

Date Issued	April 27, 2026	Status	Closed
Provider Name	APPLE TREE WEST		
Provider ID	018043200		
Provider Address	6400 W 43rd St, Sioux Falls, SD 57106, USA		
Provider Contact	Amy Hauff		

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:

67:42:17:27

Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.

The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired.

The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

Summary of Non-Compliance Finding:

There were four medication authorization forms that were expired and need to be updated. Additionally, there were two expired medications that needed to be disposed of or returned to parents.

Corrections to be Made:

Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication. The medication must be returned to the parent when no longer needed or expired.

Corrections Made:

The four medication authorization forms were updated. Additionally, the two expired medications were disposed of.

Anticipated Completion Date:
May 22, 2026

Date Completed:
April 28, 2026

Compliance Plan Action #2

Administrative Rule:

67:42:17:26

A nap mat, blanket, or other sleep surface, other than the floor, for children over one year of age must be available for each child during nap time.

A sleep surface must be maintained in good repair.

A provider shall follow the safe sleep practices contained in **Caring for Our Children: National Health and Safety Performance Standards, 4th Edition**, for infants under the age of one.

Summary of Non-Compliance Finding:

There was an infant observed sleeping in a swing.

Corrections to be Made:

If an infant falls asleep in a car seat, swing, stroller, bouncer seat, or infant carrier, they must be moved to a crib or other firm sleep surface immediately.

Corrections Made:

The safe sleep requirements were discussed with the infant classroom providers. The infant was immediately moved to a crib.

Anticipated Completion Date:
April 27, 2026

Date Completed:
April 27, 2026

Compliance Plan Action #3

Administrative Rule:

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

- (1) The employee's name and date of birth;
- (2) The dates on which the employee began and ended employment;
- (3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
- (4) A statement that:
 - (a) Defines child abuse and neglect;
 - (b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
 - (c) Is signed by the employee; and
- (5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

There were 7 providers who did not have current CPR and one provider did not have orientation training completed.

Corrections to be Made:

All provider records must include all required information outlined in ARSD 67:42:17:15.

Corrections Made:

All provider records were updated to include current CPR and orientation training.

Anticipated Completion Date:

May 22, 2026

Date Completed:

May 29, 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.

Amy Hauff

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

April 27, 2026

Date

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

Brooke Flemmer

Printed Name of DSS Staff



4/27/2026, 11:53:19 AM

Signature of DSS Staff:

April 27, 2026

Date