Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KIMBERLY WILLIAMS	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [X] Group [ ]
Physical Address: 3909 STRATHMORE DRIVE MONTGOMERY, AL 36116	Mailing Address: 3909 STRATHMORE DRIVE MONTGOMERY, AL, 36116
Telephone Number: (334) 202-0944	Licensee: KIMBERLY WILLIAMS
Capacity: 10	Director:
Age Range: 4 Weeks to 13 Years 18 Months to 13 Years	Date Prepared: 7/24/2026

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 - Immunization Certificate, Child Checklist Plan of Action - I will have immunization certificate updated to Alabama's certificate.	8/12/2026
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Plan of Action - All outdoor hazards will be corrected.	8/12/2026
Failed - At least one substitute available, Inspection Form Plan of Action - All required documents for a sub will be retrieved and submitted to ARISE.	8/12/2026