

Candy Hall
TO FILE A COMPLAINT CALL
920-886-1211

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
6/12/2026

Use 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)(L) 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 the 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 or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Zandra Kopitzke Address - Facility (Street, City, State, Zip Code) 121 Wyldewood Dr J103 Oshkosh WI 549048647		Telephone Number 920-279-3171	Provider Number / Facility ID Number 9000590059 / 001
Rule/Statute Number 1 202.08(1)(b)3.d. Noncompliance Statement Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year. Description: 2nd Provider CPR certification expired at the time of visit.	Correction Plan Register for class	Expected Completion Date when returns from travels.	Verification Date

RECEIVED JUN 23 2026

Name - Certified Operator / Licensed Center

Zandra Kopitzke

Provider Number / Facility ID Number
9000590059 / 001

Address - Facility (Street, City, State, Zip Code)
121 Wyldeewood Dr J103 Oshkosh WI 549048647

Telephone Number
920-279-3171

Date - Regulation Visit
5/27/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
202.08(1)(b)5. After Completion Of Preservice Training Under Subd 3., A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually. Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(B)5. A. Through N. Description: Proof of continuing education training must be provided to the certification office for both the operator and the 2nd provider.	Email Lesa a copy of our CED hours	June 20 2026	

NAME - Agency Worker
Lesla Alston

Date Issued
5/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Zandra Kopitzke

Date Signed

6-16-26