

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                            |                                                                                                                           |                                                    |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Facility Name:<br>KEE CARE CHILD DEVELOPMENT<br>CENTER, LLC                | Type of Facility : Center [X]<br>Day [X]            OST [ ]<br>Night [X]        Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>6/3/2026                         |
| Facility Address:<br>1510 FIVE ACRE ROAD,<br>DOLOMITE, AL 35061, Jefferson | Licensee:<br>TAMIEKA RAGLAND                                                                                              | Telephone #:<br>(205) 436-8133                     |
| Ages:<br>0 Weeks to 15 Years/1 Years to 15<br>Years                        | Director (if applicable):<br>TAMIEKA RAGLAND                                                                              | Capacity:<br>155       /    75<br>Day        Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b><u>Performance Standard Deficiency</u></b><br><b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>                                                           | <b>Date Corrected by<br/>Licensee</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                                                                                       |                                       |
| Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form<br>Comments: CPR is expired for all staff members | Pending Correction                    |
| Failed - Vehicle safety check, Inspection Form<br>Comments: Expired                                                                                             | Pending Correction                    |
| Failed - References, Staff Checklist<br>Comments: Missing 3                                                                                                     | Pending Correction                    |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Comments: Missing                                                                           | Pending Correction                    |
| Failed - Verification of Education, Staff Checklist<br>Comments: Missing                                                                                        | Pending Correction                    |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Comments: Missing                                                                           | Pending Correction                    |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: Wrong suitability letter, does not cover the Bock Grant Act                    | Pending Correction                    |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: Expired                                                                                  | Pending Correction                    |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: Expired                                                                              | Pending Correction                    |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: Expired                                                                                  | Pending Correction                    |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: Expired                                                                              | Pending Correction                    |

|                                                                                                                                       |                    |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing signatures and dates                                                 | Pending Correction |
| Failed - *Age appropriate puzzles – 2 (complete with all pieces),<br>Classroom Checklist / Toddler (Purple)<br>Comments: Missing      | Pending Correction |
| Failed - *Rhythm instruments – 1 per child in group, Classroom<br>Checklist / Preschool 1 (Pink)<br>Comments: Missing some            | Pending Correction |
| Failed - Hazardous substances locked, Classroom Checklist /<br>Toddler (Purple)<br>Comments: Closet door does not have a lock and key | Pending Correction |

**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.**

[Tamieka Ragland](#)

\_\_\_\_\_  
**Signature of Facility Representative**

\_\_\_\_\_  
Date

SHUNDR NEVELS

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_