

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

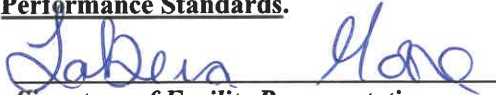
Facility Name: AIM ACADEMY OF CHELSEA	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 5/28/2026
Facility Address: 45 CHESSER PARK DRIVE, CHELSEA, AL, 35043, Shelby	Licensee: AIM ACADEMY LLC	Telephone #: (205) 831-2228
Ages: 6 Weeks to 12 Years/	Director (if applicable): TABERA MOORE	Capacity: 154 / 77 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
The deficiencies were corrected in Arise.	
Failed - Medical, Staff Checklist Comments: The staff's medical form expired 7/23/25.	6/15/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: The staff's suitability letter expired 4/20/26.	6/29/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: The staff's suitability letter expired 5/4/26.	6/26/2026
Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have CCDF #9.	6/15/2026

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 _____, 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


Date

LEANNA TOWERY

Signature of DHR Licensing Representative


Date

COPIES TO: director