



**Facility**

**Name:** Anita Paige **License Number:** 62090  
**Address:** 426 Byrum Rd., Chaparral, NM 88081  
**Phone:** 5758244535 **Fax:** na **E-mail:** tootiepaige@yahoo.com

**License Information**

**Type:** 2 Star Group Child Care Home **Status:** Licensed **Issue Date:** 03/26/2019 **Expiration Date:** 03/25/2020

**Capacity**

**Over Age 2:** 6 **Under Age 2:** 4 **Night Care:** **Playground:**  
**Square Footage:** 0

**Census**

**Over 2:** 0 **Under 2:** 0

**Classrooms**

**Number of Classrooms:** 2

**Days and Hours of Operation**

<b>Monday</b> 7:00 AM - 6:00 PM	<b>Tuesday</b> 7:00 AM - 6:00 PM	<b>Wednesday</b> 7:00 AM - 6:00 PM	<b>Thursday</b> 7:00 AM - 6:00 PM	<b>Friday</b> 7:00 AM - 6:00 PM
<b>Saturday</b> Closed	<b>Sunday</b> Closed			

**Inspection**

**Date:** 03/07/2019 **Time In:** 8:27 AM **Time Out:** 8:32 AM **Purpose:** Follow-up

**Licensure**

- 8.16.2.31 A Licensing Requirements N/A

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- 8.16.2.31 B Capacity of a Home N/A

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- 8.16.2.31 C Incident Reporting Requirements N/A

**Administrative Requirements**

- 8.16.2.32 A Administrative Records N/A

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- 8.16.2.32 B Mission, Philosophy and Curriculum Statement N/A

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- 8.16.2.32 C Parent Handbook N/A

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- 8.16.2.32 D Children's Records Compliance

### Administrative Requirements *(continued)*

8.16.2.32 E Personnel Records	N/A
8.16.2.32 F Personnel Handbook	N/A

### Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements	N/A
8.16.2.33 B Staff Qualifications and Training	N/A

### Services & Care of Children

8.16.2.34 A Guidance	N/A
8.16.2.34 B Naps or Rest Period	N/A
8.16.2.34 C Additional Requirements for Infants and Toddlers	N/A
8.16.2.34 D Diapering and Toileting	N/A
8.16.2.34 E Additional Requirements for Children with Special Needs	N/A
8.16.2.34 F Night Care	N/A
8.16.2.34 G Physical Environment	N/A
8.16.2.34 H Social-Emotional Responsive Environment	N/A
8.16.2.34 I Equipment and Program	N/A
8.16.2.34 J Outdoor Play	N/A
8.16.2.34 K Swimming, Wadding and Water	N/A
8.16.2.34 L Field Trips	N/A

### Food Service

8.16.2.35 B Meals and Snacks	N/A
8.16.2.35 C Menus	N/A
8.16.2.35 D Kitchens	N/A
8.16.2.35 E Meal Times	N/A

### Health & Safety Requirements

8.16.2.36 A Hygiene	N/A
8.16.2.36 B First Aid Requirements	N/A
8.16.2.36 C Medication	N/A

### Health & Safety Requirements *(continued)*

8.16.2.36 D Illness and Notifiable Diseases	N/A
8.16.2.37 A-G Transportation Requirements for Homes	N/A

### Buildings, Grounds & Safety

8.16.2.38 A Housekeeping	N/A
8.16.2.38 B Pest Control	N/A
8.16.2.38 C Mechanical Systems	N/A
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	N/A
8.16.2.38 E Exits	N/A
8.16.2.38 F Toilet and Bathing Facilities:	N/A
8.16.2.38 G Safety Compliance	N/A
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	N/A
8.16.2.38 I Pets	N/A

### Additional Comments

*Home provider submitted photo evidence showing correction to deficiency noted on Annual Survey dated 1/15/2019.*

*Areas marked as NA are not applicable to this follow up survey.*

### Signatures

**Please Note:** Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans noted above, may result in further action taken against the licensee.



Surveyor: Sandra Connolly



Facility Representative: Anita Paige