

State of Illinois
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Type of Facility
CHILD WELFARE AGENCY

PRINT DATE: 05-07-2024

NO.
395194-10

LICENSE ISSUED TO
MADISON ADOPTION ASSOCIATES
128 JOHN ST STE 2
ROCHESTER IL 62563-9571

Effective Dates
04-03-2024 - 04-03-2028

Capacity
000
000
000

Supervising Child Welfare Agency

Area Used for Children

Ages of Children Served

Mailing Address for this facility is:

MADISON ADOPTION ASSOCIATES
128 JOHN ST STE 2
ROCHESTER IL 62563-9571

Director
Heidi E. Mueller



3A- -30

NOT TRANSFERABLE – Supersedes all prior licenses for type of care specified above.

REPORT DATE: 05/07/24
REPORT NAME: CFLC2040-A

CHILDREN AND FAMILY SERVICES
LICENSE OFFICE 217-785-2688
INDIVIDUAL LICENSE SUMMARY

PAGE NO.: 1
JOB NAME: CFLCDO2

3A0000

----->>>> PR-02 SCREEN <<<<-----

PROVIDER ID: 395194 PRV ON HOLD? N
FACILITY NAME: MADISON ADOPTION ASSOCIATES
APPLICANT A NAME : A SSN# : -----
APPLICANT B NAME : B SSN/FEIN# : 51-0399000

* CURRENT LOCATION ADDRESS * * PAYMENT / MAILING ADDRESS *
STREET : 128 JOHN ST STE 2
CITY/TOWN: ROCHESTER
STATE/ZIP: IL 625639571
COUNTY : SANGAMON PROVIDER PHONE: 217-498-9700

----->>>> LC-02 SCREEN <<<<-----

LICENSE SUPERVISED BY:3A 30 - LAN : 15

LIC. SEQ. : 10 LIC./PERMIT: L APPLICATION DATE: 03/26/24
LIC. TYPE : CWA - CHILD WELFARE AGENCY LIC. BEGIN DATE : 04/03/24
LIC. STATUS: 01 - ISSUED LICENSE LIC. EXPIRE DATE : 04/03/28
LANGUAGE: DAY AGE: 0 TO 0 CAP: 0 HRS OPEN: 8:00AM - 5:00PM
EXTENDED 0 TO 0 0
NIGHT 0 TO 0 0
DAYS M T W T F S S DATES CLOSED: ___/___/___ - ___/___/___ PUBLIC
CLOSED :N N N N N N N N ___/___/___ - ___/___/___ RELEASE: Y
AREA USED:

LICENSE DESCRIPTION

LEGAL STATUS

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-
-

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-
-

----->>> INTERIM LICENSE ACTIVITIES <<<-----

60 DAY SCHEDULED SITE MONITORING:06/02/2460 DAY COMPLETED SITE MONITORING:___/___/___
1ST SCHEDULED SITE MONITORING :___/___/___ 1ST COMPLETED SITE MONITORING :___/___/___
1ST SCHEDULED ANNUAL SITE VISIT :04/03/251ST COMPLETED ANNUAL SITE VISIT :___/___/___
2ND SCHEDULED SITE MONITORING :___/___/___ 2ND COMPLETED SITE MONITORING :___/___/___
2ND SCHEDULED ANNUAL SITE VISIT :04/03/262ND COMPLETED ANNUAL SITE VISIT :___/___/___
3RD SCHEDULED SITE MONITORING :___/___/___ 3RD COMPLETED SITE MONITORING :___/___/___
3RD SCHEDULED ANNUAL SITE VISIT :04/03/273RD COMPLETED ANNUAL SITE VISIT :___/___/___
4TH SCHEDULED SITE MONITORING :___/___/___ 4TH COMPLETED SITE MONITORING :___/___/___
1ST SCHEDULED FIRE CLEARANCE :___/___/___ 1ST COMPLETED FIRE CLEARANCE :___/___/___
2ND SCHEDULED FIRE CLEARANCE :___/___/___ 2ND COMPLETED FIRE CLEARANCE :___/___/___

REPORT DATE: 05/07/24
REPORT NAME: CFLC2040-B

CHILDREN AND FAMILY SERVICES
LICENSE OFFICE 217-785-2688
INDIVIDUAL LICENSE SUMMARY

PAGE NO.: 2
JOB NAME: CFSLCDO2

3A0000

----->>>> PR-02 SCREEN <<<<-----

PROVIDER ID: 395194
FACILITY NAME: MADISON ADOPTION ASSOCIATES
APPLICANT A NAME :
APPLICANT B NAME :

PRV ON HOLD? N

A SSN# : -----
B SSN/FEIN# : 51-0399000

----->>>> BACKGROUND DATA<<<<-----

NAME:	LAST	FIRST	M.	SSN	SEX	RACE	BIRTHDATE	START DATE
1.	AKERS	MARIANNE	M	341-86-4022	F	WHITE	04/04/81	03/30/23
2.	AMBROSIO	BRYCEE	K	329-84-6664	F	WHITE	02/03/90	01/05/23
3.	CLARKE	KATE	C	324-76-6480	F	WHITE	12/10/73	10/12/23
4.	COADY	MICHELLE	M	345-80-9397	F	WHITE	08/25/76	01/23/20
5.	CONNER	MICHELLE	E	488-80-8918	F	WHITE	02/25/71	08/17/15
6.	HOWTON	SUSAN	J	345-38-1334	F	WHITE	01/08/46	09/15/21
7.	HURST-ELLIOT	ELLEN	A	346-46-5131	F		07/24/67	09/24/21
8.	LUCAS	AUSTYN	K	339-98-7530	F	WHITE	07/07/01	01/03/23
9.	LUCAS	MISTY	L	355-76-9583	F	WHITE	04/25/71	06/06/17
10.	MOORE	LISA	M	326-68-9940	F	WHITE	07/18/66	08/03/17

NAME:	LAST	FIRST	M.	IL	CANTS	CHECK	ISP	CHECK	FBI	CHECK	FH
					DATE	STAT	DATE	STAT	DATE	STAT	DR
1.	AKERS	MARIANNE	M		01/10/23	CL*	03/30/23	CL*	03/30/23	EL	
2.	AMBROSIO	BRYCEE	K		01/03/23	CL*	01/04/23	CL*	01/04/23	EL	
3.	CLARKE	KATE	C		10/12/23	CL*	10/02/23	CL*	10/02/23	EL	
4.	COADY	MICHELLE	M		01/24/20	CL*	01/28/20	CL*	01/28/20	EL	
5.	CONNER	MICHELLE	E		04/04/24	CL*	04/29/24	CL*	04/29/24	EL	
6.	HOWTON	SUSAN	J		09/22/21	CL*	01/04/22	CL*	01/04/22	EL	
7.	HURST-ELLIOT	ELLEN	A		10/21/21	CL*	10/02/21	CL*	10/02/21	CL	
8.	LUCAS	AUSTYN	K		01/03/23	CL*	12/22/22	CL*	12/22/22	EL	
9.	LUCAS	MISTY	L		04/23/24	CL*	04/24/24	CL*	04/24/24	EL	
10.	MOORE	LISA	M		08/03/17	CL*	08/03/17	CL*	08/04/17	EL	Y

NAME:	LAST	FIRST	M.	OS	CANTS	CHECK	IL	SOR	CHECK	NAT	SOR	CHECK	DR
					DATE	STAT	DATE	STAT	DATE	STAT	DATE	STAT	
1.	AKERS	MARIANNE	M		01/10/23	NA*	01/10/23	CL	01/10/23	CL			
2.	AMBROSIO	BRYCEE	K		01/03/23	NA*	01/03/23	CL	01/03/23	CL			
3.	CLARKE	KATE	C		10/12/23	NA*	10/12/23	CL	10/12/23	CL			
4.	COADY	MICHELLE	M		01/24/20	NA*	01/24/20	CL	01/24/20	CL			
5.	CONNER	MICHELLE	E		04/04/24	NA*	04/04/24	CL	04/04/24	CL			
6.	HOWTON	SUSAN	J		09/22/21	NA*	09/22/21	CL	09/22/21	CL			
7.	HURST-ELLIOT	ELLEN	A		10/21/21	NA*	10/21/21	CL	10/21/21	CL			
8.	LUCAS	AUSTYN	K		01/03/23	NA*	01/03/23	CL	01/03/23	CL			
9.	LUCAS	MISTY	L		04/23/24	NA*	04/23/24	CL	04/23/24	CL			
10.	MOORE	LISA	M		08/03/17	NA*	08/03/17	CL	08/03/17	CL			

REPORT DATE: 05/07/24 CHILDREN AND FAMILY SERVICES
REPORT NAME: CFLC2040-C LICENSE OFFICE 217-785-2688
PROVIDER ID: 395194
FACILITY NAME: MADISON ADOPTION ASSOCIATES
APPLICANT A NAME :
APPLICANT B NAME :

PAGE NO.: 3
JOB NAME: CFSLCD02
PRV ON HOLD? N

A SSN# : _____
B SSN/FEIN# : 51-0399000

----- >>>> LC-04 SCREEN <<<< -----
HOME/SITE STUDY: 03/14/24 ADDRESS SITE VISIT: 03/18/16
HEALTH CLEARANCE: __/__/__ FIRE CLEARANCE: __/__/__

----- >>>> LC-05 SCREEN <<<< -----
RECOMMENDATION: IL - ISSUE LICENSE RECOMMENDATION DATE: 04/30/24

I HEREBY CERTIFY THAT A LICENSE STUDY WAS PERFORMED IN FULL FOR THIS APPLICANT(S), THAT IT HAS BEEN DOCUMENTED IN WRITING AND IS ON FILE ALONG WITH MEDICALS, TRAINING CERTIFICATES, REFERENCES AND OTHER REQUIRED DOCUMENTS IN OUR OFFICES AS OF THIS DATE

LICENSE COORD: _____
WORKER ID PRINT NAME SIGNATURE DATE

LICENSE REP. : 010295 - KING ASHLEY F _____
SIGNATURE DATE

ILS PRINT DATE : 05/07/2024

REPORT DATE: 05/07/24
REPORT NAME: CFLC2040-C

CHILDREN AND FAMILY SERVICES
LICENSE OFFICE 217-785-2688
INDIVIDUAL LICENSE SUMMARY

PAGE NO.: 4
JOB NAME: CFSLCD02

3A0000

----->>>> PR-02 SCREEN <<<<-----

PROVIDER ID: 395194
FACILITY NAME: MADISON ADOPTION ASSOCIATES
APPLICANT A NAME :
APPLICANT B NAME :

PRV ON HOLD? N

A SSN# : -----
B SSN/FEIN# : 51-0399000

----->>>> BACKGROUND DATA<<<<-----

NAME: LAST	FIRST	M.	SSN	SEX	RACE	BIRTHDATE	START DATE
11. OGLESBY	SARA	M	328-78-9178	F	WHITE	02/05/85	11/14/19
12. PAYNE	ANGELA	R	338-70-9555	F	WHITE	07/25/79	08/25/17
13. POUSKA	MOLLIE	K	319-60-8478	F	WHITE	08/26/71	08/16/07
14. RILEY	LISA	E	337-66-2602	F	WHITE	07/19/63	03/11/19
15. ROACH	KIMBERLY	S	331-68-3158	F	WHITE	12/28/67	10/04/23
16. TEEFEY	LINDSEY	B	340-74-0429	F	WHITE	02/16/83	03/28/18
17. USERY	SARAH	K	356-72-9764	F	WHITE	01/23/78	09/16/21
18.						___/___/___	___/___/___
19.						___/___/___	___/___/___
20.						___/___/___	___/___/___

NAME: LAST	FIRST	M.	IL CANTS	CHECK	ISP	CHECK	FBI	CHECK	FH
			DATE	STAT	DATE	STAT	DATE	STAT	DR
11. OGLESBY	SARA	M	01/10/20	CL*	01/13/20	CL*	01/14/20	EL	
12. PAYNE	ANGELA	R	08/25/17	CL*	08/25/17	CL*	08/30/17	EL	Y
13. POUSKA	MOLLIE	K	07/28/16	CL*	07/28/16	CL*	08/05/16	CL	
14. RILEY	LISA	E	03/11/19	CL*	03/06/19	CL*	03/07/19	EL	
15. ROACH	KIMBERLY	S	10/04/23	CL*	09/26/23	CL*	09/27/23	EL	
16. TEEFEY	LINDSEY	B	03/27/18	CL*	03/28/18	CL*	12/14/16	EL	Y
17. USERY	SARAH	K	09/24/21	CL*	09/25/21	CL*	09/25/21	EL	
18.			___/___/___		___/___/___		___/___/___		
19.			___/___/___		___/___/___		___/___/___		
20.			___/___/___		___/___/___		___/___/___		

NAME: LAST	FIRST	M.	OS CANTS	CHECK	IL SOR	CHECK	NAT SOR	CHECK	DR
			DATE	STAT	DATE	STAT	DATE	STAT	
11. OGLESBY	SARA	M	01/10/20	NA*	01/10/20	CL	01/10/20	CL	
12. PAYNE	ANGELA	R	08/25/17	NA*	08/25/17	CL	08/25/17	CL	
13. POUSKA	MOLLIE	K	07/28/16	NA*	07/28/16	CL	07/28/16	CL	
14. RILEY	LISA	E	03/11/19	NA*	03/11/19	CL	03/11/19	CL	
15. ROACH	KIMBERLY	S	10/04/23	NA*	10/04/23	CL	10/04/23	CL	
16. TEEFEY	LINDSEY	B	03/27/18	NA*	03/27/18	CL	03/27/18	CL	
17. USERY	SARAH	K	09/24/21	NA*	09/24/21	CL	09/24/21	CL	
18.			___/___/___		___/___/___		___/___/___		
19.			___/___/___		___/___/___		___/___/___		
20.			___/___/___		___/___/___		___/___/___		