



Department of Public Health and Human Services

2401 Colonial Drive, PO Box 202953 ♦ Helena, MT 59601 ♦ (406) 444-2012 ♦ Fax: (406) 444-1742

www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Natosha Gushi / Kreative Kids*

Provider ID: *PV104866*

Address: *1114 Idaho St., Belgrade, MT 59714*

Type: *Group Child Care*

Service Area: *Bozeman*

Assigned Worker: *Kirsten Geiger*

Director: *Natosha S Gushi*

Phone: *(406) 595-0810*

Email: *natosha.gushi@yahoo.com*

Contact: *Natosha*

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Inspection

Type: *KIS*

Date: *03/14/2019*

Time In: *11:45 AM* **Time Out:** *1:05 PM*

Inspector: *Kirsten Geiger*

Phone: *406-522-2271*

Children/Caregiver Observations

Time: *12:03 PM*

children: *6*

under 2: *4*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

2. Overlap

Not Observed

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

6. Exiting

Yes

Outdoor Tour

7. Play Area

Yes

Health Issues

14. Health Prevention Yes

Medication

16. Storage Yes

Infants/Toddlers

17. Diapering Yes

20. Sleeping Yes

Written Records

28. Parent Information Yes

29. Facility Records **No**

37.95.

702.6. The provider shall maintain an up-to-date a master list with the name, address, and phone number of all children in care and their parents or guardians.

Deficiency

The intent of this rule was not met:

Based on review of facility records, CCL found that the provider did not maintain an up-to-date master list.

The Plan of Correction was accepted on March 25, 2019.

30. Child File Review **No**

37.95.

128.1. A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:

- a. A physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or
- b. A physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or
- c. A person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or
- d. A naturopathic physician licensed under Title 37, chapter 26, MCA.

Deficiency

The intent of this rule was not met:

Based on record review, CCL found that there were 1 children under age two that did not have a pediatric health record on file. See enclosed copy of children's record review.

The Plan of Correction was accepted on March 25, 2019.

Written Records (*continued*)

32. Caregiver File Review	Yes
33. First Aid Requirements	Yes