Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KIMMY CARE EDUCATIONAL DEVELOPMENTAL DC	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 4519 CYPRESS BP DRIVE MOBILE, AL 36619	Mailing Address:
Telephone Number: (251) 408-9621	Licensee: KIMBERLY REA
Capacity: 40	Director:
Age Range: 6 Weeks to 12 Years	Date Prepared: 7/9/2026

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
Failed - Screen time for 2 years old and older limited to 30 minutes for half day and 1 hour for full day, Inspection Form Plan of Action - The T.V. was screen was covered.	7/9/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Plan of Action - The thorny vines were cut.	7/9/2026
There is debris on the playground., Ad Hoc Plan of Action - The trash was picked up from the playground.	7/9/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Parent will complete the preadmission form.	7/23/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Plan of Action - We are waiting on the CA/N to be returned by mail.	7/23/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Plan of Action - We are waiting on the CA/N to be returned by mail.	7/23/2026