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: 10/7/2026
Facility Address: 1510 FIVE ACRE ROAD, DOLOMITE, AL 35061, Jefferson	Licensee: TAMIEKA RAGLAND	Telephone #: (205) 436-8133
Ages: 0 Weeks to 15 Years/1 Years to 15 Years	Director (if applicable): TAMIEKA RAGLAND	Capacity: 155 / 75 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary There are no deficiencies observed on today's visit.	
One toilet in the hallway is out of order., Ad Hoc Comments: NA	9/28/2026
Center did not fill out the Before/After School Transportation checklist completely. , Ad Hoc Comments: NA	9/25/2026
The Sign in/out Sheets dated for Sept 18, 2026 is incomplete. , Ad Hoc Comments: NA	9/25/2026

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 _____, 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: _____