

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
262-446-7800

**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)(K), 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 or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

**Name - Certified Operator / Licensed Center** **Provider Number / Facility ID Number**  
Klara's Care 7000589427 / 001 - 2008666

**Address - Facility (Street, City, State, Zip Code)** **Telephone Number**  
3146 N 49Th St Milwaukee WI 532163202 414-213-0173

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)4. <b>Child Record - Physical Exam</b> Description: ILS was not able to verify an updated Child Health Report for Child#3.	They parent was provided an updated child health report.	12-2-25	
2 250.06(3)(b) <b>Emergency Plans - Practice</b> Description: ILS was not able to verify completed drills for the months September and October 2025.	I have completed drills for the month of November.	11-28-25	

Name - Certified Operator / Licensed Center

Kiarra's Care

Provider Number / Facility ID Number

7000589427 / 001 - 2008666

Address - Facility (Street, City, State, Zip Code)  
3146 N 49Th St Milwaukee WI 53216S3202

Telephone Number  
414-213-0173

Date - Regulation Visit  
11/21/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 <b>Smoke Detectors - Testing</b>  Description: ILS was not able to verify testing for months September and October 2025.	I have completed testing.	11-28-25	

NAME - Agency Worker  
Tammy Saifid



Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12-8-25