

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: AIMWELL'S LEARNING TREE C.C. CENTER	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 5/28/2026
Facility Address: 500 DR. MICHAEL E JACKSON BLVD, MOBILE, AL, 36603, Mobile	Licensee: AIMWELL'S LEARNING TREE	Telephone #: (251) 433-8822
Ages: 6 Weeks to 14 Years	Director (if applicable): BARBARA THOMAS JACKSON	Capacity: 94        /        25 Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b><u>Performance Standard Deficiency</u></b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical form on file in the center.	5/28/2026
Failed - Preadmission Form, Child Checklist Comments: A child's Preadmission Form is incomplete on file in the center.	5/28/2026
Failed - Preadmission Form, Child Checklist Comments: A child's Preadmission Form is incomplete on file in the center.	5/28/2026
Failed - Preadmission Form, Child Checklist Comments: A child's Preadmission Form is incomplete on file in the center.	5/28/2026

**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.

  
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**Signature of Facility Representative**

LESLIE WILLIAMS  
\_\_\_\_\_

**Signature of DHR Licensing Representative**

5/28/26  
\_\_\_\_\_

Date

05/28/2026  
\_\_\_\_\_

Date

COPIES TO: \_\_\_ Barbara Jackson \_\_\_