

**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

<u>Performance Standard Deficiency</u> 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.	8/18/2026 <i>CU 8/20/26</i>
Failed - Ongoing Training, Staff Checklist Comments: On 7/15/26, twelve (12) hours of ongoing training were missing.	7/30/2026 <i>CU 8/19/26</i>
Failed - Health and Safety Training, Staff Checklist Comments: On 7/15/26, health and safety training were expired.	8/10/2026 <i>CU 8/19/26</i>
Failed - Ongoing Training, Staff Checklist Comments: On 7/15/26, ongoing training hours were missing.	7/30/2026 <i>CU 8/19/26</i>
Failed - Ongoing Training, Staff Checklist Comments: On 7/15/26, twelve (12) hours of ongoing training were missing.	8/17/2026 <i>CU 8/19/26</i>
Failed - Health and Safety Training, Staff Checklist	8/6/2026 <i>CU 8/19/26</i>

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

Failed - Immunization Certificate, Child Checklist

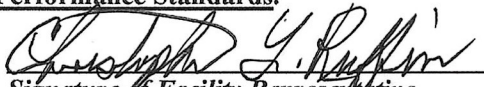
8/3/2026

CLA 8/9/26

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 _____ 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.


Signature of Facility Representative


Date

AJOIA MCGHEE

8/18/26

Signature of DHR Licensing Representative

Date

COPIES TO: ____ Center _____