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Date Issued	May 05, 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		

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**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

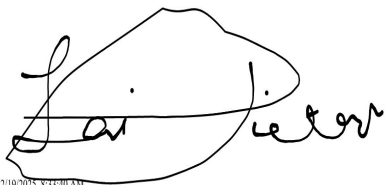
October 14, 2025

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