

Noel, Daniel E - DCF

Noncompliance Statement - Royal Angels Preparatory Aca...

Noncompliance Stat... · Open message

Page 3 of 3



DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Due Date Correction Plan Due 12/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
---	--	--

Purpose of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction. Penalties pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center: Royal Angels Preparatory Academy
Provider Number / Facility ID Number: 2000590352 / 001 - 2005396

Address - Facility (Street, City, State, Zip Code): 103 N 14Th St Milwaukee WI 532331215
Telephone Number: 414-745-8430
Date - Regulation Visit: 8/27/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.07(6)(g)3. Use Of Hand Sanitizers Description: Children were observed transitioning from the outdoor play space to inside the center to have snack. Hand sanitizer was provided instead of the use of soap and water for washing hands.	I understand when transition take place outdoors before moving into snack be sure to wash hand w/ soap and water	8/27/25	

NAME - Agency Worker
Daniel Noel, Kristin Lange

Date Issued
8/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

- I had to
 (resend) this
 my message
 was sent to
 my email
 undeliverable