

Wisconsin Child Care Regulatory System

VILAS County LICENSED Child Care Directory as of 10/4/20

| | | | | | |
|------------------------|---|------------------------|---------------------|--------------------------|------------------------------------|
| Facility Name | CAMP JORN YMCA CHILD CARE CENTER | Contact | GOLFIS, HOLLY | Full Time | Y |
| Address | 13591 Zenner Ln Manitowsh Wtr, Wi 54545-0430 | Phone # | 715-543-8390 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 08/31/2007 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Facility ID | 1012353 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000582899 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | CAMP JORN YMCA DAY CAMP | Contact | ROUSE, NINA | Full Time | - |
| Address | 13591 Zenner Ln Manitowsh Wtr, Wi 54545-2301 | Phone # | 715-543-8808 | LICENSED Capacity | 115 |
| Category | LICENSED GROUP | LICENSED Date | 06/14/2010 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1015321 | Months | Jun-Sep | To Age | 17 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000582899 | Hours | 06:30 AM-05:30 PM | Star Level | 4 Stars |
| | | Location Number | 002 | | |
| Facility Name | EAGLE RIVER HEAD START | Contact | MENTING, BARBARA | Full Time | Y |
| Address | 1700 Pleasure Island Rd Eagle River, Wi 54521-8927 | Phone # | 715-477-1101 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 04/28/2003 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1006528 | Months | Sep-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000564934 | Hours | 07:30 AM-04:00 PM | Star Level | 5 Stars |
| | | Location Number | 015 | | |
| Facility Name | LITTLE ACORNS LODGE LEARNING ACADE | Contact | KOZIATEK, HEATHER K | Full Time | Y |
| Address | 564 State Highway 155 Saint Germain, Wi 54558-9754 | Phone # | 715-542-2273 | LICENSED Capacity | 39 |
| Category | LICENSED GROUP | LICENSED Date | 09/05/2017 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2003619 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000589270 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | LITTLE DREAMS DAYCARE | Contact | DOMINI, KIM | Full Time | Y |
| Address | 418 Little Pines Rd Lac Du Flambeau, Wi 54538-9124 | Phone # | 715-588-4223 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 10/01/2018 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Facility ID | 2004161 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000562007 | Hours | 06:45 AM-05:15 PM | Star Level | 3 Stars |
| | | Location Number | 003 | | |

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| Facility Name | NORTHWOODS CDC SACC-BEYOND THE B | Contact | MASON, THERESA S | Full Time | Y |
| Address | 1700 Pleasure Island Rd Eagle River, Wi 54521-8927 | Phone # | 715-891-8075 | LICENSED Capacity | 27 |
| Category | LICENSED GROUP | LICENSED Date | 08/28/2017 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2003562 | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000588770 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 002 | | |
| Facility Name | NORTHWOODS CHILD DEVELOPMENT CEN | Contact | MASON, THERESA S | Full Time | Y |
| Address | 1165 Us Highway 45 Eagle River, Wi 54521-9378 | Phone # | 715-479-7529 | LICENSED Capacity | 57 |
| Category | LICENSED GROUP | LICENSED Date | 01/29/2016 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2002733 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000588770 | Hours | 06:30 AM-06:00 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |
| Facility Name | TERRIS TREEHOUSE LLC | Contact | CAYWOOD, TERRI | Full Time | Y |
| Address | 136 Swenson Rd Woodruff, Wi 54568-9275 | Phone # | 715-356-4686 | LICENSED Capacity | 76 |
| Category | LICENSED GROUP | LICENSED Date | 12/02/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1011376 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000581956 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| | | Location Number | 001 | | |

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| Facility Name | PHELPS DAY CARE | Contact | BARNEKOW, SARA | Full Time | Y |
| Address | 4451 Old School Rd Phelps, Wi 54554-9237 | Phone # | 715-545-2724 | LICENSED Capacity | 12 |
| Category | PUBLIC SCHOOL PROGRAM | LICENSED Date | 12/23/2016 | From Age | 0 Year(s), 6 Month(s), 0 Week(s) |
| Facility ID | 2101241 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000588617 | Hours | 06:30 AM-05:45 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |