

## Julie Duran

727 East Thistle Trail  
San Tan Valley, AZ

### 9 Inspection Visits Since 2023 - 9 Findings

Most recent inspection: Dec 18, 2025

● 9 Important

Across 9 inspections since 2023, the issues cited most often were The Following Deficiency Was Observed at the Attempt of the Annual Compliance Inspection on 12/18/2025.

An Inspection Was Not Performed at This Time Due to the Closure of the program.

Please Submit the Plan of Corrections via the LMS Portal Within 10 Days of Receipt of the Statement of Deficiencies. (3), The Following Deficiencies Were Observed at the Time of the Annual Compliance Inspection Conducted on 2/26/2025 and Are Subject to Changes Pending Programmatic Review. A Paper Copy of the Notice of Inspection Rights Was Provided at the Time of the inspection.

Please Submit Your Plan of Corrections via the LMS Portal Within 10 Days of Receipt of the Statement of Deficiencies.

The Emergency Disaster Contact Form Was Left with the Provider. Please Complete the Form and Email It to the Complia (3), and The Following Deficiencies Were Observed at the Time of the Mid-Year Inspection Conducted on 6/6/2025 and Are Subject to Changes Pending Programmatic Review. A Notice of Inspection Rights Was Provided at the Time of the Inspection.

A Complete Inspection Was Not Conducted at This time.

The Fingerprint Clearance Cards for 2 of 2 Staff Members Were Verified to Be Valid Through the DPS Website at the Time of the inspection.

Please Submit the Plan of Corrections via the LMS Portal Within 10 (2). None of the 9 findings were critical.

### Inspection Visits

**Dec 18, 2025** 1 Finding ● 1 Important

#### About this report

Childery generates this report from public inspection records published by the Arizona Department of Health Services, Bureau of Child Care Licensing. Childery did not conduct these inspections or produce the original state reports. Childery is an independent directory and is not affiliated with the Arizona Department of Health Services, Bureau of Child Care Licensing.

- **The Following Deficiency Was Observed at the Attempt of the Annual Compliance Inspection on 12/18/2025.**

**An Inspection Was Not Performed at This Time Due to the Closure of the program.**

**Please Submit the Plan of Corrections via the LMS Portal Within 10 Days of Receipt of the Statement of Deficiencies.**

Compliance (Annual)

**Jun 6, 2025** 1 Finding ● 1 Important

- **The Following Deficiencies Were Observed at the Time of the Mid-Year Inspection Conducted on 6/6/2025 and Are Subject to Changes Pending Programmatic Review. A Notice of Inspection Rights Was Provided at the Time of the Inspection.**

**A Complete Inspection Was Not Conducted at This time.**

**The Fingerprint Clearance Cards for 2 of 2 Staff Members Were Verified to Be Valid Through the DPS Website at the Time of the inspection.**

**Please Submit the Plan of Corrections via the LMS Portal Within 10**

Midyear

**Feb 26, 2025** 1 Finding ● 1 Important

- **The Following Deficiencies Were Observed at the Time of the Annual Compliance Inspection Conducted on 2/26/2025 and Are Subject to Changes Pending Programmatic Review. A Paper Copy of the Notice of Inspection Rights Was Provided at the Time of the inspection.**

**Please Submit Your Plan of Corrections via the LMS Portal Within 10 Days of Receipt of the Statement of Deficiencies.**

**The Emergency Disaster Contact Form Was Left with the Provider. Please Complete the Form and Email It to the Complia**

Monitoring

**Feb 5, 2025** 1 Finding ● 1 Important

- **The Monitoring Inspection Was Unable to Be Conducted on 2/5/2025 Due to Facility closure. The Compliance Officer Is Patti Longman.**

Monitoring

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**Dec 18, 2024** 1 Finding ● 1 Important

- **The Compliance Officer Was Unable to Conduct the Annual Compliance Inspection on 12/18/2024 Due to a Temporary Facility Closure.**

**The Compliance Officer Is Patti Longman.**  
Compliance (Annual)

**Jul 18, 2024** 1 Finding ● 1 Important

- **The Following Deficiencies Were Observed at the Time of the Midyear Inspection Conducted on 7/18/2024 and Are Subject to Changes Pending Programmatic Review.**

**Please Submit the Plan of Corrections via the LMS Portal Within 10 Days of Receipt of the Statement of Deficiencies.**

**The Fingerprint Clearance Cards for 2 Staff Members and 1 Resident Were Verified to Be Valid Through the DPS Website at the Time of the Inspections.**

**During the Exit Interview, the Following Items Were Discussed Bu**  
Midyear

**Apr 4, 2024** 1 Finding ● 1 Important

- **The Following Deficiencies Were Observed at the Time of the Monitoring Inspection Conducted on 3/4/2024 and Are Subject to Changes Pending a Programmatic Review.**

**Please Submit a Plan of Corrections via the LMS Portal Within 10 Days of Receipt of the Statement of Deficiencies.**

**A Full Inspection Was Not Conducted at This time.**

**The Emergency Contact Form Was Completed at the Time of the inspection.**

**The Fingerprint Clearance Cards for 2 of 2 Staff Members Were Verified to Valid Throug**  
Monitoring

**Mar 27, 2024** 1 Finding ● 1 Important

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- **Initial Monitoring Inspection Was Not Conducted on 3/27/2024 Due to Home closure.**

**Compliance Officer Is Patti Longman.**

Initial Monitoring

**Dec 27, 2023** 1 Finding ● 1 Important

- **The Following Deficiencies Were Observed at the Time of the Initial Inspection Conducted on 12/26/2023 and Are Subject to Changes Pending Programmatic review.**

**Please Submit the Plan of Corrections via the LMS Portal Within 10 Days of Receipt of the Statement of Deficiencies.**

**The Fingerprint Clearance Cards for 1 of 1 Staff Member Was Verified to Be Valid Through the DPS Website at the Time of the inspections.**

**During the Exit Interview, the Following Items Were Discussed but Are Not Lim**

Compliance (Initial)

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