

**Compliance Statement**  
**Licensed Group Child Care Centers**

TO FILE A COMPLAINT, CALL: (715) 361-7700

**Use of Form** Completion of this form meets the requirements of ch. 48, Wis. Stats., and provides the licensee with a summary of the results of the licensing visit.

**Instructions - Licensing Specialist** When no violations are observed during a visit, check the sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, and subdivisions that were completed.

**Instructions - Licensee** Post the Compliance Statement near the license in accordance with s.48.657, Wis. Stats. Please take a few minutes to complete the DCF customer satisfaction survey and tell us about your visit experience. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. Follow this link to provide your feedback: <https://www.surveymonkey.com/r/LicenseFeedback>. If you don't have Internet access, contact your licensing office for a paper version of the survey.

Facility Name	Facility Address (Street, City, State, Zip Code)	Telephone Number	Facility ID
Building Blocks Learning Center	2210 Baker ST Wisc Rapids, WI 544943158	(715) 424-2252	1008791

**NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS LICENSING VISIT.**

The following checked items indicate the sections and / or partial sections of the administrative code that were monitored on this visit.

<input checked="" type="checkbox"/>	<b>Operational requirements</b> Partial Review - Terms, Administration, Reports, Parents	<input checked="" type="checkbox"/>	<b>Staff</b> Partial Review - Qualifications
<input type="checkbox"/>	<b>Physical plant and equipment</b>	<input checked="" type="checkbox"/>	<b>Program</b> Partial Review - Program Planning
<input type="checkbox"/>	<b>Transportation</b>	<input type="checkbox"/>	<b>Infant and toddler care</b>
<input type="checkbox"/>	<b>Care of school-age children</b>	<input type="checkbox"/>	<b>Night care</b>

Licensing Specialist Name	Visit Date	Issue Date
Kimberly Gachnang	9/29/2021	9/30/2021