

South Carolina Department of Social Services  
Office of Child Care Licensing  
**INSPECTION VISIT FORM FOR LICENSED FAMILY CHILD CARE HOMES**

Operator Name: Tabitha A Pollock  
Permit #: 26307

Date of Inspection: 10/1/25 Time of Inspection: 1:41pm-2:21pm

Type of Inspection: ☒ Annual ☐ Complaint ☐ Renewal ☐ Follow Up (original inspection date \_\_\_\_\_)

Reason for Follow up: ☐ clear unending deficiency ☐ Self-Report

Address: 137 Botany Dr., IRMO, SC 29063

Hours of Operation: Monday-Friday 5am-9pm

Telephone #: 803-201-0106

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Change in address? ☐ Yes ☒ No

Zoning restrictions ☐ Yes ☒ No

Total Capacity: 5

Items to be posted: ☒ License **114-528 D(2)** ☒ Menu **III D(1)(c)**

Verify the following: Verified Liability Insurance **63-13-210** ☐ Yes ☒ No If no, verify signed statements from parents ☒ Yes ☐ No ☐ N/A

**HEALTH, SANITATION & SAFETY - SUGGESTED STANDARDS**

	C	N	N/A		C	N	N/A
Did you observe proper diaper changing practices <b>III A(2)(a)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medicine labeled & stored properly <b>III A(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First aid supplies in home <b>III A (5-6)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children's faces/hands clean <b>III A(2)(b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any pets/animals? <b>IV B(1)(g)</b> Type of animal <u>Dog</u> (Dog, cat, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have pets/animals been vaccinated? <b>IV B(1)(g)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting & ventilation sufficient <b>IV B(1)(f)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor toys & equipment in safe, good condition <b>IV A(3)(b)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carpet, ceiling, floors, & rugs are clean & secure <b>IV B(1)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe areas fenced/safety barriers in place <b>IV A(2)(a)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soap & single service towels in restrooms <b>IV B(3)(c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounds free of glass, paper & other litter <b>IV B(1)(b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has hot & cold water <b>IV B(2)(a-b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants are placed on their backs (Unless Doctor note is provided) <b>63-13-830 (e)(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
strangulation, choking, or suffocation hazards <b>IV A(3)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pack & Plays used for sleeping <b>IV B(5)(a)(1-2)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home free from pest problems(insects, rodents) <b>IV B(1)(c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cots, beds, mats, & cribs available for each child <b>IV B(5)(a)(1-2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage & refuse stored in a durable container <b>IV B(4)(b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed cert.) <b>IV A(3)(c)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any fatalities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**PROGRAM - SUGGESTED STANDARDS**

	C	N	N/A		C	N	N/A
Daily schedule-developmentally appropriate activities for children <b>III C(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency or disaster plan <b>I A(1)(j)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEAL REQUIREMENTS - SUGGESTED STANDARDS**

	C	N	N/A		C	N	N/A
Food stored & handled properly <b>IV B (6)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meals & snacks in compliance <b>III D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Refrigerators have thermometers, temp 45°F or below <b>IV B(6)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**STAFFING / SUPERVISION - SUGGESTED STANDARDS**

	C	N			C	N	
Staff observed were qualified? <b>63-13-830 (C)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Is provider over capacity? <b>114-528D(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Proper supervision observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Number of children observed: <u>2</u>			
Training hours up-to-date? <b>63-13-825</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

**C = Compliant with Regulation - N = Noncompliant with Regulation**

**No violations noted at the time of visit** ☒

\*Suggested Standards are mandated requirements for Family Child Care Home operators who elect to be licensed\*

**Supervision:** Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed.

Signature of Operator/Emergency Person: Tabitha Pollock

Date: 10/1/25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Jenandra Hill

Date: 10/1/25