

**ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: RIVER REGIONS KIDS III	Type of Facility: Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 04/02/2025
Facility Address: 5690 ATLANTA HWY, MONTGOMERY, AL 36117, Montgomery	Licensee: RIVER REGION KIDS LLC	Telephone #: (334) 593-3825
Ages: 6 Weeks to 14 Years	Director (if applicable): CAMILLA THOMAS	Capacity: 75 / NA Day Night

**SECTION B - DEFICIENCY INFORMATION**

Performance Standard Deficiency <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
Deficiency Summary	

**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

4 | 2 | 25  
 \_\_\_\_\_  
 Date

*bridgette smith*

\_\_\_\_\_  
 Signature of DHR Licensing  
 Representative

\_\_\_\_\_  
 Date

COPIES TO: \_\_\_\_\_