

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: GOODWILL GULF COAST CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/11/2026
Facility Address: 10 Westminster Way, Mobile, AL 36608, Mobile	Licensee: GOODWILL GULF COAST CHILD DEVELOPMENT CENTER	Telephone #: (251) 342-3122
Ages: 2 Years to 12 Years	Director (if applicable): KAM BUTTAR	Capacity: 75 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary On Monday, June 8, 2026, a five (5) year old child pushed through the gate the teacher was opening on the playground and then ran into the street., Ad Hoc Comments: NA	Pending Correction
The center failed to report within 24 hours an incident in which the health, welfare and safety of a child was at risk., Ad Hoc Comments: NA	Pending Correction
In the girl's hall bathroom, there are hazardous substances not under lock and key or combination lock., Ad Hoc Comments: NA	6/11/2026

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 07/01/2026, 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

LESLIE WILLIAMS

Date

06/11/2026

**Signature of DHR Licensing
Representative**

Date

COPIES TO: **Kam Buttar**