| Facility Name   | BABIES TOTS TODDLERS                  | Contact                | FRYE, NICOLE L     | Full Time        | Υ                                  |
|-----------------|---------------------------------------|------------------------|--------------------|------------------|------------------------------------|
| Address         | 2527 Bartlett Ave                     | Phone #                | 715-864-3732       | LICENSED Capacit | y 8                                |
|                 | Altoona, Wi 54720-1318                | LICENSED Date          | 09/28/2015         | From Age         | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED FAMILY                       | Months                 | Jan-Dec            | To Age           | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2002539                               | Hours                  | 07:00 AM-05:20 PM  | Star Level       | 2 Stars                            |
| Provider Number | 1000586761                            | Location Number        | 001                | Star Lever       | 2 3(a) 8                           |
|                 |                                       |                        |                    | E. U. Time       | V                                  |
| Facility Name   | BAMBI LAND                            | Contact                | METZ, MELISSA K    | Full Time        | Y                                  |
| Address         | E19990 Sutton Rd<br>Augusta, Wi 54722 | Phone #                | 715-533-3259       | LICENSED Capacit | у 8                                |
|                 | , laguota, TTO TT 22                  | LICENSED Date          | 12/20/2006         | From Age         | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                       | Months                 | Jan-Dec            | To Age           | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1011304                               | Hours                  | 05:00 AM-05:00 PM  | Star Level       | 4 Stars                            |
| Provider Number | 1000581701                            | <b>Location Number</b> | 001                |                  |                                    |
| Facility Name   | CHRISTY'S CUDDLES AND CRAYONS         | Contact                | SCRUGGS, CHRISTY D | Full Time        | Υ                                  |
| Address         | 552 Cochrane St                       | Phone #                | 715-271-3558       | LICENSED Capacit | y 8                                |
|                 | Eau Claire, Wi 54703                  | LICENSED Date          | 09/15/2003         | 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     | 1007016                               | Hours                  | 06:30 AM-05:30 PM  | Star Level       | 2 Stars                            |
| Provider Number | 5000575815                            |                        | 00.30 AW-03.30 FW  | Star Level       | 2 3(a) 8                           |
|                 |                                       | Location Number        |                    | Fort Time        | V                                  |
| Facility Name   | GIGGLES AND FUN CHILD CARE            | Contact "              | MARTINSON, TRACI B | Full Time        | Y                                  |
| Address         | 606 N Spring St<br>Augusta, Wi 54722  | Phone #                | 715-533-5329       | LICENSED Capacit | у 8                                |
|                 | , o <u>-</u>                          | LICENSED Date          | 06/29/2006         | From Age         | 0 Year(s), 3 Month(s), 0 Week(s)   |
| Category        | LICENSED FAMILY                       | Months                 | Jan-Dec            | To Age           | 9 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 1010677                               | Hours                  | 06:30 AM-05:30 PM  | Star Level       | 2 Stars                            |
| Provider Number | 3000569323                            | <b>Location Number</b> | 001                |                  |                                    |
| Facility Name   | GIGGLES CHILD CARE CTR                | Contact                | SOTKA, TAMERA      | Full Time        | Υ                                  |
| Address         | 1626 Starr Ave                        | Phone #                | 715-833-8767       | LICENSED Capacit | y 8                                |
|                 | Eau Claire, Wi 54703                  | LICENSED Date          | 02/06/2003         | From Age         | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Catagory        | LICENSED FAMILY                       | Months                 | Jan-Dec            | •                | 12 Year(s), 11 Month(s), 0 Week(s) |
| Category        | 1006118                               |                        |                    | To Age           |                                    |
| Facility ID     |                                       | Hours                  | 06:15 AM-06:15 PM  | Star Level       | 3 Stars                            |
| Provider Number | 3000556253                            | Location Number        | 001                |                  |                                    |

| Facility Name   | KESS'S KIDS FAMILY DAY CARE                     | Contact                | CARROLL, KESINEE M | Full Time     | Υ                                  |
|-----------------|---|------------------------|--------------------|---------------|------------------------------------|
| Address         | 2434 Haanstad Rd                                | Phone #                | 715-834-5954       | LICENSED Capa | ·                                  |
| 71441000        | Eau Claire, Wi 54703                            |                        |                    | LIGHTOLD Gapa | •                                  |
|                 |   | LICENSED Date          | 10/01/2001         | 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     | 1004392   | Hours                  | 05:45 AM-05:30 PM  | Star Level    | 4 Stars                            |
| Provider Number | 7000570687                                      | Location Number        | 001                |               |                                    |
| Facility Name   | LIL ONES DAYCARE                                | Contact                | BAUER, STACY       | Full Time     | Υ                                  |
| Address         | S14185 County Road Z                            | Phone #                | 715-214-9822       | LICENSED Capa | acity 8                            |
|                 | Mondovi, Wi 54755-8563                          | LICENSED Date          | 03/12/2024         | 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     | 2002576   | Hours                  | 05:00 AM-05:00 PM  | Star Level    | Not Rated                          |
| Provider Number | 3000572563                                      | Location Number        | 003                |               |                                    |
| Facility Name   | LITTLE BIG TOP CHILD CARE                       | Contact                | BAUMBACH, BETH L   | Full Time     | Υ                                  |
| Address         | 1819 Tate Ave                                   | Phone #                | 608-397-9516       | LICENSED Capa | acity 8                            |
|                 | Eau Claire, Wi 54703-4891                       | LICENSED Data          | 07/01/2016         | From Ago      | 0 Voor(a) 0 Month(a) 6 Wook(a)     |
| C-4             | LICENSED FAMILY                                 | LICENSED Date          |                    | From Age      | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | 2002874   | Months                 | Jan-Dec            | To Age        | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     |   | Hours                  | 06:30 AM-05:00 PM  | Star Level    | 3 Stars                            |
| Provider Number | 3000588903                                      | Location Number        | 001                |               |                                    |
| Facility Name   | LITTLE MONKEY IN-HOME DAYCARE                   | Contact                | SCHMITT, CHELLSI M | Full Time     | Y                                  |
| Address         | 5400 Star Ridge Rd<br>Eau Claire, Wi 54703-6305 | Phone #                | 715-492-0323       | LICENSED Capa | acity 8                            |
|                 | Lad Claire, WI 6 IT 66 6666                     | LICENSED Date          | 12/16/2013         | From Age      | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED FAMILY                                 | Months                 | Jan-Dec            | To Age        | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2001492   | Hours                  | 06:00 AM-04:30 PM  | Star Level    | 4 Stars                            |
| Provider Number | 6000588026                                      | <b>Location Number</b> | 001                |               |                                    |
| Facility Name   | LITTLE OWL FAMILY CHILD CARE                    | Contact                | PARTLOW, ASHLEIGH  | Full Time     | Υ                                  |
| Address         | 467 Sunday Dr                                   | Phone #                | 715-514-8156       | LICENSED Capa | acity 6                            |
|                 | Altoona, Wi 54720-2370                          | LICENSED Date          | 01/09/2015         | From Age      | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                                 | Months                 | Jan-Dec            | To Age        | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2002186   |                        | 06:45 AM-05:30 PM  | Star Level    | 2 Stars                            |
|                 | 7000588427                                      | Hours                  |                    | Star Level    | 2 Jid15                            |
| Provider Number | 1000300421                                      | Location Number        | 001                |               |                                    |

| Facility Name   | LITTLE STEPS DAY CARE                         | Contact                | NITZ, RACHELLE H   | Full Time     | Υ                                  |
|-----------------|---|------------------------|--------------------|---------------|------------------------------------|
| Address         | 2510 Melmar Ct<br>Eau Claire, Wi 54703-4859   | Phone #                | 715-456-7682       | LICENSED Capa | acity 8                            |
|                 | Laa Claire, W. C. 1700 1000                   | LICENSED Date          | 06/01/2011         | From Age      | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                               | Months                 | Jan-Dec            | To Age        | 6 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 1016090                                       | Hours                  | 07:00 AM-05:00 PM  | Star Level    | Not Rated                          |
| Provider Number | 3000582613                                    | <b>Location Number</b> | 001                |               |                                    |
| Facility Name   | MALISSA DAHLSTROM'S FAMILY CC                 | Contact                | DAHLSTROM, MALISSA | Full Time     | Υ                                  |
| Address         | 3415 Douglas Ln<br>Eau Claire, Wi 54703-3602  | Phone #                | 715-214-8186       | LICENSED Capa | acity 8                            |
|                 | Lad Glaile, WI 6 17 00 0002                   | LICENSED Date          | 08/31/2011         | 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     | 2000108                                       | Hours                  | 06:30 AM-06:00 PM  | Star Level    | 3 Stars                            |
| Provider Number | 7000586867                                    | <b>Location Number</b> | 001                |               |                                    |
| Facility Name   | MEADOW WOOD CHILD CARE                        | Contact                | BIGNELL, VICKI     | Full Time     | Υ                                  |
| Address         | 4801 Promontory Ct<br>Eau Claire, Wi 54701    | Phone #                | 715-864-1541       | LICENSED Capa | acity 8                            |
|                 | ,   | LICENSED Date          | 07/14/2009         | 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     | 1014222                                       | Hours                  | 07:00 AM-05:30 PM  | Star Level    | Not Rated                          |
| Provider Number | 8000561468                                    | <b>Location Number</b> | 003                |               |                                    |
| Facility Name   | MICHELLE'S LITTLE ONES                        | Contact                | PINGEL, MICHELLE L | Full Time     | Υ                                  |
| Address         | 251 Hewitt St<br>Eau Claire, Wi 54703         | Phone #                | 715-832-3098       | LICENSED Capa | acity 8                            |
|                 |   | LICENSED Date          | 09/06/2005         | 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     | 1009172                                       | Hours                  | 06:00 AM-06:00 PM  | Star Level    | 1 Star                             |
| Provider Number | 4000580184                                    | <b>Location Number</b> | 001                |               |                                    |
| Facility Name   | MS. JULIA'S SCHOOLIA                          | Contact                | BENNKER, JULIA     | Full Time     | Υ                                  |
| Address         | 1537 Lyndale Ave<br>Eau Claire, Wi 54701-4362 | Phone #                | 970-631-6148       | LICENSED Capa | acity 8                            |
|                 |   | LICENSED Date          | 03/21/2024         | From Age      | 0 Year(s), 2 Month(s), 0 Week(s)   |
| Category        | LICENSED FAMILY                               | Months                 | Jan-Dec            | To Age        | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2006927                                       | Hours                  | 08:30 AM-          | Star Level    | Not Rated                          |
| Provider Number | 6000591716                                    | <b>Location Number</b> | 001                |               |                                    |

| Facility Name   | PLAY CARE DAY CARE                       | Contact                | CULVER, LYNNETTE M      | Full Time         | Υ                                  |
|-----------------|--|------------------------|-------------------------|-------------------|------------------------------------|
| Address         | 2669 Mercury Ave<br>Eau Claire, Wi 54703 | Phone #                | 715-579-4976            | LICENSED Capacity | 8                                  |
|                 |  | LICENSED Date          | 09/30/2008              | 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     | 1013710                                  | Hours                  | 06:00 AM-06:00 PM       | Star Level        | 2 Stars                            |
| Provider Number | 5000561105                               | <b>Location Number</b> | 001                     |                   |                                    |
| Facility Name   | PLAY TO LEARN CHILD CARE CENTER          | Contact                | STAGE, JEAN             | Full Time         | Υ                                  |
| Address         | 3137 Leslie Ln                           | Phone #                | 715-830-0569            | LICENSED Capacity | 8                                  |
|                 | Eau Claire, Wi 54703                     | LICENSED Date          | 03/16/1998              | From Age          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| Category        | LICENSED FAMILY                          | Months                 | Jan-Dec                 | To Age            | 16 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 531269                                   | Hours                  | 04:00 AM-08:00 PM       | Star Level        | 3 Stars                            |
| Provider Number | 7000556257                               | <b>Location Number</b> | 001                     |                   |                                    |
| Facility Name   | RAINBOW BEGINNINGS FAMILY CHILDCAF       | REContact              | DECAMBALIZA, JACQUELINI | E Full Time       | Υ                                  |
| Address         | W2618 Pine Rd                            | Phone #                | 715-864-2081            | LICENSED Capacity | 8                                  |
|                 | Eleva, Wi 54738                          | LICENSED Date          | 03/21/2011              | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                          | Months                 | Jan-Dec                 | To Age            | 8 Year(s), 0 Month(s), 0 Week(s)   |
| Facility ID     | 1015098                                  | Hours                  | 06:00 AM-06:00 PM       | Star Level        | 2 Stars                            |
| Provider Number | 4000586124                               | Location Number        | 001                     |                   |                                    |
| Facility Name   | RAYS OF SUNSHINE                         | Contact                | HOUGHTELIN, JASMINE M   | Full Time         | Υ                                  |
| Address         | 3231 Midway St                           | Phone #                | 715-530-2750            | LICENSED Capacity | 8                                  |
|                 | Eau Claire, Wi 54703-1166                | LICENSED Date          | 09/03/2021              | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                          | Months                 | Jan-Dec                 | To Age            | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2005650                                  | Hours                  | 07:00 AM-05:30 PM       | Star Level        | Not Rated                          |
| Provider Number | 2000590572                               | Location Number        | 001                     |                   |                                    |
| Facility Name   | SHERRI'S STAY-N-PLAY                     | Contact                | SCHULNER, SHERRI        | Full Time         | Υ                                  |
| Address         | 3314 Lasalle St                          | Phone #                | 715-834-8743            | LICENSED Capacity | 8                                  |
|                 | Eau Claire, Wi 54703                     | LICENSED Date          | 10/07/1999              | 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     | 1001525                                  | Hours                  | 06:00 AM-06:00 PM       | Star Level        | Not Rated                          |
| Provider Number | 6000556186                               | Location Number        | 00.00 AW-00.00 PW       | Star Level        | Not Nateu                          |
| FIGVIORI NUMBER | 000000100                                | Location Number        | 001                     |                   |                                    |

| Facility Name   | SHOOTINGSTARS DAYCARE                         | Contact                | MCFADDEN, TERI L   | Full Time         | Υ                                  |
|-----------------|---|------------------------|--------------------|-------------------|------------------------------------|
| Address         | 1225 Pershing St                              | Phone #                | 715-379-6427       | LICENSED Capacity | 8                                  |
|                 | Eau Claire, Wi 54703-3031                     | LICENSED Date          | 02/18/2019         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                               | Months                 | Jan-Dec            | _                 | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2004336                                       | Hours                  | 07:00 AM-05:30 PM  | •                 | 2 Stars                            |
| Provider Number | 0000585080                                    | Location Number        | 001                | Star Lever        | 2 Stars                            |
|                 | SUNSHINE FAMILY CHILD CARE AND EDUC           |                        |                    | Full Time         | Y                                  |
| acility Name    |   |                        | ZIRNGIBL, JOSEPH E |                   |                                    |
| ddress          | 904 E Tyler Ave<br>Eau Claire, Wi 54701-5723  | Phone #                | 715-514-2545       | LICENSED Capacity | 8                                  |
|                 |   | LICENSED Date          | 12/13/2021         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| ategory         | LICENSED FAMILY                               | Months                 | Aug-Dec            | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| acility ID      | 2005834                                       | Hours                  | 07:00 AM-06:00 PM  | Star Level        | Not Rated                          |
| rovider Number  | 8000590698                                    | <b>Location Number</b> | 001                |                   |                                    |
| acility Name    | SUNSHINE FAMILY CHILD CARE AND EDUC           | Contact                | ZIRNGIBL, JOSEPH E | Full Time         | Υ                                  |
| ddress          | 904 E Tyler Ave<br>Eau Claire, Wi 54701-5723  | Phone #                | 715-514-2545       | LICENSED Capacity | 8                                  |
|                 | Laa Siane, W 5 17 5 1 5 1 25                  | LICENSED Date          | 12/13/2021         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| ategory         | LICENSED FAMILY                               | Months                 | Jan-Jun            | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| acility ID      | 2005834                                       | Hours                  | 07:00 AM-06:00 PM  | Star Level        | Not Rated                          |
| rovider Number  | 8000590698                                    | <b>Location Number</b> | 001                |                   |                                    |
| acility Name    | TINY TREASURES CHILDCARE LLC                  | Contact                | ROGNHOLT, KELLY    | Full Time         | Υ                                  |
| Address         | 3030 Neptune Ave<br>Eau Claire, Wi 54703-0724 | Phone #                | 715-797-1176       | LICENSED Capacity | 8                                  |
|                 | Edd Gland, WI 0 1700 072 I                    | LICENSED Date          | 09/01/2010         | 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      | 1015514                                       | Hours                  | 06:00 AM-05:00 PM  | Star Level        | 2 Stars                            |
| rovider Number  | 1000585851                                    | Location Number        | 001                |                   |                                    |
| acility Name    | TISHA'S FAMILY CHILD CARE                     | Contact                | GILMAN, LISA J     | Full Time         | Y                                  |
| Address         | 920 Lawrence Ave<br>Altoona, Wi 54720-2018    | Phone #                | 715-379-9326       | LICENSED Capacity | 8                                  |
|                 | AILOUTIA, VVI 34120-2010                      | LICENSED Date          | 09/04/2012         | 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      | 2000860                                       | Hours                  | 06:00 AM-06:00 PM  | -                 | 3 Stars                            |
|                 |   |                        |                    |                   |                                    |

| Facility Name   | ALTOONA EARLY EDUCATION CENTER    | Contact                | JACOBS, MICHELLE   | Full Time         | -                                       |
|-----------------|-----------------------------------|------------------------|--------------------|-------------------|---|
| Address         | 1312 N Hillcrest Pkwy             | Phone #                | 715-832-5543       | LICENSED Capacity | 34                                      |
|                 | Altoona, Wi 54720-2597            | LICENSED Date          | 09/12/1994         | From Age          | 3 Year(s), 0 Month(s), 0 Week(s)        |
| Category        | LICENSED GROUP                    | Months                 | Aug-Jun            | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)       |
| Facility ID     | 520396                            | Hours                  | 08:30 AM-04:30 PM  | Star Level        | 5 Stars                                 |
| Provider Number | 9000577929                        | Location Number        | 005                |                   |   |
| Facility Name   | ALTOONA FAMILY CHILD CARE CTR LLC | Contact                | HILL, ALEXANDRIA   | Full Time         | Υ                                       |
| Address         | 819 S Hillcrest Pkwy              | Phone #                | 715-552-5437       | LICENSED Capacity | 99                                      |
|                 | Altoona, Wi 54720                 |                        |                    |                   |   |
|                 |                                   | LICENSED Date          | 07/27/2009         | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)        |
| Category        | LICENSED GROUP                    | Months                 | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s)      |
| acility ID      | 1014543                           | Hours                  | 04:45 AM-10:00 PM  | Star Level        | 5 Stars                                 |
| Provider Number | 0000584720                        | <b>Location Number</b> | 002                |                   |   |
| acility Name    | ALTOONA FAMILY KIDS CLUB          | Contact                | DOKKESTUL, MADYSEN | Full Time         | -                                       |
| Address         | 320 Division St                   | Phone #                | 715-894-7529       | LICENSED Capacity | 31                                      |
|                 | Altoona, Wi 54720-1659            | LICENSED Date          | 06/09/2022         | From Age          | 3 Year(s), 0 Month(s), 0 Week(s)        |
| <b>.</b>        | LICENSED GROUP                    |                        | Jan-Dec            | •                 | * |
| ategory         |                                   | Months                 |                    | To Age            | 11 Year(s), 11 Month(s), 0 Week(s)      |
| acility ID      | 2006092                           | Hours                  | 06:00 AM-06:30 PM  | Star Level        | 5 Stars                                 |
| Provider Number | 0000584720                        | Location Number        | 006                |                   |   |
| acility Name    | BABES IN TOYLAND CHILDCARE CENTER | Contact                | STEWART, JULIE     | Full Time         | Υ                                       |
| Address         | 4430 Tower Dr                     | Phone #                | 715-830-9432       | LICENSED Capacity | 84                                      |
|                 | Eau Claire, Wi 54703              | LICENSED Date          | 10/04/2010         | From Age          | 0 Year(s), 0 Month(s), 1 Week(s)        |
| ategory         | LICENSED GROUP                    | Months                 | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s)      |
| acility ID      | 1015680                           | Hours                  | 07:00 AM-06:00 PM  | Star Level        | 2 Stars                                 |
| Provider Number | 7000562987                        | Location Number        | 004                |                   |   |
| acility Name    | BEAUTIFUL MINDS CHILD CARE        | Contact                | BANDOLI, TONYA     | Full Time         | Υ                                       |
| Address         | 2821 Fairfax St                   | Phone #                | 715-834-4360       | LICENSED Capacity | 111                                     |
|                 | Eau Claire, Wi 54701-6820         |                        |                    |                   |   |
|                 |                                   | LICENSED Date          | 01/01/2012         | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)        |
| Category        | LICENSED GROUP                    | Months                 | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s)      |
| acility ID      | 2000391                           | Hours                  | 06:30 AM-05:30 PM  | Star Level        | 5 Stars                                 |
| Provider Number | 1000587061                        | <b>Location Number</b> | 001                |                   |   |

| Facility Name   | BRIGHTER BEGINNINGS ELC- A KARRASEL | Contact         | DRAVES, SAMANTHA  | Full Time         | Υ                                  |
|-----------------|-------------------------------------|-----------------|-------------------|-------------------|------------------------------------|
| Address         | 1612 Truax Blvd                     | Phone #         | 715-831-9944      | LICENSED Capacity |                                    |
|                 | Eau Claire, Wi 54703-1551           |                 |                   |                   |                                    |
|                 |                                     | LICENSED Date   | 08/29/2013        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                      | Months          | Jan-Dec           | To Age            | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2001189                             | Hours           | 06:00 AM-06:00 PM | Star Level        | 5 Stars                            |
| Provider Number | 4000587894                          | Location Number | 001               |                   |                                    |
| Facility Name   | CHAPEL HEIGHTS CHRISTIAN PRESCHOOL  | Contact         | SUTTLES, HEIDI    | Full Time         | -                                  |
| Address         | 300 E Hamilton Ave                  | Phone #         | 715-832-2333      | LICENSED Capacity | 27                                 |
|                 | Eau Claire, Wi 54701                | LICENSED Date   | 09/01/1984        | From Age          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                      | Months          | Sep-May           | _                 | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 520116                              | Hours           | 08:15 AM-11:30 AM | _                 | Not Rated                          |
| Provider Number | 1000577811                          | Location Number | 001               |                   |                                    |
| Facility Name   | CHILDREN'S HOUSE MONTESSORI SCH     | Contact         | OKAS, JENNIFER    | Full Time         | Υ                                  |
| Address         | 415 E Lake St                       | Phone #         | 715-835-7861      | LICENSED Capacity | 70                                 |
|                 | Eau Claire, Wi 54701                | LICENSED Date   | 08/30/2007        | From Age          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                      | Months          | Jan-Dec           | _                 | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1012359                             | Hours           | 06:30 AM-06:00 PM | Star Level        | 4 Stars                            |
| Provider Number | 0000564650                          | Location Number | 002               |                   |                                    |
| Facility Name   | COLOR MY WORLD CHILD CARE NORTH     | Contact         | RODRIGUEZ, KAREN  | Full Time         | Υ                                  |
| Address         | 1903 Western Ave                    | Phone #         | 715-835-2060      | LICENSED Capacity | 75                                 |
|                 | Eau Claire, Wi 54703                | LICENSED Date   | 08/03/1987        | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED GROUP                      | Months          | Jan-Dec           | <del>-</del>      | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520011                              | Hours           | 05:30 AM-06:00 PM | -                 | 3 Stars                            |
| Provider Number | 0000556380                          | Location Number | 001               |                   |                                    |
| Facility Name   | CONCORDIA EARLY CHILDHOOD CENTER    | Contact         | OAS, HANNAH       | Full Time         | Υ                                  |
| Address         | 3715 London Rd                      | Phone #         | 715-834-9097      | LICENSED Capacity | 40                                 |
|                 | Eau Claire, Wi 54701-7813           | LICENSED Date   | 09/04/2018        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Catagory        | LICENSED GROUP                      | Months          | Jan-Dec           | <del>-</del>      | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Category        | 2004124                             |                 |                   | _                 | 2 Stars                            |
| Facility ID     |                                     | Hours           | 06:00 AM-05:30 PM | Star Level        | 2 Stars                            |
| Provider Number | 1000589561                          | Location Number | 001               |                   |                                    |

| Facility Name   | CREATE-A-WORLD PRESCHOOL           | Contact                | LORUSSO, KATY       | Full Time         |                                    |
|-----------------|------------------------------------|------------------------|---------------------|-------------------|------------------------------------|
| Address         | 3214 Golf Rd                       | Phone #                | 715-832-7832        | LICENSED Capacity | 16                                 |
| Address         | Eau Claire, Wi 54701               | FIIOIIE#               | 113-032-1032        | LICENSED Capacity | 10                                 |
|                 |                                    | LICENSED Date          | 09/09/1991          | From Age          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                     | Months                 | Sep-May             | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 520248                             | Hours                  | 09:00 AM-12:00 PM   | Star Level        | Not Rated                          |
| Provider Number | 0000577950                         | <b>Location Number</b> | 001                 |                   |                                    |
| Facility Name   | DAYS GONE BY EARLY LEARNING        | Contact                | LUND, KELSEY        | Full Time         | Υ                                  |
| Address         | 3225 Lorch Ave                     | Phone #                | 715-835-1234        | LICENSED Capacity | 125                                |
|                 | Eau Claire, Wi 54701-9191          | LICENSED Date          | 09/26/2011          | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                     | Months                 | Jan-Dec             | =                 | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2000254                            | Hours                  | 06:00 AM-06:00 PM   |                   | 5 Stars                            |
| Provider Number | 3000586903                         | Location Number        | 001                 |                   | o otalo                            |
| Facility Name   | EAU CLAIRE HEAD START CENTER       | Contact                | MELLENTHIN, ANGELA  | Full Time         |                                    |
| Address         | 3103 Oak Knoll Dr                  | Phone #                | 715-896-4721        | LICENSED Capacity | 96                                 |
| Addiess         | Eau Claire, Wi 54701-8485          | i ilolie "             |                     |                   |                                    |
|                 |                                    | LICENSED Date          | 09/24/1996          | =                 | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                     | Months                 | Aug-Jun             | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 520522                             | Hours                  | 08:00 AM-05:00 PM   | Star Level        | 5 Stars                            |
| Provider Number | 9000577929                         | Location Number        | 002                 |                   |                                    |
| Facility Name   | FAMILY TREE EAU CLAIRE CENTER LLC  | Contact                | RENEAU, MARISSA D   | Full Time         | Υ                                  |
| Address         | 2140 Sherwin Ave                   | Phone #                | 715-514-3399        | LICENSED Capacity | 84                                 |
|                 | Eau Claire, Wi 54701-3476          | LICENSED Date          | 08/29/2018          | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED GROUP                     | Months                 | Jan-Dec             | <u>-</u>          | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2004047                            | Hours                  | 05:30 AM-06:00 PM   | -                 | 3 Stars                            |
| Provider Number | 0000589560                         | Location Number        | 001                 |                   |                                    |
| Facility Name   | FROM THE ROOTS EARLY LEARNING CENT | Contact                | RASSBACH, VANESSA A | Full Time         | Υ                                  |
| Address         | 3980 Tamara Dr                     | Phone #                | 715-839-1050        | LICENSED Capacity |                                    |
|                 | Eau Claire, Wi 54701-8924          |                        |                     |                   |                                    |
|                 | LIGHNOFF ORGUE                     | LICENSED Date          | 05/06/2013          | <u>-</u>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                     | Months                 | Jan-Dec             | _                 | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2001229                            | Hours                  | 07:00 AM-05:30 PM   | Star Level        | 3 Stars                            |
| Provider Number | 6000587726                         | Location Number        | 001                 |                   |                                    |

| Facility Name   | GENESIS CHILD DEVELOPMENT CENTER   | Contact                | MCCOY, CORISSA     | Full Time         | Υ                                  |
|-----------------|------------------------------------|------------------------|--------------------|-------------------|------------------------------------|
| Address         | 418 N Dewey St                     | Phone #                | 715-830-2275       | LICENSED Capacity | 115                                |
|                 | Eau Claire, Wi 54703               | LICENSED Date          | 09/01/1998         | 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     | 1000263                            | Hours                  | 06:30 AM-06:00 PM  | Star Level        | 3 Stars                            |
| Provider Number | 4000555934                         | Location Number        | 002                |                   |                                    |
| Facility Name   | GRACE LUTH FOUND SACC ALTOONA      | Contact                | PAPIERNIAK, TYLER  | Full Time         | -                                  |
| Address         | 157 Bartlett Ave                   | Phone #                | 715-832-3003       | LICENSED Capacity | 64                                 |
|                 | Altoona, Wi 54720-2361             |                        |                    |                   |                                    |
|                 |                                    | LICENSED Date          | 09/07/2016         | 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     | 2002993                            | Hours                  | 06:15 AM-06:00 PM  | Star Level        | 2 Stars                            |
| Provider Number | 3000556383                         | <b>Location Number</b> | 005                |                   |                                    |
| Facility Name   | GRACE LUTH FOUN - SACC ROOSEVELT   | Contact                | PAPIERNIAK, TYLER  | Full Time         | -                                  |
| Address         | 3010 8th St                        | Phone #                | 715-894-2345       | LICENSED Capacity | 36                                 |
|                 | Eau Claire, Wi 54703               | LICENSED Date          | 09/01/2003         | 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     | 1006895                            | Hours                  | 06:30 AM-06:00 PM  | Star Level        | 2 Stars                            |
| Provider Number | 3000556383                         | Location Number        | 004                | ota: 2070.        | 2 514.15                           |
| Facility Name   | HAND IN HAND A PLACE FOR ALL CHILD | Contact                | COURNOYER, CLAUDIA | Full Time         | Υ                                  |
| Address         | 800 Wisconsin St                   | Phone #                | 715-833-7744       | LICENSED Capacity | ·<br>• 75                          |
|                 | Eau Claire, Wi 54703-3521          |                        |                    |                   |                                    |
|                 |                                    | LICENSED Date          | 02/16/1966         | 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     | 520077                             | Hours                  | 05:30 AM-06:00 PM  | Star Level        | 5 Stars                            |
| Provider Number | 2000556142                         | Location Number        | 001                |                   |                                    |
| Facility Name   | KINDERCARE                         | Contact                | MARTIN, NATALIE    | Full Time         | Υ                                  |
| Address         | 2115 Fairfax St                    | Phone #                | 715-832-8099       | LICENSED Capacity | 128                                |
|                 | Eau Claire, Wi 54701               | LICENSED Date          | 04/23/1997         | 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) |
|                 | 520044                             |                        |                    | Star Level        | 5 Stars                            |
| Facility ID     |                                    | Hours                  | 05:30 AM-06:00 PM  | Star Level        | ว อเลเร                            |
| Provider Number | 0000555710                         | Location Number        | 002                |                   |                                    |

| •               | •                                |                        |                      |                   |                                    |
|-----------------|----------------------------------|------------------------|----------------------|-------------------|------------------------------------|
| Facility Name   | LAKESHORE ELEMENTARY SACC        | Contact                | PAPIERNIAK, TYLER    | Full Time         | -                                  |
| Address         | 711 Lake St                      | Phone #                | 715-832-3003         | LICENSED Capacity | 36                                 |
|                 | Eau Claire, Wi 54703             | LICENSED Date          | 08/23/1998           | From Age          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                   | Months                 | Aug-Jun              | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520547                           | Hours                  | 06:10 AM-06:00 PM    | Star Level        | 2 Stars                            |
| Provider Number | 3000556383                       | <b>Location Number</b> | 002                  |                   |                                    |
| Facility Name   | L.E. PHILLIPS YMCA SPORTS CENTER | Contact                | PETERSON-FOSS, AMY   | Full Time         | Υ                                  |
| Address         | 3456 Craig Rd                    | Phone #                | 715-552-1200         | LICENSED Capacity | 200                                |
|                 | Eau Claire, Wi 54701-6977        | LICENSED Date          | 10/25/2018           | From Age          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                   | Months                 | Jan-Dec              | To Age            | 13 Year(s), 11 Month(s), 0 Week(s) |
| acility ID      | 2004236                          | Hours                  | 06:30 AM-06:00 PM    | Star Level        | 2 Stars                            |
| rovider Number  | 5000556395                       | Location Number        | 023                  | Otal 2070.        | 2 51415                            |
| acility Name    | LITTLE SCHOOL HOUSE OF ALTOONA   | Contact                | REDETZKE, CHRISTINE  | Full Time         | Υ                                  |
| ddress          | 2328 N Hillcrest Pkwy            | Phone #                | 715-214-6609         | LICENSED Capacity |                                    |
|                 | Altoona, Wi 54720-2565           |                        |                      |                   |                                    |
|                 |                                  | LICENSED Date          | 04/25/2011           | 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      | 1015984                          | Hours                  | 06:00 AM-06:00 PM    | Star Level        | 3 Stars                            |
| Provider Number | 6000586166                       | Location Number        | 001                  |                   |                                    |
| acility Name    | LITTLE STAR 2                    | Contact                | SCHUMACHER, KRYSTINA | Full Time         | Υ                                  |
| ddress          | 2241 Hayden Ave                  | Phone #                | 715-832-1513         | LICENSED Capacity | 16                                 |
|                 | Altoona, Wi 54720-1548           | LICENSED Date          | 01/21/2013           | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| ategory         | LICENSED GROUP                   | Months                 | Jan-Dec              | To Age            | 2 Year(s), 6 Month(s), 0 Week(s)   |
| acility ID      | 2001076                          | Hours                  | 06:30 AM-05:45 PM    | Star Level        | 3 Stars                            |
| Provider Number | 3000555933                       | Location Number        | 002                  |                   |                                    |
| acility Name    | LITTLE STAR DAY CARE             | Contact                | SCHUMACHER, KRYSTINA | Full Time         | Υ                                  |
| Address         | 2245 Hayden Ave                  | Phone #                | 715-832-1513         | LICENSED Capacity | 67                                 |
|                 | Altoona, Wi 54720                | LICENSED Dete          | 10/11/1993           |                   |                                    |
| `atawan,        | LICENSED CROLID                  | LICENSED Date          |                      | From Age          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                   | Months                 | Jan-Dec              | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| acility ID      | 520356                           | Hours                  | 06:30 AM-05:45 PM    | Star Level        | 2 Stars                            |
| Provider Number | 3000555933                       | Location Number        | 001                  |                   |                                    |

| F 1114 - N      | MANO OLINIO LIEALTH OVOTEM OLIU D. DEV     | 044                    | FLUEVIOED NICOLE  | F U. T'           | V                                  |
|-----------------|--|------------------------|-------------------|-------------------|------------------------------------|
| Facility Name   | MAYO CLINIC HEALTH SYSTEM CHILD DEV        |                        | FLUEKIGER, NICOLE |                   | Y                                  |
| Address         | 540 Fulton St<br>Eau Claire, Wi 54703-5379 | Phone #                | 715-838-3198      | LICENSED Capacity | 180                                |
|                 | Edd Gland, W101700 0010                    | LICENSED Date          | 11/01/2018        | 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     | 2004209                                    | Hours                  | 05:30 AM-06:30 PM | Star Level        | 5 Stars                            |
| Provider Number | 6000558236                                 | <b>Location Number</b> | 016               |                   |                                    |
| Facility Name   | NATURE'S COVE EARLY LEARNING CENTE         | Contact                | MCQUILLAN, ALYSSA | Full Time         | Y                                  |
| Address         | 3631 E Hamilton Ave                        | Phone #                | 715-514-5959      | LICENSED Capacity | 88                                 |
|                 | Eau Claire, Wi 54701-6875                  | LICENSED Date          | 10/01/2020        | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED GROUP                             | Months                 | Jan-Dec           | _                 | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2005184                                    | Hours                  | 05:00 AM-07:30 PM | _                 | 3 Stars                            |
| Provider Number | 3000590193                                 | Location Number        | 00.00 AM-07.50 FM | Otal Level        | o otars                            |
| Facility Name   | PEACE TREE                                 | Contact                | EKENSTEDT, LYDIA  | Full Time         | Υ                                  |
| Address         | 126 N Barstow St                           | Phone #                | 715-900-2185      | LICENSED Capacity |                                    |
| Address         | Eau Claire, Wi 54703-3572                  | Filone #               | 7 13-300-2 103    | LICENSED Capacity | 04                                 |
|                 | ,  | LICENSED Date          | 09/01/2023        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                             | Months                 | Jan-Dec           | To Age            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 2006665                                    | Hours                  | 07:00 AM-06:00 PM | Star Level        | 3 Stars                            |
| Provider Number | 0000591480                                 | <b>Location Number</b> | 001               |                   |                                    |
| Facility Name   | RACHEL'S PLACE EARLY LEARNING CTR          | Contact                | O'BRYAN, LEANNE   | Full Time         | Υ                                  |
| Address         | 2226 Eddy Ln                               | Phone #                | 715-832-1414      | LICENSED Capacity | 105                                |
|                 | Eau Claire, Wi 54703                       | LICENSED Date          | 10/02/1978        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                             | Months                 | Jan-Dec           | -                 | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520136                                     | Hours                  | 05:45 AM-06:30 PM | -                 | 3 Stars                            |
| Provider Number | 8000573858                                 | Location Number        | 001               |                   |                                    |
| Facility Name   | REDEEMER EARLY LEARNING PROGRAMS           | Contact                | VADNAIS, RUTHANNE | Full Time         | Υ                                  |
| Address         | 601 Fall St                                | Phone #                | 715-835-9207      | LICENSED Capacity | 60                                 |
|                 | Eau Claire, Wi 54703                       | LIGHNOFF D             | 40/04/4007        |                   |                                    |
| • .             | LICENCED ODOLID                            | LICENSED Date          | 12/01/1997        | -                 | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                             | Months                 | Jan-Dec           | _                 | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520165                                     | Hours                  | 06:00 AM-06:00 PM | Star Level        | 3 Stars                            |
| Provider Number | 1000577941                                 | Location Number        | 001               |                   |                                    |

| Facility Name   | REGIS CHILD DEVELOPMENT CENTER                 | Contact                | BURHOP, JULIE     | Full Time         | Υ                                  |
|-----------------|--|------------------------|-------------------|-------------------|------------------------------------|
| Address         | 2114 Fenwick Ave<br>Eau Claire, Wi 54701       | Phone #                | 715-830-2274      | LICENSED Capacity | 130                                |
|                 |  | LICENSED Date          | 04/23/1997        | 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     | 520257   | Hours                  | 06:30 AM-06:00 PM | Star Level        | 3 Stars                            |
| Provider Number | 4000555934                                     | <b>Location Number</b> | 001               |                   |                                    |
| Facility Name   | RIVER'S EDGE EARLY LEARNING CENTER             | Contact                | MARKS, TESSA      | Full Time         | Υ                                  |
| Address         | 3085 Meadowlark Ln<br>Altoona, Wi 54720-2656   | Phone #                | 715-514-4500      | LICENSED Capacity | 74                                 |
|                 |  | LICENSED Date          | 05/01/2023        | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec           | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2006493  | Hours                  | 05:30 AM-06:30 PM | Star Level        | 2 Stars                            |
| Provider Number | 0000591330                                     | Location Number        | 001               |                   |                                    |
| Facility Name   | SACC-DOWNTOWN EC YMCA                          | Contact                | THOMAS, JALEN     | Full Time         | Υ                                  |
| Address         | 700 Graham Ave<br>Eau Claire, Wi 54701         | Phone #                | 715-839-4609      | LICENSED Capacity |                                    |
|                 |  | LICENSED Date          | 05/12/1997        | 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     | 520083   | Hours                  | 06:30 AM-06:00 PM | Star Level        | 2 Stars                            |
| Provider Number | 5000556395                                     | Location Number        | 001               |                   |                                    |
| Facility Name   | SAINT EDWARD'S MONTESSORI SCHOOL II            | <b>VContact</b>        | HARDER, ELIZABETH | Full Time         | -                                  |
| Address         | 1129 Bellevue Ave<br>Eau Claire, Wi 54703-3263 | Phone #                | 715-952-5115      | LICENSED Capacity | 36                                 |
|                 |  | LICENSED Date          | 09/08/2014        | From Age          | 2 Year(s), 7 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Sep-Jul           | To Age            | 8 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 2002025  | Hours                  | 07:30 AM-05:00 PM | Star Level        | 2 Stars                            |
| Provider Number | 8000588308                                     | <b>Location Number</b> | 001               |                   |                                    |
| Facility Name   | SEED AND SOW DAYCARE INC                       | Contact                | WATT, MIRANDA     | Full Time         | Y                                  |
| Address         | 3625 Southwind Dr<br>Eau Claire, Wi 54701-9245 | Phone #                | 715-834-4011      | LICENSED Capacity |                                    |
|                 |  | LICENSED Date          | 01/05/2023        | <del>-</del>      | 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     | 2006352  | Hours                  | 06:45 AM-05:30 PM | Star Level        | 2 Stars                            |
| Provider Number | 6000591186                                     | <b>Location Number</b> | 001               |                   |                                    |

| Facility Name   | SHERMAN ELEMENTARY-SACC                     | Contact                | PAPIERNIAK, TYLER  | Full Time         | -                                  |
|-----------------|---|------------------------|--------------------|-------------------|------------------------------------|
| Address         | 3110 W Vine St<br>Eau Claire, Wi 54703      | Phone #                | 715-832-3039       | LICENSED Capacity | , 80                               |
|                 |   | LICENSED Date          | 08/27/1998         | 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     | 1000063                                     | Hours                  | 06:30 AM-06:00 PM  | Star Level        | 2 Stars                            |
| Provider Number | 3000556383                                  | <b>Location Number</b> | 001                |                   |                                    |
| Facility Name   | STEPPING STONES LEARNING CENTER             | Contact                | SMITH, AMBER       | Full Time         | Υ                                  |
| Address         | 836 Richard Dr<br>Eau Claire, Wi 54701-6242 | Phone #                | 715-514-1906       | LICENSED Capacity | , 74                               |
|                 |   | LICENSED Date          | 08/25/2022         | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED GROUP                              | Months                 | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2006154                                     | Hours                  | 05:30 AM-07:00 PM  | Star Level        | 3 Stars                            |
| Provider Number | 2000591002                                  | Location Number        | 001                |                   |                                    |
| Facility Name   | ST JOHN'S CHRISTIAN PRESCHOOL               | Contact                | HANSON, NANCY      | Full Time         | -                                  |
| Address         | 1804 Highland Ave<br>Eau Claire, Wi 54701   | Phone #                | 715-834-9571       | LICENSED Capacity | , 20                               |
|                 |   | LICENSED Date          | 09/08/1997         | From Age          | 2 Year(s), 6 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                              | Months                 | Sep-May            | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 520551                                      | Hours                  | 09:00 AM-03:00 PM  | Star Level        | Not Rated                          |
| Provider Number | 3000577963                                  | Location Number        | 001                |                   |                                    |
| Facility Name   | ST PAUL'S LITTLE LAMBS CC PRESCH            | Contact                | RENE, MEGAN        | Full Time         | Υ                                  |
| Address         | 721 S State St<br>Fall Creek, Wi 54742      | Phone #                | 715-877-3501       | LICENSED Capacity | <i>i</i> 69                        |
|                 |   | LICENSED Date          | 04/23/1997         | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED GROUP                              | Months                 | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520250                                      | Hours                  | 05:30 AM-06:30 PM  | Star Level        | 3 Stars                            |
| Provider Number | 9000555939                                  | Location Number        | 001                |                   |                                    |
| Facility Name   | THE KIDDIE PATCH                            | Contact                | BREMNESS, ASHLEY L | Full Time         | Υ                                  |
| Address         | 4605 London Rd<br>Eau Claire, Wi 54701-9183 | Phone #                | 715-833-9464       | LICENSED Capacity |                                    |
|                 |   | LICENSED Date          | 01/04/2013         | 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     | 2001069                                     | Hours                  | 06:00 AM-06:00 PM  | Star Level        | 3 Stars                            |
| Provider Number | 5000587595                                  | <b>Location Number</b> | 001                |                   |                                    |

| Facility Name   | THE LEARNING TREE CHILD CARE CENTER | R Contact              | STOEKLEN, CASSANDRA M |                   | Υ                                  |
|-----------------|-------------------------------------|------------------------|-----------------------|-------------------|------------------------------------|
| Address         | 3260 Birch St                       | Phone #                | 715-834-5439          | LICENSED Capacity | 113                                |
|                 | Eau Claire, Wi 54703-4037           | LICENSED Date          | 03/22/2013            | 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     | 2001137                             | Hours                  | 06:00 AM-06:00 PM     | Star Level        | 3 Stars                            |
| Provider Number | 0000587680                          | <b>Location Number</b> | 001                   |                   |                                    |
| Facility Name   | TRINITY CHRISTIAN PRESCHOOL         | Contact                | KNICKERBOCKER, MARLEE | Full Time         | -                                  |
| Address         | 1314 E Lexington Blvd               | Phone #                | 715-832-6601          | LICENSED Capacity | 25                                 |
|                 | Eau Claire, Wi 54701-6434           | LICENSED Date          | 09/02/1980            | From Age          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Catagomy        | LICENSED GROUP                      | Months                 | Sep-May               | J                 |                                    |
| Category        | 520180                              |                        | , ,                   | To Age            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     |                                     | Hours                  | 09:00 AM-03:15 PM     | Star Level        | Not Rated                          |
| Provider Number | 0000578200                          | Location Number        | 001                   |                   |                                    |
| Facility Name   | TRUAX HEAD START CENTER             | Contact                | YANG, PANG            | Full Time         | -                                  |
| Address         | 623 Truax Blvd                      | Phone #                | 715-985-2391          | LICENSED Capacity | 17                                 |
|                 | Eau Claire, Wi 54703-1561           | LICENSED Date          | 09/07/2021            | From Age          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                      | Months                 | Aug-Jun               | To Age            | 7 Year(s), 0 Month(s), 0 Week(s)   |
| Facility ID     | 2005124                             | Hours                  | 08:00 AM-04:30 PM     | Star Level        | 5 Stars                            |
| Provider Number | 9000577929                          | Location Number        | 014                   |                   |                                    |
| Facility Name   | U W E C - CHILDREN'S NATURE ACADEMY | Contact                | COEN, LISA            | Full Time         | Υ                                  |
| Address         | 1190 Priory Rd                      | Phone #                | 715-836-2178          | LICENSED Capacity | 180                                |
|                 | Eau Claire, Wi 54701-9519           | LICENSED Date          | 06/11/2012            | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Catagomy        | LICENSED GROUP                      | Months                 | Jan-Dec               | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Category        | 520074                              |                        | 07:00 AM-08:30 PM     | •                 | 5 Stars                            |
| Facility ID     |                                     | Hours                  |                       | Star Level        | o stars                            |
| Provider Number | 4000559624                          | Location Number        | 015                   |                   |                                    |
| Facility Name   | YELLOW BRICK ACADEMY LLC            | Contact                | BRANDT, JULIE         | Full Time         | Υ                                  |
| Address         | 1620 Ohm Ave                        | Phone #                | 715-514-2555          | LICENSED Capacity | 17                                 |
|                 | Eau Claire, Wi 54701-4611           | LICENSED Date          | 05/24/2022            | From Age          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                      | Months                 | Jan-Dec               | To Age            | 7 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 2006009                             | Hours                  | 07:00 AM-06:00 PM     | Star Level        | 2 Stars                            |
| Provider Number | 6000590876                          | Location Number        | 001                   |                   |                                    |
|                 |                                     |                        |                       |                   |                                    |

| Facility Name   | YMCA CLUBHOUSE        | Contact         | THOMAS, JALEN      | Full Time      | Υ                                  |
|-----------------|-----------------------|-----------------|--------------------|----------------|------------------------------------|
| Address         | 206 Emery St          | Phone #         | 715-833-4851       | LICENSED Capac | city 55                            |
|                 | Eau Claire, Wi 54701  | LICENSED Date   | 06/01/2022         | From Age       | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP        | Months          | Jan-Dec            | To Age         | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2006050               | Hours           | 06:30 AM-06:00 PM  | Star Level     | 2 Stars                            |
| Provider Number | 5000556395            | Location Number | 031                |                |                                    |
| Facility Name   | YMCA-LOCUST LANE SACC | Contact         | THOMAS, JALEN      | Full Time      | -                                  |
| Address         | 3245 Locust Ln        | Phone #         | 715-838-4848       | LICENSED Capac | city 32                            |
|                 | Eau Claire, Wi 54703  |                 |                    | •              | •                                  |
|                 |                       | LICENSED Date   | 03/01/1997         | From Age       | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP        | Months          | Sep-Jun            | To Age         | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520102                | Hours           | 06:30 AM-08:45 AM  | Star Level     | 2 Stars                            |
| Provider Number | 5000556395            | Location Number | 012                |                |                                    |
| Facility Name   | YMCA-MANZ SACC        | Contact         | PETERSON-FOSS, AMY | Full Time      | -                                  |
| Address         | 1000 E Fillmore St    | Phone #         | 715-836-1200       | LICENSED Capac | city 35                            |
|                 | Eau Claire, Wi 54701  | LICENSED Date   | 08/24/1994         | From Age       | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP        | Months          | Sep-Jun            | To Age         | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520389                | Hours           | 06:30 AM-08:40 AM  | Star Level     | 2 Stars                            |
| Provider Number | 5000556395            | Location Number | 003                |                |                                    |
| Facility Name   | YMCA-MEADOWVIEW SACC  | Contact         | PETERSON-FOSS, AMY | Full Time      | -                                  |
| Address         | 4714 Fairfax St       | Phone #         | 715-552-1200       | LICENSED Capac | city 45                            |
|                 | Eau Claire, Wi 54701  |                 | 00/04/4007         |                | 5 V (- ) O M + (- ) O M   - (- )   |
|                 | LIGENOED ODOUD        | LICENSED Date   | 09/01/1997         | From Age       | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP        | Months          | Sep-Jun            | To Age         | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520245                | Hours           | 06:30 AM-08:30 AM  | Star Level     | 2 Stars                            |
| Provider Number | 5000556395            | Location Number | 009                |                |                                    |
| Facility Name   | YMCA-NORTHWOODS SACC  | Contact         | THOMAS, JALEN      | Full Time      | -                                  |
| Address         | 3600 Northwoods Ln    | Phone #         | 715-833-4848       | LICENSED Capac | city 45                            |
|                 | Eau Claire, Wi 54703  | LICENSED Date   | 07/22/1992         | From Age       | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP        | Months          | Aug-Jun            | To Age         | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520289                | Hours           | 06:30 AM-08:45 AM  | Star Level     | 2 Stars                            |
| Provider Number | 5000556395            | Location Number | 008                |                |                                    |
|                 |                       |                 |                    |                |                                    |

| Facility Name   | YMCA-PUTNAM HEIGHTS SACC   | Contact                | PETERSON-FOSS, AMY | Full Time         | -                                  |
|-----------------|----------------------------|------------------------|--------------------|-------------------|------------------------------------|
| Address         | 633 W Macarthur Ave        | Phone #                | 715-552-1200       | LICENSED Capacity | 45                                 |
|                 | Eau Claire, Wi 54701       | LICENSED Date          | 03/01/1997         | From Age          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP             | Months                 | Sep-Jun            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520216                     | Hours                  | 06:30 AM-08:40 AM  | Star Level        | 2 Stars                            |
| Provider Number | 5000556395                 | <b>Location Number</b> | 010                |                   |                                    |
| Facility Name   | YMCA-ROBBINS SACC          | Contact                | PETERSON-FOSS, AMY | Full Time         | -                                  |
| Address         | 3832 E Hamilton Ave        | Phone #                | 715-552-1200       | LICENSED Capacity | 45                                 |
|                 | Eau Claire, Wi 54701       | LICENSED Date          | 10/20/1993         | From Age          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP             | Months                 | Sep-Jun            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520388                     | Hours                  | 06:30 AM-08:55 AM  | Star Level        | 2 Stars                            |
| Provider Number | 5000556395                 | <b>Location Number</b> | 007                |                   |                                    |
| Facility Name   | YMCA SACC FLYNN ELEMENTARY | Contact                | THOMAS, JALEN      | Full Time         | -                                  |
| Address         | 1430 Lee St                | Phone #                | 715-836-8460       | LICENSED Capacity | 34                                 |
|                 | Eau Claire, Wi 54701       | LICENSED Date          | 09/01/2002         | From Age          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP             | Months                 | Sep-Jun            | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1005894                    | Hours                  | 06:30 AM-08:45 AM  | Star Level        | 2 Stars                            |
| Provider Number | 5000556395                 | <b>Location Number</b> | 006                |                   |                                    |
| Facility Name   | YMCA-SAM DAVEY SACC        | Contact                | THOMAS, JALEN      | Full Time         | -                                  |
| Address         | 3000 Starr Ave             | Phone #                | 715-839-4609       | LICENSED Capacity | 36                                 |
|                 | Eau Claire, Wi 54703       | LICENSED Date          | 02/27/1986         | From Age          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP             | Months                 | Sep-Jun            | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 520186                     | Hours                  | 06:30 AM-08:30 AM  | Star Level        | 2 Stars                            |
| Provider Number | 5000556395                 | <b>Location Number</b> | 011                |                   |                                    |
|                 |                            |                        |                    |                   |                                    |

| Facility Name   | LITTLE BEAVERS EARLY LEARNING CENTE           | Contact                | HAGEN. KATHERINE  | Full Time         | Υ                                  |
|-----------------|---|------------------------|-------------------|-------------------|------------------------------------|
| Address         | E19130 Bartig Rd<br>Augusta, Wi 54722         | Phone #                | 715-533-3282      | LICENSED Capacity | 103                                |
|                 | Augusta, Wi 04722                             | LICENSED Date          | 11/02/2022        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | PUBLIC SCHOOL PROGRAM                         | Months                 | Jan-Dec           | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2006323                                       | Hours                  | 05:30 AM-06:00 PM | Star Level        | 3 Stars                            |
| Provider Number | 3000591153                                    | <b>Location Number</b> | 001               |                   |                                    |
| Facility Name   | PRAIRIE RIDGE EARLY LEARNING SCHOOL           | Contact                | HAUS, LAURIE      | Full Time         | Υ                                  |
| Address         | 3031 Epiphany Ln<br>Eau Claire. Wi 54703-6924 | Phone #                | 715-852-3610      | LICENSED Capacity | 366                                |
|                 | Edd Glalle, WI 04700 0324                     | LICENSED Date          | 08/23/2017        | From Age          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | PUBLIC SCHOOL PROGRAM                         | Months                 | Jan-Dec           | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 2003657                                       | Hours                  | 08:30 AM-12:00 PM | Star Level        | 5 Stars                            |
| Provider Number | 0000589250                                    | <b>Location Number</b> | 001               |                   |                                    |