

MIDDLE-BROOK
REGIONAL HEALTH COMMISSION

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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 The Givvy Nest

Address 225 Mountain Blvd. Walch
(street) (city) (state) (zip code)

Telephone Number 908 222-1003

Name of Center Sponsor (owner) ~~Debby~~ Debbie Hannon

Address _____
(street) (city) (state) (zip code)

Telephone Number Tora Gronther, Asst. Dir
908 405 1164

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 9 am 2:45 pm
Tues ___ am ___ pm
Wed ___ am ___ pm
Thurs ___ am ___ pm
Fri ___ am ___ pm
Sat ___ am ___ pm
Sun ___ am ___ pm
All week

Sessions: Morning ___ Afternoon ___ All day Night ___

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

Number of Children 11
Age Group: Under 1 yr ___ Age 1-2 ___ Age 3 Age 4 ___ Age 5 Age 6 ___



Staff Information

Name of Center Director Dedric Harlow
Name of Head Teacher/Supervising Caregiver Jara Grunther
Medical director (emergency contact) 911 + parents

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

- 1. Jara Grunther CPR
- 2. Gen DiSarro
- 3. Cathleen Smith } Scheduled for training
- 4. Brittney Moore }
- 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

Simply Gourmet, Randolph NJ 973-801-1955

Physical Center Checklist

Fire drills <input checked="" type="checkbox"/>	Air conditioning <input checked="" type="checkbox"/>	Lighting <input checked="" type="checkbox"/> Fluorescent
First aid kit <input checked="" type="checkbox"/>	Adequate ventilation <input checked="" type="checkbox"/>	Heating type <input checked="" type="checkbox"/> A/C
Screened windows <input type="checkbox"/>	Floor/window fans <input type="checkbox"/>	Ceiling/walls <input 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 type="checkbox"/>	Fountains <input checked="" type="checkbox"/> Bottled	Chairs <input checked="" type="checkbox"/>
Tables <input type="checkbox"/>	Linens <input checked="" type="checkbox"/>	Beds/Mats <input checked="" type="checkbox"/>
Blankets/pillows <input type="checkbox"/>	Cots <input checked="" type="checkbox"/> Cribs <input type="checkbox"/>	

Extermination services _____ (name) n/a _____ (phone number)

Indoor maintenance and sanitation Satisfactory

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 Ky
(Inspector)

10/19/21
(Date)