
Date Issued	October 29, 2025	Status	Closed
Provider Name	<u>HOFER, JODI</u>		
Provider ID	<u>010291419</u>		
Provider Address	<u>314 E 10th Ave, Mitchell, SD 57301, USA</u>		
Provider Contact	<u>JODI HOFER</u>		

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:

67:42:17:16

The files and records of a provider are confidential. A child's records, photographs, and information about a child or the child's family may not be shared or publicly posted, unless the parent signs a consent form. Nothing in this section prevents licensing specialists, child protective services, or law enforcement from accessing the files and records of a provider or family information.

Summary of Non-Compliance Finding:

During a complaint investigation conducted by the Office of Licensing & Accreditation (OLA) on October 6, 2025, it was determined that the provider violated confidentiality by disclosing information to an unauthorized individual. The provider had previously been cited for failure to maintain confidentiality on September 10, 2025.

Corrections to be Made:

The provider will maintain confidentiality regarding all information pertaining to children and their families or guardians. The provider will complete the confidentiality training video provided by the Office of Licensing and Accreditation and sign a confidentiality statement acknowledging their understanding of, and agreement to, uphold these standards at all times.

Corrections Made:

The provider has completed the confidentiality training video, and the signed confidentiality statement has been received.

Anticipated Completion Date:

October 31, 2025

Date Completed:

November 05, 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.

Jodi Hofer

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

October 29, 2025

Date

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

Printed Name of DSS Staff

Signature of DSS Staff:

Date