Facility Name	GUNTHERS LITTLE ONES DAYCARE	Contact	GUNTHER, THERESE	Full Time	Υ
Address	N5510 16th Ave Mauston, Wi 53948-9578	Phone #	608-847-6744	LICENSED Capacity 8	
	madelen, vir ded to de to	LICENSED Date	08/15/2011	From Age	0 Year(s), 0 Month(s), 2 Week(s)
Category	LICENSED FAMILY	Months	Jan-Dec	To Age	12 Year(s), 11 Month(s), 0 Week(s)
Facility ID	1014622	Hours	07:00 AM-05:30 PM	Star Level	Not Rated
Provider Number	5000586845	Location Number	001		
Facility Name	LI'L RASCALS WORLD CHILDREN CENTER	Contact	BABCOCK, COLETTE	Full Time	Υ
Address	201 Oak St Mauston, Wi 53948-1333	Phone #	608-381-7973	LICENSED Capacity 8	
	Wadstoff, WF 505-40-1005	LICENSED Date	05/21/2018	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	2003983	Hours	06:30 AM-06:00 PM	Star Level	2 Stars
Provider Number	2000556242	Location Number	002		
Facility Name	SUMMERTIME DAYCARE	Contact	SEEBECKER, SUMMER	Full Time	Υ
Address	N3448 Duffy Rd Mauston, Wi 53948-9745	Phone #	608-847-5351	LICENSED Capacity 8	
		LICENSED Date	01/30/2018	From Age	0 Year(s), 3 Month(s), 0 Week(s)
Category	LICENSED FAMILY	Months	Jan-Dec	To Age	11 Year(s), 11 Month(s), 0 Week(s)
Facility ID	2003401	Hours	07:15 AM-05:00 PM	Star Level	2 Stars
Provider Number	4000589404	Location Number	001		

F 1114 - NI	DDIOLIT DECINININGS OF THE DOADS	0	OLUBEK KATIE	F U. T	V
Facility Name	BRIGHT BEGINNINGS CHILDCARE	Contact	SHIREK, KATIE	Full Time	Y
Address	N4691 Us Highway 12 And 16 Mauston, Wi 53948-9365	Phone #	608-747-2611	LICENSED Capacity	50
	Wadstoff, W1 00040-0000	LICENSED Date	03/26/2021	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	2005447	Hours	07:00 AM-05:00 PM	Star Level	3 Stars
Provider Number	9000590399	Location Number	001		
Facility Name	CHILDREN'S COTTAGE	Contact	BENISH, KARI	Full Time	Υ
Address	W10460 County Road Pp Elroy, Wi 53929-9722	Phone #	608-462-8356	LICENSED Capacity	48
		LICENSED Date	03/10/2009	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	1014062	Hours	05:30 AM-05:30 PM	Star Level	4 Stars
Provider Number	0000556350	Location Number	002		
Facility Name	LEAP OF FAITH	Contact	SCHOENHERR, TAYLOR M	Full Time	Υ
Address	208 Allen Rd New Lisbon, Wi 53950	Phone #	608-562-6563	LICENSED Capacity	70
	, 55555	LICENSED Date	08/24/2004	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	1008198	Hours	06:30 AM-05:00 PM	Star Level	3 Stars
Provider Number	2000577682	Location Number	001		
Facility Name	MAUSTON HEAD START CENTER	Contact	HOPPE, SUZANNE	Full Time	-
Address	201 Oak St Mauston, Wi 53948-1333	Phone #	608-742-5329	LICENSED Capacity	17
	Wadstoff, VVI 00040-1000	LICENSED Date	09/04/2007	From Age	3 Year(s), 0 Month(s), 0 Week(s)
Category	LICENSED GROUP	Months	Sep-May	To Age	6 Year(s), 11 Month(s), 0 Week(s)
Facility ID	1012154	Hours	07:00 AM-06:00 PM	Star Level	5 Stars
Provider Number	8000577858	Location Number	017		
Facility Name	MAUSTON I I HEAD START CENTER	Contact	HOPPE, SUZANNE	Full Time	Υ
Address	512 Grayside Ave Mauston, Wi 53948-1921	Phone #	608-847-1828	LICENSED Capacity	20
	,	LICENSED Date	09/06/2016	From Age	3 Year(s), 0 Month(s), 0 Week(s)
Category	LICENSED GROUP	Months	Sep-May	To Age	7 Year(s), 11 Month(s), 0 Week(s)
Facility ID	2003108	Hours	07:00 AM-06:00 PM	Star Level	5 Stars
Provider Number	8000577858	Location Number	030		

Facility Name	RENEWAL UNLIMITED - NECEDAH	Contact	BASS, MANDY	Full Time	-	
Address	1000 Farnum Dr Necedah, Wi 54646	Phone #	608-742-5329	LICENSED Capaci	LICENSED Capacity 20	
	,	LICENSED Date	12/01/1997	From Age	3 Year(s), 0 Month(s), 0 Week(s)	
Category	LICENSED GROUP	Months	Sep-Jun	To Age	6 Year(s), 11 Month(s), 0 Week(s)	
Facility ID	120131	Hours	07:00 AM-06:00 PM	Star Level	5 Stars	
Provider Number	8000577858	Location Number	007			
Facility Name	ST. PAUL'S LIL' LAMBS	Contact	WEIBEL, SHARLENE	Full Time	Υ	
Address	911 Division St	Phone #	608-847-2515	LICENSED Capacity 39		
	Mauston, Wi 53948-1935	LICENSED Date	03/26/2018	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	2003909	Hours	06:30 AM-05:30 PM	Star Level	3 Stars	
Provider Number	3000589443	Location Number	001			
Facility Name	SUNSHINE AND GIGGLES LLC	Contact	SCHROCK, JENNIFER	Full Time	Υ	
Address	330 Madison St	Phone #	608-462-8110	LICENSED Capaci	ty 45	
	Union Center, Wi 53962	LICENSED Date	10/05/2021	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	2005754	Hours	05:00 AM-06:00 PM	Star Level	2 Stars	
Provider Number	7000590637	Location Number	001			

Facility Name	EAGLE CARE AT GRAYSIDE	Contact	OLEINIK, LYNDA	Full Time	Υ	
Address	510 Grayside Ave	Phone #	608-847-5451	LICENSED Capacity	/ 60	
	Mauston, Wi 53948-1921	LICENSED Date	03/22/2021	From Age	4 Year(s), 0 Month(s), 0 Week(s)	
Cotogomy	PUBLIC SCHOOL PROGRAM	Months	Jan-Dec	· ·		
Category				To Age	10 Year(s), 11 Month(s), 0 Week(s)	
Facility ID	2005328	Hours	06:00 AM-06:00 PM	Star Level	Not Rated	
Provider Number	8000590278	Location Number	002			
Facility Name	EAGLE CARE AT LYNDON STATION	Contact	OLEINIK, LYNDA	Full Time	Υ	
Address	201 Hoehn Dr	Phone #	608-847-5451	LICENSED Capacity	LICENSED Capacity 60	
	Lyndon Station, Wi 53944	LICENSED Date	03/22/2021	From Age	4 Year(s), 0 Month(s), 0 Week(s)	
Category	PUBLIC SCHOOL PROGRAM	Months	Jan-Dec	To Age	10 Year(s), 11 Month(s), 0 Week(s)	
Facility ID	2005326	Hours	06:00 AM-06:00 PM	Star Level	Not Rated	
Provider Number	8000590278	Location Number	001			
Facility Name	EAGLE CARE AT MAUSTON HIGH SCHOOL	Contact	OLEINIK, LYNDA	Full Time	Υ	
Address	800 Grayside Ave	Phone #	608-847-5451	LICENSED Capacity	, 60	
	Mauston, Wi 53948-1853	LICENSED Data	03/22/2021	Erom Ago	4 Voor(s) 0 Month(s) 0 Wook(s)	
0-1	PUBLIC SCHOOL PROGRAM	LICENSED Date		From Age	4 Year(s), 0 Month(s), 0 Week(s)	
Category		Months	Jan-Dec	To Age	10 Year(s), 11 Month(s), 0 Week(s)	
Facility ID	2005329	Hours	06:00 AM-06:00 PM	Star Level	Not Rated	
Provider Number	8000590278	Location Number	003			
Facility Name	EAGLE CARE AT OLSON MIDDLE SCHOOL	Contact	OLEINIK, LYNDA	Full Time	Υ	
Address	508 Grayside Ave Mauston, Wi 53948-1921	Phone #	608-847-5451	LICENSED Capacity	, 60	
	Wauston, W1 33340-1921	LICENSED Date	03/22/2021	From Age	4 Year(s), 0 Month(s), 0 Week(s)	
Category	PUBLIC SCHOOL PROGRAM	Months	Jan-Dec	To Age	10 Year(s), 11 Month(s), 0 Week(s)	
Facility ID	2005330	Hours	06:00 AM-06:00 PM	Star Level	2 Stars	
Provider Number	8000590278	Location Number	004			
Facility Name	EAGLE CARE AT WEST SIDE	Contact	OLEINIK, LYNDA	Full Time	Υ	
Address	708 Loomis Dr	Phone #	608-847-5451	LICENSED Capacity	, 60	
	Mauston, Wi 53948-1500	LICENSED Date	03/22/2021	From Age	4 Year(s), 0 Month(s), 0 Week(s)	
Category	PUBLIC SCHOOL PROGRAM	Months	Jan-Dec	· ·	10 Year(s), 11 Month(s), 0 Week(s)	
Category				To Age		
Facility ID	2005331	Hours	06:00 AM-06:00 PM	Star Level	2 Stars	
Provider Number	8000590278	Location Number	005			