ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TRINITY LOVE MINISTRIES INC	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 7/28/2026
Facility Address: 1905 8TH AVENUE NORTH, BESSEMER, AL 35020, Jefferson	Licensee: TRINITY LOVE CENTER	Telephone #: (205) 585-6359
Ages: 6 Weeks to 14 Years/6 Weeks to 14 Years	Director (if applicable): LATONYA BENDER	Capacity: 60 / 23 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary There were no deficiencies observed or noted during today's visit.	
Failed - Individual records on each child on file on first day of attendance, Inspection Form Comments: On 6/30/26, individual records were missing for some of the children.	7/28/2026
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 Comments: On 6/30/26, all staff were not enrolled in Alabama Pathways.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 6/30/26, the preadmission form was incomplete.	7/24/2026
Failed - Preadmission Form, Child Checklist Comments: On 6/30/26, the preadmission form was incomplete.	7/24/2026
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Failed - Preadmission Form, Child Checklist	7/24/2026

Comments: On 6/30/26, the preadmission form was incomplete.	
Failed - Immunization Certificate, Child Checklist Comments: On 6/30/26, the immunization was expired.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 6/30/26, the preadmission form was incomplete.	7/24/2026

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 ____8/4/26_____, 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.

_____LaTonya Bender_____ **_____7/28/26_____**
Signature of Facility Representative Date

AJOIA MCGHEE **7/28/26**
_____ _____
Signature of DHR Licensing Representative Date

COPIES TO: _____Center_____