

Navas, Katia

2360 St. Raymond Street
Bronx, NY

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

Most recent inspection: Sep 9, 2025

● 5 Important

Across 2 inspections since 2025, the issues cited most often were The Caregivers Also Must: Obtain Written Consent at the Time of Admission From the Parent Which Authorizes the Provider or Other Caregivers to Obtain Emergency (3), Windows Above the First Floor, Other Than Those Identified for Emergency Evacuation, That Are Accessible to Children and Which Present a Fall Hazard Must Be Pro (1), and The Provider, Assistant(s), and Substitutes Must Each Meet the Following Qualifications: Provide to the Office the Names, Addresses and Daytime Telephone Number (1). None of the 5 findings were critical.

Inspection Visits

Sep 9, 2025 2 Findings ● 2 Important

- **The Caregivers Also Must: Obtain Written Consent at the Time of Admission From the Parent Which Authorizes the Provider or Other Caregivers to Obtain Emergency**

416.11(h)(1)(i)

Corrected at visit

- **Windows Above the First Floor, Other Than Those Identified for Emergency Evacuation, That Are Accessible to Children and Which Present a Fall Hazard Must Be Pro**

416.5(q)

Corrected at visit

Jun 26, 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

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 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

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