

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

SECTION 1 - IDENTIFY THE INFORMATION	
Facility Name: SUSAN NORRIS	Type of Facility: Center [☐] OST [☐] Day [X] Family [☐] University [☐] Night [X] Group [X]
Physical Address: 140 LEE ROAD 213 PHENIX CITY, AL 36870	Mailing Address: 140 LEE ROAD 213 PHENIX CITY, AL, 36870
Telephone Number: (706) 888-5389	Licensee: SUSAN MAE NORRIS
Capacity: 24	Director:
Age Range: 6 Weeks to 12 Years 6 Weeks to 12 Years	Date Prepared: 9/16/2026

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 - Schedule appointment to have new prints for new letter. Appointment is done, will send in new letter when received, hopefully in about a week or so.	10/7/2026