

**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: 8/28/2026
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

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary There are no deficiencies at the time of this visit.	

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 09/4/2026, 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

08/28/2026

Date

08/28/2026

Date

COPIES TO: **Kimberly Feggins.**