

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

SECTION A- IDENTIFYING INFORMATION


Facility Name: AIM ACADEMY OF TRUSSVILLE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/20/2025
Facility Address: 7784 GADSDEN HIGHWAY, TRUSSVILLE, AL 35173, Jefferson	Licensee: AIM ACADEMY LLC	Telephone #: (205) 631-1201
Ages: 6 Weeks to 12 Years	Director (if applicable): TORRICA BLACKFUL	Capacity: 170 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
Deficiency Summary	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: wrong letter in file	11/20/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: wrong letter in file	12/15/2025

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 _____na_____, 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

JOY FRAZIER

12-1-25

Date

11/20/2025

43	Containers labeled	Observed	
44	Medication locked	Certified/Discussed	
45	Screens on windows which are opened	Observed	
46	Lighting adequate	Observed	

4. Ad Hoc Deficiency

S No.	Deficiency
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Provider's Signature