CFS 596-Q Rev 8/2020

State of Illinois Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

		Date: <u>1/12/2021</u>						
Name of Ag	gency: <u>N</u>	National Youth A	dvocate Program					
Corporate A	Address*	: 1801 Waterma	ark Dr., Suite 200					
		Columbus, OF	I 43215					
Illinois DCFS License/Provider ID number: 484355			55	Teleph	Telephone: <u>708-747-2655</u>			
License Eff	ective da	ate: Dec	ember 22, 2018	_ to	December 22, 2022			
	The reporting period and answers to all questions for this report relate to the agency's most recent fiscal year. Specify the dates of your agency's fiscal year and reporting period for this report:							
*If the agency operates satellite or branch offices, please attach a separate sheet listing complete addresses of all other offices.								
This report is to be completed by agencies providing adoption services and shall be filed with the Department of Children and Family Services and with the Illinois Attorney General's Office. In addition, each licensed agency that maintains a website shall provide this report on its website. The report shall be filed annually, no later than the 45 th day following an adoption agency's license anniversary date. Failure to provide the annual report or disclose certain information required in the report may result in the suspension of an agency's license for a period of 90 days. Subsequent violations may result in a revocation of the license. [Rule 401.530]								
This report applies only to the provision of adoption services and includes agencies providing foster care conversion services.								
Question number 1 (A – M) pertains only to domestic and international agency-assisted adoption services, and home study services-only programs. Question number 1 (A-M) does not pertain to foster care conversion adoptions. Agencies that provide adoption services only through foster care conversions must answer questions $2-12$, but need not answer question number 1 .								
Please respond to the following questions with a yes or no answer on the left and provide additional detail as requested:								
1.	Non-id	entifying infor	mation for the past ye	ear concern	ning adoption is attached:			
	Domest A.		•	ho have su	abmitted an agency application but who			
	B.		f adoptive families v cy's fiscal year end: _		ensed and awaiting domestic placement			
	C.		of biological parents od for domestic adopt		agency provided services to during the			
	D.	Adoptive pare	children placed in a nts/families who are nts/families who are	Illinois Res	sidents: 2			

Adoptive parents/families who are Illinois Residents: 2 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:2 Adoptive parents/families who are non-Illinois Residents:0						
G. The number of adoptive placement disruptions:0						
H. The number of domestic adoption dissolutions this year:0_						
<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: N/A						
The number of adoptive families who are licensed or approved and awaiting international placement: N/A						
The number of international adoptive placements made during the year: <u>N/A</u>						
List the countries with which you have accredited international adoption programs: $\underline{N/A}$						
The number of international adoptions finalized this year in the U.S., specifying the countries of origin: N/A						
The number of finalizations in other countries, specifying the countries of origin:						
The number of international adoptive placement disruptions:0_						
Has the agency:						
 lost the right to provide adoption services in any state or country, 						

The number of adoptions initiated during the year:

E.

- 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.	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: www.nyap.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.			
Information contained in this report is subject to the applicable confidentiality requirements of the Child Care Act and the Adoption Act.					
I certify	y tha	at the above statements are true and accurate, based on information available to me at this time.			
Viviane Ngwa					
Printed	or t	yped name of Executive Director			
Signatu	ire o	f Executive Director Date			

Mailing Instructions on the back

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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