

MIDDLE-BROOK  
REGIONAL HEALTH COMMISSION

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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

6/17/21

CHILD CARE CENTER  
INSPECTION REPORT

General Information

Name of Center Bright Beginnings

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

Telephone Number 732-624-9230

Name of Center Sponsor (owner) LISA Ricciardi

Address 17 Fitz Randolph St Green Brook  
(street) (city) (state) (zip code)

Telephone Number 908 768-7511

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

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

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

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

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

Number of Children 30 Approx. Number of Nursery Rooms \_\_\_  
Age Group: Under 1 yr \_\_\_ Age 1-2 \_\_\_ Age 3 \_\_\_ Age 4 \_\_\_ Age 5 \_\_\_ Age 6 \_\_\_



Public Health  
Prevent. Promote. Protect  
MIDDLE BROOK REGIONAL  
HEALTH COMMISSION

Staff Information

Name of Center Director LISA Riccioni  
Name of Head Teacher/Supervising Caregiver Lesly Hempworth  
Medical director (emergency contact) \_\_\_\_\_

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

- 1. Barba Montney CPR
- 2. Melba Moreno CPR
- 3. Anna Wares CPR
- 4. Julie Caparoli CPR
- 5. Lesly Hempworth CPR
- 6. Rosal Mejia
- 7. Nalle Florez
- 8. Nalicia Bhagwandas
- 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

- No School Lunch program -  
Temperature for refrigerator satisfactory.

Physical Center Checklist

Fire drills <input checked="" type="checkbox"/>	Air conditioning <input checked="" type="checkbox"/>	Lighting _____
First aid kit <input checked="" type="checkbox"/>	Adequate ventilation <input checked="" type="checkbox"/>	Heating type _____
Screened windows <input checked="" type="checkbox"/>	Floor/window fans <input checked="" type="checkbox"/>	Ceiling/walls _____
Septic/sewers (circle) <input checked="" type="checkbox"/>	Well/city water (circle) <input checked="" type="checkbox"/>	

Toilets <input checked="" type="checkbox"/>	Wash basins <input checked="" type="checkbox"/>	Towels/soap _____
Waste baskets <input checked="" type="checkbox"/>	Fountains <input checked="" type="checkbox"/>	Chairs _____
Tables <input checked="" type="checkbox"/>	Linens _____	Beds/Mats _____
Blankets/pillows <input checked="" type="checkbox"/>	Cots <input checked="" type="checkbox"/> Cribs <input checked="" type="checkbox"/>	

Extermination services \_\_\_\_\_ (name) \_\_\_\_\_ (phone number)

Indoor maintenance and sanitation \_\_\_\_\_

Outdoor maintenance and sanitation \_\_\_\_\_

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

Satisfactory

Robyn  
(Inspector)

6/17/02  
(Date)