

## Green, Marthie

3635 Fenton Avenue  
Bronx, NY

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

Most recent inspection: Mar 13, 2025

● 5 Important

Across 3 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 (4) and At the Two-year Calendar Date in a Four Year Licensing Cycle, a Program Must Be in Compliance with the Following Mid-point Requirements and Be Able to Show Proo (1). None of the 5 findings were critical.

### Inspection Visits

**Mar 13, 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 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)(ii)

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

**Aug 1, 2024** 1 Finding ● 1 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.

- **At the Two-year Calendar Date in a Four Year Licensing Cycle, a Program Must Be in Compliance with the Following Mid-point Requirements and Be Able to Show Proof**

416.15(b)(25)(iii)

Corrected at visit

**Jun 24, 2024** 1 Finding ● 1 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

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