

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIMBERLY CARE CHRISTIAN	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/2/2026
Facility Address: 956 MOBILE ST, MOBILE, AL 36617, Mobile	Licensee: KIMBERLY W. FEGGINS	Telephone #: (251) 348-5034
Ages: 6 Weeks to 12 Years	Director (if applicable): KIMBERLY FEGGINS	Capacity: 56 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
QUALIFICATIONS OF STAFF, Allegation	Pending Correction
Comments: REPORTED 24 HRS/5 DAYS, Allegation	Pending Correction
Comments: SUPERVISION AT ALL TIMES, Allegation	Pending Correction
Comments: In the infant room there were three infants asleep in bouncy seats with blankets., Ad Hoc	6/2/2026
Comments: NA In the infant room there were eight infants to one teacher., Ad Hoc	6/2/2026
Comments: NA In the three years to four years classroom the class was out of ration due to a staff member having an incomplete file in the center., Ad Hoc	Pending Correction
Comments: NA On May 21, 2026, a two (2) year old child was left unsupervised on the playground for an undetermined amount of time., Ad Hoc	Pending Correction
Comments: NA There are falsified documents in a staff's file in the center., Ad Hoc	Pending Correction
Comments: NA There is no documentation of children being signed in or out at the facility., Ad Hoc	Pending Correction
Comments: NA An incident which occurred on May 21, 2026, which involved the	Pending Correction

health, safety and well being of a child was not reported to the
Department within 24 hours., Ad Hoc
Comments: NA

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before 06/16/2026, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Kimberly W Feggins

Signature of Facility Representative

LESLIE WILLIAMS

Signature of DHR Licensing Representative

Date

06/02/2026

Date

COPIES TO: ___Kimberly Feggins___