

Date Issued	December 17, 2025	Status	Closed
Provider Name	APPLE BLOSSOM ACADEMY		
Provider ID	018043068		
Provider Address	1600 S Sycamore Ave, Sioux Falls, SD 57110, USA		
Provider Contact	Lisa Carson		

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:**

67:42:17:37

Center and school-age programs operating outside of a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:05 and 61:15:06. School-age programs operating in a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:01, 61:15:02, and 61:15:07.

A family day care home must have the following fire safety measures in place:

- (1) A working smoke detector must be located on each level of the home;
- (2) A fully charged, portable fire extinguisher, with a minimum 2A rating, as identified on the extinguisher label, must be kept in or within fifteen feet of the kitchen or food preparation area;
- (3) A carbon monoxide detector must be installed, according to the manufacturer's instructions, if a fuel burning appliance is present in the home;
- (4) Each level of the home must have at least two remote exits that shall remain clear of obstructions. One of these exits must be a standard-sized door, and the other may be either a standard-sized door or an unobstructed, operable window, having at least five square feet of openable space, with a minimum width of twenty inches and a minimum height of twenty-four inches; and
- (5) Whenever a portable space heater, a wood burning stove, or a fireplace is in use, the heater, stove, or fireplace must be inaccessible to children.

**Summary of Non-Compliance Finding:**

Several Exit signs/lights need maintenance. Back-up batteries did not illuminate when tested.

**Corrections to be Made:**

The program will schedule maintenance for the exit signs and lights to ensure they illuminate properly and will then provide evidence to the Department of Office of Licensing and Accreditation.

**Corrections Made:**

The program provided evidence that the exit signs are maintained and functioning properly.

**Anticipated Completion Date:**  
November 07, 2025

**Date Completed:**  
October 20, 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.**

Lisa Carson

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

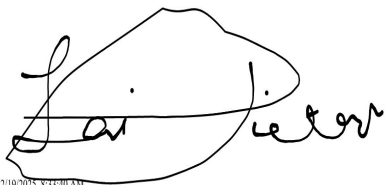
October 14, 2025

Date

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

Teri Pieters

Printed Name of DSS Staff



Signature of DSS Staff:

December 19, 2025

Date