ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LYNN'S SMALL WORLD	Type of Facility : Home [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit: 2/10/2026
Facility Address: 6005 VALLEY PARK DRIVE, HUNTSVILLE, AL, 35810, Madison	Licensee: DEBORAH DUNCAN	Telephone #: (256) 852-5438
Ages: 6 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Children's records complete, Inspection Form Comments: 1 child record is in-complete	12/16/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: staff are not registered on AL Pathways	3/4/2026
Failed - Preadmission Form, Child Checklist Comments: parent signature missing	12/16/2025
Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired, Ad Hoc Comments: NA	3/4/2026
Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired, Ad Hoc Comments: NA	3/4/2026

Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired, Ad Hoc Comments: NA	3/23/2026
Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired, Ad Hoc Comments: NA	3/23/2026

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 N/A, 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: 3/23/2026

Rolanda Nelson — **03/23/2026**

Signature of DHR Licensing Representative — Date

COPIES TO: Deborah Duncan