

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KIDS	Type of Facility: Center ☐ OST ☐ Day ☒ Family ☐ University ☒ Night ☐ Group ☐
Physical Address: 3900 MOFFETT RD MOBILE, AL 36618	Mailing Address: 3220 KINGS GATE DR MOBILE, AL, 36618-____
Telephone Number: (251) 487-5170	Licensee: KIDS
Capacity: 50	Director:
Age Range: 5 Years to 16 Years	Date Prepared: 9/24/2026

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 - Medical, Staff Checklist Plan of Action - The medical report is not complete will take back to doctor.	9/28/2026
Failed - Medical, Staff Checklist Plan of Action - The medical is not complete will have the doctor check and sign.	9/28/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - give back to doctor to fix tb test dates.	9/28/2026
Failed - Heating/air conditioning provided, Inspection Form Plan of Action - The heat and air fix in the gym.	10/15/2026
Failed - Outdoor area, Inspection Form Plan of Action - The replace the boards to the fence and fence will be repaired that is leaning.	10/15/2026
Failed - Most recent evaluation, Inspection Form Plan of Action - The evaluation will be posted.	9/28/2026
Failed - Most recent subsidy report, Inspection Form Plan of Action - The deficiency report will be posted.	9/28/2026
Failed - Center free of apparent hazards, Inspection Form Plan of Action - will put new ceilings tiles.	9/28/2026