

MIDDLE-BROOK  
REGIONAL HEALTH COMMISSION

111 Greenbrook Road  
Green Brook, NJ 08812  
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[www.middlebrookhealth.org](http://www.middlebrookhealth.org)

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PARTICIPATING MUNICIPALITIES

BOROUGH OF BOUND BROOK  
TOWNSHIP OF GREEN BROOK  
BOROUGH OF SOUTH BOUND BROOK  
BOROUGH OF WATCHUNG  
TOWNSHIP OF WARREN

CHILD CARE CENTER  
INSPECTION REPORT

General Information

Name of Center Bright Beginnings Pre-school

Address 923 Washington Ave, Green Brook, NJ 08812  
(street) (city) (state) (zip code)

Telephone Number 732-624-9230

Name of Center Sponsor (owner) Lisa Riccioni

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Telephone Number \_\_\_\_\_

Center Information

Is the center? New \_\_\_ Renewing  Relocating \_\_\_ Under new sponsorship \_\_\_

Indicate the date on which the center first began/will operating \_\_\_\_\_

Days and Hours of Operation M-F 7:30am-6pm

Mon 7:30 am Tues \_\_\_ am Wed \_\_\_ am Thurs \_\_\_ am Fri \_\_\_ am  
6:00 pm \_\_\_ pm \_\_\_ pm \_\_\_ pm \_\_\_ pm

Sat \_\_\_ am Sun \_\_\_ am  
\_\_\_ pm \_\_\_ pm

Sessions: Morning \_\_\_ Afternoon \_\_\_ All day  Night \_\_\_

Does (will) the center remain open? Year round  School Year \_\_\_

Number of Children 35 Number of Nursery Rooms 3  
Age Group: Under 1 yr \_\_\_ Age 1-2  Age 3  Age 4  Age 5  Age 6 \_\_\_

18 months - 5 yrs



Public Health  
GREEN BROOK REGIONAL  
HEALTH COMMISSION

Staff Information

Name of Center Director Lisa Riccioni

Name of Head Teacher/Supervising Caregiver \_\_\_\_\_

- Medical director (emergency contact) \_\_\_\_\_

Additional Staff (include Name, Position, and indicate if certified in Child 1<sup>st</sup> Aid/CPR):

1. Lisa Riccioni - Director \* ALL STAFF w/ CPR

2. Susan Morris - Head teacher

3. Juli Capparelli - Teacher

4. Nalesha Bhagwandas - Teacher

5. Josephine Pierre - Teacher

6. Ana Flores - Teacher

7. Melba Moreno - Teacher

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

Food Service Operations

Does (will) the Center participate in a Food Program? Yes \_\_\_ No

List any Chapter 12 Violations

Physical Center Checklist

central air

Fire drills 2x/month ✓  
First aid kit ✓  
Screened windows \_\_\_\_\_  
Septic sewers (circle)

Air conditioning ✓  
Adequate ventilation \_\_\_\_\_  
Floor/window fans \_\_\_\_\_  
Well city water (circle)

Lighting ✓  
Heating type GAS  
Ceiling/walls ✓

Toilets ✓  
Waste baskets ✓  
Tables \_\_\_\_\_  
Blankets/pillows ✓

Wash basins ✓  
Fountains \_\_\_\_\_  
Linens ✓  
Cots ✓ Cribs \_\_\_\_\_

Towels/soap ✓  
Chairs \_\_\_\_\_  
Beds/Mats \_\_\_\_\_

Extermination services \_\_\_\_\_  
(name) N/A (phone number)

Indoor maintenance and sanitation IN House by STAFF

Outdoor maintenance and sanitation Sanitize Toys Daily

Transportation Services

Is transportation provided? Yes \_\_\_\_\_ No ✓  
If yes, complete the following:

Name of Company (if other than center) providing transportation:

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Telephone Number \_\_\_\_\_

Make, Model, Year of Vehicle(s) Vehicle(s) License Number(s)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Vending Machines

Is (are) there vending machine(s) at the Center? Yes \_\_\_\_\_ No ✓

List type, Location, and Name of manager food service operation

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Additional Comments and Summary

Kids bring in own food

3 Bathrooms - 2 in use, 1 used as storage

No exterminator

Refrigerator Temp is good

Parents not allowed inside - Covid protocol

Physical Facility - Satisfactory

~~ISSUED  
SATISFACTORY~~

Shahira Morell, REHS

(Inspector)

6/1/22

(Date)