

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: JEANETTE R MORRIS	Type of Facility:    Center [ ] OST [ ] Day    [X]                Family [X] University [ ] Night [ ]                Group [ ]
Physical Address: 311 CHAUDRON ST. GREENVILLE, AL 36037	Mailing Address: 311 CHAUDRON STREET GREENVILLE, AL, 36037-____
Telephone Number: (334) 382-0563	Licensee: JEANETTE MORRIS
Capacity: 6	Director:
Age Range: 1 Months to 13 Years	Date Prepared: 5/29/2026

### 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 - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - I WILL GET UPDATED FINGERPRINTS.	6/12/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - I WILL GET UPDATED FINGERPRINTS	6/12/2026