

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

Facility Name: **Upward Educational Services** Date of Inspection: 12/8/23 Time of Inspection: 11:46am - 12:30pm  
 Permit #: **25541** Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
 Reason for Follow up:  clear up pending deficiency  Self-Report

Address: **302 Berkshire Drive, Columbia, SC 29223** Hours of Operation: **7:30am - 6pm**  
 Telephone #: **803-764-2023** Any changes in contact info (Phone/Email/Fax)?  Yes  No Overnight Care?  Yes  No  
 Center Director/Designee: **Bridget Deline**  
 Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_  
 Maximum number of children: **26** Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  CDEP  
 Maximum number of infants: **0**  24 months  30 months  1-4 facility **Infants are in designated rooms?**  Yes  No  N/A  
**Items posted in public view:**  License  Menu  Ratio Chart (All classrooms) **Does facility transport children?**  Yes  No  N/A

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	SUPERVISION 114-504				
C	N	N/A	C	N	N/A
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HEALTH, SANITATION & SAFETY 114-505					
C	N	N/A	C	N	N/A
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PHYSICAL SITE 114-507					
BUILDING			PLAYGROUND		
C	N	N/A	C	N	N/A
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MEAL REQUIREMENTS 114-508					
C	N	N/A	C	N	N/A
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INFANT CARE 114-509			TRANSPORTATION 114-505 I		
C	N	N/A	C	N	N/A
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>C-Compliant with Regulation N-Noncompliant with Regulation</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>No violations noted at the time of visit</b> <input checked="" type="checkbox"/>		

Signature of Director/Operator/Designee: Bridget Deline Date: 12/8/23  Refused to sign  
 Signature of Child Care Licensing Specialist: [Signature] Date: 12/8/23