# COMPLIANCE PLAN
## OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

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|---|---|---|---|
| Date Issued | May 21, 2025 | Status | Closed |

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| Provider Name | HOERTH, TIFFANY |
| Provider ID | 018042978 |
| Provider Address | 8004 S Hackrott Cir, Sioux Falls, SD 57108, USA |
| Provider Contact | TIFFANY HOERTH |

**The items listed below are those that the provider was not in compliance with at the time of the inspection.**

### Compliance Plan Action #1

**Administrative Rule:**

67:42:17:27

Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication. The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired. The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

**Summary of Non-Compliance Finding:**

During the inspection, a child's medication authorization form did not outline a 30-day timeframe.

**Corrections to be Made:**

The provider will ensure proper documentation for the child's medication is obtained.

**Corrections Made:**

The provider submitted proper documentation for the child's medication.

| Anticipated Completion Date: | Date Completed: |
|---|---|
| June 04, 2025 | May 21, 2025 |

### Compliance Plan Action #2

**Administrative Rule:**

67:42:17:42

A provider shall maintain a record for each child that includes:

(1) The child's name and date of birth;
(2) The parent or guardian's name and telephone number;
(3) An emergency contact name and telephone number;
(4) Parental permission for emergency medical treatment;
(5) The names of individuals authorized to pick up the child;
(6) Health information, including any allergies or special needs;

(7) A current immunization record or, for a school-age program, the name of the child's school;
(8) Parental permission for medication;
(9) The child's attendance records;
(10) The date of the child's enrollment; and
(11) The date on which the child's enrollment ends.

The provider shall annually review and update each record required under this section, and make the child's record available to the department, upon request.

**Summary of Non-Compliance Finding:**

During the inspection, two children's records did not contain current immunizations.

**Corrections to be Made:**

The provider will ensure that current immunizations are obtained for each child.

**Corrections Made:**

The provider submitted current immunizations to OLA for each child.

| Anticipated Completion Date: | Date Completed: |
|---|---|
| June 04, 2025 | May 21, 2025 |

## Compliance Plan Action #3

**Administrative Rule:**

67:42:17:43

A provider shall have:

(1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
(2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;
(3) A written procedure for communication and reunification with parents; and
(4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment. Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

**Summary of Non-Compliance Finding:**

At the time of inspection, current documentation of two annual shelter-in-place drills and one lockdown drill was not available.

**Corrections to be Made:**

The provider will ensure current documentation of two shelter-in-place, and lock down procedures are submitted to OLA.

**Corrections Made:**

The provider conducted two shelter-in-place drills and one lockdown drill on separate dates, and submitted verification of each to OLA on 06/04/2025.

**Anticipated Completion Date:**
June 04, 2025

**Date Completed:**
June 04, 2025

## Compliance Plan Action #4

**Administrative Rule:**

67:42:17:31

An infant shall be fed according to the infant's schedule. The provider shall hold the infant's bottle when feeding the infant. The provider may not feed an infant by propping up the infant's bottle. Food, including breast milk and formula, must be properly stored, kept at the proper temperature, and protected from potential contamination according to the preparing, feeding, and storing standards contained in Caring for Our Children: National Health and Safety Performance Standards, 4th Edition.

**Summary of Non-Compliance Finding:**

During inspection, proper temperature was not maintained as the refrigerator reached a temperature of 46 degrees Fahrenheit, and the freezer reached a temperature of 8 degrees Fahrenheit.

**Corrections to be Made:**

The provider will ensure the temperature of the refrigerator is maintained at or below 41 degrees Fahrenheit, and the freezer does not exceed 0 degrees Fahrenheit.

**Corrections Made:**

The provider submitted documentation verifying that the refrigerator temperature is maintained at 34 degrees Fahrenheit, and the freezer is maintained at -02 degrees Fahrenheit.

**Anticipated Completion Date:**
June 04, 2025

**Date Completed:**
May 21, 2025

**Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.**

Tiffany Hoerth
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

May 21, 2025
Date

**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Morgan Jensen
Printed Name of DSS Staff

5/14/2025, 11:30:10 AM

Signature of DSS Staff:

May 14, 2025

Date