

State of Illinois
Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

Date: 9/6/2022

Name of Agency: Hoyleton Youth and Family Services

Corporate Address*: 8 Executive Drive, Suite 200

Fairview Heights, IL 62208

Illinois DCFS

License/Provider ID number: 010020

Telephone: 618-688-4727

License Effective date: 7/24/2018

to

7/27/2023

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: 7/1/21-6/30/22

***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 45th 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:

NA 1. **Non-identifying** information for the past year concerning adoption is attached:

Domestic Agency-Assisted Adoptions

- A. The number of adoptive families who have submitted an agency application but who are not yet licensed: _____
- B. The number of adoptive families who are licensed and awaiting domestic placement as of the agency's fiscal year end: _____
- C. The number of biological parents who the agency provided services to during the reporting period for domestic adoption: _____
- D. The number of children placed in adoptive homes during the year:
Adoptive parents/families who are Illinois Residents: _____
Adoptive parents/families who are non-Illinois Residents: _____

E. The number of adoptions initiated during the year:
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: _____

International Adoptions (either by direct placements/referrals, or through home-study-services-only)

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: _____

No 2. Has the agency:

- 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. 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?
If the answer is yes, attach a complete statement of explanation.
- 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.hoylton.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 that the above statements are true and accurate, based on information available to me at this time.

Chris L. Cox
Printed or typed name of Executive Director


Signature of Executive Director

9/15/09
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

A&I Licensing Unit
A&I Licensing Supervisor
1911 S. Indiana Ave. – 9th Fl.
Chicago, IL 60616

Northern Region

A&I Licensing Unit
A&I Licensing Supervisor
1619 W. Jefferson Street
Joliet, IL 60435

Central / Southern Region

A&I Licensing Unit
A&I Licensing Supervisor
1124 N. Walnut
Springfield, IL 62702

LICENSED CHILD WELFARE AGENCY MANAGEMENT SELF REPORTING FORM
(for compliance with Part 401, Licensing Standards for Child Welfare Agencies, Appendix C)

LICENSED AGENCY Hoyleton Youth and Family Services

ADDRESS 8 Executive Drive, Suite 200

Fairview Heights, IL 62208

LICENSE NUMBER 010020

CONTACT NAME Shavonda Mitchom

CONTACT PHONE NUMBER 618-688-4757

Report for the fiscal year ending FY22

The responses to the following ten (10) representations regarding Agency financial condition and operations are to be signed and dated by the Chief Financial Officer and an Authorized Representative of the governing body on a "to the best of our knowledge" basis.

For any response other than "yes", please provide details by attaching additional sheets.

This form and any attachments should be submitted within 180 days after the close of the Fiscal Year to:

Department of Children and Family Services
Office of Planning and Budget
406 East Monroe – Mail Station 440
Springfield, IL 60701-1498

Representations are for the immediate past fiscal year.

REPRESENTATIONS

1. We have a bookkeeping system that includes, minimally, a chart of accounts and appropriate accounting journals.

YES NO

2. We have paid our payrolls in accordance with our specified payroll schedule.

YES NO

3. We have paid relative caregivers or foster parents in accordance with established payment schedules.

YES NO

4. We have paid all payroll taxes or other tax liabilities on or in advance of the date required by all taxing authorities. YES NO
5. We have not defaulted on any debt. YES NO
6. We have billed funding agencies within 60 days for amounts due. YES NO
7. We have not failed to collect billings and have not had to write off billings. YES NO
8. We have adequate assets to provide for Agency operations and services such as staff, taxes, rent, utilities and supplies for at least 30 days. YES NO
9. We have not loaned money to Agency employees or members of the Board of Directors. YES NO
10. We do not have an operating deficit for the year. YES NO

M. Ann Ferguson-Stephens

signature

Ann Ferguson-Stephen S

Printed Name/Representative of Governing Body

Board President

Title

9-7-2022

Date

Shavonda Mitchom

signature

Shavonda Mitchom

Printed Name

Chief Financial Officer

Title

9-7-2022

Date

Please do not write below this line (office use only)

Date Received: _____ Received By: _____

Reviewed By: _____ Date: _____

Sent to Licensing: _____