

*Wisconsin Child Care Regulatory System*

**County LICENSED Child Care Directory as of 2/1/23**

|                        |  |                        |                   |                          |                                    |
|------------------------|--|------------------------|-------------------|--------------------------|------------------------------------|
| <b>Facility Name</b>   | GUNTERS LITTLE ONES DAYCARE              | <b>Contact</b>         | GUNTHER, THERESE  | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | N5510 16th Ave<br>Mauston, Wi 53948-9578 | <b>Phone #</b>         | 608-847-6744      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                          | <b>LICENSED Date</b>   | 08/15/2011        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| <b>Facility ID</b>     | 1014622                                  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 5000586845                               | <b>Hours</b>           | 07:00 AM-05:30 PM | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | LI'L RASCALS WORLD CHILDREN CENTER       | <b>Contact</b>         | BABCOCK, COLETTE  | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 201 Oak St<br>Mauston, Wi 53948-1333     | <b>Phone #</b>         | 608-381-7973      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                          | <b>LICENSED Date</b>   | 05/21/2018        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2003983                                  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 2000556242                               | <b>Hours</b>           | 06:30 AM-06:00 PM | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 002               |                          |                                    |
| <b>Facility Name</b>   | SUMMERTIME DAYCARE                       | <b>Contact</b>         | SEEBECKER, SUMMER | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | N3448 Duffy Rd<br>Mauston, Wi 53948-9745 | <b>Phone #</b>         | 608-847-5351      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                          | <b>LICENSED Date</b>   | 01/30/2018        | <b>From Age</b>          | 0 Year(s), 3 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2003401                                  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 11 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 4000589404                               | <b>Hours</b>           | 07:15 AM-05:00 PM | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |

*Wisconsin Child Care Regulatory System*

**County LICENSED Child Care Directory as of 2/1/23**

|                        |  |                        |                      |                          |                                    |
|------------------------|--|------------------------|----------------------|--------------------------|------------------------------------|
| <b>Facility Name</b>   | BRIGHT BEGINNINGS CHILDCARE                          | <b>Contact</b>         | SHIREK, KATIE        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | N4691 Us Highway 12 And 16<br>Mauston, Wi 53948-9365 | <b>Phone #</b>         | 608-747-2611         | <b>LICENSED Capacity</b> | 50                                 |
| <b>Category</b>        | LICENSED GROUP                                       | <b>LICENSED Date</b>   | 03/26/2021           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2005447  | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 9000590399   | <b>Hours</b>           | 07:00 AM-05:00 PM    | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001                  |                          |                                    |
| <b>Facility Name</b>   | CHILDREN'S COTTAGE                                   | <b>Contact</b>         | BENISH, KARI         | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | W10460 County Road Pp<br>Elroy, Wi 53929-9722        | <b>Phone #</b>         | 608-462-8356         | <b>LICENSED Capacity</b> | 36                                 |
| <b>Category</b>        | LICENSED GROUP                                       | <b>LICENSED Date</b>   | 03/10/2009           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1014062  | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000556350   | <b>Hours</b>           | 05:30 AM-05:30 PM    | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 002                  |                          |                                    |
| <b>Facility Name</b>   | LEAP OF FAITH  | <b>Contact</b>         | SCHOENHERR, TAYLOR M | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 208 Allen Rd<br>New Lisbon, Wi 53950                 | <b>Phone #</b>         | 608-562-6563         | <b>LICENSED Capacity</b> | 70                                 |
| <b>Category</b>        | LICENSED GROUP                                       | <b>LICENSED Date</b>   | 08/24/2004           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| <b>Facility ID</b>     | 1008198  | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 0 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 2000577682   | <b>Hours</b>           | 06:30 AM-05:00 PM    | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001                  |                          |                                    |
| <b>Facility Name</b>   | MAUSTON HEAD START CENTER                            | <b>Contact</b>         | HOPPE, SUZANNE       | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 201 Oak St<br>Mauston, Wi 53948-1333                 | <b>Phone #</b>         | 608-742-5329         | <b>LICENSED Capacity</b> | 17                                 |
| <b>Category</b>        | LICENSED GROUP                                       | <b>LICENSED Date</b>   | 09/04/2007           | <b>From Age</b>          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1012154  | <b>Months</b>          | Sep-May              | <b>To Age</b>            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 8000577858   | <b>Hours</b>           | 07:00 AM-06:00 PM    | <b>Star Level</b>        | 5 Stars                            |
|                        |  | <b>Location Number</b> | 017                  |                          |                                    |
| <b>Facility Name</b>   | MAUSTON II HEAD START CENTER                         | <b>Contact</b>         | HAGEN, CHRISTINA     | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 512 Grayside Ave<br>Mauston, Wi 53948-1921           | <b>Phone #</b>         | 608-847-1828         | <b>LICENSED Capacity</b> | 20                                 |
| <b>Category</b>        | LICENSED GROUP                                       | <b>LICENSED Date</b>   | 09/06/2016           | <b>From Age</b>          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2003108  | <b>Months</b>          | Sep-May              | <b>To Age</b>            | 7 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 8000577858   | <b>Hours</b>           | 07:00 AM-06:00 PM    | <b>Star Level</b>        | 5 Stars                            |
|                        |  | <b>Location Number</b> | 030                  |                          |                                    |

*Wisconsin Child Care Regulatory System*

**County LICENSED Child Care Directory as of 2/1/23**

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

*Wisconsin Child Care Regulatory System*

**County LICENSED Child Care Directory as of 2/1/23**

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