

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: BECKY MORRIS IN HOME DAYCARE	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 507 FOREST DRIVE GREENVILLE, AL 36037	Mailing Address: 507 FOREST DRIVE GREENVILLE, AL, 36037
Telephone Number: (334) 382-6016	Licensee: MARY MORRIS
Capacity: 6	Director:
Age Range: 1 Years to 4 Years	Date Prepared: 6/17/2026

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 - Medical, Staff Checklist Plan of Action - I will get the document	7/22/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - I have already registered to have them taken	7/22/2026
Failed - Medical, Staff Checklist Plan of Action - I will get the medical	7/22/2026
Failed - Infant -Child CPR Certification, Staff Checklist Plan of Action - She will upload the information	7/22/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Plan of Action - She will upload the information	7/22/2026