

Wisconsin Child Care Regulatory System

County LICENSED Child Care Directory as of 5/15/24

| | | | | | |
|------------------------|--|------------------------|--------------------|--------------------------|------------------------------------|
| Facility Name | BARB'S COUNTRY DAYCARE | Contact | STANISLAWSKI, BARB | Full Time | Y |
| Address | 7143 Butterfield Ln Rosholt, Wi 54473-9578 | Phone # | 715-592-4678 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 03/03/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1009313 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000580736 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | GOOD TIMES AGAIN DAYCARE | Contact | PLAHMER, DONNA K | Full Time | Y |
| Address | 700 Sommers St Stevens Point, Wi 54481-2246 | Phone # | 715-343-0264 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/21/2014 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Facility ID | 630047 | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000559750 | Hours | 05:45 AM-05:45 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | GREEN CIRCLE TRAIL DAYCARE | Contact | MISKOWIAK, TARA | Full Time | Y |
| Address | 637 Janick Cir Stevens Point, Wi 54481-2407 | Phone # | 715-571-2956 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/04/2023 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2006749 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000579861 | Hours | 07:00 AM-05:00 PM | Star Level | Not Rated |
| | | Location Number | 004 | | |
| Facility Name | HAPPY HEARTS DAYCARE | Contact | AKKERMAN, KORINNA | Full Time | Y |
| Address | 6523 Lauras Ln Plainfield, Wi 54966-9101 | Phone # | 715-630-8389 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 09/01/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1010905 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000572458 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | HEIDIS FAMILY CHILD CARE CENTER | Contact | GLODOWSKI, HEIDI A | Full Time | Y |
| Address | 2916 Bush St Stevens Point, Wi 54481-4914 | Phone # | 715-252-9469 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 04/15/2003 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Facility ID | 1006465 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000559706 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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|------------------------|---|------------------------|---------------------|--------------------------|------------------------------------|
| Facility Name | JENNIFER OSOWSKI | Contact | OSOWSKI, JENNIFER L | Full Time | Y |
| Address | 2635 Welsby Ave Stevens Point, Wi 54481-4851 | Phone # | 715-630-8204 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/05/2018 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2003838 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000588506 | Hours | 05:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | KRIS'S KOZY KARE | Contact | FISCHER, KRISTINE A | Full Time | Y |
| Address | 2624 Ellis St Stevens Point, Wi 54481-4021 | Phone # | 715-347-4504 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 06/23/2004 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1008016 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000560602 | Hours | 06:00 AM-05:00 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |
| Facility Name | LITTLE HANDS LEARNING CENTER | Contact | HARRIS, CHRISTY | Full Time | Y |
| Address | 2343 Ellis St Stevens Point, Wi 54481-3908 | Phone # | 715-344-2414 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/02/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1015727 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000577244 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | LITTLE SNEAKERS FAMILY DAY CARE | Contact | OLSON, MARY | Full Time | Y |
| Address | 5535 Riverview Ct Stevens Point, Wi 54482-9213 | Phone # | 715-344-1985 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 06/15/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1007527 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000559667 | Hours | 06:30 AM-05:30 PM | Star Level | 5 Stars |
| | | Location Number | 001 | | |
| Facility Name | LITTLE WONDERS CHILD CARE | Contact | GARSKI, JOAN | Full Time | Y |
| Address | 800 Francis St Stevens Point, Wi 54481-4643 | Phone # | 715-341-5873 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 04/18/1994 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Facility ID | 630464 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559641 | Hours | 07:30 AM-07:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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|------------------------|---|------------------------|--------------------|--------------------------|------------------------------------|
| Facility Name | MAMIE'S FAMILY DAY CARE CENTER | Contact | GOUGAR, MARY J | Full Time | Y |
| Address | 3780 Kohler Dr Plover, Wi 54467-7800 | Phone # | 715-544-0406 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/09/1999 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1001319 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000567185 | Hours | 07:15 AM-05:15 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | MELISSA'S FAMILY CHILD CARE CENTER | Contact | GAYLORD, MELISSA A | Full Time | Y |
| Address | 2900 Bush St Stevens Point, Wi 54481-4914 | Phone # | 715-498-1824 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 06/16/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1014127 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000584712 | Hours | 06:30 AM-06:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | MISS JENNY'S HOUSE | Contact | MARTIN, JENNY | Full Time | Y |
| Address | 1970 Norway Pine Dr Plover, Wi 54467-3054 | Phone # | 715-459-9721 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 07/26/2019 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2004587 | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000571226 | Hours | 07:15 AM-05:15 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | PINE OAKS KIDS | Contact | GARVEY, DANIELLE M | Full Time | Y |
| Address | 1501 Pine Oaks Ct Stevens Point, Wi 54482-9103 | Phone # | 715-252-9560 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/13/2008 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Facility ID | 1013417 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000583985 | Hours | 06:00 AM-04:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | PINE OAKS KIDS II | Contact | KRAMER, CHRISTINA | Full Time | Y |
| Address | 1509 Pine Oaks Ct Stevens Point, Wi 54482-9103 | Phone # | 715-252-6940 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/21/2021 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2005906 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000590761 | Hours | 06:00 AM-04:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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| Facility Name | PLOVER FAMILY DAY CARE | Contact | JERZAK, KATHY L | Full Time | Y |
| Address | 5358 Ford Ct Plover, Wi 54467-9615 | Phone # | 715-345-0283 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/26/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1003551 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000560808 | Hours | 07:00 AM-07:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | SANDY'S DAYCARE | Contact | PRYNE, SANDRA M | Full Time | Y |
| Address | 8037 County Road B Amherst, Wi 54406-9004 | Phone # | 715-824-5772 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/01/2021 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1015241 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000590357 | Hours | 05:30 AM-05:30 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |
| Facility Name | TINY HANDS | Contact | SPECKMAN, TARA J | Full Time | Y |
| Address | 324 W Mapleridge Dr Stevens Point, Wi 54481-5101 | Phone # | 715-310-3130 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/27/2023 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2006400 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000584959 | Hours | 06:00 AM- | Star Level | 2 Stars |
| | | Location Number | 003 | | |
| Facility Name | TINY TREASURES DAYCARE | Contact | STROIK, DIANE M | Full Time | Y |
| Address | 2509 Bush St Stevens Point, Wi 54481-4804 | Phone # | 715-347-7447 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 02/01/2017 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Facility ID | 2003274 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000589076 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | TOT LOT DAY CARE | Contact | BEBEAU, EVA MARIE | Full Time | Y |
| Address | 3317 Center St Stevens Point, Wi 54481-4219 | Phone # | 715-344-7180 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 06/04/2001 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Facility ID | 1003889 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000571217 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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| Facility Name | AMHERST'S OWN CHILD CARE INC | Contact | GARCEAU, RHONDA | Full Time | Y |
| Address | 235 Lincoln St Amherst, Wi 54406-9107 | Phone # | 715-824-5090 | LICENSED Capacity | 25 |
| Category | LICENSED GROUP | LICENSED Date | 08/27/1990 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620176 | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000559620 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | BRIGHT BEGINNINGS PRESCHOOL | Contact | ZINDA, LACEY E | Full Time | Y |
| Address | 2501 Wisconsin Ave Plover, Wi 54467-3368 | Phone # | 715-997-9111 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 03/06/2017 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2003303 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000589091 | Hours | 05:30 AM-06:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | CANALAND CHRISTIAN ACDMY EARLY LRN | Contact | KLEINER, JENNIFER | Full Time | Y |
| Address | 801 County Road Hh Stevens Point, Wi 54481-8415 | Phone # | 715-341-8747 | LICENSED Capacity | 130 |
| Category | LICENSED GROUP | LICENSED Date | 04/01/1985 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620105 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000559632 | Hours | 07:00 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | CHILDREN'S DISCOVERY CENTER | Contact | MUSCH, STEPHANIE | Full Time | Y |
| Address | 3109 John Joanis Dr Stevens Point, Wi 54482-8800 | Phone # | 715-544-4991 | LICENSED Capacity | 146 |
| Category | LICENSED GROUP | LICENSED Date | 10/05/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1014793 | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000569345 | Hours | 06:00 AM-05:30 PM | Star Level | 4 Stars |
| | | Location Number | 012 | | |
| Facility Name | CHRISTYS CHILD CARE CENTER | Contact | POFFINBARGER, CHRISTY R | Full Time | Y |
| Address | 3217 Center St Stevens Point, Wi 54481-4217 | Phone # | 715-341-9944 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 11/28/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1009998 | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559671 | Hours | 06:30 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 002 | | |

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| Facility Name | COMMUNITY CHILD CARE CENTER INC | Contact | HALAMA, KRISTEN | Full Time | Y |
| Address | 1508 Texas Ave Stevens Point, Wi 54481-4255 | Phone # | 715-341-2797 | LICENSED Capacity | 60 |
| Category | LICENSED GROUP | LICENSED Date | 02/02/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1001501 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000559623 | Hours | 06:45 AM-05:45 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |
| Facility Name | EXCEL PRESCHOOL | Contact | DALSBO, KATLYN T | Full Time | Y |
| Address | 4500 Industrial Park Rd Stevens Point, Wi 54481-5014 | Phone # | 715-544-0832 | LICENSED Capacity | 50 |
| Category | LICENSED GROUP | LICENSED Date | 05/28/2020 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2004278 | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000589650 | Hours | 07:30 AM- | Star Level | Not Rated |
| | | Location Number | 001 | | |
| Facility Name | FAMILY DEVELOPMENT CENTER | Contact | ROGALLA, JESSICA | Full Time | Y |
| Address | 1640 W River Dr Stevens Point, Wi 54481-3430 | Phone # | 715-343-7153 | LICENSED Capacity | 92 |
| Category | LICENSED GROUP | LICENSED Date | 11/03/1993 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620280 | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000569345 | Hours | 08:00 AM-04:00 PM | Star Level | 5 Stars |
| | | Location Number | 004 | | |
| Facility Name | HELEN R GODFREY UNV CHLD LRN AND CC | Contact | HELF, BECKY | Full Time | Y |
| Address | 910 Fremont St Stevens Point, Wi 54481-3105 | Phone # | 715-346-4370 | LICENSED Capacity | 63 |
| Category | LICENSED GROUP | LICENSED Date | 01/22/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1004901 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000559624 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| | | Location Number | 001 | | |
| Facility Name | HOMETOWN CHILDREN'S CENTER INC | Contact | SCHMITZ, MELANIE | Full Time | Y |
| Address | 709 Northpoint Dr Stevens Point, Wi 54481-1083 | Phone # | 715-344-4319 | LICENSED Capacity | 35 |
| Category | LICENSED GROUP | LICENSED Date | 12/01/1999 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1002057 | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000567926 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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| Facility Name | LITTLE SCHOLARS BEGINNINGS LLC | Contact | ORTIZ, BRITTANY | Full Time | Y |
| Address | 3209 Business Park Dr Stevens Point, Wi 54482-8837 | Phone # | 715-344-4330 | LICENSED Capacity | 124 |
| Category | LICENSED GROUP | LICENSED Date | 09/21/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1014742 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000585061 | Hours | 06:30 AM-06:00 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |
| Facility Name | LITTLE SCHOLARS CC AND PRESCHOOL | Contact | RICHTER, ANGIE | Full Time | Y |
| Address | 3301 John Joanis Dr Stevens Point, Wi 54482-8858 | Phone # | 715-344-0205 | LICENSED Capacity | 170 |
| Category | LICENSED GROUP | LICENSED Date | 08/20/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1012175 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000571415 | Hours | 06:30 AM-06:00 PM | Star Level | 4 Stars |
| | | Location Number | 002 | | |
| Facility Name | PACELLI CATHOLIC EARLY CHILDHOOD CE | Contact | O'SULLIVAN, CYNTHIA | Full Time | Y |
| Address | 2150 High St Stevens Point, Wi 54481-3178 | Phone # | 715-341-2878 | LICENSED Capacity | 133 |
| Category | LICENSED GROUP | LICENSED Date | 06/24/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1002451 | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000559687 | Hours | 06:30 AM-05:30 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |
| Facility Name | TINY HEARTS DAYCARE | Contact | UHL, CHARITY | Full Time | Y |
| Address | 118 County Road Kk Amherst, Wi 54406-9289 | Phone # | 715-252-9970 | LICENSED Capacity | 35 |
| Category | LICENSED GROUP | LICENSED Date | 11/13/2023 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2006695 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000590228 | Hours | 06:00 AM-05:00 PM | Star Level | Not Rated |
| | | Location Number | 004 | | |
| Facility Name | TRINITY LEARNING CTR AND PRESCHOOL | Contact | KURKOWSKI, AMY | Full Time | Y |
| Address | 1410 Rogers St Stevens Point, Wi 54481-3048 | Phone # | 715-344-2227 | LICENSED Capacity | 74 |
| Category | LICENSED GROUP | LICENSED Date | 08/17/1987 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620024 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000559793 | Hours | 06:30 AM-06:00 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |

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| Facility Name | YMCA BEFORE AND AFTER SCHOOL-BANN | Contact | MROCZENSKI, AMBER | Full Time | - |
| Address | 5400 Walter St Stevens Point, Wi 54482-9280 | Phone # | 715-952-9382 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 08/15/1991 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620199 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559711 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| | | Location Number | 003 | | |
| Facility Name | YMCA BEFORE AND AFTER SCHOOL-MCDIL | Contact | MROCZENSKI, AMBER | Full Time | - |
| Address | 2516 School St Stevens Point, Wi 54481-6100 | Phone # | 715-952-9382 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 08/26/1996 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620400 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559711 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| | | Location Number | 006 | | |
| Facility Name | YMCA BEFORE AND AFTER SCHOOL-PLOV | Contact | MROCZENSKI, AMBER | Full Time | - |
| Address | 1400 Hoover Ave Plover, Wi 54467-2330 | Phone # | 715-952-9382 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 08/28/1990 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620178 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559711 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| | | Location Number | 007 | | |
| Facility Name | YMCA BEFORE AND AFTER SCHOOL-ROOS | Contact | MROCZENSKI, AMBER | Full Time | - |
| Address | 2200 Wisconsin Ave Plover, Wi 54467-9355 | Phone # | 715-952-9382 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 08/25/1994 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620309 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559711 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| | | Location Number | 008 | | |
| Facility Name | YMCA CHILD CARE CENTER | Contact | GROSS, STEPHANIE | Full Time | Y |
| Address | 1000 Division St Stevens Point, Wi 54481-2724 | Phone # | 715-952-9339 | LICENSED Capacity | 153 |
| Category | LICENSED GROUP | LICENSED Date | 06/08/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1002537 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559711 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |

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County LICENSED Child Care Directory as of 5/15/24

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|------------------------|--|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | YMCA DAY CAMP GLACIER HOLLOW | Contact | ZIETLOW, RYAN | Full Time | Y |
| Address | 9289 Pavelski Rd Amherst Jct, WI 54407-9555 | Phone # | 715-952-9363 | LICENSED Capacity | 75 |
| Category | LICENSED GROUP | LICENSED Date | 06/13/2005 | From Age | 6 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1009337 | Months | Jun-Sep | To Age | 14 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559711 | Hours | 07:00 AM-05:30 PM | Star Level | 4 Stars |
| | | Location Number | 020 | | |
| Facility Name | YMCA KIDS CLUBHOUSE-GRANT ELEM SC | Contact | COLLINS, DIANE | Full Time | - |
| Address | 8511 County Road Ww Wisc Rapids, WI 54494 | Phone # | 715-818-9620 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 08/24/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1002857 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000558932 | Hours | 06:30 AM-08:30 AM | Star Level | 3 Stars |
| | | Location Number | 009 | | |
| Facility Name | YMCA LEARNING CENTER-PLOVER | Contact | GROSS, STEPHANIE | Full Time | - |
| Address | 2000 Roosevelt Dr Plover, WI 54467-2918 | Phone # | 715-952-9339 | LICENSED Capacity | 24 |
| Category | LICENSED GROUP | LICENSED Date | 09/04/2007 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1012138 | Months | Sep-Jun | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000559711 | Hours | 08:15 AM-12:00 PM | Star Level | Not Rated |
| | | Location Number | 027 | | |
| Facility Name | YOUNG BLESSINGS PRESCHOOL | Contact | RAMLOW, BARB | Full Time | Y |
| Address | 293 S Main St Amherst, WI 54406-9391 | Phone # | 715-824-5615 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 09/01/2004 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1007872 | Months | Jan-Dec | To Age | 6 Year(s), 0 Month(s), 0 Week(s) |
| Provider Number | 9000577859 | Hours | 07:15 AM-05:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |