Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Mels Munchkins

Provider No.: 53149

Address: 639 S Central Ave, Burlington, IA, 52601

County: Des Moines

Director's Name: Melanie Foreman

On-Site Supervisor:

Phone Number: 3196712724

E-Mail: melsmunchkins2020@gmail.com

HHS Visit Date: 06/19/2026

Licensing Period: 05/01/2026 to 05/01/2028

Fire Inspection:

Date Inspected: 10/20/2025

Comments: due annually completed by Burlington Fire Department

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] 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
- [ ] PreSchool
- [ ] School Age
- [X] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	16	12	16	6	50
Summer					0

1. Basic Overview

The center newly opened in May 2026. It contains classrooms for infants through school age children. Melanie Foreman is the owner/Director of the center. She provided in home care for several years. In 2018 she started as a Child Development Home, Category A, and transitioned to a Child Development Home, Category C. In July 2023, she earned a Diploma in Early Childhood Education. In August 2024, she received certificates in Parent Educator, Child Development - Infant/Toddler, and Child Development - Preschool. In May 2025, she graduated with an AAS in Early Childhood Education. She is currently working on a bachelors degree in Early Childhood Education, with an anticipated graduation date of May 2027.
At this time the program has no OSS. On the initial visit 6/19/26 and subsequent visit on 7/17/26 the program was out of ratio in one room and was mixing ages of children. A full license was not given until a third visit was made to the program by CCNC Granaman.

Center Nutrition: The center is aware CACFP requirements must be met for each meal and snack. Refrigerators and freezers were clean and contained thermometers. No food was stored on the floor, open or expired. The center prepares all meals.

Center Health and Safety: The Director is aware of medication procedures. First aid kits are in every room and taken outdoors with the children. Radon testing was below 4pci/L and is due every 5 years. Ventilation and lighting are adequate. Capacity for each room allows for every child to have at least 35 square feet each. Outdoor capacity allows for every child to have at least 75 square feet each.

Center Outdoor Play Area: The outdoor play area is newer, is well maintained and has adequate fall surfacing beneath climbing equipment. It is fenced. The outdoor weather watch is used to determine if outdoor play is suitable on questionable weather days. A first aid kit and emergency contacts should be taken outdoors. On both visits children were not outdoors so HHS did not have an opportunity to observe this.

Administrative Records: During visits staff and child files are reviewed as well as postings. The center has an Emergency Preparednss Plan. All staff have been trained on the plan and signed and dated acknowledgement of such.

2. Identify Observed Strengths of the program

3. Identify the aspects that fall below the standard

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1. 109.8(2): Ratio maintained in center as required: Brief absence of staff person permitted for 5 or less minutes when another staff person is present At least one staff is present in every room where children are resting. If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained. Ratio in infant rooms is always maintained. c. Children between 18 months and three years of age may be combined, if appropriate to the developmental needs of the child. If a child under two years of age is in a combined age group, the staff ratio of one to seven will be maintained. Otherwise, staff ratio may be determined by the age of the majority of the children in the group. During nap time 8 children (6 two year olds and 2 one year olds) were combined. This is a ratio violation. Mixing of ages was occurring again on 7/17/26 as well at 3:40 pm

For a period of two hours or less at the beginning and end of the center's hours of operation, one staff member may care for eight or fewer children, provided no more than four of the children are under two years of age and there are no more than eight children in the center. On 7/17/26 two one year olds were mixed in a group totaling 9 children ages one to four. Eleven children were in the building. Melanie and I discussed this very rule on email on 5/19/26. Children of varying ages may not be combined unless 8 or fewer children are in the building.

2. 109.9(3): Daily written records are maintained for each child under two years of age and include: The time periods in which the child has slept. The amount of food consumed and the times at which the child has eaten. The time of and any irregularities in the child's elimination patterns. The general disposition of the child. A general summary of the activities in which the child participated. Daily sheets must be completed by the end of the day and given to parents. This has not occurred since opening. CCR&R Consultant Tabitha Copeland sent the Director a Daily Sheet after the HHS visit.

3. 109.12(4)e: The provider shall follow safe sleep practices for infants under one year of age: Infants shall always be placed on their backs for sleep. Infants shall be placed on a firm mattress with a tight fitted sheet. Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or bouncy seat. No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant. No co-sleeping shall be allowed. Sleeping infants shall be actively observed by sight and sound. If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required and an expiration date. CCR&R Tabitha Copeland addressed this topic with the Director on 5-13-26 and then for further information on this and health and safety she referred to CCNC Nancy. She further reviewed center policies including the center safe sleep policy. HHS sent in an email to the Director swaddling is not allowed on June 3rd. On June 3rd Child Care Nurse Consultant Nancy Granaman also told the Director swaddling is not allowed. Swaddling is not allowed without a medical reason written by a physician. On the second visit two children were present in the infant room. No Safe Sleep issues were noted on that date.

This license was held until another visit was conducted on 7/22/26 by CCNC Granaman. During the visit CCNC Granaman detailed the following, "I visited the Center this morning. The infant room had two infants that were not sleeping at the time of my visit.

Ratios for each room:

infant room 1:2
Toddler (18-24 mo) None today, both are out ill
2-3 year room: 1:7
3-4 1:6
5 years and above (outdoors at time of visit) 2:10

Melanie showed me her new daily schedule which includes 1 staff for each room at opening (6AM) and at closing (up to 5:30PM). This will hopefully take care of the mixing of age groups at the end of the day.

I followed up on action plans for two children. An IEP is pending on one child which I will check on during my next visit."

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

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5. Special Notes/Recommendations

Based upon this review, it is recommended that this center begin in Full licensing status. Any ongoing or future issues should be immediately corrected as they arise. If the center has questions or concerns about meeting licensing rule, they may contact HHS or CCR&R. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period. If the program is unable to follow ratio, supervision and Safe Sleep as stated in code, the program will be placed on a Provisional License.

HHS encourages you to contact your local nurse consultant. Child Care Nurse Consultants work with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. Monthly emails are sent from CCNC Hayes on a wide variety of topics regarding childcare health and safety. Please visit the following website: http://idph.iowa.gov/hcci/consultants Your CCNC is Nancy Granaman. CCNC Granaman provided the following since center application: 2 onsite visits discussing Safe Sleep and other general health and safety issues

HHS encourages you to contact Child Care Resource and Referral. They offer centers assistance with meeting the HHS regulations, IQ4K, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. Please visit the following website: http://www.iowaccrr.org/_we_are/region_5/ Your Child Care Resource Consultant is Malia Love, Jodi Norton CCR&R Supervisor.

Consultant Copeland visited the center in May 2026 prior to opening. She visited in July after the July HHS visit and intends to visit in August to present Book Nook.

Both Consultants have had many contacts with Director Foremen since application on various topics. This is best practice and duly noted.

Targeted Assessment: Behavior Management

In our program, we intend to have quarterly meetings and trainings, as well as meetings throughout the year as I seem necessary. To answer your questions:
1. I have behavior management expectations that I make clear. I enforce “we will” statements, and remind staff *we will stay calm *we will drop to the child’s eye level *we will teach and model expected behaviors *and we will redirect.
2. I remind staff to recognize and notice warning signs. I encourage them to ask for help, or to step away if relief is available. I remind them to teach and model expected behaviors, and this includes their own, pause before reacting, and response appropriately. Breaks are important in my program. After being in childcare for more than 20 years, I realize burnout is real, so I encourage staff to utilize my presence as well as ask for assistance from a float if they need to step out or step away. But then return ready to teach, model, and guide.
3. I make every effort to be present in each room for a minimum of 10-15 minutes per day, at the minimum. It may not be back to back rooms, but I make that one of my goals so I can monitor interactions and behaviors between staff and children, and children with children.

Date: 08/04/2026

HHS Licensing Consultant: Jill Seibert

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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**.