ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TRIUMPHANT CHILD CARE CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/15/2026
Facility Address: 1431 13TH AVENUE NORTH, BESSEMER, AL 35020, Jefferson	Licensee: TRIUMPHANT CHILD CARE CENTER INC.	Telephone #: (205) 424-6892
Ages: 6 Weeks to 16 Years	Director (if applicable):	Capacity: 37 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: On 7/15/26. all staff were not enrolled in Alabama Pathways.	Pending Correction
Failed - Ongoing Training, Staff Checklist L Hamilton Comments: On 7/15/26, twelve (12) hours of ongoing training were missing.	CLA 7/30/26 Pending Correction
Failed - Health and Safety Training, Staff Checklist L Hamilton Comments: On 7/15/26, health and safety training were expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist S Ruffin Comments: On 7/15/26, ongoing training hours were missing.	Pending Correction
Failed - Ongoing Training, Staff Checklist V Davis Comments: On 7/15/26, twelve (12) hours of ongoing training were missing.	Pending Correction
Failed - Health and Safety Training, Staff Checklist V Davis	Pending Correction

Comments: On 7/15/26, health and safety training hours were expired.

Failed - Immunization Certificate, Child Checklist — Pending Correction
Comments: On 7/15/26, the child's immunization certificate was expired.

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 7/29/26, 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.

Dr. Christopher L. Raffin
Signature of Facility Representative

7/15/26
Date

AJOIA MCGHEE
Signature of DHR Licensing Representative

7/15/26
Date

COPIES TO: __Center Management_____