Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KARING KASTLE 2	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 231 SHELTON BEACH ROAD SARALAND, AL 36571	Mailing Address: P.O. BOX 155 SARALAND, AL, 36571-____
Telephone Number: (251) 724-3055	Licensee: KARING KASTLE LLC
Capacity: 90	Director: SOJOURNER WILLIAMS
Age Range: 6 Weeks to 12 Years	Date Prepared: 7/14/2026

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