MIDDLE-BROOK
REGIONAL HEALTH COMMISSION
111 Greenbrook Road
Green Brook, NJ 08812
(732) 968-5151
(732) 968-5331 [fax]
www.middlebrookhealth.org

Kevin G. Sumner, Health Officer/Director
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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 Little Angels Family Day Care

Address 326 US Hwy 22 W. Green Brook
(street) (city) (state) (zip code)

Telephone Number (908) 565-1135

Name of Center Sponsor (owner) Mohamed Farid, Umit Demerhand-Farid

Address 1923 Rte 22 Bound Brook NJ
(street) (city) (state) (zip code)

Telephone Number cp 908-992-8754

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 am – 6 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 _____ Number of Nursery Rooms _____
Age Group: Under 1 yr___ Age 1-2 ___ Age 3 ___ Age 4 ___ Age 5 ___ Age 6 ___

Public Health
MIDDLE BROOK REGIONAL HEALTH COMMISSION

Staff Information

Name of Center Director Mr. & Mrs Farid
Name of Head Teacher/Supervising Caregiver Mohamed Farid.
Medical director (emergency contact) Parents are contact

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

1. Saaqa Merza - Teacher CPR
2. Umiq Farid - Teacher CPR.
3. Zainab Bashir - Teacher CPR
4. Lauchelys Nunez - Teacher CPR.
5.
6.
7.
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

Fire drills	✓	Air conditioning	✓	Lighting	✓
First aid kit	✓	Adequate ventilation	✓	Heating type	HVAC
Screened windows	N/A	Floor/window fans	NO	Ceiling/walls	satisfactory
Septic/sewers (circle)		Well/city water (circle)	City		
Toilets	✓	Wash basins	✓	Towels/soap	✓
Waste baskets	✓	Fountains	✓	Chairs	✓
Tables	✓	Linens	✓	Beds/Mats	✓
Blankets/pillows	parents	Cots ✓	Cribs		

Extermination services _____ _____ N/A.
(name) (phone number)

Indoor maintenance and sanitation clean -

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

Robert G
(Inspector)

9/15/22.
(Date)