

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KIMBERLY CARE CHRISTIAN	Type of Facility: Center ☒ OST ☐ Day ☒ Family ☐ University ☐ Night ☐ Group ☐
Physical Address: 956 MOBILE ST MOBILE, AL 36617	Mailing Address:
Telephone Number: (251) 348-5034	Licensee: KIMBERLY W. FEGGINS
Capacity: 56	Director: KIMBERLY FEGGINS
Age Range: 6 Weeks to 12 Years	Date Prepared: 8/14/2026

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
QUALIFICATIONS OF STAFF, Allegation Plan of Action - I PLAN TO CONDUCT ONBOARDING, REQUIRE ORIGINAL HARD COPY OF ALL DOCUMENTS AND PLACE RESTRICTIONS ON LOCK AND KEYED FILES SO THEY CAN'T BE TAMPED WITH.	6/2/2026
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 Plan of Action - NEW HIRE, I PLAN TO CONTINUE TO COMPLETE HER FILE.	6/2/2026