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3525 Decatur Ave
Bronx, NY

2 Inspection Visits Since 2024 - 5 Findings - 100% Corrected at Visit

Most recent inspection: Apr 2, 2025

● 5 Important

Across 2 inspections since 2024, the issues cited most often were 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 (3), The Provider, Assistant(s), and Substitutes Must Each Meet the Following Qualifications: Provide to the Office the Names, Addresses and Daytime Telephone Number (1), and A Search of the State-based Child Abuse or Neglect Repository of Any State Other Than New York Where Such Person Lives or Lived During the Preceding Five Years. (1). None of the 5 findings were critical.

Inspection Visits

Apr 2, 2025 3 Findings ● 3 Important

● **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

● **The Provider, Assistant(s), and Substitutes Must Each Meet the Following Qualifications: Provide to the Office the Names, Addresses and Daytime Telephone Number**

416.13(a)(4)

Corrected at visit

Nov 1, 2024 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.

- **A Search of the State-based Child Abuse or Neglect Repository of Any State Other Than New York Where Such Person Lives or Lived During the Preceding Five Years.**

413.4(c)(3)

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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