

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

Facility Name: KEE CARE CHILD DEVELOPMENT CENTER, LLC	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 8/27/2025
Facility Address: 1510 FIVE ACRE ROAD, DOLOMITE, AL, 35061, Jefferson	Licensee: TAMIEKA RAGLAND	Telephone #: (205) 436-8133
Ages: 0 Weeks to 15 Years/	Director (if applicable): TAMIEKA RAGLAND	Capacity: 155 75 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: Expired	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Black plastic tarp exposed to children play (tripping hazard) school age play area	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Grass growing too tall in Toddlers play area and vines and weeds overgrowth in riding area.	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some of the center's staff are not enrolled in the Alabama Pathway's Registry.	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: Missing	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: Missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Expired	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing dates	Pending Correction
Staff files are incomplete., Ad Hoc	Pending Correction

Comments: NA

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 _____, 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.



Signature of Facility Representative

Shundr Nevels

Signature of DHR Licensing Representative

8/27/2025

Date

Date

COPIES TO: _____