| Facility Name | KATUWE KIDDIE KODDAL DAVCADE | Comtont | ALDEDVIL KATUV | Full Times | Υ |
|-----------------|--|------------------------|--------------------|-------------------|------------------------------------|
| Facility Name | KATHY'S KIDDIE KORRAL DAYCARE | Contact | ALBEDYLL, KATHY | Full Time | · |
| Address | 209 Jenna Ct Watertown, Wi 53098-1516 | Phone # | 920-261-9653 | LICENSED Capacity | / 8 |
| | reaction, wildest love | LICENSED Date | 04/06/1997 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005847 | Hours | 03:30 AM-03:30 PM | Star Level | 2 Stars |
| Provider Number | 3000556933 | Location Number | 001 | | |
| Facility Name | KIDDIE KASTLE DAYCARE | Contact | GRAHN, AMY | Full Time | Υ |
| Address | W8078 Hemlock Rd | Phone # | 920-887-9950 | LICENSED Capacity | , 8 |
| | Beaver Dam, Wi 53916 | LICENSED Data | 05/49/2006 | From Ano | O.Voor(a) O.Month(a) O.Mook(a) |
| | LICENICED FAMILY | LICENSED Date | 05/18/2006 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| ategory | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| acility ID | 1010292 | Hours | 06:00 AM-05:30 PM | Star Level | Not Rated |
| Provider Number | 9000581109 | Location Number | 001 | | |
| acility Name | KONKELS KIDS KORNER | Contact | KONKEL, DONNA | Full Time | Υ |
| ddress | N3688 Hwy Tt | Phone # | 920-623-5288 | LICENSED Capacity | , 8 |
| | Columbus, Wi 53925 | LICENSED Date | 03/15/1989 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| ategory | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| acility ID | 131624 | Hours | 06:00 AM-07:00 PM | Star Level | 2 Stars |
| Provider Number | 0000563730 | Location Number | 001 | | |
| acility Name | LADYBUG LANE CHILD CARE | Contact | DAVIDSON, JENNIFER | Full Time | Υ |
| Address | 508 Trenton St | Phone # | 920-520-0063 | LICENSED Capacity | |
| iuui 000 | Fox Lake, Wi 53933-9604 | 1 110110 11 | | LIOLITOLD Gupuon, | , |
| | | LICENSED Date | 05/11/2020 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| ategory | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| acility ID | 2004646 | Hours | 05:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 2000573272 | Location Number | 002 | | |
| acility Name | LITTLE KINGS AND QUEENS CHILD CARE | Contact | MARTIN, LAURA | Full Time | Υ |
| ddress | 201 Eilbes Ave | Phone # | 920-887-3446 | LICENSED Capacity | , 8 |
| | Beaver Dam, Wi 53916-1915 | LICENSED Data | 00/04/2044 | From Ass | O Voor(a) O Month(a) C Mask(a) |
| | LICENICED FAMILY | LICENSED Date | 08/01/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| ategory | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| acility ID | 2001782 | Hours | 06:00 AM-05:30 PM | Star Level | Not Rated |
| Provider Number | 1000588261 | Location Number | 001 | | |

| Facility Name | NOAHS ARK DAY CARE | Contact | BRAUN, VERONIE | Full Time | Υ |
|-----------------|---|------------------------|-------------------|------------------|------------------------------------|
| Address | 445 Rosendale St Beaver Dam, Wi 53916-2737 | Phone # | 920-887-2958 | LICENSED Capacit | y 8 |
| | | LICENSED Date | 06/04/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014240 | Hours | 05:45 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 5000564485 | Location Number | 002 | | |
| Facility Name | PANDA PAWS DAYCARE | Contact | GUENTHER, LORI L | Full Time | Υ |
| Address | W9689 Hillside Cir Beaver Dam. Wi 53916-9206 | Phone # | 920-887-1440 | LICENSED Capacit | y 8 |
| | | LICENSED Date | 11/17/2016 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2003158 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000584099 | Location Number | 001 | | |

| Facility Name | COMMUNITY CARE PRESCHOOL AND CC I | N Contact | HENNING, RENAE | Full Time | Υ |
|-----------------|--|------------------------|--------------------|-------------------|------------------------------------|
| Address | 130 E Maple Ave | Phone # | 920-885-9472 | LICENSED Capacity | 70 |
| | Beaver Dam, Wi 53916 | LICENSED Date | 05/08/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120721 | Hours | 05:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 6000556296 | Location Number | 001 | | |
| Facility Name | CUBBY BEAR LLC | Contact | TURNER, TANYA | Full Time | Υ |
| Address | 119 Monroe St Beaver Dam, Wi 53916-2436 | Phone # | 920-631-7003 | LICENSED Capacity | 75 |
| | Beaver Barri, Wi 303 10-2430 | LICENSED Date | 05/10/2018 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2003975 | Hours | 05:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 3000589473 | Location Number | 001 | | |
| Facility Name | FUTURE ALL STARS ACADEMY LLC | Contact | PETERSON, TRICIA | Full Time | Y |
| Address | 461 Cross St Juneau, Wi 53039-1088 | Phone # | 920-386-4700 | LICENSED Capacity | 48 |
| | Juneau, Wi 33033-1000 | LICENSED Date | 01/29/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001088 | Hours | 05:30 AM-05:30 PM | Star Level | 4 Stars |
| Provider Number | 7000587627 | Location Number | 001 | | |
| Facility Name | IN HIS HANDS CHILD ENRICHMENT CTR | Contact | WESTPHAL, JENNIFER | Full Time | - |
| Address | 315 S Madison St Waupun, Wi 53963 | Phone # | 920-324-3321 | LICENSED Capacity | 16 |
| | waupun, wi 55905 | LICENSED Date | 12/18/1998 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120846 | Hours | 08:00 AM-04:00 PM | Star Level | Not Rated |
| Provider Number | 2000565052 | Location Number | 001 | | |
| Facility Name | JAIME'S CLUBHOUSE | Contact | SCHMID, ALEANA | Full Time | Y |
| Address | 259 Oak St Mayville, Wi 53050-1559 | Phone # | 920-387-2312 | LICENSED Capacity | 200 |
| | wayville, vvi 00000-1009 | LICENSED Date | 06/05/2017 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2003417 | Hours | 05:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000586910 | Location Number | 002 | | |

| Facility Name | JAIMES CLUBHOUSE INC | Contact | KRAPFL, JAIME | Full Time | Υ |
|-----------------|---|------------------------|-------------------|-------------------|------------------------------------|
| Address | 409 Degner Ave Mayville, Wi 53050-1513 | Phone # | 920-387-2312 | LICENSED Capacity | 9 |
| | wayviiio, vvi ooooo ToTo | LICENSED Date | 09/19/2011 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000159 | Hours | 05:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000586910 | Location Number | 001 | | |
| acility Name | KIDS CARE | Contact | POLAKOWSKI, HALEY | Full Time | Υ |
| Address | 1200 N Center St Beaver Dam, Wi 53916-1166 | Phone # | 920-887-3663 | LICENSED Capacity | 184 |
| | Board, Bain, W coole 1100 | LICENSED Date | 05/30/2023 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| ategory | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| acility ID | 2006491 | Hours | 05:30 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 9000556279 | Location Number | 031 | | |
| acility Name | LEAP AHEAD LEARNING CENTER | Contact | IGL, KAYLA | Full Time | Υ |
| Address | W10786 State Road 33 Fox Lake, Wi 53933-9709 | Phone # | 920-219-1506 | LICENSED Capacity | 20 |
| | | LICENSED Date | 09/09/2015 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| ategory | LICENSED GROUP | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| acility ID | 2002464 | Hours | 07:00 AM-04:00 PM | Star Level | 2 Stars |
| Provider Number | 3000588643 | Location Number | 001 | | |
| acility Name | LEBANON LUTHERAN SCHOOL ECC | Contact | ALEEM, CHRISTINA | Full Time | Υ |
| Address | W4661 Highway Mm Lebanon, Wi 53047 | Phone # | 920-925-3040 | LICENSED Capacity | 40 |
| | Leganon, W. 666 T | LICENSED Date | 08/01/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| ategory | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| acility ID | 1009329 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 3000579793 | Location Number | 001 | | |
| acility Name | LITTLE ADVENTURES EARLY LEARNING CE | Contact | WANTA, KAITLYN | Full Time | Υ |
| Address | 110 Meadowood Dr Randolph, Wi 53956-1318 | Phone # | 920-326-2425 | LICENSED Capacity | 41 |
| | , , | LICENSED Date | 06/01/2023 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| ategory | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2006495 | Hours | 07:00 AM-05:00 PM | Star Level | 3 Stars |
| Provider Number | 3000589863 | Location Number | 003 | | |

| Facility Name | QUAD CARE LOMIRA | Contact | SHARP, NIKKI | Full Time | Υ |
|-----------------|-------------------------------------|-----------------|-------------------|-------------------|------------------------------------|
| Address | N11896 Hwy 175 | Phone # | 920-269-5500 | LICENSED Capacity | |
| 71441000 | Lomira, Wi 53048 | | | | |
| | | LICENSED Date | 06/09/1997 | _ | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120732 | Hours | 05:30 AM-07:45 PM | Star Level | 3 Stars |
| Provider Number | 2000558502 | Location Number | 001 | | |
| Facility Name | RENEWAL UNLIMITED - BEAVER DAM HEAD |) Contact | HOPPE, SUZANNE | Full Time | Υ |
| Address | 308 Oneida St | Phone # | 608-742-5329 | LICENSED Capacity | 20 |
| | Beaver Dam, Wi 53916-2018 | LICENSED Date | 04/01/2013 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | _ | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001159 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000577858 | Location Number | 028 | | |
| Facility Name | SACC JEFFERSON | Contact | SCHMITT, SHELLY | Full Time | Υ |
| Address | 301 Brook St | Phone # | 920-887-8811 | LICENSED Capacity | 31 |
| | Beaver Dam, Wi 53916-2998 | | 00/00/4000 | | |
| | LIGHNOFF OF OUR | LICENSED Date | 09/30/1996 | _ | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | - | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120793 | Hours | 05:30 AM-05:45 PM | Star Level | 3 Stars |
| Provider Number | 9000556279 | Location Number | 003 | | |
| Facility Name | SACC LINCOLN | Contact | POLK, JORDAN | Full Time | - |
| Address | 210 Gould St | Phone # | 920-887-8811 | LICENSED Capacity | 18 |
| | Beaver Dam, Wi 53916-1924 | LICENSED Date | 08/03/2018 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120751 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| Provider Number | 9000556279 | Location Number | 004 | | |
| Facility Name | SACC WASHINGTON | Contact | POLK, JORDAN | Full Time | Υ |
| Address | 600 Grove | Phone # | 920-887-8811 | LICENSED Capacity | 30 |
| | Beaver Dam, Wi 53916-1314 | LICENSED Data | 02/04/4000 | From As- | E Voor(a) O Month(a) O Mask(a) |
| Coto mame | LICENSED COOLD | LICENSED Date | 02/01/1998 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-May | _ | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120739 | Hours | 06:30 AM-05:45 PM | Star Level | 3 Stars |
| Provider Number | 9000556279 | Location Number | 007 | | |

| Escility Name | ST STEPHEN'S CHILD CARE INC | Contact | MILLER, KRISTIN | Full Time | Υ |
|-----------------|---|------------------------|-------------------|-------------------|------------------------------------|
| Facility Name | | | | | |
| Address | 505 N Palmatory St Horicon, Wi 53032 | Phone # | 920-485-0465 | LICENSED Capacity | 792 |
| | , | LICENSED Date | 10/12/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015699 | Hours | 05:30 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 3000585863 | Location Number | 001 | | |
| Facility Name | UMOS BEAVER DAM CENTER | Contact | SOLIS, SYLVIA | Full Time | - |
| Address | W9555 Nova Pass | Phone # | 920-887-9501 | LICENSED Capacity | [,] 65 |
| | Beaver Dam, Wi 53916-9264 | LICENSED Date | 09/18/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Mar-Nov | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005834 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 5000577935 | Location Number | 011 | Otal Lovel | o otars |
| Facility Name | WAUPUN PRESCHOOL EDUCATION INC | Contact | SCHULTZ, TIFFANY | Full Time | _ |
| Address | 114 S Forest St | Phone # | 920-345-1124 | LICENSED Capacity | , 38 |
| Address | Waupun, Wi 53963 | THORE # | | LIOLNOLD Capacity | |
| | | LICENSED Date | 12/01/1996 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120738 | Hours | 07:45 AM-03:30 PM | Star Level | 2 Star |
| Provider Number | 3000577933 | Location Number | 001 | | |
| Facility Name | WEE CARE CHILD CENTER | Contact | BYKOWSKI, MIRANDA | Full Time | Υ |
| Address | 1 W Brown St | Phone # | 920-324-9558 | LICENSED Capacity | 100 |
| | Waupun, Wi 53963-1923 | LICENSED Date | 06/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120741 | Hours | 05:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 9000559959 | Location Number | 001 | | |
| Facility Name | WILLOWS CHRISTIAN CHILD CARE CENTE | R Contact | BECK, JOAN | Full Time | Υ |
| Address | N4865 Moss Rd | Phone # | 920-625-3943 | LICENSED Capacity | |
| | Iron Ridge, Wi 53035 | | | | |
| | LIGENOED ODOUD | LICENSED Date | 05/04/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003525 | Hours | 06:00 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 8000556278 | Location Number | 001 | | |

| Facility Name | Y KIDS | Contact | POLAKOWSKI, HALEY | Full Time | Υ |
|-----------------|----------------------------|-----------------|-------------------|-------------------|------------------------------------|
| Address | 220 Corporate Dr | Phone # | 920-887-8811 | LICENSED Capacity | 152 |
| | Beaver Dam, Wi 53916 | LICENSED Data | 09/10/2007 | Even Ave | O Voor(a) O Month(a) G Wook(a) |
| | LIGENOED ODOLID | LICENSED Date | | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012207 | Hours | 05:30 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 9000556279 | Location Number | 015 | | |
| Facility Name | Y KIDS HORICON | Contact | POLK, JORDAN | Full Time | - |
| Address | 841 Gray St | Phone # | 920-485-4441 | LICENSED Capacity | [,] 18 |
| | Horicon, Wi 53032-1730 | LICENSED Date | 09/10/2021 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-May | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2005671 | Hours | 06:30 AM-08:00 AM | Star Level | Not Rated |
| Provider Number | 9000556279 | Location Number | 027 | | |
| Facility Name | Y KIDS MEADOW VIEW PRIMARY | Contact | GREBEL, ERICA | Full Time | - |
| Address | 506 Beaver Dam St | Phone # | 920-887-8811 | LICENSED Capacity | [,] 36 |
| | Waupun, Wi 53963-1800 | LICENSED Date | 08/26/2022 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-May | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2006195 | Hours | 05:45 AM-08:30 AM | Star Level | 2 Stars |
| Provider Number | 9000556279 | Location Number | 029 | | |
| Facility Name | Y KIDS MEADOW VIEW PRIMARY | Contact | GREBEL, ERICA | Full Time | - |
| Address | 506 Beaver Dam St | Phone # | 920-887-8811 | LICENSED Capacity | [,] 36 |
| | Waupun, Wi 53963-1800 | LICENSED Date | 08/26/2022 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2006195 | Hours | 06:00 AM-08:30 AM | Star Level | 2 Stars |
| Provider Number | 9000556279 | Location Number | 029 | | |
| Facility Name | Y KIDS PRAIRIE VIEW | Contact | BUDDE, JANET | Full Time | Υ |
| Address | 510 N Crystal Lake Rd | Phone # | 920-887-8811 | LICENSED Capacity | 82 |
| | Beaver Dam, Wi 53916-1993 | LICENSED Date | 10/05/1998 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| | 1000462 | | | • | 3 Stars |
| Facility ID | | Hours | 06:30 AM-05:45 PM | Star Level | J JIAIS |
| Provider Number | 9000556279 | Location Number | 005 | | |

| Facility Name | YMCA DOUGLAS | Contact | TORRES, ANTHONY | Full Time | - |
|-----------------|---|------------------------|-------------------|-------------------|------------------------------------|
| Address | 1101 Prospect St Watertown, Wi 53098 | Phone # | 262-567-9622 | LICENSED Capacity | 25 |
| | Watertown, Wi occor | LICENSED Date | 09/01/2010 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jul | To Age | 15 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015588 | Hours | 06:00 AM-07:15 AM | Star Level | 2 Stars |
| Provider Number | 8000558698 | Location Number | 020 | | |
| Facility Name | YMCA OF DODGE COUNTY SUMMER DAY (| Contact | BABIASH, KATY | Full Time | Υ |
| Address | 220 Corporate Dr Beaver Dam. Wi 53916-3115 | Phone # | 920-887-8811 | LICENSED Capacity | 200 |
| | | LICENSED Date | 05/18/2022 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | May-Aug | To Age | 15 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2005420 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000556279 | Location Number | 026 | | |