

Office of Child Care Licensing  
INSPECTION VISIT FORM FOR LICENSED CENTERS

Date of Inspection: 4/20/26  
 Time of Inspection: 10:30 AM  
 Type of Inspection:  Annual  Complaint  
 Follow Up (Original Inspection)  
 Date:    /    /     
 Reason for Follow up:  
 Pending Deficiencies  
 Self-Reported Incident

Facility Name: Myrtle Beach Head Start Center  
 Permit #: 26366  
 Address: 1000 Dunbar Street MYRTLE BEACH, SC 29577

Telephone #: 843-839-1278 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Tanekqua Watts

Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_

Maximum number of children: 56 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
 Maximum number of infants: 5  24 months  30 months  I-4 facility  
 Items posted in public view:  License  Menu  Ratio Chart (All classrooms)  N/A  
 ABC Quality No Head Start  Yes  No Public Schools  Yes  No  
 Hours of Operation: M- 8:00AM- 2:30PM T- 8:00AM- 2:30PM W- 8:00AM- 2:30PM Th- 8:00AM- 2:30PM F- 8:00AM- 2:30PM  
 Infants are in designated rooms?  Yes  No  N/A  
 Does facility transport children?  Yes  No  N/A  
 Overnight Care?  Yes  No

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503                |                                     |                          |                                     | SUPERVISION 114-504                                      |                                     |                                     |                          |
|--|-------------------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|--------------------------|
|  | C                                   | N                        | N/A                                 |  | C                                   | N                                   | N/A                      |
| Staff files are in compliance H(1-7)                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility A(1-2)          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Training hours up-to-date K(5)(b-c)                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Facility following tracking of children procedures A(3)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1st Aid on the premises K(5)(h) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Ratios adequate in all classrooms and on playground B, C | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

| HEALTH, SANITATION & SAFETY 114-505                                 |                                     |                          |                          |  |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|-------------------------------------|
|   | C                                   | N                        | N/A                      |  | C                                   | N                        | N/A                                 |
| Children's faces/hands are clean B(1)                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper diaper changing practices were observed F(1-16) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medicine and harmful items labeled and stored properly D(2)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper handwashing practices were observed G(4)        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No smoking/consumption of alcoholic beverage A(3)      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Current Emergency Preparedness Plan H(3)                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Plan C(1)                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

| PHYSICAL SITE 114-507  |                                     |                                     |                          |   |                                     |                          |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|-------------------------------------|
| BUILDING   | C                                   | N                                   | N/A                      | PLAYGROUND  | C                                   | N                        | N/A                                 |
| Ventilation and lighting & sufficient A(2)(a-d), (4)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Playground equip. safe & firmly anchored B(7)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards A(5)(g)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Adequate cushioning material; at least 6ft fall zone B(9)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ceiling, floors, windows, doors free from hazards A(5)(d)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Fencing/safety barriers 4ft. in height, in good repair B(4)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Outdoor space free from hazards and litter B(2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | RESTING   |                                     |                          |                                     |
| All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. A(5)(c) (e), A(8); E(1),(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Play Pens observed C(4)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered A(11)(c)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Cribs meet federal standards (reviewed certificate) D(1)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sink area has running water A(12)(d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Cots, mats, cribs labeled or charted for each child D(2)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and disposable towels available at sink A(12)(i)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | PROGRAM 114-506   |                                     |                          |                                     |
| Furniture, toys & equipment are clean and in good repair C(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards C(2)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Positive, non-abusive discipline practice B(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy animals, not permitted if allergic E(4)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other environmental allergies (Policy #120)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

| MEAL REQUIREMENTS 114-508                               |                                     |                          |                          |  |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|
|   | C                                   | N                        | N/A                      |  | C                                   | N                        | N/A                      |
| Meals & snacks in compliance with USDA A(1)(b)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food A(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food stored & handled properly D(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparers have proper hair restraints B(5)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All cleaning & poisonous items stored away from food D(8)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F D(2-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention and response to food allergies A(9-10)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

| INFANT CARE 114-509  |                          |                          |                                     | TRANSPORTATION 114-505 I  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|---|--------------------------|--------------------------|-------------------------------------|
|  | C                        | N                        | N/A                                 |   | C                        | N                        | N/A                                 |
| Infants are placed on their back to sleep A(5)(a)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vehicle has proper safety restraints & in good repair I(1)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats A(3)(c)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Checklist for loading/unloading children reviewed (2)(d)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces 1/2 inch or less A(3)(k)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Driver's (valid) driver's license reviewed (1)(f)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces 1/4 inch or less A(3)(j)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |                          |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>C-Compliant with Regulation</b><br><b>N-Noncompliant with Regulation</b>   |                          |                          |                                     |
| Cups and bottles labeled with child's name & used only by that child A(3)(a)                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Violations noted at the time of visit <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Any violations corrected onsite <input type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |                          |                                     |

Signature of Director/Operator/Designee: Tanekqua Watts Date: 4/20/26  Refused to sign.  
 Signature of Child Care Licensing Specialist: [Signature] Date: 4/20/26 Revised February 2025

**Division of Early Care and Education**  
**Deficiency Correction**

**NAME OF PROVIDER/OPERATOR** Myrtle Beach Head Start Center

**PERMIT #** 26366

| <b>Deficiency Cited</b>  | <b>Corrective Action Needed</b>                          | <b>Expected Date of Correction</b> |
|--|--|------------------------------------|
| Background checks are needed on file at the center for one staff.                                    | Ensure staff have their background checks in their file. | 4/20/26                            |
| Proof of education is needed on file for one staff.  | Ensure staff have a completed staff file at the center.  | 5/20/26                            |
| A staff health assessment, tb test results and a medical statement are needed on file for one staff. | Ensure staff have a completed staff file at the center.  | 5/20/26                            |
| Signed school policies including discipline are needed on file for two staff.                        | Ensure staff have a completed staff file at the center.  | 4/20/26                            |
|  |  |                                    |
|  |  |                                    |

**Providers/Operators are required by regulations and statutes to be in compliance at all time.**

**Licensing Specialist** Jina Vazquez **Date** 4/20/26