

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
mbhrc@middlebrookhealth.org [email]

PARTICIPATING MUNICIPALITIES

Township of Bridgewater
Township of Green Brook
Township of Warren
Borough of Watchung

CHILD CARE CENTER
INSPECTION REPORT

General Information

Name of Center ~~Deborah Hannon~~ The Giving Nest
Address 225 Mountain Blvd Watchung
(street) (city) (state) (zip code)
Telephone Number (908) ~~222~~ 222 7003
Name of Center Sponsor (owner) Debbie Hannon (Assistant Dir. Katherine Smith)
Address 125 Sunbright, Watchung
(street) (city) (state) (zip code)
Telephone Number Emergency # 908-405-1157 K. Smith

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 8 am 4:30 pm Tues 7 am 7 pm
Wed 7 am 7 pm Thurs 7 am 7 pm Fri 7 am 7 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 115 Number of Nursery Rooms 6
Age Group: Under 1 yr ___ Age 1-2 ___ Age 3 Age 4 Age 5 Age 6 ___



Public Health
CENTRAL PLANSIDE PLAZA
MIDDLEBROOK REGIONAL
HEALTH COMMISSION

Staff Information

Name of Center Director Debbie HANNOY
Name of Head Teacher/Supervising Caregiver Tara Grouther
Medical director (emergency contact) Overlook Hospital

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

- | | | | |
|-----|-----------------------|------------|----------------------|
| 1. | <u>Kathleen Smith</u> | <u>CPR</u> | <u>Red Cross</u> |
| 2. | <u>Tara Grouther</u> | <u>CPR</u> | <u>CPR First Aid</u> |
| 3. | <u>Vincent O'Hara</u> | <u>CPR</u> | <u>First Aid</u> |
| 4. | | | |
| 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

No Food Program

Physical Center Checklist

Fire drills	<input checked="" type="checkbox"/>	Air conditioning	<input checked="" type="checkbox"/>	Lighting	<input checked="" type="checkbox"/>
First aid kit	<input checked="" type="checkbox"/>	Adequate ventilation	<input checked="" type="checkbox"/>	Heating type	HVAC
Screened windows	<input checked="" type="checkbox"/>	Floor/window fans	<input checked="" type="checkbox"/>	Ceiling/walls	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Waste baskets	<input checked="" type="checkbox"/>	Fountains	<input checked="" type="checkbox"/>	Chairs	<input type="checkbox"/>
Tables	<input checked="" type="checkbox"/>	Linens	MOM DAD	Beds/Mats	<input type="checkbox"/>
Blankets/pillows	MOM + DAD	Cots?	School		
		Cribs			

Extermination services _____
(name) Viking Pest Control (phone number) 1

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

No Lunch Program.

Family provides Lunch + Snacks

~~Satisfactory~~

Robyn
(Inspector)

10/18/22
(Date)