

Wisconsin Child Care Regulatory System

MANITOWOC County LICENSED Child Care Directory as of 2/4/17

| | | | | | |
|------------------------|---|------------------------|---------------------|--------------------------|------------------------------------|
| Facility Name | A CHILD'S PLACE DAY CARE | Contact | TUESBURG, ELIZABETH | Full Time | Y |
| Address | 2611 11th St Two Rivers, Wi 54241 | Phone # | 920-793-8115 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 03/14/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1015976 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000569528 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 002 | | |
| Facility Name | CATERPILLAR CLUBHOUSE | Contact | PAULSON, ANN F | Full Time | Y |
| Address | 1503 Ahrens St Manitowoc, Wi 54220-2729 | Phone # | 920-682-3967 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 09/02/2015 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2002549 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000588636 | Hours | 07:00 AM-04:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | COUNTRYSIDE FAMILY CARE CENTER | Contact | KUBICHEK, ANN | Full Time | Y |
| Address | 24322 Manitowoc Rd Reedsville, Wi 54230 | Phone # | 920-756-3521 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/01/2002 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 431109 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000560802 | Hours | 05:00 AM-05:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | FOREVER FRIENDS FAMILY CHILD CARE | Contact | SCHETTER, JILL | Full Time | Y |
| Address | 824 Randolph St Mishicot, Wi 54228 | Phone # | 920-323-0384 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 09/01/2001 | From Age | 0 Year(s), 0 Month(s), 5 Week(s) |
| Facility ID | 1003089 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000564816 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | HAPPY HEARTS CHILDCARE | Contact | SKARDA, MEGAN | Full Time | Y |
| Address | 440 Elizabeth St Mishicot, Wi 54228-6001 | Phone # | 920-905-2461 | LICENSED Capacity | 7 |
| Category | LICENSED FAMILY | LICENSED Date | 07/07/2016 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2002839 | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000588907 | Hours | 06:00 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |

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|------------------------|--|------------------------|----------------------|--------------------------|------------------------------------|
| Facility Name | KIDS CRAYON CLUB LLC | Contact | LEMBERGER, TAMMY L | Full Time | Y |
| Address | 7219 Hwy T Whitelaw, Wi 54247 | Phone # | 920-901-1172 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 09/21/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1006284 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000575889 | Hours | 05:45 AM-05:45 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | KIDS-N-US FAMILY CHILD CARE CENTER | Contact | O'NEILL, CRYSTAL L | Full Time | Y |
| Address | 3805 Tannery Rd Two Rivers, Wi 54241 | Phone # | 920-794-8803 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/04/2004 | From Age | 0 Year(s), 0 Month(s), 5 Week(s) |
| Facility ID | 1002867 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000576369 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | LULU'S HOUSE FAMILY CHILD CARE | Contact | NONNEMACHER, LUANN J | Full Time | Y |
| Address | 1609 Viebahn St Manitowoc, Wi 54220 | Phone # | 920-684-5153 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 11/24/2002 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 430396 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000561904 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | RISE AND SHINE CHILDCARE | Contact | JOHNSON, LAURIE | Full Time | Y |
| Address | 1325 S 20th St Manitowoc, Wi 54220-5642 | Phone # | 920-323-2590 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/10/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1015809 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000585974 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | SMALL STEPS FAMILY CHILD CARE | Contact | LORBECKI, PATRICIA A | Full Time | Y |
| Address | 1025 1st St Kiel, Wi 53042 | Phone # | 920-286-2718 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 430818 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000578609 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |

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|------------------------|---------------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | SUE'S LITTLE ANGELS DAY CARE | Contact | NAIDL, SUE | Full Time | Y |
| Address | 912 N 12th St Manitowoc, Wi 54220 | Phone # | 920-684-0010 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/08/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 430660 | Months | Sep-Jun | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000568204 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | WEE CARE - JODI'S DAY CARE LLC | Contact | OSWALD, JODI L | Full Time | Y |
| Address | 124 Jefferson St Valders, Wi 54245 | Phone # | 920-905-3497 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/30/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1010768 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000581532 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |

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|------------------------|---|------------------------|--------------------|--------------------------|------------------------------------|
| Facility Name | ASHLING MONTESSORI SCHOOL | Contact | EGGEBRECHT, PAMELA | Full Time | Y |
| Address | 2005 Johnston Dr Manitowoc, Wi 54220 | Phone # | 920-684-8864 | LICENSED Capacity | 28 |
| Category | LICENSED GROUP | LICENSED Date | 01/10/2005 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1008215 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000567418 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 002 | | |
| Facility Name | CESA 7 HEAD START - MANITOWOC | Contact | LARSON, KIM | Full Time | - |
| Address | 4400 Michigan Manitowoc, Wi 54220-3067 | Phone # | 920-683-4850 | LICENSED Capacity | 92 |
| Category | LICENSED GROUP | LICENSED Date | 09/14/2006 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1011056 | Months | Sep-May | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000577809 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 010 | | |
| Facility Name | CESA 7 HEAD START - TWO RIVERS | Contact | FINNEL, MARY | Full Time | - |
| Address | 3234 Mishicot Rd Two Rivers, Wi 54241-1556 | Phone # | 920-657-1757 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 09/02/2015 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2002562 | Months | Sep-May | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000577809 | Hours | 08:00 AM-02:00 PM | Star Level | Unknown |
| | | Location Number | 018 | | |
| Facility Name | CHATTERBOX CHILD LEARNING CENTER | Contact | DICKELMAN, SARA | Full Time | Y |
| Address | 65 Riverview Rd Kiel, Wi 53042-1772 | Phone # | 920-894-2510 | LICENSED Capacity | 60 |
| Category | LICENSED GROUP | LICENSED Date | 11/03/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1007277 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000576260 | Hours | 05:30 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | CHATTERBOX KIDS CAMPUS | Contact | DICKELMAN, SARA | Full Time | Y |
| Address | 510 Woodlawn Dr Mishicot, Wi 54228-9402 | Phone # | 920-755-3379 | LICENSED Capacity | 50 |
| Category | LICENSED GROUP | LICENSED Date | 12/17/2012 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2000969 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000576260 | Hours | 05:45 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 003 | | |

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|------------------------|--|------------------------|--------------------------|--------------------------|------------------------------------|
| Facility Name | CHATTERBOX KIDS CAMPUS - VALDERS | Contact | DICKELMAN, SARA | Full Time | Y |
| Address | 331 W Wilson St Valders, Wi 54245-9634 | Phone # | 920-286-1124 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 09/03/2013 | From Age | 3 Year(s), 6 Month(s), 0 Week(s) |
| Facility ID | 2001375 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000576260 | Hours | 05:15 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 005 | | |
| Facility Name | CREATIVE KIDS CLUB | Contact | SCHWANK, CHRIS | Full Time | - |
| Address | 3502 Glenwood Two Rivers, Wi 54241 | Phone # | 920-793-1118 | LICENSED Capacity | 32 |
| Category | LICENSED GROUP | LICENSED Date | 05/26/2005 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1009295 | Months | Sep-Jul | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000558588 | Hours | 11:15 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 002 | | |
| Facility Name | CREATIVE LEARNING CHILD ENRICH CTR | Contact | PUESTOW, JULIE | Full Time | Y |
| Address | 4404 Bellevue Pl Two Rivers, Wi 54241 | Phone # | 920-794-1814 | LICENSED Capacity | 120 |
| Category | LICENSED GROUP | LICENSED Date | 06/10/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 420033 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000558588 | Hours | 05:30 AM-06:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | FALLING STAR CHILD CARE LLC | Contact | SCHWEPPE, STACY | Full Time | Y |
| Address | 1501 N Rapids Rd Manitowoc, Wi 54220-1009 | Phone # | 920-686-1991 | LICENSED Capacity | 40 |
| Category | LICENSED GROUP | LICENSED Date | 06/03/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2001822 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000588190 | Hours | 05:45 AM-05:15 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | FOLLOW YOUR HEART LEARNING CTR LLC | Contact | TRACEY WETZEL, ALYSSA BI | Full Time | Y |
| Address | 2132 32nd St Two Rivers, Wi 54241-1606 | Phone # | 920-629-0378 | LICENSED Capacity | 11 |
| Category | LICENSED GROUP | LICENSED Date | 11/01/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2001518 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000587985 | Hours | 06:00 AM- | Star Level | Unknown |
| | | Location Number | 002 | | |

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|------------------------|--|------------------------|--------------------|--------------------------|------------------------------------|
| Facility Name | GOOD SHEPHERD LUTHERAN PRESCHOOL | Contact | KILPS, LORI | Full Time | - |
| Address | 3234 Mishicot Rd Two Rivers, Wi 54241 | Phone # | 920-793-1716 | LICENSED Capacity | 19 |
| Category | LICENSED GROUP | LICENSED Date | 11/15/2006 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1010383 | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000580922 | Hours | 08:20 AM- | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | JESUS' LAMBS OF GRACE | Contact | HEIDERICH, DEBORAH | Full Time | Y |
| Address | 2426 N Rapids Rd Manitowoc, Wi 54220 | Phone # | 920-482-0001 | LICENSED Capacity | 50 |
| Category | LICENSED GROUP | LICENSED Date | 09/08/2009 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Facility ID | 1014550 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000585082 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | KIEL COOPERATIVE PRESCHOOL | Contact | FORSTNER, BARBARA | Full Time | - |
| Address | 621 6th St Kiel, Wi 53042 | Phone # | 920-894-7451 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 01/01/1997 | From Age | 2 Year(s), 5 Month(s), 0 Week(s) |
| Facility ID | 420300 | Months | Sep-May | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000577892 | Hours | 08:15 AM-03:15 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | LAKESHORE CHILD CARE CENTER INC | Contact | JUNK, EILEEN | Full Time | Y |
| Address | 3400 Division St Manitowoc, Wi 54220 | Phone # | 920-682-6290 | LICENSED Capacity | 98 |
| Category | LICENSED GROUP | LICENSED Date | 06/10/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 420029 | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000558537 | Hours | 05:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | LAKESHORE TECH COLLEGE CHILD CARE | Contact | SCHROEDER, DENISE | Full Time | - |
| Address | 1290 North Ave Cleveland, Wi 53015 | Phone # | 920-693-1243 | LICENSED Capacity | 32 |
| Category | LICENSED GROUP | LICENSED Date | 05/29/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 420028 | Months | Aug-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557210 | Hours | 07:15 AM-05:15 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |

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| Facility Name | MANITOWOC TWO RIVERS YMCA - ORION | Contact | PALAMA, LYNN | Full Time | Y |
| Address | 2210 Woodland Dr Manitowoc, Wi 54220-9662 | Phone # | 920-482-5928 | LICENSED Capacity | 80 |
| Category | LICENSED GROUP | LICENSED Date | 01/07/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2001084 | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000558593 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 022 | | |
| Facility Name | MANITOWOC TWO RIVERS YMCA - STANGE | Contact | YINDRA, MARY SUE | Full Time | - |
| Address | 1002 E Cedar Ave Manitowoc, Wi 54220 | Phone # | 920-482-1515 | LICENSED Capacity | 36 |
| Category | LICENSED GROUP | LICENSED Date | 08/29/2002 | From Age | 6 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1005532 | Months | Aug-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000558593 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 003 | | |
| Facility Name | MAN TR YMCA CHILD DEVELOPMENT CTR | Contact | YINDRA, MARY SUE | Full Time | Y |
| Address | 205 Maritime Dr Manitowoc, Wi 54220 | Phone # | 920-482-1515 | LICENSED Capacity | 137 |
| Category | LICENSED GROUP | LICENSED Date | 06/10/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 420548 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000558593 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | MAN-TR YMCA - MADISON | Contact | PFUND, ASHLEY | Full Time | - |
| Address | 701 4th Manitowoc, Wi 54220-3932 | Phone # | 920-482-1527 | LICENSED Capacity | 260 |
| Category | LICENSED GROUP | LICENSED Date | 08/31/2001 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1004528 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000558593 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 007 | | |
| Facility Name | MAN-TR YMCA - RIVERVIEW | Contact | YINDRA, MARY SUE | Full Time | - |
| Address | 4400 Michigan Ave Manitowoc, Wi 54220 | Phone # | 920-482-1515 | LICENSED Capacity | 34 |
| Category | LICENSED GROUP | LICENSED Date | 08/29/2002 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1005531 | Months | Aug-Jun | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000558593 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 008 | | |

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| Facility Name | MAN TR YMCA SACC - FRANKLIN | Contact | PFUND, ASHLEY | Full Time | - |
| Address | 800 S 35th St Manitowoc, Wi 54220 | Phone # | 920-482-1527 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 08/31/2000 | From Age | 6 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1003162 | Months | Aug-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000558593 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 004 | | |
| Facility Name | MAN TR YMCA SACC - MONROE | Contact | PFUND, ASHLEY | Full Time | - |
| Address | 2502 S 14th St Manitowoc, Wi 54220 | Phone # | 920-482-1527 | LICENSED Capacity | 32 |
| Category | LICENSED GROUP | LICENSED Date | 08/05/2001 | From Age | 6 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1003165 | Months | Aug-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000558593 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 002 | | |
| Facility Name | MAN TWO RIV YMCA SACC - JACKSON | Contact | PFUND, ASHLEY | Full Time | - |
| Address | 1201 N 18th St Manitowoc, Wi 54220 | Phone # | 920-482-1527 | LICENSED Capacity | 32 |
| Category | LICENSED GROUP | LICENSED Date | 08/31/2000 | From Age | 6 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1003163 | Months | Aug-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000558593 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 005 | | |
| Facility Name | PRECIOUS MEMORIES DAYCARE LLC | Contact | EICHHORST, GERALYN A | Full Time | Y |
| Address | 132 W Menasha Ave Whitelaw, Wi 54247 | Phone # | 920-732-3473 | LICENSED Capacity | 70 |
| Category | LICENSED GROUP | LICENSED Date | 09/01/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1008338 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000558490 | Hours | 05:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 002 | | |
| Facility Name | REDEEMER LUTHERAN CHRISTIAN PRESC | Contact | ORTH, MARY | Full Time | - |
| Address | 1712 Menasha Ave Manitowoc, Wi 54220 | Phone # | 920-684-3989 | LICENSED Capacity | 25 |
| Category | LICENSED GROUP | LICENSED Date | 03/01/1998 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 420256 | Months | Sep-May | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000577864 | Hours | 09:00 AM-11:30 AM | Star Level | Unknown |
| | | Location Number | 001 | | |

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| Facility Name | ST PETER'S LUTHERAN TINY TREASURES P | Contact | JUNGEN, LYNN M | Full Time | Y |
| Address | 325 Randolph St Mishicot, Wi 54228-9550 | Phone # | 920-755-4555 | LICENSED Capacity | 12 |
| Category | LICENSED GROUP | LICENSED Date | 10/13/2015 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2002609 | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000588683 | Hours | 08:00 AM-04:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | THE PEANUT GALLERY CC AND LRNG CTR | Contact | KIESOW, JACKIE | Full Time | Y |
| Address | 2411 Wollmer St Manitowoc, Wi 54220-4450 | Phone # | 920-684-0130 | LICENSED Capacity | 50 |
| Category | LICENSED GROUP | LICENSED Date | 05/31/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2001273 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000587762 | Hours | 04:45 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | TINY TREASURES CHRISTIAN CHILD CARE | Contact | DEY, KRISTINE | Full Time | Y |
| Address | 1029 33rd St Two Rivers, Wi 54241 | Phone # | 920-794-8543 | LICENSED Capacity | 50 |
| Category | LICENSED GROUP | LICENSED Date | 08/23/2002 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 1005564 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000573857 | Hours | 04:30 AM-06:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |