MIDDLE-BROOK
REGIONAL HEALTH COMMISSION
111 Greenbrook Road
Green Brook, NJ 08812
(732) 968-5151
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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

6/15/21

CHILD CARE CENTER INSPECTION REPORT

General Information

Name of Center Little Angels Family Daycare

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

Telephone Number 908 565-1135

Name of Center Sponsor (owner) Mohamed Farid, Omit Demerhand Farid

Address 1923 Route 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	___ am ___ pm	Wed	___ am ___ pm	Thurs	___ am ___ pm	Fri	___ am ___ 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 60 Approx. Number of Nursery Rooms _____
Age Group: Under 1 yr ___ Age 1-2 ___ Age 3 ___ Age 4 ___ Age 5 ___ Age 6 ___

Public Health
MIDDLEBROOK REGIONAL HEALTH COMMISSION

Staff Information

Name of Center Director Same as Owner
Name of Head Teacher/Supervising Caregiver Sylvia Neil
Medical director (emergency contact) Mohamad Farid

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

1. Umit Farid
2. Lucelys Nunez - Teacher Assistant
3. Saada Mezza - Teacher ~~Assistant~~
4. Kayla Williams - Assistant
5. Zainab Qashir - Teacher
6. Maria Arias - Assistant
7. Viviana Mendez - Teacher
8. Victoria Solo/A - Teacher
9. Melanie Barnes - Assistant
10. Abigail Morales - Teacher
11. Rosa Lopez-Cruz - Teacher
12. Rachel Hansen - Assistant
13. * All Are Certified in CPR ~~*~~
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	FHA-A/C
Screened windows	N/A	Floor/window fans	N/A	Ceiling/walls	Satisfactory
Septic/sewers (circle)		Well/city water (circle)			

Toilets	✓	Wash basins	✓	Towels/soap	✓
Waste baskets	✓	Fountains	✓	Chairs	✓
Tables	✓	Linens		Beds/Mats	
Blankets/pillows	Parents	Cots	✓	Cribs	✓

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 Key (Robyn Key, Sr. REHS) 6/15/21

(Inspector) (Date)