ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: RIVER REGION KIDS II, LLC	Type of Facility : Center [X] Day [X] Night [ ] OST [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/8/2026
Facility Address: 3874 S. COURT ST, MONTGOMERY, AL 36105, Montgomery	Licensee: RIVER REGION KIDS II, LLC	Telephone #: (334) 398-8109
Ages: 6 Years to 12 Years	Director (if applicable): NOAH THOMAS	Capacity: 30 / 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: Some staff not enrolled in the Alabama Pathway's Professional Development registry	Pending Correction
Failed - Fire department, Inspection Form Comments: Fire inspection report is expired	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Medical, Staff Checklist Comments: expired 7/5/2026	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction

Failed - Medical, Staff Checklist Comments: expired 5/13/26	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing #9	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing #9	Pending Correction

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

BRIDGETTE SMITH

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____