

## Bueno, Brenda

18 Van Corlear Place  
Bronx, NY

### 2 Inspection Visits Since 2025 - 5 Findings - 100% Corrected at Visit

Most recent inspection: Jan 22, 2026

● 5 Important

Across 2 inspections since 2025, the issues cited most often were All Child Day Care Providers, Employees, Volunteers and Any Person Age Eighteen (18) or Older Living or Who Begins to Live in a Group Family Day Care Home Are R (2), The Provider, Assistant(s), and Substitute(s), Must Each Submit a Medical Statement on Forms Furnished by the Office or an Approved Equivalent From a Health Car (2), and Every Licensee and Registrant Shall Submit Fingerprint Images for Each Prospective Director, Employee, or Volunteer, and Any Person Age Eighteen (18) or Older P (1). None of the 5 findings were critical.

### Inspection Visits

**Jan 22, 2026** 3 Findings ● 3 Important

- **Every Licensee and Registrant Shall Submit Fingerprint Images for Each Prospective Director, Employee, or Volunteer, and Any Person Age Eighteen (18) or Older P**

413.4(d)(2)

Corrected at visit

- **All Child Day Care Providers, Employees, Volunteers and Any Person Age Eighteen (18) or Older Living or Who Begins to Live in a Group Family Day Care Home Are R**

416.13(b)

Corrected at visit

- **All Child Day Care Providers, Employees, Volunteers and Any Person Age Eighteen (18) or Older Living or Who Begins to Live in a Group Family Day Care Home Hired**

416.13(c)

Corrected at visit

**Jan 30, 2025** 2 Findings ● 2 Important

#### About this report

Childery generates this report from public inspection records published by the New York State Office of Children and Family Services. Childery did not conduct these inspections or produce the original state reports. Childery is an independent directory and is not affiliated with the New York State Office of Children and Family Services.

- **The Provider, Assistant(s), and Substitute(s), Must Each Submit a Medical Statement on Forms Furnished by the Office or an Approved Equivalent From a Health Car**

416.11(b)(1)

Corrected at visit

- **The Initial Medical Statement for Providers, Assistants, and Substitutes Must Include the Results of a Mantoux Tuberculin Test or Other Federally Approved Tuber**

416.11(b)(6)

Corrected at visit

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