

Date Issued	February 11, 2026	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:

67:42:17:47

A child care provider shall immediately report any suspected abuse or neglect of a child to child protective services, law enforcement, or the States Attorney’s office, and cooperate fully in the investigation of any incident.

Summary of Non-Compliance Finding:

During a complaint investigation by the Office of Licensing and Accreditation, it was determined that the program did not report observed indicators of possible child abuse and neglect to Child Protective Services as mandated.

Corrections to be Made:

The program will update their written policy outlining mandatory reporting requirements related to child abuse and neglect. The policy will specify that the staff member who observes or suspects abuse or neglect is responsible for reporting directly to Child Protective Services, the required timeframe in which the report must be made, and the follow-up action the program requires after mandatory reporting is completed.

Once the written policy is submitted to and approved by the Office of Licensing and Accreditation, the program will review the current policy with all providers. The providers will sign an acknowledgment confirming their understanding of and compliance with the mandatory reporting policy.

Corrections Made:

The program updated their mandatory reporting policy requirements for child abuse and neglect and provided a copy to the Office of Licensing and Accreditation.

All providers signed a copy of the updated mandatory reporting policy, and the program provided the verification to the Office of Licensing and Accreditation.

Anticipated Completion Date:
February 25, 2026

Date Completed:
March 06, 2026

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

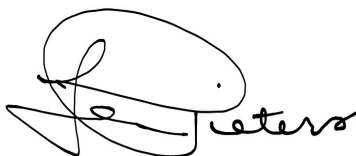
February 11, 2026

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



2/11/2026, 11:42:38 AM

Signature of DSS Staff:

February 11, 2026

Date
