

Date Issued	December 08, 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:

67:42:17:43

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 the inspection, the provider had not completed lockdown drills in 2024.

Corrections to be Made:

The provider will complete 1 lock down drill within the next two weeks.

Corrections Made:

Verification has been received.

Anticipated Completion Date:
December 17, 2025

Date Completed:
December 12, 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:

At the time of the inspection, there were 5 children's records that were not complete.

Corrections to be Made:

The provider will ensure all current and required information is in each child's file.

Corrections Made:

Verification has been received.

Anticipated Completion Date:

December 24, 2025

Date Completed:

December 11, 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



December 08, 2025

Signature of Provider/Agency Contact

Date

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

Sarah Deakins

Printed Name of DSS Staff



12/3/2025, 11:42:55 AM

Signature of DSS Staff:

December 03, 2025

Date