

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: KEITH CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/6/2026
Facility Address: 1166 COUNTY RD 115, ORVILLE, AL 36707, Dallas	Licensee: BLACK BELT COMMUNITY FOUNDATION	Telephone #: (334) 874-1126
Ages: 3 Years to 5 Years	Director (if applicable): KATHY THOMAS	Capacity: 20 / NA Day Night

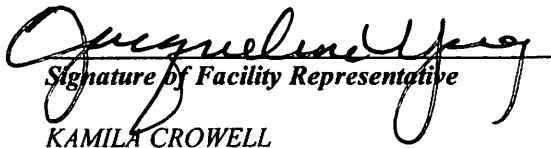
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Going to the entrance of the playground there are electrical wires hanging on the ground.	8/7/2026
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: missing	7/16/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	7/24/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction

Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: expired	7/24/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / Keith A Comments: not working properly	7/16/2026

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 8/20/2026, 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.


Signature of Facility Representative
KAMILA CROWELL

8/6/26
Date

Signature of DHR Licensing Representative

5-6-2026
Date

COPIES TO: Cerner manager