

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

Date of Inspection: 6/10/2026  
Time of Inspection: 1:30pm

Operator Name: Dorothy Strobles  
Permit #: 18267  
Address: 110 East Church Street GREER, SC 29651

Type of Inspection:  Annual  Complaint  
 Follow Up (Original Inspection)  
Date:   /  /    
Reason for Follow up:  
 Pending Deficiencies  
 Self-Reported Incident

Telephone #: 864-469-9831  
Change in location?  Yes  No  
Maximum number of children: 12  
Number of infants: 3  
Additional staff is required when attendance reaches 9 Children or when 4 or more children are younger 2 yrs. Old.  
Items posted in public view:  License  Menu  
ABC Quality: Yes  
Hours of Operation: M- 7:00AM- 5:30PM T- 7:00AM- 5:30PM W- 7:00AM- 5:30PM Th- 7:00AM- 5:30PM F- 7:00AM- 5:30PM  
Any changes in contact info (Phone/Email/Fax)?  Yes  No  
If yes, Address: \_\_\_\_\_  
Is the GCCH over- capacity?  Yes  No If yes, Number of children over \_\_\_\_\_  
Does facility transport children? 114-515.1  Yes  No  N/A  
Overnight Care?  Yes  No

| MANAGEMENT, ADMINISTRATION & STAFFING 114-513                |                                     |                          |                          | SUPERVISION 114-514                                       |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|---|-------------------------------------|--------------------------|--------------------------|
|  | 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)             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date K(5)                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate number staff in home or outside during play A(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1st Aid on the premises K(5)(g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| HEALTH, SANITATION & SAFETY 114-515                         |                                     |                          |                                     | C   | N                                   | N/A                      |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|--------------------------|-------------------------------------|
|   | 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(1-7) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medicine and harmful items labeled and stored properly D(2) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Smoking permitted only in designated area A(2)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Current Emergency Preparedness Plan H(2)                    | <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 114-517   |                                     |                          |                                     | C   | N                                   | N/A                      |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|--------------------------|-------------------------------------|
| BUILDING  | C                                   | N                        | N/A                                 | OUTDOOR PLAY AREA   | C                                   | N                        | N/A                                 |
| Ventilation and lighting sufficient A(2), A(4)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Fencing/safety barriers 4ft. in height, in good repair B(3)   | <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"/>            | Outdoor space free from hazards and litter B(2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards A(5)(h)(i-iii)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Stationary equipment safe & firmly anchored C(7)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F A(7)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material; at least 6ft fall zone C(9)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 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"/>            | <b>RESTING</b>  | C                                   | N                        | N/A                                 |
| Trash kept properly in plastic lined receptacles A(8) (d-i)   | <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"/> |
| Electrical outlets are securely covered A(11)(c)  | <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"/>            |
| Sink area has hot & cold water A(12)(d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pack & plays not used for sleeping D(1-2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and disposable towels available at sink A(12)(g)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>PROGRAM 114-506</b>  | C                                   | N                        | N/A                                 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |   |                                     |                          |                                     |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                          |                                     |
| Water Hazards E (2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                          |                                     |
| Other environmental allergies (Policy #17)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                          |                                     |

| MEAL REQUIREMENTS 114-518                                |                                     |                          |                          | C  | N                                   | N/A                      |                          |
|--|-------------------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|
|  | 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"/> | Refrigerators have thermometers, temp under 45°F D(3)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparers & staff outer clothing must be clean 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"/> |
| Food stored & handled properly D(1)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safe pick up and drop off I(2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention and response to food allergies A(6-7)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                                     |                          |                          |

| INFANT CARE 114-519   |                                     |                          |                                     | TRANSPORTATION 114-515 I  |                          |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|---|--------------------------|--------------------------|-------------------------------------|
|   | C                                   | N                        | N/A                                 |   | C                        | N                        | N/A                                 |
| Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(3)(d) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Precautions in transporting children I  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cups and bottles labeled with child's name & used only by that child A(3)(a)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Hazards for vehicular traffic I   | <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"/> | 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 ¼ inch or less A(3)(j)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |                          |                          |                                     |
| Food for toddlers cut in pieces ½ inch or less A(3)(k)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>C-Compliant with Regulation</b>  |                          |                          |                                     |
| Infants are placed on their backs to sleep, unless Doctor's note is provided. A(5)(a)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>N-Noncompliant with Regulation</b>   |                          |                          |                                     |
|   |                                     |                          |                                     | Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                          |                                     |
|   |                                     |                          |                                     | Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                          |                          |                                     |
|   |                                     |                          |                                     | DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  |                          |                          |                                     |

Signature of Director/Operator/Designee: Dorothy Strobles Date: 6/10/2026  Refused to sign  
Signature of Child Care Licensing Specialist: Antih Count Date: 6-10-26  
Revised February 2025