspension of a revocation of the	Children and I gency that make to later than the annual reported an agency's let license. [Ru	Family Services and wintains a website shall ne 45th day following a or disclose certain in icense for a period onle 401.530]	ith the Illinois provide this re adoption ag nformation re of 90 days.	n services and shall be filed with the Attorney General's Office. In addition, eport on its website. The report shall be gency's license anniversary date. Failure equired in the report may result in the Subsequent violations may result in a	, e e	
This report apport care conversion		the provision of adop	tion services a	and includes agencies providing foster	r	
and home stud	y services-on ptions. Agend	ly programs. Ouestic	on number 1 ion services or	tional agency-assisted adoption services (A-M) does not pertain to foster care nly through foster care conversions mus	е	
Please respond as requested:	to the followi	ng questions with a ye	s or no answei	r on the left and provide additional detail	il	
	n-identifying	information for the pa	st year concer	ming adoption is attached:		
<u>Do</u> A.	The nun	y-Assisted Adoptions aber of adoptive famili of licensed:0	es who have s	submitted an agency application but wh	.О	
В.	The nun as of the	nber of adoptive famil agency's fiscal year e	ies who are lic	censed and awaiting domestic placemen	at	
C.	The nur	nber of biological par g period for domestic a	ents who the adoption: 0	agency provided services to during the	10	
D.	Adoptiv	nber of children placed e parents/families who e parents/families who	are Illinois R	esidents:0		

	E,	The number of adoptions initiated during the year; Adoptive parents/families who are Illinois Residents:0_ Adoptive parents/families who are non-Illinois Residents:0_							
	F.	The number of adoptions finalized during the year: Adoptive parents/families who are Illinois Residents: 0 Adoptive parents/families who are non-Illinois Residents: 0							
	G. The	G. The number of adoptive placement disruptions: 0							
	H. The number of domestic adoption dissolutions this year:0_								
	International Adoptions (either by direct placements/referrals, or through home-study-services-only)								
	The n	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. Whome, The provides of adoptive families who have submitted an agency application but who are not proved or licensed: The provides of adoptive families who are licensed or approved and awaiting international							
	The m	umber of international adoptive placements made during the year: te countries with which you have accredited international adoption programs:							
	The mof orig	umber of international adoptions finalized this year in the U.S., specifying the countries							
	Them	umber of finalizations in other countries, specifying the countries of origin:							
	The n	umber of international adoptive placement disruptions:							
<u>No</u> 2.	Has the	st the right to provide adoption services in any state or country, and its license suspended for cause, or as the agency the subject of other sanctions by any court, governmental agency, or 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 nation.							

<u>No</u> 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.			
<u>No</u> 4				
<u>No</u> 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.			
<u>No</u> 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.			
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.			
<u>No</u> 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 1). The agency's website address is: www.lakeside-cc.org			
Yes 1	I. 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	2. 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 1	3. Effective August 15, 2005, Annual Reports are available upon request.			
Information contained in this report is subject to the applicable confidentiality requirements of the Child Care Act and the Adoption Act.				
I certify that the above statements are true and accurate, based on information available to me at this time.				
Jackie Sharp				
Printed or typed name of Executive Director				
Signature of Executive Director Date 1-13-202 A 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 1911 S. Indiana Ave. — 9th Fl. Chicago, IL 60616	A&I Licensing Unit A&I Licensing Supervisor 1619 W. Jefferson Street Joliet, IL 60435	A&I Licensing Unit A&I Licensing Supervisor 1124 N. Walnut Springfield, IL 62702