CFS 596-Q
3/2006

State of Illinois
Department of Children and Family Services

Annual Report for Illinois Licensed Adoption Agencies

Date: 8/20/2012

Name of Agency: Lydia Home Association

Corporate Address*: 4300 W Irving Park Road

Chicago, IL 60641

Illinois DCFS
License/Provider ID number: 062837-08 Telephone: 773 653 2200

License Effective date: 6/10/11 to 6/10/15

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: 7/1/12-6/30/13

***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. This report should not include information regarding foster care conversions.

Please respond to the following questions with a yes or no answer on the left and provide additional detail as requested:

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

Domestic Adoptions

A. The number of adoptive families that have submitted an agency application but who are not yet licensed: _____

B. The number of adoptive families that are licensed and awaiting domestic placement as of the agency's fiscal year end: _____

C. The number of biological parents that the agency provided services to during the reporting period for domestic adoption: _____

D. The number of children placed in adoptive homes during the year:
Illinois Residents: _____ Non-Illinois Residents: _____

E. The number of adoptions initiated during the year:
Illinois Residents: _____ Non-Illinois Residents: _____

F. The number of adoptions finalized during the year:
Illinois Residents: _____ Non-Illinois Residents: _____

G. The number of adoptive placement disruptions: _____

H. The number of domestic adoption dissolutions this year: _____

International Adoptions

Check one or both boxes that applies to the services the agency provides:

☐ Child referral/matching placement services

☐ Adoption home study/post placement services

☐ None

I. The number of adoptive families that have submitted an agency application but who are not yet approved or licensed: _____

J. The number of adoptive families that are licensed or approved and awaiting international placement: _____

K. The number of international adoptive placements made during the year: _____

L. List the countries with which you have accredited international adoption programs:
_____
_____

M. The number of international adoptions finalized this year: _____
Finalizations in other countries, specifying in which countries:
_____
_____

N. 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.

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. 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 5. 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 it's 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 6. 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 7. 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 8. 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.

√ 9. The agency's website address is: www.lydiahome.org

√ 10. 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.

√ 11. 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.

√ 12. Effective August 30, 2008, 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.

Dr. David Anderson
Printed or typed name of Executive Director

Signature of Executive Director

8/20/12
Date

This report is to be mailed to your DCFS Regional Licensing Administrator 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, IL60601
312-814-3000

DCFS Regional Licensing Offices:

Cook Co. Region	Northern Region	Central Region	Southern Region
1921 S. Indiana Ave.	107 N. 3rd Street	406 E. Monroe Street	219 E. Schwartz
9th Floor	Rockford, Ill.61107	Station # 60	Salem, Ill.62881
Chicago, Ill.60616		Springfield, Ill.62701	