



Center Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <http://jfs.ohio.gov/CDC/childcare.stm>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

Program Details			
Program Name ST PETER'S UNITED CHURCH OF CHRIST PRESCHOOL		Program Number 000000304236	Program Type Child Care Center
Address 582 CHURCH ST AMHERST OH 44001			County LORAIN
Building Approval Date 11/02/1994	Use Group/Code E	Occupancy Limit 15/R	Maximum Under 2 1/2
Fire Inspection Approval Date 08/01/2025	Food Service Risk Level Exempt		

Inspection Information				
Inspection Type Annual		Inspection Scope Full	Inspection Notice Unannounced	
Inspection Date 12/10/2025		Begin Time 10:15 AM	End Time 12:15 PM	
Reviewer: Brittani Aloi				
Summary of Findings				
No. Rules Verified 58	No. Rules with Non-compliances 1	No. Serious Risk 0	No. Moderate Risk 0	No. Low Risk 1

License Capacity and Enrollment at the Time of Inspection					
Age Group	License Capacity	Enrollment			
		Totals	Full Time	Part Time	Total
Infant (Birth to < 18 m)		0	0	0	0
Young Toddler		0	0	0	0
Total Under 2 1/2 Years	0	0	0	0	0
Older Toddler		0	0	0	0
Preschool		0	41	0	41
School Age		0	0	0	0
Total Capacity/Enrollment	39	0	41	41	

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment



Bells MWF	3 years to < 4 years	1 to 9	
Chambers M-Th	4 years to < 5 years	2 to 12	
T/Th	3 years to < 4 years	0 to 0	

Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5180:2-12-03 and 5180:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain: 08 Staff Files

Rule: 5180:2-12-08 Medical Statement

Code: The program staff's medical statements are required to be completed and on file at the program.

Finding: In review of the staff records, it was determined that the medical statements for the employees listed on the Employee Record Chart did not meet the requirements as listed in number(s) 1, 4 below.

1. A medical statement was not on file for at least one employee;
2. The medical statement(s) on file did not have a date of examination within 12 months of the employee's first day of employment;
3. Date of examination was missing;
4. Signature, business address, or telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination was missing;
5. A statement was missing that verifies the employee is:
 - a. Physically fit for employment in a program caring for children;
 - b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
 - c. Immunized against Measles, Mumps, and Rubella (MMR);
6. Tuberculosis (TB) screening/test information was missing:
 - a. Documentation of the screening process to determine if the employee resided in a country identified by the world health organization as having a high burden of TB and arrived in the United States within the five years preceding the date of application for employment.
 - b. Results of a TB test for employees meeting both criteria in 6a.
 - c. Results of additional testing for employees with a positive TB test.
 - d. Written statement, signed by a representative of the TB control unit, that the employee's TB is no longer infectious or the individual is receiving a TB treatment regimen for employees with a positive TB test.

Submit the program's corrective action plan, which includes a copy of the completed employee medical statement, or TB results/documentation, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/14/2026

Rules In-Compliance/Not Verified

Rule	Status	Documenting Statement(s), If applicable
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Rule: 5180:2-12-16 Written Disaster Plan	Compliant	Documenting Statement: Annual training of the written disaster plan was completed by staff.
Rule: 5180:2-12-16 Written Disaster Plan	Compliant	Documenting Statement: No changes have been made to the written policies and procedures since it was last approved by this Department.

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 License Posted	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Building Department Inspection	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-02 Current Information	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-03 Inspection Requirements	Compliant	

Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-04 Fire Inspection	Compliant	Documenting Statement: Please Note: Documentation of a fire inspection without any uncorrected violations must be secured for the program. Secure a new fire inspection by 8/1/26.

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-04 Food Service Requirements	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator Qualifications	Compliant	

Rule	Status	Documenting Statement(s), If applicable
5180:2-12-07 Administrator Responsibilities/Requirements	Compliant	

Rule	Status	Documenting Statement(s), If applicable
Rule: 5180:2-12-07 Written Program Policies and Procedures	Compliant	Documenting Statement: No changes have been made to the written policies

		and procedures since it was last approved by this Department.
Rule 5180:2-12-08 Child Care Staff Member Educational Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-08 Orientation Training & Whistle Blower Protection	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-09 Background Check Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-10 Health Training Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-10 Professional Development Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-11 Indoor Space Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-12 Safe Equipment	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-12 Safe Environment	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-13 Sanitary Equipment and Environment	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-13 Handwashing Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-13 Smoke Free Environment	Status Compliant	Documenting Statement(s), If applicable
Rule	Status	Documenting Statement(s), If applicable



5180:2-12-15 Child Medical and Enrollment Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-15 Medical/Physical Care Plans	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Medical, Dental, and General Emergency Plan	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Emergency Drills	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 First Aid/Standard Precautions	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Management of Communicable Disease	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-16 Incident/Injury Reporting	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Materials and Equipment	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-17 Daily Schedule	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Attendance Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 Group Size	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-12-18 License Capacity	Compliant	
Rule	Status	Documenting Statement(s), If applicable



Rule: 5180:2-12-18 Ratio	Compliant	Documenting Statement: Staff/child ratios observed during the inspection were in compliance.
Rule 5180:2-12-19 Supervision	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-19 Child Guidance	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-22 Meal and Snack Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-22 Safe Food Handling/Storage	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-22 Fluid Milk Requirements	Status Compliant	Documenting Statement(s), If applicable
Rule 5180:2-12-25 Medication Administration	Status Compliant	Documenting Statement(s), If applicable