

Wisconsin Child Care Regulatory System

MARATHON County LICENSED Child Care Directory as of 8/4/18

| | | | | | |
|------------------------|--|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | ABC FAMILY DAYCARE | Contact | BOHO, CONSTANCE A | Full Time | Y |
| Address | 1506 Tulip Ln Wausau, Wi 54401-7509 | Phone # | 715-470-0413 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/07/2006 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Facility ID | 1010795 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000557111 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | A-Z FAMILY DAY CARE YING VANG | Contact | VANG, YING | Full Time | Y |
| Address | 4307 Augustine Ave Schofield, Wi 54476-2722 | Phone # | 715-203-2592 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 02/03/2002 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Facility ID | 1007739 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000562341 | Hours | 06:30 AM-06:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | BAO HOME CHILD CARE | Contact | XIONG, BAO V | Full Time | Y |
| Address | 820 N 9th Ave Wausau, Wi 54401-2801 | Phone # | 715-212-4032 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/15/2004 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Facility ID | 1008275 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000556908 | Hours | 05:00 AM-11:59 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | BOBBIE'S KIDZ | Contact | LUTZOW, BOBBIE J | Full Time | Y |
| Address | 1511 N 7th St Wausau, Wi 54403-3562 | Phone # | 715-849-3145 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 07/15/2013 | From Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Facility ID | 2001200 | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000587820 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | BONNIES EAST SIDE TOT SPOT | Contact | DANIELS, BONNIE | Full Time | Y |
| Address | 209 N 14th St Wausau, Wi 54403-5686 | Phone # | 715-845-7432 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1003429 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000564675 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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| Facility Name | BRITTENHAM DAY CARE | Contact | BRITTENHAM, KAREN | Full Time | Y |
| Address | 1219 Jefferson St Wausau, Wi 54403-5663 | Phone # | 715-581-0711 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 630232 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000556999 | Hours | 04:30 AM-04:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | CHARS FAMILY DAY CARE | Contact | TEHAKO, CHARLOTTE | Full Time | Y |
| Address | 5609 Birch St Schofield, Wi 54476-2518 | Phone # | 715-355-7188 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 630601 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000557009 | Hours | 06:30 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | COUNTRY CORNER CHILD CARE | Contact | WINSLOW, BARBARA S | Full Time | Y |
| Address | M127 Saint Joseph Ave Marshfield, Wi 54449-8802 | Phone # | 715-384-4920 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 630479 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557013 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | DOLLYS PALS CHILDCARE CENTER | Contact | ROTHENBERGER, CHERYL | Full Time | Y |
| Address | 1455 Windfall Hill Rd Athens, Wi 54411-8545 | Phone # | 715-257-9315 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 630544 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000564804 | Hours | 06:00 AM-05:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | ELLENS DAY CARE | Contact | OELKE, ELLEN J | Full Time | Y |
| Address | 1251 Sunset Dr Wausau, Wi 54401-4256 | Phone # | 715-842-7017 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 07/24/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1005852 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000567957 | Hours | 06:00 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |

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| Facility Name | HAUER FAMILY DAYCARE | Contact | HAUER, JUNICE C | Full Time | Y |
| Address | 1446 County Road Kk Mosinee, Wi 54455-9771 | Phone # | 715-693-6404 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 06/24/2012 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 2001961 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000587347 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | HELPING HANDS DAYCARE | Contact | GURALSKI, CHRISTINE T | Full Time | Y |
| Address | 1111 4th St Marathon, Wi 54448-9386 | Phone # | 715-443-3919 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 05/30/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2000202 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000587306 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | HOME AWAY FROM HOME FAMILY DAY CARE | Contact | MEURETT, NANCY | Full Time | Y |
| Address | 3608 Northwestern Ave Wausau, Wi 54403-9261 | Phone # | 715-842-1969 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/08/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 630236 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000557026 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | JENNIFER'S DAY CARE | Contact | WOLFF, JENNIFER L | Full Time | Y |
| Address | 5700 County Road U Wausau, Wi 54401-9445 | Phone # | 715-675-3047 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/14/2007 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1012143 | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000580747 | Hours | 06:40 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 002 | | |
| Facility Name | JULIES FAMILY CHILD CARE CENTER | Contact | RESCH, JULIE | Full Time | Y |
| Address | N4851 Birnamwood Rd Birnamwood, Wi 54414-9601 | Phone # | 715-449-2183 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 10/29/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1000646 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000570154 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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| Facility Name | JULIES FAMILY DAY CARE | Contact | BORNEMAN, JULIE | Full Time | Y |
| Address | 1402 Lily Ln Wausau, Wi 54401-8224 | Phone # | 715-355-4400 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 06/30/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 630235 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000578306 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | KATHYS GIGGLES-N-WIGGLES CCC | Contact | ENGBRETSON, KATHERIN | Full Time | Y |
| Address | 414 N 3rd Ave Stratford, Wi 54484-8906 | Phone # | 715-687-3344 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 10/21/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1008164 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000578208 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | KAYS KIDS | Contact | KOSHALEK, KAY | Full Time | Y |
| Address | 655 Dalton Dr Mosinee, Wi 54455-8920 | Phone # | 715-693-3626 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/05/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1009905 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000580541 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | KIDS KOUNTRY DAY CARE | Contact | BLIESE, PEGGY | Full Time | Y |
| Address | 4103 Evergreen Rd Wausau, Wi 54403-8790 | Phone # | 715-675-0402 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 03/04/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1007241 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000556772 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | LITTLE ELF DAY CARE | Contact | DOMKA-CHEYKA, ELLEN | Full Time | Y |
| Address | 208 Robb St Schofield, Wi 54476-1069 | Phone # | 715-574-2331 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/02/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 630798 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000563508 | Hours | 05:45 AM-05:15 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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| Facility Name | LITTLE FEET DAY CARE | Contact | FOOTE, DAWN | Full Time | Y |
| Address | 1526 N 2nd Ave Wausau, Wi 54401-2520 | Phone # | 715-212-2824 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 11/26/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1008649 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000578988 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | LITTLE RASCALS CHILD CARE | Contact | HOFFMAN, TEONNA | Full Time | Y |
| Address | 955 Indy Ln Stratford, Wi 54484-8405 | Phone # | 715-687-4891 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/12/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1006868 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000559026 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 002 | | |
| Facility Name | LITTLE SPROUTS CHILDCARE | Contact | CARDEN, TAMARA D | Full Time | Y |
| Address | 207 Wilson Ave Rothschild, Wi 54474-1129 | Phone # | 715-470-0874 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 05/08/2017 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2002903 | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000589147 | Hours | 06:15 AM-05:45 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | LYNN'S COUNTRY DAYCARE | Contact | STANISLAWSKI, LYNN M | Full Time | Y |
| Address | 174430 Mission Lake Rd Hatley, Wi 54440-5159 | Phone # | 715-454-6979 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 11/17/2011 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Facility ID | 2000131 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000586990 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | MAI CHANG VANG | Contact | VANG, MAI CHANG | Full Time | Y |
| Address | 5202 Scott St Weston, Wi 54476-2920 | Phone # | 715-393-9406 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 10/01/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2002697 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000579052 | Hours | 08:00 AM-08:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |

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| Facility Name | MAPLE CREST DAY CARE | Contact | RIECK, CHERYL | Full Time | Y |
| Address | 8695 Maple Crest Dr Wausau, Wi 54401-8338 | Phone # | 715-848-2439 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 06/23/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1009261 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000579721 | Hours | 06:30 AM-06:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | MC CARE | Contact | LOR, MAICHAO C | Full Time | Y |
| Address | 1010 S 5th Ave Wausau, Wi 54401-6059 | Phone # | 715-297-4308 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/10/2000 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 630691 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000557107 | Hours | 04:00 PM-11:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | P AND K KIDS | Contact | HAEFNER, KRYSTAL M | Full Time | Y |
| Address | 629 Werle Ave Wausau, Wi 54401-5324 | Phone # | 715-846-7818 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/19/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2000316 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000582950 | Hours | 06:00 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | PEGGYS RAINBOW DAY CARE | Contact | GAJEWSKI, PEGGY L | Full Time | Y |
| Address | 1726 W Garfield Ave Wausau, Wi 54401-5276 | Phone # | 715-848-3882 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 09/01/2009 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1014601 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000556811 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 002 | | |
| Facility Name | READY SET GROW FAMILY DAYCARE | Contact | HAGEN, SHEILA | Full Time | Y |
| Address | 311 Garfield Ave Wausau, Wi 54401-4616 | Phone # | 715-574-9550 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 04/07/2002 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1011453 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000573286 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |

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| Facility Name | SAFE HAVEN CHILDCARE CENTER | Contact | BJORKLUND, KIM | Full Time | Y |
| Address | 732 Birch St Rothschild, Wi 54474-1922 | Phone # | 715-218-7887 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 02/19/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1005427 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000578594 | Hours | 06:30 AM-06:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | SECOND HOME DAY CARE | Contact | THIEME, MICHELLE | Full Time | Y |
| Address | 400 S Chestnut St Spencer, Wi 54479-9755 | Phone # | 715-659-4708 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 09/24/1996 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 630344 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000578411 | Hours | 06:30 AM-06:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | SHANNON'S DAYCARE | Contact | LEMMA, SHANNON M | Full Time | Y |
| Address | 1949 South Rd Mosinee, Wi 54455-9615 | Phone # | 715-571-4409 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/23/2006 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Facility ID | 2003375 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000581015 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | SMART START FAMILY CHILD CARE | Contact | MANTHE, TERRY | Full Time | Y |
| Address | B3998 State Highway 13 Spencer, Wi 54479-9512 | Phone # | 715-659-4343 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 10/07/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1015634 | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000586010 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | SUE'S DAYCARE | Contact | WYSOCKI, SUSAN M | Full Time | Y |
| Address | 1109 Pine St Schofield, Wi 54476-1853 | Phone # | 715-355-5783 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 09/25/2014 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 2001906 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000588331 | Hours | 05:45 AM-05:45 PM | Star Level | Unknown |
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| Facility Name | TERRI'S KIDDIE KORNER | Contact | SEEHAFER, TERRI J | Full Time | Y |
| Address | M245 Mann St Marshfield, Wi 54449-9297 | Phone # | 715-387-6758 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 06/03/2001 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 630512 | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000571178 | Hours | 06:30 AM-04:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | THE ADVENTURE CLUB CHILD CARE | Contact | PAGEL, PATRICIA C | Full Time | Y |
| Address | 306 E Randolph St Wausau, Wi 54401-2565 | Phone # | 715-675-2898 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 10/06/2015 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2002463 | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000588674 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | THE LOFT | Contact | LASHUA, NATASHIA L | Full Time | Y |
| Address | 409 3rd St Mosinee, Wi 54455-1426 | Phone # | 715-301-5566 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 07/18/2016 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Facility ID | 2002930 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000588916 | Hours | 04:45 AM-06:00 PM | Star Level | 5 Stars |
| | | Location Number | 001 | | |
| Facility Name | THE TOY CHEST FAMILY CHILD CARE | Contact | MORRIS, CHRISTINE | Full Time | Y |
| Address | 681 Oak Rd Kronenwetter, Wi 54455-8044 | Phone # | 715-693-1770 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 02/02/2003 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1003306 | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000556863 | Hours | 05:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | TINA'S DAYCARE | Contact | RAUEN, TINA M | Full Time | Y |
| Address | 1002 Walnut St Marathon, Wi 54448-9395 | Phone # | 715-443-6272 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 11/19/2000 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Facility ID | 1007720 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000570287 | Hours | 06:30 AM-06:30 PM | Star Level | 3 Stars |
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| Facility Name | TINY TOES TODDLER CARE | Contact | WILDE, TANYA M | Full Time | Y |
| Address | 1005 Single Ave Wausau, Wi 54403-6548 | Phone # | 715-551-7315 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 10/03/2016 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2003044 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000588984 | Hours | 05:30 AM-05:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | TINY TOTS DAY CARE | Contact | TINKEY, MARY L | Full Time | Y |
| Address | 605 18th Mosinee, Wi 54455-1038 | Phone # | 715-693-6405 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 07/05/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1009306 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000579766 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | TREASURED MEMORIES | Contact | HORNE, TAMMY | Full Time | Y |
| Address | 2903 N 9th St Wausau, Wi 54403-4225 | Phone # | 715-370-2648 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/26/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1015373 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000585789 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | URBAN SPROUTS | Contact | SWOPE, ANNASTACIA H | Full Time | Y |
| Address | 9771 Sandhill Dr Weston, Wi 54476-5636 | Phone # | 715-297-6604 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 12/08/2013 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 2002157 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000588025 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | VANG THAO'S DAY CARE | Contact | THAO, VANG | Full Time | Y |
| Address | 1211 Pine St Wausau, Wi 54401-4248 | Phone # | 715-203-6913 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 01/13/2002 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Facility ID | 1005600 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000570001 | Hours | -01:00 AM | Star Level | Unknown |
| | | Location Number | 001 | | |

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| Facility Name | WAMENGS DAY CARE | Contact | HER, CHIA Y | Full Time | Y |
| Address | 415 E Campus Dr Wausau, Wi 54401-1977 | Phone # | 715-574-9529 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/09/2009 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 1015375 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000585013 | Hours | 06:00 AM-11:59 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |

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| Facility Name | ALPHABET SOUP CHILD CARE I I | Contact | BACA, MELANIE | Full Time | Y |
| Address | 212 E Randolph St Wausau, Wi 54401-2563 | Phone # | 715-675-0557 | LICENSED Capacity | 50 |
| Category | LICENSED GROUP | LICENSED Date | 01/14/2008 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 1012776 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000583345 | Hours | 06:00 AM-06:00 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |
| Facility Name | ASPIRUS YMCA CHILD DEVELOPMENT CTR | Contact | ARCEO, CASSY | Full Time | Y |
| Address | 3402 Howland Ave Weston, Wi 54476-5633 | Phone # | 715-841-1850 | LICENSED Capacity | 230 |
| Category | LICENSED GROUP | LICENSED Date | 05/16/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1009178 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557803 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 004 | | |
| Facility Name | BARRINGTON HEAD START CENTER | Contact | GUTHRIE, NICOLE | Full Time | - |
| Address | 616 Grant St Wausau, Wi 54403-4740 | Phone # | 715-845-2947 | LICENSED Capacity | 91 |
| Category | LICENSED GROUP | LICENSED Date | 08/27/2001 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1004579 | Months | Sep-Jul | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000577928 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| | | Location Number | 002 | | |
| Facility Name | BETHLEHEM COMM PRESCH AND CHILDCA | Contact | CLERMONT, AUTUMN | Full Time | Y |
| Address | 1750 County Road Xx Rothschild, Wi 54474-9097 | Phone # | 715-359-3366 | LICENSED Capacity | 74 |
| Category | LICENSED GROUP | LICENSED Date | 08/06/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1012077 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000577751 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | DAISY MAE DAY CARE | Contact | KUTIL, DANIELLE | Full Time | Y |
| Address | T1158 Evergreen Rd Wausau, Wi 54403-2093 | Phone # | 715-675-8845 | LICENSED Capacity | 47 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1000471 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000564887 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |

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| Facility Name | EDGAR CHILD CARE CENTER | Contact | DANIELCZAK, BRENDA | Full Time | Y |
| Address | 620 N 4th Ave Edgar, Wi 54426-9150 | Phone # | 715-352-2000 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620126 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557023 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | KATHLEEN M CZECH HEAD START CENTER | Contact | ERNST, HEIDI | Full Time | Y |
| Address | 607 13th St Mosinee, Wi 54455-1008 | Phone # | 715-693-4003 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 10/03/2002 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1005851 | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000577928 | Hours | 07:15 AM-04:00 PM | Star Level | 5 Stars |
| | | Location Number | 001 | | |
| Facility Name | KEY TO LIFE CHRISTIAN CHILDCARE | Contact | BEDUZE, TARAH | Full Time | Y |
| Address | 3915 Sandy Ln Weston, Wi 54476-1667 | Phone # | 715-359-5451 | LICENSED Capacity | 85 |
| Category | LICENSED GROUP | LICENSED Date | 03/13/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1011649 | Months | Jan-Dec | To Age | 13 Year(s), 1 Month(s), 0 Week(s) |
| Provider Number | 6000582226 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | KIDSTOWN USA SCHOOL-AGE PROGRAM | Contact | SUROVIAK, MONICA | Full Time | - |
| Address | 600 12th St Mosinee, Wi 54455-1099 | Phone # | 715-297-1691 | LICENSED Capacity | 75 |
| Category | LICENSED GROUP | LICENSED Date | 06/23/2002 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1003240 | Months | Jul-Aug | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000557039 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | KIDSTOWN USA SCHOOL-AGE PROGRAM | Contact | SUROVIAK, MONICA | Full Time | - |
| Address | 600 12th St Mosinee, Wi 54455-1099 | Phone # | 715-297-1691 | LICENSED Capacity | 75 |
| Category | LICENSED GROUP | LICENSED Date | 06/23/2002 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1003240 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000557039 | Hours | 06:15 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |

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| Facility Name | KIDS UNLIMITED EARLY LEARNING CTR | Contact | ELGERSMA, HEIDI | Full Time | Y |
| Address | 1707 E Wausau Ave Wausau, Wi 54403-3137 | Phone # | 715-847-1175 | LICENSED Capacity | 33 |
| Category | LICENSED GROUP | LICENSED Date | 01/12/2005 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1005079 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000569598 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | KINDERCARE LEARNING CENTER | Contact | TILTON, TOREY A | Full Time | Y |
| Address | 5201 Alderson St Schofield, Wi 54476-2312 | Phone # | 715-359-4118 | LICENSED Capacity | 134 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 5 Week(s) |
| Facility ID | 620098 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000555710 | Hours | 05:30 AM-06:00 PM | Star Level | 5 Stars |
| | | Location Number | 003 | | |
| Facility Name | LITTLE BLESSINGS LEARNING CENTER | Contact | RUSCH, JENNIFER | Full Time | Y |
| Address | 703 Flieth St Wausau, Wi 54401-6041 | Phone # | 715-470-2330 | LICENSED Capacity | 90 |
| Category | LICENSED GROUP | LICENSED Date | 09/10/2010 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Facility ID | 1015640 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000583153 | Hours | 05:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 003 | | |
| Facility Name | LITTLE LAMBS DAY CARE | Contact | STOLZE, DONNA | Full Time | Y |
| Address | 1300 Townline Rd Wausau, Wi 54403-6584 | Phone # | 715-848-2040 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620258 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000557085 | Hours | 05:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | LITTLE SCHOLARS PRESCHOOL | Contact | GUSMAN, SARA | Full Time | Y |
| Address | 512 Mcclellan St Wausau, Wi 54403-4844 | Phone # | 715-845-8389 | LICENSED Capacity | 55 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1004340 | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000557086 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |

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| Facility Name | MONTESSORI SCHOOL OF WAUSAU | Contact | LOMBARDO, GWENDOLYN | Full Time | Y |
| Address | 1921 Wegner St Wausau, Wi 54401-5260 | Phone # | 715-842-7917 | LICENSED Capacity | 60 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Facility ID | 620058 | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000557104 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | MOSINEE CAMP ADVENTURE | Contact | JACKSON, SAYER | Full Time | - |
| Address | 700 High St Mosinee, Wi 54455-1337 | Phone # | 715-297-0303 | LICENSED Capacity | 55 |
| Category | LICENSED GROUP | LICENSED Date | 06/08/2006 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1010637 | Months | Jun-Sep | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557803 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 005 | | |
| Facility Name | MOSINEE PRESCHOOL | Contact | OLUND, VICTORIA | Full Time | Y |
| Address | 901 11th St Mosinee, Wi 54455-1212 | Phone # | 715-693-6965 | LICENSED Capacity | 40 |
| Category | LICENSED GROUP | LICENSED Date | 09/10/2001 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1004604 | Months | Aug-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000577832 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | MOUNTAIN VIEW MONTESSORI | Contact | BJERKE, LEAH | Full Time | Y |
| Address | 1500 Merrill Ave Wausau, Wi 54401-2590 | Phone # | 715-298-3832 | LICENSED Capacity | 105 |
| Category | LICENSED GROUP | LICENSED Date | 06/07/2011 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Facility ID | 1016142 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000586284 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | MOUNT CALVARY HEAD START CENTER | Contact | VELASQUEZ, ANDREA | Full Time | - |
| Address | 503 Schmidt Ave Rothschild, Wi 54474-1243 | Phone # | 715-870-5071 | LICENSED Capacity | 16 |
| Category | LICENSED GROUP | LICENSED Date | 09/08/1998 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1000313 | Months | Aug-Jun | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000577928 | Hours | 07:00 AM-02:00 PM | Star Level | Unknown |
| | | Location Number | 003 | | |

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| Facility Name | MT OLIVE PRESCHOOL AND DAYCARE | Contact | JONES, SARAH E | Full Time | Y |
| Address | 6205 Alderson St Weston, Wi 54476-3905 | Phone # | 715-359-5546 | LICENSED Capacity | 50 |
| Category | LICENSED GROUP | LICENSED Date | 09/01/2002 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620060 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000573912 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | NEWMAN CATHOLIC ECC - ST. MICHAEL | Contact | LEPAK, JACLYN | Full Time | Y |
| Address | 615 Stark St Wausau, Wi 54403-3577 | Phone # | 715-848-0206 | LICENSED Capacity | 55 |
| Category | LICENSED GROUP | LICENSED Date | 01/18/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1015446 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000560503 | Hours | 06:30 AM-05:30 PM | Star Level | 4 Stars |
| | | Location Number | 004 | | |
| Facility Name | NEWMAN CATHOLIC ECC - ST THERESE | Contact | FAUST, AMY | Full Time | Y |
| Address | 112 Kort St Schofield, Wi 54476-1244 | Phone # | 715-355-5254 | LICENSED Capacity | 80 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620257 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000560503 | Hours | 06:30 AM-05:30 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |
| Facility Name | SCHOOL'S OUT CLUB | Contact | DANIELCZAK, BRENDA | Full Time | - |
| Address | 203 E Maple St Edgar, Wi 54426-9085 | Phone # | 715-352-2727 | LICENSED Capacity | 32 |
| Category | LICENSED GROUP | LICENSED Date | 06/05/2006 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1010438 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557023 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 003 | | |
| Facility Name | ST JOHN'S LUTHERAN CHRISTIAN CARE | Contact | BEILKE, PATRICIA | Full Time | Y |
| Address | 486 County Road F Athens, Wi 54411-9143 | Phone # | 715-539-8120 | LICENSED Capacity | 35 |
| Category | LICENSED GROUP | LICENSED Date | 10/29/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620348 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000569988 | Hours | 05:15 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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| Facility Name | ST MARKS LUTHERAN PRESCHOOL | Contact | CORNELIUS, DEBRA | Full Time | - |
| Address | 600 Stevens Dr Wausau, Wi 54401-2977 | Phone # | 715-848-5511 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 09/01/2002 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620149 | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000572963 | Hours | 08:45 AM-11:30 AM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | STODDARD HEAD START CENTER | Contact | YANG, BELINDA | Full Time | Y |
| Address | 1901 Kowalski Rd Kronenwetter, Wi 54455-8890 | Phone # | 715-573-3698 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 09/01/2009 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1014653 | Months | Aug-Jun | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000577928 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| | | Location Number | 007 | | |
| Facility Name | STORY BOOK KIDS | Contact | FRANZO, ASHLEY | Full Time | Y |
| Address | 658 Maple Ridge Rd Mosinee, Wi 54455-9272 | Phone # | 715-693-5580 | LICENSED Capacity | 94 |
| Category | LICENSED GROUP | LICENSED Date | 08/18/2008 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 1013512 | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000583968 | Hours | 05:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | STRATFORD PRYME TIME SCH-AGE CARE | Contact | BLASKOWSKI, AMANDA | Full Time | - |
| Address | 700 N 2nd Ave Stratford, Wi 54484-9632 | Phone # | 715-387-4900 | LICENSED Capacity | 25 |
| Category | LICENSED GROUP | LICENSED Date | 09/04/2007 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1012055 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000557914 | Hours | 12:00 PM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 012 | | |
| Facility Name | WAUSAU CHILD CARE - CEDAR CREEK CTR | Contact | PELOT, KELLY | Full Time | Y |
| Address | 1841 County Road Xx Kronenwetter, Wi 54455-7933 | Phone # | 715-359-5437 | LICENSED Capacity | 76 |
| Category | LICENSED GROUP | LICENSED Date | 03/28/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1015894 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 05:30 AM-06:00 PM | Star Level | 5 Stars |
| | | Location Number | 027 | | |

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| Facility Name | WAUSAU CHILD CARE-FRANKLIN ST CTR | Contact | HICKMANN, COURTNEY | Full Time | Y |
| Address | 721 Franklin St Wausau, Wi 54403-4978 | Phone # | 715-848-7221 | LICENSED Capacity | 92 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620078 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| | | Location Number | 004 | | |
| Facility Name | WAUSAU CHILD CARE WEST SIDE CTR | Contact | CONSOLVER-BARTTELT, LY | Full Time | Y |
| Address | 505 N 28th Ave Wausau, Wi 54401-4104 | Phone # | 715-848-1437 | LICENSED Capacity | 132 |
| Category | LICENSED GROUP | LICENSED Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620079 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| | | Location Number | 001 | | |
| Facility Name | WCC-FRANKLIN SUMMER PROGRAM | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 1509 N 5th St Wausau, Wi 54403-3549 | Phone # | 715-845-4110 | LICENSED Capacity | 82 |
| Category | LICENSED GROUP | LICENSED Date | 08/26/2001 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620125 | Months | Jun-Sep | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | WCC-GD JONES BEFORE AND AFTER SCHC | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 1018 S 12th Ave Wausau, Wi 54401-5873 | Phone # | 715-845-4110 | LICENSED Capacity | 13 |
| Category | LICENSED GROUP | LICENSED Date | 05/29/1997 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620403 | Months | Sep-Jul | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| | | Location Number | 005 | | |
| Facility Name | WCC-GRANT BEFORE AND AFTER SCHOOL | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 500 N 4th Ave Wausau, Wi 54401-4493 | Phone # | 715-845-4110 | LICENSED Capacity | 13 |
| Category | LICENSED GROUP | LICENSED Date | 06/14/2004 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1007955 | Months | Sep-Jul | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:15 AM | Star Level | 3 Stars |
| | | Location Number | 021 | | |

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|------------------------|--|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | WCC-HAWTHORN HILLS BEFORE AND AFTE | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 1600 Kickbusch St Wausau, Wi 54403-1603 | Phone # | 715-845-4110 | LICENSED Capacity | 13 |
| Category | LICENSED GROUP | LICENSED Date | 08/27/2014 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2001935 | Months | Sep-Jul | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:30 AM | Star Level | 3 Stars |
| | | Location Number | 029 | | |
| Facility Name | WCC-JEFFERSON BEFORE-AFTER SCHOOL | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 500 W Randolph St Wausau, Wi 54401-2501 | Phone # | 715-845-4110 | LICENSED Capacity | 28 |
| Category | LICENSED GROUP | LICENSED Date | 09/15/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620202 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| | | Location Number | 009 | | |
| Facility Name | WCC-LINCOLN BEFORE-AFTER SCHOOL | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 720 S 6th Ave Wausau, Wi 54401-5308 | Phone # | 715-845-4110 | LICENSED Capacity | 42 |
| Category | LICENSED GROUP | LICENSED Date | 09/04/2007 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1012356 | Months | Sep-Jul | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 024 | | |
| Facility Name | WCC-MAINE BEFORE-AFTER SCHOOL | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 5901 N 44th Ave Wausau, Wi 54401-9717 | Phone # | 715-845-4110 | LICENSED Capacity | 24 |
| Category | LICENSED GROUP | LICENSED Date | 09/17/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620311 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:15 AM | Star Level | 2 Stars |
| | | Location Number | 011 | | |

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| Facility Name | WCC-MARSHALL BEFORE-AFTER SCHOOL | Contact | HINES, SAMATHA | Full Time | - |
| Address | 1918 Lamont St Wausau, Wi 54403-6819 | Phone # | 715-845-4110 | LICENSED Capacity | 45 |
| Category | LICENSED GROUP | LICENSED Date | 09/15/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620161 | Months | Jun-Aug | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Location Number | 010 | | | | |
| Facility Name | WCC-MARSHALL BEFORE-AFTER SCHOOL | Contact | HINES, SAMATHA | Full Time | - |
| Address | 1918 Lamont St Wausau, Wi 54403-6819 | Phone # | 715-845-4110 | LICENSED Capacity | 45 |
| Category | LICENSED GROUP | LICENSED Date | 09/15/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620161 | Months | Sep-May | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:30 AM | Star Level | 3 Stars |
| Location Number | 010 | | | | |
| Facility Name | WCC-MONTESSORI BEFORE AND AFTER S | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 3101 N 13th St Wausau, Wi 54403-2317 | Phone # | 715-845-4110 | LICENSED Capacity | 13 |
| Category | LICENSED GROUP | LICENSED Date | 09/03/2013 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2001457 | Months | Aug-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:15 AM | Star Level | 3 Stars |
| Location Number | 028 | | | | |
| Facility Name | WCC-RIB MT BEFORE-AFTER SCHOOL | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 2701 Robin Ln Wausau, Wi 54401-7110 | Phone # | 715-845-4110 | LICENSED Capacity | 19 |
| Category | LICENSED GROUP | LICENSED Date | 09/15/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620160 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:20 AM | Star Level | 3 Stars |
| Location Number | 012 | | | | |
| Facility Name | WCC-RIVERVIEW BEFORE-AFTER SCHOOL | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 4303 Troy St Wausau, Wi 54403-2264 | Phone # | 715-845-4110 | LICENSED Capacity | 26 |
| Category | LICENSED GROUP | LICENSED Date | 09/17/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620165 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:15 AM | Star Level | 2 Stars |
| Location Number | 013 | | | | |

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| Facility Name | WCC-SOUTH MTN BEFORE-AFTER SCHOOL | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 5400 Bittersweet Rd Wausau, WI 54401-7588 | Phone # | 715-845-4110 | LICENSED Capacity | 34 |
| Category | LICENSED GROUP | LICENSED Date | 09/15/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620434 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:35 AM | Star Level | 3 Stars |
| | | Location Number | 014 | | |
| Facility Name | WCC-STETTIN BEFORE-AFTER SCHOOL | Contact | HINES, SAMANTHA | Full Time | - |
| Address | 109 N 56th Ave Wausau, WI 54401-4815 | Phone # | 715-845-4110 | LICENSED Capacity | 34 |
| Category | LICENSED GROUP | LICENSED Date | 08/25/1997 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620433 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557000 | Hours | 06:30 AM-08:15 AM | Star Level | 3 Stars |
| | | Location Number | 019 | | |
| Facility Name | WILDCAT EARLY LEARNING CENTER | Contact | LAFFERTY, ASHLYN | Full Time | Y |
| Address | 218 E Maple St Edgar, WI 54426-9085 | Phone # | 715-352-2336 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 06/17/2013 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2001270 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557023 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 004 | | |
| Facility Name | WOODSON YMCA CAMP STURTEVANT | Contact | JACKSON, SAYER | Full Time | - |
| Address | 2701 Northwestern Ave Wausau, WI 54403-8948 | Phone # | 715-849-2267 | LICENSED Capacity | 250 |
| Category | LICENSED GROUP | LICENSED Date | 06/10/2001 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1002713 | Months | Jun-Sep | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557803 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | WOODSON YMCA CHILD DEVELOPMENT CT | Contact | PEROW, TRACI | Full Time | Y |
| Address | 707 N 3rd St Wausau, WI 54403-4703 | Phone # | 715-845-2177 | LICENSED Capacity | 118 |
| Category | LICENSED GROUP | LICENSED Date | 06/09/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 620338 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557803 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 003 | | |

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| Facility Name | DC EVEREST CONT EDUC - EVERGREEN | Contact | JAKUBEK, JACQUE | Full Time | - |
| Address | 1610 Pine Rd Rothschild, Wi 54474-8839 | Phone # | 715-359-6563 | LICENSED Capacity | 50 |
| Category | PUBLIC SCHOOL PROGRAM | LICENSED Date | 06/10/2012 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2100500 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000561056 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| | | Location Number | 003 | | |
| Facility Name | DC EVEREST CONT EDUC - GREENHECK | Contact | JAKUBEK, JACQUE | Full Time | Y |
| Address | 6400 Alderson St Weston, Wi 54476-3969 | Phone # | 715-359-6563 | LICENSED Capacity | 200 |
| Category | PUBLIC SCHOOL PROGRAM | LICENSED Date | 06/08/2014 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2100497 | Months | Jun-Aug | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000561056 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 006 | | |
| Facility Name | DC EVEREST CONT EDUC - MOUNTAIN BAY | Contact | JAKUBEK, JACQUE | Full Time | - |
| Address | 8062 Schofield Ave Weston, Wi 54476 | Phone # | 715-359-6563 | LICENSED Capacity | 50 |
| Category | PUBLIC SCHOOL PROGRAM | LICENSED Date | 06/10/2012 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2100501 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000561056 | Hours | 06:30 AM-08:30 AM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | DC EVEREST CONT EDUC - RIVERSIDE | Contact | JAKUBEK, JACQUE | Full Time | - |
| Address | R12231 River Rd Ringle, Wi 54471-9200 | Phone # | 715-359-6563 | LICENSED Capacity | 50 |
| Category | PUBLIC SCHOOL PROGRAM | LICENSED Date | 06/10/2012 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2100499 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000561056 | Hours | 06:30 AM-08:30 AM | Star Level | 3 Stars |
| | | Location Number | 004 | | |
| Facility Name | DC EVEREST CONT EDUC - WESTON ELEM | Contact | JAKUBEL, JACQUE | Full Time | - |
| Address | 5200 Camp Phillips Rd Schofield, Wi 54476-2699 | Phone # | 715-359-6563 | LICENSED Capacity | 50 |
| Category | PUBLIC SCHOOL PROGRAM | LICENSED Date | 06/10/2012 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2100498 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000561056 | Hours | 06:30 AM-08:30 AM | Star Level | 3 Stars |
| | | Location Number | 005 | | |

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| Facility Name | DC EVERST CONT EDUC - CARE CORNER | Contact | JAKUBEK, JACQUE | Full Time | - |
| Address | 810 1st St Rothschild, Wi 54474-1099 | Phone # | 715-359-6563 | LICENSED Capacity | 50 |
| Category | PUBLIC SCHOOL PROGRAM | LICENSED Date | 04/01/2012 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 620020 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000561056 | Hours | 06:30 AM-08:30 AM | Star Level | 3 Stars |
| | | Location Number | 001 | | |