

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: AIM ACADEMY	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]      Family [ ] University [ ] Group [ ]	Date of Visit: 9/3/2025
Facility Address: 530 ANTIOCH LANE, PIKE ROAD, AL 36064, Montgomery	Licensee: AIM ACADEMY LLC	Telephone #: (334) 649-8341
Ages: 6 Weeks to 12 Years	Director (if applicable): Hailey Morrow	Capacity: 190      /      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Center free of apparent hazards, Inspection Form Comments: mop buckets containing water in several areas.	9/3/2025
Failed - Waterproof mattress, sheets, Classroom Checklist / Infant 2 Comments: Sheets do not fit snugly.	9/3/2025
Failed - Indoor thermometer (child safe), Classroom Checklist / pre k Comments: .	9/3/2025
Failed - Medication locked, Classroom Checklist / Preschool Transition 1 Comments: .	9/3/2025

**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.



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

Jessica Vice

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



\_\_\_\_\_  
Date



\_\_\_\_\_  
Date

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