

South Carolina Department of Social Services  
Office of Child Care Licensing  
INSPECTION VISIT FORM FOR LICENSED CENTERS

Date of Inspection: 3-25-26  
Time of Inspection: 1:44pm  
Type of Inspection:  Annual  Complaint  
 Follow Up (Original Inspection)  
Date:  / /   
Reason for Follow up:  
Pending Deficiencies  
Self-Reported Incident

Facility Name: A Step Above CDC  
Permit #: 17926  
Address: 1854 W. Meeting Street LANCASTER, SC 29720

Telephone #: 803-285-8722 Any changes in contact info (Phone/Email/Fax)?  Yes  No  
Center Director/Designee: CRYSTAL DAWN RHYNER  
Change in Ownership or Director?  Yes  No If yes, Name: Jennifer Ray  
Maximum number of children: 146 Building 1:  Building 2:  Building 3:   
Maximum number of infants: 38  24 months  30 months  1-4 facility  
Items posted in public view:  License  Menu  Ratio Chart (All classrooms)  
ABC Quality No Head Start  Yes  No Public Schools  Yes  No  
Hours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM

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

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

PHYSICAL SITE 114-507					
BUILDING			PLAYGROUND		
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation and lighting & sufficient A(2)(a-d), (4)			Playground equip. safe & firmly anchored B(7)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(g)			Adequate cushioning material, at least 6ft fall zone B(9)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)			Fencing/safety barriers 4ft. in height, in good repair B(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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			Outdoor space free from hazards and litter B(2)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility free from pest problems (Insects, rodents) A(8)(b-c)			RESTING		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Pens observed C(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)			Cribs meet federal standards (reviewed certificate) D(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)			Cots, mats, cribs labeled or charted for each child D(2)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has running water A(12)(d)			PROGRAM 114-506		
<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)		
Soap and disposable towels available at sink A(12)(i)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive, non-abusive discipline practice B(1)		
Furniture, toys & equipment are clean and in good repair C(1)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy animals, not permitted if allergic E(4)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other environmental allergies (Policy #120)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL REQUIREMENTS 114-508					
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals & snacks in compliance with USDA A(1)(b)			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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food A(4)			Food stored & handled properly D(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers have proper hair restraints B(5)			All cleaning & poisonous items stored away from food D(8)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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


Signature of Director/Operator/Designee: [Signature] Date: 3-25-2026  Refused to sign  
Signature of Child Care Licensing Specialist: [Signature] Date: 3-25-2026 Revised February 2025

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

**NAME OF PROVIDER/OPERATOR** A Step Above CDC  
**PERMIT #** 17926

<b>Deficiency Cited</b>	<b>Corrective Action Needed</b>	<b>Expected Date of Correction</b>
New staff missing TB results.	TB results must be obtained and placed in staff file.	4/3/2026

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

**Licensing Specialist**  **Date** 03-25-2026