Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Diamond Star Early Learning Academy

Provider No.: 53033

Address: 1307 W Ridgeway Ave, Waterloo, IA, 50701

County: Black Hawk

Director's Name: Jami Nott

On-Site Supervisor: Kathleen Faley

Phone Number: 3195297375

E-Mail: principal@dsaacademy.org

HHS Visit Date: 03/23/2026

Licensing Period: 12/15/2025 to 03/01/2028

Fire Inspection:

Date Inspected: 10/09/2025

Comments:

Report Visit Type:

- [ ] PTO
- [ ] Licensing Visit
- [ ] Drop In
- [X] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

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Program Population Served:

- [ ] Infant(0-<24 Months)
- [ ] Toddler
- [X] PreSchool
- [ ] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	0	0	39	0	39
Summer					0

1. Basic Overview

On 03/23/26 I made an unannounced licensing visit to Diamond Star Early Learning Academy in Waterloo. I met with Jami Nott, the principal of the school and the director. Ms. Nott has a BA in early childhood education and an MA in Principalship. She has eleven years of teaching in an elementary setting. Ms. Nott has been the director of the program since December 2025 when they program was given permission to open. I also met with Necey Muhammad, the on-site supervisor. Ms. Muhammad started in February 2026 and she has many years of experience in childcare. The program employs three staff members in addition to Ms. Nott.

The program was given permission to open on 12/09/25, but they did not start until February 2026 because of enrollment. The program operates out of Diamon Star Academy, which is a private school in Waterloo. The program operates from 7:00 am until 6:00 pm Monday through Friday. The program was serving children who were two and one half through five years old the day of my visit but have changed the ages served to three through five years old because they do not have enough staff members to serve an additional room. Ms. Nott states they hope to start serving infants this summer and all age groups by the fall. There are currently six children enrolled.

During my visit there was a two year old child in the classroom with preschool aged children. I explained to Ms. Nott that a two year old cannot be cared for in the same room as children four and older. She did not have the staff for an additional room so this child was unenrolled.

It should be noted that this program has a capacity to serve 119 children. I am setting the capacity at 39 children for this license because the program currently only uses two rooms and they are only currently serving children ages three through five years old. I will increase the overall capacity of the center when they begin adding rooms and different age groups.

The program is currently operating out of two rooms. They use one classroom as a program space and one room is used as a dining area. There are five additional rooms that are licensed that are not currently being used because of enrollment. An inspection of each room was completed. Windows provide some natural lighting and artificial lighting is also used. The room is decorated with posters to assist the children with the learning process, such as the alphabet and shapes. There were posters for emotions also. There is an area for circle time.

The centers observed on the day of the licensing visit include library, blocks, table toys, puzzles for very young children, transportation, play dough, art, and dramatic play Centers were arranged in a manner that allowed easy movement between activities, but it also allowed for clear supervision by staff members. Materials were in good condition. The materials are located at child level, so they are easily accessible to the children. The program would benefit from adding more activities to the room so the children do not become bored. Ms. Nott was going to do this following my visit.

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There is a bathroom in each of the two rooms currently being used that has one toilet and one sink. Handwashing procedures were posted in the bathroom in the main program room but must also be posted in the dining area bathroom. There is an additional bathroom in one of the classrooms that is not yet being used that has one toilet and one sink. There are additional bathrooms in the hallway. The boys' bathroom has two toilets, two urinals, and two sinks. The girls' bathroom has three toilets and two sinks. You will need to post handwashing procedures in the bathrooms currently not being used when you begin to use them.

There is a changing mat on the counter in the room. You must post diaper changing procedures. When funds allow you need to buy a changing table that would be able to hold children thirty pounds and more for the children you are currently serving who are not potty trained. While you are using the mat, I recommend putting it on the ground for the safety of the children since there is no rail on the counter.

The program is using bleach as a sanitizer for food tables and they are using the same bottle on changing tables. You must use a disinfectant on changing tables. You can use the bleach but it must be mixed stronger to meet the qualifications of a disinfectant. A sanitizer can be used on food tables, toys, and cots.

The program must provide bedding for the cots. The bedding must be washed once each week. Bedding must be stored so the bedding of one child does not touch the bedding of another child. Cots must be sanitized weekly.

The program uses a variety of resources to develop lesson plans. On the day of my visit there was only an old lesson plan available for review. This lesson plan was detailed and looked good but you must have a new lesson plan each week. The lesson plan must be made available to parents and to me during licensing visits. A daily schedule was posted.

There was a phone with emergency numbers in the primary classroom. Secure the phone cord so the children do not have access to it. Post emergency numbers near the phone in the dining area. You must add the program's address and phone number to the posting. You must post emergency fire and tornado procedures and diagrams near the main program and outdoor exits out of each of the classrooms. The program also has walkie talkies to communicate with the office.

The program does not participate in the Child and Adult Care Food Program (CACFP) but is required to follow the CACFP guidelines. The program has lunch and a morning and afternoon snack on their schedule. They have allowed parents to bring breakfast for the children. Parents provide all food items for their children. Food items must be monitored by staff members and the program are required to supplement if breakfast, lunch and snacks do not meet the CACFP guidelines. CACFP requires three different components to be served for breakfast, five different components must be served for lunch and two different components must be served for each snack. Additionally, licensing standards mandated that food must be provided no sooner than two hours apart and no longer than three hours apart.

I have emailed CACFP guidelines to Ms. Nott and Ms. Muhammad.

Exceptions to CACFP guidelines shall be allowed for special diets because of medical reasons in accordance with the child's needs and written instructions of a licensed physician or health care provider. If a child has a medical exception for a food item otherwise recommended by CACFP, the program and the parent should establish a list of foods that present a problem. Note why (allergy, choking hazard, etc.), indicate allowable substitutions, and establish a date to reevaluate the child's needs.

There is not an area to wash any dishes. If you have dishes that require washing you must use the three step method, meaning they are washed, rinsed and sanitized.

There is a small refrigerator in the dining room and a thermometer was present.

As mentioned previously, bleach is used to sanitize the food tables. Tables must be cleaned with soap and water prior to sanitizing table and this must occur before and after children eat.

Medications must be stored completely inaccessible to children in their original containers in an upright position so that they cannot contaminate or spill. For emergency medications, staff must be able to easily access the medication, therefore it should not be locked. However, it must remain inaccessible to children. For every day an authorization for prescription medication is in effect and the child is in attendance, there shall be a notation of administration, including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the

medication was not given.

I discussed fire and tornado drills with Ms. Nott. The program did not start until 02/25/26 and they have not had any drills yet. I explained to Ms. Nott that a fire drill and a tornado drill must occur each month and they should be practiced on separate days.

The program does not have a playground for the age group they are serving. They have a grassy area they can use, they go on walks, and they use the gym. Playground inspections are not necessary as this time. Ms. Nott is aware that monthly playground inspections must occur when they add an age-appropriate playground.

The program has not completed radon testing yet. They have one year to complete radon testing in all program areas as a new program.

The fuel burning inspection was completed and no concerns were noted.

The program did not have a carbon monoxide detector. You must have one on the same level as the childcare program.

The fire marshal inspection occurred on 10/09/25.

There was a partial parent board in each of the classrooms and in the hallway. I would recommend putting all the required information for parents in the hallway so they all have access to it. They posted the Permission to Open Without a License letter. You must also post the mandatory reporter, childcare consultant and the handbook availability. I have provided the program with my poster.

Staff and children's files were reviewed at the time of the licensing visit. I reviewed six children's files. Files must contain emergency contact information for the doctor and dentist of each child. The doctor's and dentist's name, phone number and complete street address must be provided. One file did not provide any doctor's emergency contact information and five files did not provide any dental emergency contact information. Make sure the form you use has a space to provide the doctor's and dentist's address, as well as their name and phone number. One file did not have the names of emergency contacts other than the parents or permission to pick up information. There was not a pattern of disregard so this will not be cited. Two files did not have a form that allows them to secure emergency care in case of an accident or illness. This is required.

I reviewed two staff files. One staff member had a hit on their background check. They must complete the evaluation process and receive permission from Des Moines to work in childcare.

I reviewed policy and procedures, staff and parent handbooks. I provided Ms. Nott with information on missing policies and inaccurate policies. The handbooks did not have a dental emergency policy, Access policy, a universal precautions policy, staff orientation policy, or a field trip or transportation policy. The policies for staff development and ratios were inaccurate. Ms. Nott has since corrected these policies and these will not be cited.

Emergency Preparedness Plans have been completed. The plans did not have a lot of information initially, but Ms. Nott did correct this. You must add an "intoxicated parent" policy to your plan. Additionally, you must add additional evacuation sites. You had a near by evacuation location, but you are also required to have one further away and out of town.

2. Identify Observed Strengths of the program

Ms. Muhammad was the only staff member during my presence in the room. Santana Clark did come to the room when it was time for nap to relieve Ms. Muhammad. Ms. Muhammad was attentive to the children while also talking with me. She was patient and used positive redirection when necessary. She provided the children with good handwashing reminders. Ms. Muhammad asked several great licensing questions while I was present.

Ms. Nott states they are a new program and they have a lot of space. She said they can only go up from here.

Ms. Muhammad states they need more staff members to grow, but the staff members they have are good and part of the program for the right reasons.

Ms. Muhammad states that she and Ms. Clark work on lesson plans together so that they both have input. They have good teamwork. She states she involves Ms. Clark in everything.

Ms. Muhannad states they keep the children active with a lot of activities.

Ms. Muhammad states they have good communication between staff members and with the parents.

Ms. Nott states they are getting the word out, they are open.

Ms. Nott states they plan to develop a playground for the younger children.

The program uses the ProCare app to communicate with parents.

3. Identify the aspects that fall below the standard

109.4(2): Postings are required for:The certificate of license.Notice of exposure to communicable disease.Notice of decision to deny, suspend, or revoke center license or reduce to provisional status.Mandatory reporting requirements.Notice of availability of the handbook.Name and contact information of the HHS licensing consultant.Program activities and menus.All postings shall be conspicuously placed at the main entrance of the center.

109.9(1)a: All files contain:Copy of a department criminal history record check form or any other permission form approved by Department of Public Safety for conducting an Iowa or national criminal history record checkCopy of a request for child abuse information form, when applicable.Copies of results of Iowa record checks conducted through the SING for review by the department upon request.Copies of national criminal history check results.Any department issued documents sent to the center related to a record check, regardless of findings.

109.9(2)d: All files contain sufficient information and authorization to allow the center to secure emergency medical and dental services at any time child is in center’s care.

109.10(13)a: The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intoxicated parents and lost or abducted children.Emergency plans shall include written procedures including plans for:Evacuation to safely leave the facility.Relocation to a common, safe location after evacuation.Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue.Lock down to protect children and providers from an external situation.Communication and reunification with parents or other adults responsible for the children, which includes emergency telephone numbers.Continuity of operations.To address the individual children, including those with functional or access needs.

109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.

109.11(2)b: Program space must meet the following conditions:Room must be arranged so as not to obstruct the direct observation of children by staff.Individual covered mats, bed, or cots and appropriate bedding will be provided for all children who nap.Equipment and materials are maintained in a sanitary manner.Sufficient spacing must be maintained.The center will have sufficient toilet articles for each child for hand washing.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.

109.11(8)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.

109.12(1): Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served.Program complements but does not duplicate school curriculum.Schedule of

program is posted in a place visible to parents.

109.13(1 and 2): Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines.Staff shall provide supervision at table during snacks and meals.Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep.Menus shall be made available to parents and kept on file with substitutions noted.Avoid foods with high incident rate of causing choking.

109.13(4)a: Written policies developed for food brought from home for children under five years of age not enrolled in school and is provided to parent at admission.Food brought from home for children under five years of age not enrolled in school is monitored and supplemented if necessary to ensure CACFP guidelines maintained.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

Daycare Improvement Action Plan

Diamond Star Academy Daycare March 23, 2026
Thank you Becky for visiting our facility and providing guidance as we continue to improve our daycare program. We appreciate your support and recommendations. Below is our action plan to ensure all required items are implemented promptly and in compliance with licensing standards.

1. Handbook Updates
Responsible: Director / Administration Completion Goal: Within 14 days

Add Professional Development Section
Include a paragraph outlining required training:
? Mandatory Reporter
? Essentials Training
? Universal Precautions
? CPR / First Aid
? Ongoing Professional Development

Training Requirements to Include
? Teachers: 10 training hours during the first year
? Director: 8 training hours during the first year
Add Policy Sections

The handbook will include written policies for:
? Orientation procedures for staff
? Licensing standards compliance
? Emergency Preparedness Plans (detailed)
? Dental Emergency Plan
? Universal Precautions Policy
? Field Trip and Transportation Policy (stating program does not provide transportation or field trips)
? Food/Nutrition Policy

Food Program Policy
Handbook will specify:
? Lunch must include 5 healthy components
? Breakfast must include 3 components
? Children cannot go more than 3 hours without eating
? 2 hours must occur between meals/snacks
? Diet Modification Form required from a physician if a child cannot eat provided food

2. Classroom & Facility Adjustments
Responsible: Director and Staff Completion Goal: Within 21 days

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Classroom Separation
Create two separate rooms:
Room 1
? Children 18 months – 3 years
? Ratio: 1:8
Room 2
? Children 3 – 5 years
? Ratio: 1:12

Infant Room Planning
Before beginning renovations:
? Meet with Fire Marshall
? Confirm safety requirements
? Notify Becky before remodeling begins

Equipment Updates
Purchase/replace:
? Heavy-duty changing table rated above 30 pounds
? Sheets for all cots

3. Health & Safety Posting Requirements
Responsible: Director / Staff Completion Goal: Within 7 days
Post the following in classrooms and common areas:
? Fire evacuation diagrams
? Tornado procedures
? Emergency phone numbers by the phone
? Handwashing procedures in bathrooms
? Diaper changing procedures near changing station

Safety Fixes
Complete immediately:
? Secure all cords to walls with tape or cord covers
? Use disinfectant for:
? Changing tables
? Eating tables
? Toys
? Shared surfaces

4. Emergency Preparedness
Responsible: Director / Teachers Completion Goal: Begin immediately
Drill Documentation
Create separate logs for:
? Fire drills
? Tornado drills
Drills must be conducted monthly.

5. Parent Communication & Board
Responsible: Director/Teacher Completion Goal: Within 5 days
Create a Parent Information Board in the hallway including:
? Licensing consultant information (Becky)
? Mandatory Reporter information
? Permission to Operate documentation
? Required childcare postings

6. Staff Compliance
Responsible: Director Completion Goal: Within 30 days (physical requirement), begin immediately
Staff needing physicals:

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? Nece
? Santana
? Addy
Requirements:
? Physical completed within 6 months
? Must be completed using the mandatory state form

7. Child File Compliance
Responsible: Teacher/ Director Completion Goal: Within 7 days
Each child file must include:
? Doctor name
? Doctor address
? Doctor phone number
? Dentist name
? Dentist address
? Dentist phone number
? Emergency medical treatment permission
Immediate Follow Up
Child needing additional information:

? Doctor information
? Dentist information
? Emergency care permission form
Parents will be contacted this week to obtain missing documentation.

8. Parent Custody Clarification
Responsible: Director Completion Goal: Within 5 days
Meet with parent to:
? Review custody arrangement
? Ensure legal documentation is on file
? Update child file accordingly

9. Cleaning & Sanitation Procedures
Responsible: All Staff Completion Goal: Immediate and ongoing
Daily disinfecting schedule for:
? Diaper changing areas
? Eating tables
? Toys
? Shared surfaces
Staff will follow Universal Precautions procedures for all sanitation practices.

10. Monitoring & Follow Up
Responsible: Director
Weekly review will ensure:
? Documentation is complete
? Classroom changes are implemented
? Safety postings remain visible
? Staff training requirements are tracked

5. Special Notes/Recommendations

A full license is issued. All DHS licensing standards and procedures must be maintained during the renewal period.

Prior to adding additional classrooms and age groups contact me so we can increase the capacity and ages served by the program to the license.

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There were several areas following my visit that needed to be addressed and corrected. She provided me a "Daycare Improvement Plan" on 03/25/26.

On 03/27/26 she provided me with an email with the following corrections:
1. Talked with parents about the Food Program and components required for their child's meals.
2. Talked with parent of 2 1/2 yr. old and let him know we cannot continue because of staffing but will give him time to find other care
3. Put your information and a dental poster on the parent board
4. Yesterday and Today - I am working on adding several things to the handbook:
Emergency preparedness plan
Professional Development for staff
Ratio information
Access policy
5. Today, I am working on adding centers to the room
6. I gave Necey and Santana the mandatory physical form to give to their doctors for proof of physical

As of right now, we are open to ages 3-5. We are going to work on an infant room this summer in hopes of having it open in the Fall. We want to be open to every age within the next year.

Targeted Assessment: Behavior Management:
I discussed with Ms. Nott and Ms. Muhammad their oversight of behavior management related to helping childcare staff: 1) Understand expectations, 2) managing frustrations, 3) monitor performance. Ms. Muhammad is hands-on in the classroom. She states they do not have enough staff members, but she can contact Ms. Nott or Ms. Clark if she feels like she needs one. She states when she starts to feel frustrated, she reminds herself to "breathe". She states she has worked in the childcare field for a long time and she has learned to cope with different situations and behaviors. Ms. Muhammad states she has personal experience dealing with children in her own family with various diagnoses.

Ms. Nott states she will monitor this by checking in on staff members and being available.

An administrative change is being made to name Kathleen Faley as the new OSS. She started this position on 06/15/26. Necey Muhammad is no longer with the program.

Date: 06/22/2026

HHS Licensing Consultant: Becky Frost

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.