Plan of Correction

SECTION A - IDENTIFYING INFORMATION

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

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
Failed - Immunization Certificate, Child Checklist Plan of Action - I will have the parent bring in an updated immunization.	7/29/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - I will make sure the ongoing training hours are completed.	7/29/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - I will make sure the health and safety training hours are completed.	7/29/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - I will make sure the ongoing training hours are completed.	7/29/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - I will make sure the ongoing training hours are completed.	7/29/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - I will make sure the health and safety training hours are completed.	7/29/2026
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 Plan of Action - I will make sure all information is uploaded when complete.	7/29/2026