ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
GOLDEN GOOSE LEARNING CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	4/29/2026
Facility Address:	Licensee:	Telephone #:
105 NORTH THIRD STREET, OPELIKA, AL 36801, Lee	GOLDEN GOOSE DAYCARE CORP	(334) 737-6385
Ages:	Director (if applicable):	Capacity:
0 Weeks to 6 Years	TARA CARR	47 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: missing	5/6/2026
Failed - Fire department, Inspection Form Comments: missing	5/6/2026
Failed - Law enforcement, Inspection Form Comments: missing	5/6/2026
Failed - Medical assistance (ambulance or rescue), Inspection Form Comments: missing	5/6/2026
Failed - Fire, Inspection Form Comments: missing	5/6/2026
Failed - Tornado, Inspection Form Comments: missing	5/6/2026
Failed - Lockdown, Inspection Form Comments: missing	5/6/2026
Failed - Relocation, Inspection Form Comments: missing	5/6/2026
Failed - Area well-drained, Inspection Form Comments: There were standing water on the playground by the slide	6/15/2026
Failed - Center free of apparent hazards, Inspection Form Comments: There was missing outlet cover in the entrance area of the facility	4/29/2026
Failed - TB Test Date and Results, Staff Checklist	5/6/2026

Comments: missing	
Failed - Immunization Certificate, Child Checklist	5/12/2026
Comments: Immunization certificate is expired.	
Failed - Preadmission Form, Child Checklist	6/15/2026
Comments: Parent signatures, not initials, are needed.	
Failed - Preadmission Form, Child Checklist	6/15/2026
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Failed - Preadmission Form, Child Checklist	5/6/2026
Comments: Address for Emergency contact is missing.	
Failed - Immunization Certificate, Child Checklist	5/6/2026
Comments: Certificate missing.	
Failed - Preadmission Form, Child Checklist	6/15/2026
Comments: Signatures for activities away from center, transportation, and swimming on second page are missing.	
Failed - Hazardous substances locked, Classroom Checklist / Infant 1	5/11/2026
Comments: Hazardous in a cabinet and closet was not under lock and key or combination. (Lysol spray, hand soap, dish wash liquid, and laundry soap)	
Failed - Medication locked, Classroom Checklist / Infant 1	5/11/2026
Comments: Medication was not under lock and key. (Teething medication)	
Failed - Barriers around heaters, fans, Classroom Checklist / INFANT 2	4/29/2026
Comments: There was a fan in the classroom without a barrier around it	
Failed - Hazardous substances locked, Classroom Checklist / INFANT 2	5/11/2026
Comments: There was a cabinet with hazardous substances not under lock and key or combination lock.	
Failed - *Non-wooden building blocks (approximately 20 non-interlocking), Classroom Checklist / Toddler 1	5/6/2026
Comments: missing	
Failed - Electrical outlets covered, Classroom Checklist / Toddler 1	4/29/2026
Comments: missing outlet covers	
Failed - *Large/medium building blocks-app. 15 non-interlocking, Classroom Checklist / Preschool	6/15/2026
Comments: missing	
Failed - *Magnifying glass, Classroom Checklist / Preschool	5/6/2026
Comments: missing	
Failed - *Magnets, Classroom Checklist / Preschool	5/6/2026
Comments: missing	
Failed - Labeled storage space at child level, Classroom Checklist / Preschool	5/13/2026
Comments: children space was not labeled	
Failed - *Large/medium building blocks-app. 15 non-interlocking, Classroom Checklist / Preschool 4yr	5/6/2026
Comments: missing	
Failed - Hazardous substances locked, Classroom Checklist / Preschool 4yr	6/15/2026

Comments: A cabinet with hazardous substances was not under lock and key In infant one classroom there was an infant asleep in a bouncer., Ad Hoc Comments: NA	5/13/2026

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 N/A, 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.

Lara Cars — 6/15/2026
Signature of Facility Representative — Date

SHYNECSA BLEVINS Shynecsa Blevins 6/15/26
Signature of DHR Licensing Representative — Date

COPIES TO: Director