

State of Illinois
Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

Date: 3/19/13

Name of Agency: One Hope United

Corporate Address*: 1400 E. McCord P. O. box 548 Centralia IL 62801

Illinois DCFS

License/Provider ID number: 010052-12 Telephone: 618-532-4311

License Effective date: 7/13/2011 to 7/13/2015

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: FY 12

***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 it's 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.

This report is to be mailed to the child welfare agency's A&I licensing Unit and the Illinois Attorney General's Office:

Office of the Attorney General
State of Illinois
Charitable Trust Division
100 W. Randolph Street, 11th Floor
Chicago, IL 60601
312-814-3000

DCFS Agency and Intuitional Licensing Units:

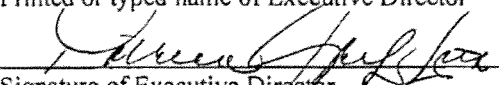
<u>Cook County</u>	<u>Northern Region</u>	<u>Central Region</u>	<u>Southern Region</u>
A&I Licensing Unit A&I Licensing Supervisor 1911 S. Indiana Ave. – 9 th Fl. Chicago, IL 60616	A&I Licensing Unit A&I Licensing Supervisor 200 South Wyman St. Rockford, IL 61101	A&I Licensing Unit A&I Licensing Supervisor 500 42 nd St., Suite #5 Rock Island, Il. 61201	A&I Licensing Unit A&I Licensing Supervisor 2309 West Main St. Marion, Il. 62959
<u>Cook Co. Region</u> 1921 S. Indiana Ave. – 9 th Fl. Chicago, IL 60616	<u>Northern Region</u> 107 N. 3 rd Street Rockford, IL 61107	<u>Central Region</u> 4500 S. Sixth St. Road Springfield, IL 62703	<u>Southern Region</u> 401 W. Industrial Dr – Ste B Effingham, IL 62401

- 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.
- 10. The agency's website address is: http://onehopeunited.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.

Patricia Griffith

 Printed or typed name of Executive Director


 Signature of Executive Director

3-19-13

 Date

Mailing Instructions on the back

ACCOUNTING OF ADOPTION AGENCY PAYMENTS OF SALARIES AND OTHER COMPENSATION

Adoption Agency Name: One Hope United	Contact Person: Patricia Griffith
Adoption Agency Address (Number, Street, City, State, Zip): 1400 E. McCord P. O. box 548 Centralia IL 62801	Phone: 618-532-4311
FEIN: 37-0697157	Email: pgriffith@onehopeunited.org
Time Period Covered By This Report: 07 / 01 / 11 through 06 / 30 / 12 (Most recent fiscal year) FY12	
Agency is accredited by the Council on Accreditation for Child and Family Services (COA) to provide adoption services.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Agency has incurred COA accrediting violations that affect the health, safety, morals, or welfare of children receiving services.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Agency has incurred Department substantiated licensing violations in the past four (4) years.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other accreditation (Specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>

Complete one line for each director, officer, employee, independent contractor or any other person acting on behalf of the child welfare agency who provides adoption services.

Name	Position	Years Experience in Adoption Activities	Education	Total Fees, Wages, Salary, Bonus Paid	Fringe Benefits & Employer's Share of Payroll Taxes ⁽¹⁾	Other Forms of Provided Compensation ⁽²⁾
Gubbins, Rachel				\$ 5913	\$ 13097	\$ 0
Hardwick, Kristy				\$ 32337	\$ 3951	\$ 0
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

Additional sheets may be attached as necessary.

⁽¹⁾ Fringe benefits and payroll taxes include, but are not limited to, the employer's cost of: <ul style="list-style-type: none"> • Medical Insurance • Life Insurance • Retirement • Social Security • Medicaid • Transportation/Vehicle 	⁽²⁾ Other forms of compensation include, but are not limited to, the employer's cost of: <ul style="list-style-type: none"> • Deferred and non-cash compensation • Employer provided professional liability insurance • Cash value of loans including principal and imputed interest costs • Funds disbursed through expense accounts • Cash equivalent of purchased or leased vehicles available for employee or officer use • Food, housing and/or clothing allowances
--	---

THIS FORM MUST BE SUBMITTED TO:	DEADLINE FOR SUBMISSION
Office of Planning & Budget Department of Children & Family Services Mail Station #440 406 East Monroe Street Springfield, IL 62701 Fax number: (217) 785-1765	1) Before an initial license is granted 2) Subsequent to the receiving the initial license, the adoption agency shall provide on an annual basis. The report shall be due within 180 calendar days (6 months) of the end of the agency's accounting (fiscal) year.

One Hope United – Hudson Region
Adoption Conversion Site

701 Monroe Ave.
Charleston, IL 61920

Phone 217-345-6554
Fax 217-345-4611