

*Wisconsin Child Care Regulatory System*

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

|                        |  |                        |                   |                          |                                    |
|------------------------|--|------------------------|-------------------|--------------------------|------------------------------------|
| <b>Facility Name</b>   | ABC FAMILY DAYCARE                             | <b>Contact</b>         | BOHO, CONSTANCE A | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 152082 Tulip Ln<br>Wausau, Wi 54401-6660       | <b>Phone #</b>         | 715-470-0413      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 08/07/2006        | <b>From Age</b>          | 0 Year(s), 1 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1010795  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 1000557111                                     | <b>Hours</b>           | 06:00 AM-06:00 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 002               |                          |                                    |
| <b>Facility Name</b>   | A-Z FAMILY DAY CARE YING VANG                  | <b>Contact</b>         | VANG, YING        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 4307 Augustine Ave<br>Schofield, Wi 54476-2722 | <b>Phone #</b>         | 715-203-2592      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 04/15/2004        | <b>From Age</b>          | 0 Year(s), 1 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1007739  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 1000562341                                     | <b>Hours</b>           | 06:30 AM-10:30 PM | <b>Star Level</b>        | 2 Star                             |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | BONNIES EAST SIDE TOT SPOT                     | <b>Contact</b>         | DANIELS, BONNIE   | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 209 N 14th St<br>Wausau, Wi 54403-5686         | <b>Phone #</b>         | 715-845-7432      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 11/13/2000        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1003429  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 11 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 5000564675                                     | <b>Hours</b>           | 06:00 AM-06:00 PM | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | BUBBLES DAYCARE                                | <b>Contact</b>         | LANG, AMBER V     | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 720 S 1st Ave<br>Wausau, Wi 54401-5350         | <b>Phone #</b>         | 715-571-3574      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 10/24/2022        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2006262  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 13 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000590160                                     | <b>Hours</b>           | 06:00 AM-06:00 PM | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | BUSY BEE CHILDCARE                             | <b>Contact</b>         | KAISER, MARIAH    | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 213057 Gust Rd<br>Stratford, Wi 54484-4247     | <b>Phone #</b>         | 715-219-0818      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 03/01/2021        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2005410  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 1000590371                                     | <b>Hours</b>           | 07:00 AM-05:00 PM | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |

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|                        |  |                        |                    |                          |                                    |
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| <b>Facility Name</b>   | COUNTRY CORNER CHILD CARE                            | <b>Contact</b>         | WINSLOW, BARBARA S | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 201072 Saint Joseph Ave<br>Marshfield, Wi 54449-5563 | <b>Phone #</b>         | 715-384-4920       | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 06/09/1994         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| <b>Facility ID</b>     | 630479   | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000557013   | <b>Hours</b>           | 06:00 AM-06:00 PM  | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | HAUER FAMILY DAYCARE                                 | <b>Contact</b>         | HAUER, JUNICE C    | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 215041 County Road Kk<br>Mosinee, Wi 54455-4322      | <b>Phone #</b>         | 715-693-6404       | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 09/03/2014         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2001961  | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 7000587347   | <b>Hours</b>           | 06:00 AM-06:00 PM  | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | ITTY BITTIES DAYCARE                                 | <b>Contact</b>         | SCHALOW, NANCY L   | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1119 Cedar St<br>Wausau, Wi 54401-4353               | <b>Phone #</b>         | 970-302-9232       | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 12/11/2018         | <b>From Age</b>          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2004244  | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 13 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 7000589657   | <b>Hours</b>           | 06:00 AM-05:30 PM  | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | JACK AND JILLS                                       | <b>Contact</b>         | SEEFELDT, LISA M   | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 214 Jones Dr<br>Rothschild, Wi 54474-1031            | <b>Phone #</b>         | 715-359-6771       | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 10/24/2019         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1005866  | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 8000572498   | <b>Hours</b>           | 06:30 AM-05:30 PM  | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | JULIES FAMILY DAY CARE                               | <b>Contact</b>         | BORNEMAN, JULIE    | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 152180 Lily Ln<br>Wausau, Wi 54401-5430              | <b>Phone #</b>         | 715-581-4400       | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 06/30/1997         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 630235   | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 6000578306   | <b>Hours</b>           | 06:00 AM-06:00 PM  | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |

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| <b>Facility Name</b>   | KATHYS GIGGLES-N-WIGGLES CCC                 | <b>Contact</b>         | ENGBRETSON, KATHERIN | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 213217 Legion St<br>Stratford, Wi 54484-5031 | <b>Phone #</b>         | 715-687-3344         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                              | <b>LICENSED Date</b>   | 10/21/2004           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1008164                                      | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 8000578208                                   | <b>Hours</b>           | 05:30 AM-05:30 PM    | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001                  |                          |                                    |
| <b>Facility Name</b>   | KAYS KIDS                                    | <b>Contact</b>         | KOSHALEK, KAY        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 146218 Dalton Dr<br>Mosinee, Wi 54455-4343   | <b>Phone #</b>         | 715-693-3626         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                              | <b>LICENSED Date</b>   | 12/05/2005           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1009905                                      | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 1000580541                                   | <b>Hours</b>           | 06:00 AM-06:00 PM    | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001                  |                          |                                    |
| <b>Facility Name</b>   | KIDS KOUNTRY DAY CARE                        | <b>Contact</b>         | BLIESE, PEGGY        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 158347 Evergreen Rd<br>Wausau, Wi 54403-6149 | <b>Phone #</b>         | 715-675-0402         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                              | <b>LICENSED Date</b>   | 03/04/2004           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1007241                                      | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 2000556772                                   | <b>Hours</b>           | 06:00 AM-06:00 PM    | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 002                  |                          |                                    |
| <b>Facility Name</b>   | LITTLE RASCALS CHILD CARE                    | <b>Contact</b>         | HOFFMAN, TEONNA      | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 120821 Indy Ln<br>Stratford, Wi 54484-5443   | <b>Phone #</b>         | 715-687-4891         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                              | <b>LICENSED Date</b>   | 08/12/2003           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1006868                                      | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 6000559026                                   | <b>Hours</b>           | 06:00 AM-06:00 PM    | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 002                  |                          |                                    |
| <b>Facility Name</b>   | LITTLE SPROUTS CHILDCARE                     | <b>Contact</b>         | CARDEN, TAMARA D     | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 207 Wilson Ave<br>Rothschild, Wi 54474-1129  | <b>Phone #</b>         | 715-470-0874         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                              | <b>LICENSED Date</b>   | 05/08/2017           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2002903                                      | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 8 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 7000589147                                   | <b>Hours</b>           | 06:15 AM-05:45 PM    | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 001                  |                          |                                    |

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|------------------------|---|------------------------|----------------------|--------------------------|------------------------------------|
| <b>Facility Name</b>   | LYNN'S COUNTRY DAYCARE                          | <b>Contact</b>         | STANISLAWSKI, LYNN M | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 174430 Mission Lake Rd<br>Hatley, Wi 54440-5159 | <b>Phone #</b>         | 715-454-6979         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                 | <b>LICENSED Date</b>   | 11/17/2011           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| <b>Facility ID</b>     | 2000131   | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000586990                                      | <b>Hours</b>           | 06:00 AM-06:00 PM    | <b>Star Level</b>        | Not Rated                          |
|                        |   | <b>Location Number</b> | 001                  |                          |                                    |
| <b>Facility Name</b>   | P AND K KIDS                                    | <b>Contact</b>         | HAEFNER, KRYSTAL M   | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 629 Werle Ave<br>Wausau, Wi 54401-5324          | <b>Phone #</b>         | 715-846-7818         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                 | <b>LICENSED Date</b>   | 12/19/2011           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2000316   | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000582950                                      | <b>Hours</b>           | 06:30 AM-05:30 PM    | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 002                  |                          |                                    |
| <b>Facility Name</b>   | PEGGY'S RAINBOW DAY CARE                        | <b>Contact</b>         | GAJEWSKI, PEGGY L    | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1726 W Garfield Ave<br>Wausau, Wi 54401-5276    | <b>Phone #</b>         | 715-848-3882         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                 | <b>LICENSED Date</b>   | 09/01/2009           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1014601   | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 1000556811                                      | <b>Hours</b>           | 06:45 AM-05:30 PM    | <b>Star Level</b>        | Not Rated                          |
|                        |   | <b>Location Number</b> | 002                  |                          |                                    |
| <b>Facility Name</b>   | RHONDA'S LITTLE RAINBOWS                        | <b>Contact</b>         | PIOTROWSKI, RHONDA   | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 578 Ring Rd<br>Mosinee, Wi 54455-1802           | <b>Phone #</b>         | 715-574-1662         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                 | <b>LICENSED Date</b>   | 06/27/2022           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 630694  | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 5000566835                                      | <b>Hours</b>           | 07:00 AM-04:30 PM    | <b>Star Level</b>        | Not Rated                          |
|                        |   | <b>Location Number</b> | 001                  |                          |                                    |
| <b>Facility Name</b>   | SAFE HAVEN CHILDCARE CENTER                     | <b>Contact</b>         | BJORKLUND, KIM       | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 732 Birch St<br>Rothschild, Wi 54474-1922       | <b>Phone #</b>         | 715-218-7887         | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                 | <b>LICENSED Date</b>   | 10/23/2002           | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1005427   | <b>Months</b>          | Jan-Dec              | <b>To Age</b>            | 11 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 4000578594                                      | <b>Hours</b>           | 06:30 AM-06:30 PM    | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001                  |                          |                                    |

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| <b>Facility Name</b>   | SECOND HOME DAY CARE                                 | <b>Contact</b>         | THIEME, MICHELLE  | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 400 S Chestnut St<br>Spencer, Wi 54479-9755          | <b>Phone #</b>         | 715-659-4708      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 03/24/1992        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 630344   | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 1000578411   | <b>Hours</b>           | 06:30 AM-06:30 PM | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | SHANNON'S DAYCARE                                    | <b>Contact</b>         | LEMMA, SHANNON M  | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 155131 South Rd<br>Mosinee, Wi 54455-7577            | <b>Phone #</b>         | 715-571-4409      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 06/13/2017        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 3 Week(s)   |
| <b>Facility ID</b>     | 2003375  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 5000581015   | <b>Hours</b>           | 05:00 AM-06:00 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | TERESAS FAMILY DAY CARE                              | <b>Contact</b>         | BORNBACH, TERESA  | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 119200 Cardinal Crest Ln<br>Stratford, Wi 54484-5438 | <b>Phone #</b>         | 715-897-5235      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 11/05/2019        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| <b>Facility ID</b>     | 1006624  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 8000578558   | <b>Hours</b>           | 06:00 AM-05:30 PM | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | THE ADVENTURE CLUB CHILD CARE                        | <b>Contact</b>         | PAGEL, PATRICIA C | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 306 E Randolph St<br>Wausau, Wi 54401-2565           | <b>Phone #</b>         | 715-675-2898      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 10/06/2015        | <b>From Age</b>          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2002463  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 10 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 4000588674   | <b>Hours</b>           | 05:30 AM-05:30 PM | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | THE TOY CHEST FAMILY CHILD CARE                      | <b>Contact</b>         | MORRIS, CHRISTINE | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 681 Oak Rd<br>Kronenwetter, Wi 54455-8044            | <b>Phone #</b>         | 715-551-4773      | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                      | <b>LICENSED Date</b>   | 01/17/2001        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1003306  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 11 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000556863   | <b>Hours</b>           | 05:30 AM-05:30 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |

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|------------------------|--|------------------------|---------------------|--------------------------|------------------------------------|
| <b>Facility Name</b>   | TINA'S DAYCARE                                 | <b>Contact</b>         | RAUEN, TINA M       | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1002 Walnut St<br>Marathon, Wi 54448-9395      | <b>Phone #</b>         | 715-443-6272        | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 06/11/2004          | <b>From Age</b>          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| <b>Facility ID</b>     | 1007720  | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 11 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 7000570287                                     | <b>Hours</b>           | 05:30 AM-09:30 PM   | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001                 |                          |                                    |
| <b>Facility Name</b>   | TINY TOES TODDLER CARE                         | <b>Contact</b>         | WILDE, TANYA M      | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1005 Single Ave<br>Wausau, Wi 54403-6548       | <b>Phone #</b>         | 715-551-7315        | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 10/03/2016          | <b>From Age</b>          | 0 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2003044  | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 4000588984                                     | <b>Hours</b>           | 04:30 AM-04:45 PM   | <b>Star Level</b>        | 4 Stars                            |
|                        |  | <b>Location Number</b> | 001                 |                          |                                    |
| <b>Facility Name</b>   | TINY TOTS DAY CARE                             | <b>Contact</b>         | TINKEY, MARY L      | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 605 18th<br>Mosinee, Wi 54455-1038             | <b>Phone #</b>         | 715-693-6405        | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 07/05/2005          | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1009306  | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 11 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 6000579766                                     | <b>Hours</b>           | 05:30 AM-05:30 PM   | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001                 |                          |                                    |
| <b>Facility Name</b>   | TONG'S FAMILY HOME DAY CARE                    | <b>Contact</b>         | VANG, TONG Y        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 5107 Sternberg Ave<br>Weston, Wi 54476-2932    | <b>Phone #</b>         | 715-298-2576        | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 08/31/2018          | <b>From Age</b>          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| <b>Facility ID</b>     | 2004097  | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 5000571675                                     | <b>Hours</b>           | 08:00 AM-11:00 PM   | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 002                 |                          |                                    |
| <b>Facility Name</b>   | TRAPPE RIVER CHILD CARE                        | <b>Contact</b>         | WALTERS, JENNIFER J | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 160041 River Hills Rd<br>Wausau, Wi 54403-8845 | <b>Phone #</b>         | 715-675-1891        | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                | <b>LICENSED Date</b>   | 11/02/2020          | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2005240  | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 6000590256                                     | <b>Hours</b>           | 06:30 AM-07:00 PM   | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 001                 |                          |                                    |

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| <b>Facility Name</b>   | URBAN SPROUTS                                     | <b>Contact</b>         | SWOPE, ANNASTACIA H | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1843 Plantation Ln<br>Kronenwetter, Wi 54455-8842 | <b>Phone #</b>         | 715-297-6604        | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                   | <b>LICENSED Date</b>   | 01/12/2016          | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2002157   | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 5000588025  | <b>Hours</b>           | 06:30 AM-05:30 PM   | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001                 |                          |                                    |
| <b>Facility Name</b>   | WAMENGS DAY CARE                                  | <b>Contact</b>         | HER, CHIA Y         | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 415 E Campus Dr<br>Wausau, Wi 54401-1977          | <b>Phone #</b>         | 715-574-9529        | <b>LICENSED Capacity</b> | 8                                  |
| <b>Category</b>        | LICENSED FAMILY                                   | <b>LICENSED Date</b>   | 07/27/2010          | <b>From Age</b>          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| <b>Facility ID</b>     | 1015375   | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 13 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000585013  | <b>Hours</b>           | 05:30 AM-11:59 PM   | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001                 |                          |                                    |

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| <b>Facility Name</b>   | ABC CHILD CARE LLC                               | <b>Contact</b>         | CONSOLVER-BARTELT, LY | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 703 Flieth St<br>Wausau, Wi 54401-6041           | <b>Phone #</b>         | 715-581-8363          | <b>LICENSED Capacity</b> | 56                                 |
| <b>Category</b>        | LICENSED GROUP                                   | <b>LICENSED Date</b>   | 08/12/2020            | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2005153  | <b>Months</b>          | Jan-Dec               | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000590113                                       | <b>Hours</b>           | 04:45 AM-05:00 PM     | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001                   |                          |                                    |
| <b>Facility Name</b>   | ACHIEVE CENTER TREATMENT FOCUSED C               | <b>Contact</b>         | KLOS, HEATHER         | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 520 N 28th Ave<br>Wausau, Wi 54401-4101          | <b>Phone #</b>         | 715-845-4900          | <b>LICENSED Capacity</b> | 30                                 |
| <b>Category</b>        | LICENSED GROUP                                   | <b>LICENSED Date</b>   | 10/19/2022            | <b>From Age</b>          | 1 Year(s), 8 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2006273  | <b>Months</b>          | Jan-Dec               | <b>To Age</b>            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 8000591108                                       | <b>Hours</b>           | 07:30 AM-05:30 PM     | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001                   |                          |                                    |
| <b>Facility Name</b>   | ASPIRUS YMCA CHILD DEVELOPMENT CTR               | <b>Contact</b>         | PELOT, KELLY          | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 3402 Howland Ave<br>Weston, Wi 54476-5633        | <b>Phone #</b>         | 715-841-1850          | <b>LICENSED Capacity</b> | 230                                |
| <b>Category</b>        | LICENSED GROUP                                   | <b>LICENSED Date</b>   | 05/16/2005            | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1009178  | <b>Months</b>          | Jan-Dec               | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000557803                                       | <b>Hours</b>           | 06:00 AM-06:00 PM     | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 004                   |                          |                                    |
| <b>Facility Name</b>   | BARRINGTON HEAD START CENTER                     | <b>Contact</b>         | VELASQUEZ, ANDREA     | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 616 Grant St<br>Wausau, Wi 54403-4740            | <b>Phone #</b>         | 715-845-2947          | <b>LICENSED Capacity</b> | 125                                |
| <b>Category</b>        | LICENSED GROUP                                   | <b>LICENSED Date</b>   | 08/27/2001            | <b>From Age</b>          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1004579  | <b>Months</b>          | Sep-Jul               | <b>To Age</b>            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 8000577928                                       | <b>Hours</b>           | 07:00 AM-05:00 PM     | <b>Star Level</b>        | 5 Stars                            |
|                        |  | <b>Location Number</b> | 002                   |                          |                                    |
| <b>Facility Name</b>   | BETHLEHEM COMM PRESCH AND CHILDCA                | <b>Contact</b>         | ZEHNER, NICHOLE       | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1750 County Road Xx<br>Rothschild, Wi 54474-9097 | <b>Phone #</b>         | 715-359-3366          | <b>LICENSED Capacity</b> | 76                                 |
| <b>Category</b>        | LICENSED GROUP                                   | <b>LICENSED Date</b>   | 08/06/2007            | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1012077  | <b>Months</b>          | Jan-Dec               | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 1000577751                                       | <b>Hours</b>           | 06:30 AM-05:30 PM     | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 002                   |                          |                                    |



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| <b>Facility Name</b>   | CAMP IN THE GARDENS - SPROUTS GARDE     | <b>Contact</b>         | SCHULER, ELISE    | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 1800 N 1st Ave<br>Wausau, Wi 54401-1922 | <b>Phone #</b>         | 715-907-1055      | <b>LICENSED Capacity</b> | 38                                 |
| <b>Category</b>        | LICENSED GROUP                          | <b>LICENSED Date</b>   | 06/10/2021        | <b>From Age</b>          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2005528                                 | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 8000590478                              | <b>Hours</b>           | 08:00 AM-12:00 PM | <b>Star Level</b>        | Not Rated                          |
|                        |   | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | EDGAR CHILD CARE CENTER                 | <b>Contact</b>         | RUPPERT, SHANNON  | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 620 N 4th Ave<br>Edgar, Wi 54426-9150   | <b>Phone #</b>         | 715-352-2000      | <b>LICENSED Capacity</b> | 22                                 |
| <b>Category</b>        | LICENSED GROUP                          | <b>LICENSED Date</b>   | 07/17/1989        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 620126                                  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 4 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 3000557023                              | <b>Hours</b>           | 06:00 AM-05:30 PM | <b>Star Level</b>        | 2 Stars                            |
|                        |   | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | KATHLEEN M CZECH HEAD START CENTER      | <b>Contact</b>         | LANG, BRITTNEY    | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 607 13th St<br>Mosinee, Wi 54455-1008   | <b>Phone #</b>         | 715-693-4003      | <b>LICENSED Capacity</b> | 18                                 |
| <b>Category</b>        | LICENSED GROUP                          | <b>LICENSED Date</b>   | 10/03/2002        | <b>From Age</b>          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1005851                                 | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 8000577928                              | <b>Hours</b>           | 07:15 AM-04:00 PM | <b>Star Level</b>        | 5 Stars                            |
|                        |   | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | KEY TO LIFE CHRISTIAN CHILDCARE         | <b>Contact</b>         | BEDUZE, TARAH     | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 3915 Sandy Ln<br>Weston, Wi 54476-1667  | <b>Phone #</b>         | 715-359-5451      | <b>LICENSED Capacity</b> | 90                                 |
| <b>Category</b>        | LICENSED GROUP                          | <b>LICENSED Date</b>   | 03/13/2007        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1011649                                 | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 13 Year(s), 1 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 6000582226                              | <b>Hours</b>           | 06:00 AM-06:00 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001               |                          |                                    |

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| <b>Facility Name</b>   | KIDSTOWN USA SCHOOL-AGE PROGRAM              | <b>Contact</b>         | SUROVIK, MONICA   | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 600 12th St<br>Mosinee, Wi 54455-1099        | <b>Phone #</b>         | 715-297-1691      | <b>LICENSED Capacity</b> | 75                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 08/24/2000        | <b>From Age</b>          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1003240                                      | <b>Months</b>          | Jul-Aug           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 9000557039                                   | <b>Hours</b>           | 06:30 AM-05:30 PM | <b>Star Level</b>        | 3 Stars                            |
| <b>Facility Name</b>   | KIDSTOWN USA SCHOOL-AGE PROGRAM              | <b>Contact</b>         | SUROVIK, MONICA   | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 600 12th St<br>Mosinee, Wi 54455-1099        | <b>Phone #</b>         | 715-297-1691      | <b>LICENSED Capacity</b> | 75                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 08/24/2000        | <b>From Age</b>          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1003240                                      | <b>Months</b>          | Sep-Jun           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 9000557039                                   | <b>Hours</b>           | 06:15 AM-06:00 PM | <b>Star Level</b>        | 3 Stars                            |
| <b>Facility Name</b>   | KIDS UNLIMITED EARLY LEARNING CTR            | <b>Contact</b>         | ELGERSMA, HEIDI   | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1707 E Wausau Ave<br>Wausau, Wi 54403-3137   | <b>Phone #</b>         | 715-847-1175      | <b>LICENSED Capacity</b> | 33                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 07/10/2000        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1005079                                      | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 8000569598                                   | <b>Hours</b>           | 06:00 AM-06:00 PM | <b>Star Level</b>        | 3 Stars                            |
| <b>Facility Name</b>   | KINDER CARE LEARNING CENTER                  | <b>Contact</b>         | MAUER, KAYLA      | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 5201 Alderson St<br>Schofield, Wi 54476-2312 | <b>Phone #</b>         | 715-359-4118      | <b>LICENSED Capacity</b> | 115                                |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 01/14/1985        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 5 Week(s)   |
| <b>Facility ID</b>     | 620098                                       | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000555710                                   | <b>Hours</b>           | 05:30 AM-06:00 PM | <b>Star Level</b>        | 5 Stars                            |
| <b>Facility Name</b>   | LITTLE LAMBS DAY CARE                        | <b>Contact</b>         | STOLZE, DONNA     | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1300 Townline Rd<br>Wausau, Wi 54403-6584    | <b>Phone #</b>         | 715-848-2040      | <b>LICENSED Capacity</b> | 20                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 03/11/1993        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 620258                                       | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 5000557085                                   | <b>Hours</b>           | 05:30 AM-06:00 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001               |                          |                                    |

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| <b>Facility Name</b>   | LITTLE LIONS CHILDCARE                    | <b>Contact</b>         | MANTEY, KRISTIN     | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 300 County Road Nn<br>Marathon, Wi 54448  | <b>Phone #</b>         | 715-443-5800        | <b>LICENSED Capacity</b> | 50                                 |
| <b>Category</b>        | LICENSED GROUP                            | <b>LICENSED Date</b>   | 02/07/2022          | <b>From Age</b>          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| <b>Facility ID</b>     | 2005940                                   | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 5000590795                                | <b>Hours</b>           | 06:00 AM-06:00 PM   | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001                 |                          |                                    |
| <b>Facility Name</b>   | LITTLE SCHOLARS PRESCHOOL                 | <b>Contact</b>         | GUSMAN, SARA        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 512 Mcclellan St<br>Wausau, Wi 54403-4844 | <b>Phone #</b>         | 715-845-8389        | <b>LICENSED Capacity</b> | 70                                 |
| <b>Category</b>        | LICENSED GROUP                            | <b>LICENSED Date</b>   | 08/23/2001          | <b>From Age</b>          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1004340                                   | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 9 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 6000557086                                | <b>Hours</b>           | 06:30 AM-06:00 PM   | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001                 |                          |                                    |
| <b>Facility Name</b>   | MONTESSORI SCHOOL OF WAUSAU               | <b>Contact</b>         | LOMBARDO, GWENDOLYN | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1921 Wegner St<br>Wausau, Wi 54401-5260   | <b>Phone #</b>         | 715-842-7917        | <b>LICENSED Capacity</b> | 60                                 |
| <b>Category</b>        | LICENSED GROUP                            | <b>LICENSED Date</b>   | 10/29/1970          | <b>From Age</b>          | 2 Year(s), 6 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 620058                                    | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 4000557104                                | <b>Hours</b>           | 07:00 AM-05:30 PM   | <b>Star Level</b>        | Not Rated                          |
|                        |   | <b>Location Number</b> | 001                 |                          |                                    |
| <b>Facility Name</b>   | MOSINEE PRESCHOOL                         | <b>Contact</b>         | OLUND, VICTORIA     | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 901 11th St<br>Mosinee, Wi 54455-1212     | <b>Phone #</b>         | 715-693-6965        | <b>LICENSED Capacity</b> | 40                                 |
| <b>Category</b>        | LICENSED GROUP                            | <b>LICENSED Date</b>   | 09/10/2001          | <b>From Age</b>          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1004604                                   | <b>Months</b>          | Aug-Jun             | <b>To Age</b>            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 2000577832                                | <b>Hours</b>           | 06:00 AM-06:00 PM   | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001                 |                          |                                    |
| <b>Facility Name</b>   | MOUNTAIN VIEW MONTESSORI                  | <b>Contact</b>         | BJERKE, LEAH        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1500 Merrill Ave<br>Wausau, Wi 54401-2590 | <b>Phone #</b>         | 715-298-3832        | <b>LICENSED Capacity</b> | 105                                |
| <b>Category</b>        | LICENSED GROUP                            | <b>LICENSED Date</b>   | 06/07/2011          | <b>From Age</b>          | 0 Year(s), 2 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1016142                                   | <b>Months</b>          | Jan-Dec             | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 4000586284                                | <b>Hours</b>           | 06:30 AM-05:30 PM   | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001                 |                          |                                    |

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| <b>Facility Name</b>   | MT OLIVE PRESCHOOL AND DAYCARE                      | <b>Contact</b>         | BLUME, KIM        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 6205 Alderson St<br>Weston, Wi 54476-3905           | <b>Phone #</b>         | 715-359-5546      | <b>LICENSED Capacity</b> | 50                                 |
| <b>Category</b>        | LICENSED GROUP                                      | <b>LICENSED Date</b>   | 09/07/1976        | <b>From Age</b>          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 620060  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 2000573912  | <b>Hours</b>           | 07:00 AM-05:00 PM | <b>Star Level</b>        | Not Rated                          |
|                        |   | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | NEWMAN CATHOLIC ECC - ST. MICHAEL                   | <b>Contact</b>         | WELCH, SARAH      | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 615 Stark St<br>Wausau, Wi 54403-3577               | <b>Phone #</b>         | 715-848-0206      | <b>LICENSED Capacity</b> | 70                                 |
| <b>Category</b>        | LICENSED GROUP                                      | <b>LICENSED Date</b>   | 01/18/2011        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1015446   | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000560503  | <b>Hours</b>           | 06:30 AM-05:30 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 004               |                          |                                    |
| <b>Facility Name</b>   | NEWMAN CATHOLIC ECC - ST THERESE                    | <b>Contact</b>         | FAUST, AMY        | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 112 Kort St<br>Schofield, Wi 54476-1244             | <b>Phone #</b>         | 715-355-5254      | <b>LICENSED Capacity</b> | 80                                 |
| <b>Category</b>        | LICENSED GROUP                                      | <b>LICENSED Date</b>   | 08/30/1993        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 620257  | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000560503  | <b>Hours</b>           | 06:30 AM-05:30 PM | <b>Star Level</b>        | 4 Stars                            |
|                        |   | <b>Location Number</b> | 001               |                          |                                    |
| <b>Facility Name</b>   | SCHOOL'S OUT CLUB                                   | <b>Contact</b>         | BJORK, KRISTEN    | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 203 E Maple St<br>Edgar, Wi 54426-9085              | <b>Phone #</b>         | 715-352-2000      | <b>LICENSED Capacity</b> | 32                                 |
| <b>Category</b>        | LICENSED GROUP                                      | <b>LICENSED Date</b>   | 06/05/2006        | <b>From Age</b>          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1010438   | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000557023  | <b>Hours</b>           | 06:00 AM-05:30 PM | <b>Star Level</b>        | 2 Stars                            |
|                        |   | <b>Location Number</b> | 003               |                          |                                    |
| <b>Facility Name</b>   | STEPPING STONES CHILD CARE CENTER                   | <b>Contact</b>         | BALZ, ANEESA      | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 213902 State Highway 97<br>Stratford, Wi 54484-4410 | <b>Phone #</b>         | 715-660-0785      | <b>LICENSED Capacity</b> | 37                                 |
| <b>Category</b>        | LICENSED GROUP                                      | <b>LICENSED Date</b>   | 08/16/2021        | <b>From Age</b>          | 0 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2005651   | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 8 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 3000590573  | <b>Hours</b>           | 06:00 AM-06:00 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 001               |                          |                                    |

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| <b>Facility Name</b>   | ST JOHN'S LUTHERAN CHRISTIAN CARE              | <b>Contact</b>         | BEILKE, PATRICIA   | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 134058 County Road L<br>Athens, Wi 54411-4008  | <b>Phone #</b>         | 715-539-8120       | <b>LICENSED Capacity</b> | 35                                 |
| <b>Category</b>        | LICENSED GROUP                                 | <b>LICENSED Date</b>   | 09/06/1995         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 620348   | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 8000569988                                     | <b>Hours</b>           | 05:15 AM-06:00 PM  | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | ST MARKS LUTHERAN PRESCHOOL                    | <b>Contact</b>         | CORNELIUS, DEBRA   | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 600 Stevens Dr<br>Wausau, Wi 54401-2977        | <b>Phone #</b>         | 715-848-5511       | <b>LICENSED Capacity</b> | 30                                 |
| <b>Category</b>        | LICENSED GROUP                                 | <b>LICENSED Date</b>   | 09/10/1973         | <b>From Age</b>          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 620149   | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 3000572963                                     | <b>Hours</b>           | 09:00 AM-11:45 AM  | <b>Star Level</b>        | Not Rated                          |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | STODDARD HEAD START CENTER                     | <b>Contact</b>         | WEBER, DEBORA      | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 6615 County Road J<br>Schofield, Wi 54476-4746 | <b>Phone #</b>         | 715-573-3698       | <b>LICENSED Capacity</b> | 37                                 |
| <b>Category</b>        | LICENSED GROUP                                 | <b>LICENSED Date</b>   | 09/01/2009         | <b>From Age</b>          | 2 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Facility ID</b>     | 1014653  | <b>Months</b>          | Aug-Jun            | <b>To Age</b>            | 7 Year(s), 11 Month(s), 0 Week(s)  |
| <b>Provider Number</b> | 8000577928                                     | <b>Hours</b>           | 07:00 AM-05:00 PM  | <b>Star Level</b>        | 5 Stars                            |
|                        |  | <b>Location Number</b> | 007                |                          |                                    |
| <b>Facility Name</b>   | STORY BOOK KIDS                                | <b>Contact</b>         | HOLTZ, MELISSA     | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 658 Maple Ridge Rd<br>Mosinee, Wi 54455-9272   | <b>Phone #</b>         | 715-693-5580       | <b>LICENSED Capacity</b> | 94                                 |
| <b>Category</b>        | LICENSED GROUP                                 | <b>LICENSED Date</b>   | 08/18/2008         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| <b>Facility ID</b>     | 1013512  | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 13 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 8000583968                                     | <b>Hours</b>           | 05:30 AM-05:30 PM  | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | STRATFORD PRYME TIME SCH-AGE CARE              | <b>Contact</b>         | BLASKOWSKI, AMANDA | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 213501 Legacy St<br>Stratford, Wi 54484-5908   | <b>Phone #</b>         | 715-387-4900       | <b>LICENSED Capacity</b> | 15                                 |
| <b>Category</b>        | LICENSED GROUP                                 | <b>LICENSED Date</b>   | 09/04/2007         | <b>From Age</b>          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1012055  | <b>Months</b>          | Sep-Jun            | <b>To Age</b>            | 11 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 4000557914                                     | <b>Hours</b>           | 12:00 PM-06:00 PM  | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 012                |                          |                                    |

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| <b>Facility Name</b>   | THE TRAIN STATION                                  | <b>Contact</b>         | SCHNEIDER, LEAH    | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 152111 Tulip Ln<br>Wausau, Wi 54401-5509           | <b>Phone #</b>         | 715-348-2497       | <b>LICENSED Capacity</b> | 50                                 |
| <b>Category</b>        | LICENSED GROUP                                     | <b>LICENSED Date</b>   | 04/01/2020         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 2005052  | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 13 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 4000590044   | <b>Hours</b>           | 06:00 AM-05:30 PM  | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | WAUSAU CHILD CARE - CEDAR CREEK CTR                | <b>Contact</b>         | YAKLOVICH, MIKAELA | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 1841 County Road Xx<br>Kronenwetter, Wi 54455-7933 | <b>Phone #</b>         | 715-359-5437       | <b>LICENSED Capacity</b> | 76                                 |
| <b>Category</b>        | LICENSED GROUP                                     | <b>LICENSED Date</b>   | 03/28/2011         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 1015894  | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000557000   | <b>Hours</b>           | 06:00 AM-06:00 PM  | <b>Star Level</b>        | 5 Stars                            |
|                        |  | <b>Location Number</b> | 027                |                          |                                    |
| <b>Facility Name</b>   | WAUSAU CHILD CARE-FRANKLIN ST CTR                  | <b>Contact</b>         | FENHAUS, TAYLOR    | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 721 Franklin St<br>Wausau, Wi 54403-4978           | <b>Phone #</b>         | 715-848-7221       | <b>LICENSED Capacity</b> | 92                                 |
| <b>Category</b>        | LICENSED GROUP                                     | <b>LICENSED Date</b>   | 05/01/1975         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 620078   | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000557000   | <b>Hours</b>           | 06:00 AM-06:00 PM  | <b>Star Level</b>        | 5 Stars                            |
|                        |  | <b>Location Number</b> | 004                |                          |                                    |
| <b>Facility Name</b>   | WAUSAU CHILD CARE WEST SIDE CTR                    | <b>Contact</b>         | HERR, MAI          | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 505 N 28th Ave<br>Wausau, Wi 54401-4104            | <b>Phone #</b>         | 715-848-1437       | <b>LICENSED Capacity</b> | 132                                |
| <b>Category</b>        | LICENSED GROUP                                     | <b>LICENSED Date</b>   | 07/06/1981         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 620079   | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000557000   | <b>Hours</b>           | 06:00 AM-06:00 PM  | <b>Star Level</b>        | 5 Stars                            |
|                        |  | <b>Location Number</b> | 001                |                          |                                    |
| <b>Facility Name</b>   | WCC-MAINE BEFORE-AFTER SCHOOL                      | <b>Contact</b>         | FENHAUS, TAYLOR    | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 5901 N 44th Ave<br>Wausau, Wi 54401-9717           | <b>Phone #</b>         | 715-848-7221       | <b>LICENSED Capacity</b> | 24                                 |
| <b>Category</b>        | LICENSED GROUP                                     | <b>LICENSED Date</b>   | 09/17/2000         | <b>From Age</b>          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 620311   | <b>Months</b>          | Sep-Jun            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000557000   | <b>Hours</b>           | 06:30 AM-08:15 AM  | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 011                |                          |                                    |

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| <b>Facility Name</b>   | WCC-RIB MT BEFORE-AFTER SCHOOL               | <b>Contact</b>         | FENHAUS, TAYLOR   | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 2701 Robin Ln<br>Wausau, Wi 54401-7110       | <b>Phone #</b>         | 715-848-7221      | <b>LICENSED Capacity</b> | 19                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 08/10/1988        | <b>From Age</b>          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 620160                                       | <b>Months</b>          | Sep-Jun           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000557000                                   | <b>Hours</b>           | 06:30 AM-08:20 AM | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 012               |                          |                                    |
| <b>Facility Name</b>   | WCC-RIVERVIEW BEFORE-AFTER SCHOOL            | <b>Contact</b>         | FENHAUS, TAYLOR   | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 4303 Troy St<br>Wausau, Wi 54403-2264        | <b>Phone #</b>         | 715-848-7221      | <b>LICENSED Capacity</b> | 26                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 09/17/2000        | <b>From Age</b>          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 620165                                       | <b>Months</b>          | Sep-Jun           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000557000                                   | <b>Hours</b>           | 06:30 AM-08:15 AM | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 013               |                          |                                    |
| <b>Facility Name</b>   | WCC-SOUTH MTN BEFORE-AFTER SCHOOL            | <b>Contact</b>         | FENHAUS, TAYLOR   | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 5400 Bittersweet Rd<br>Wausau, Wi 54401-7588 | <b>Phone #</b>         | 715-848-7221      | <b>LICENSED Capacity</b> | 34                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 09/15/2000        | <b>From Age</b>          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 620434                                       | <b>Months</b>          | Sep-Jun           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000557000                                   | <b>Hours</b>           | 06:30 AM-08:35 AM | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 014               |                          |                                    |
| <b>Facility Name</b>   | WCC-STETTIN BEFORE-AFTER SCHOOL              | <b>Contact</b>         | FENHAUS, TAYLOR   | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 109 N 56th Ave<br>Wausau, Wi 54401-4815      | <b>Phone #</b>         | 715-848-7221      | <b>LICENSED Capacity</b> | 34                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 08/25/1997        | <b>From Age</b>          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 620433                                       | <b>Months</b>          | Sep-Jun           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 0000557000                                   | <b>Hours</b>           | 06:30 AM-08:15 AM | <b>Star Level</b>        | 2 Stars                            |
|                        |  | <b>Location Number</b> | 019               |                          |                                    |
| <b>Facility Name</b>   | WILDCAT EARLY LEARNING CENTER                | <b>Contact</b>         | RUPPERT, SHANNON  | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 218 E Maple St<br>Edgar, Wi 54426-9085       | <b>Phone #</b>         | 715-352-2336      | <b>LICENSED Capacity</b> | 34                                 |
| <b>Category</b>        | LICENSED GROUP                               | <b>LICENSED Date</b>   | 06/17/2013        | <b>From Age</b>          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2001270                                      | <b>Months</b>          | Jan-Dec           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000557023                                   | <b>Hours</b>           | 06:00 AM-05:30 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 004               |                          |                                    |

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

|                        |  |                        |                    |                          |                                    |
|------------------------|--|------------------------|--------------------|--------------------------|------------------------------------|
| <b>Facility Name</b>   | WOODSON YMCA CAMP STURTEVANT                   | <b>Contact</b>         | DANIELS, STEPHANIE | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 2701 Northwestern Ave<br>Wausau, Wi 54403-8948 | <b>Phone #</b>         | 715-849-2267       | <b>LICENSED Capacity</b> | 250                                |
| <b>Category</b>        | LICENSED GROUP                                 | <b>LICENSED Date</b>   | 06/04/2000         | <b>From Age</b>          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 1002713  | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000557803                                     | <b>Hours</b>           | 06:30 AM-06:00 PM  | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 002                |                          |                                    |
| <b>Facility Name</b>   | WOODSON YMCA CHILD DEVELOPMENT CT              | <b>Contact</b>         | BITTNER, AUDREY    | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 707 N 3rd St<br>Wausau, Wi 54403-4703          | <b>Phone #</b>         | 715-841-1825       | <b>LICENSED Capacity</b> | 200                                |
| <b>Category</b>        | LICENSED GROUP                                 | <b>LICENSED Date</b>   | 08/25/1995         | <b>From Age</b>          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| <b>Facility ID</b>     | 620338   | <b>Months</b>          | Jan-Dec            | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 3000557803                                     | <b>Hours</b>           | 06:00 AM-06:00 PM  | <b>Star Level</b>        | 3 Stars                            |
|                        |  | <b>Location Number</b> | 003                |                          |                                    |



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

|                        |   |                        |                   |                          |                                    |
|------------------------|---|------------------------|-------------------|--------------------------|------------------------------------|
| <b>Facility Name</b>   | DC EVEREST CONT EDUC - GREENHECK            | <b>Contact</b>         | JAKUBEK, JACQUE   | <b>Full Time</b>         | Y                                  |
| <b>Address</b>         | 6400 Alderson St<br>Weston, Wi 54476-3969   | <b>Phone #</b>         | 715-359-6563      | <b>LICENSED Capacity</b> | 200                                |
| <b>Category</b>        | PUBLIC SCHOOL PROGRAM                       | <b>LICENSED Date</b>   | 12/05/2016        | <b>From Age</b>          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2100497                                     | <b>Months</b>          | Jun-Aug           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 6000561056                                  | <b>Hours</b>           | 06:30 AM-06:00 PM | <b>Star Level</b>        | 3 Stars                            |
|                        |   | <b>Location Number</b> | 006               |                          |                                    |
| <b>Facility Name</b>   | DC EVEREST CONT EDUC - MOUNTAIN BAY         | <b>Contact</b>         | JAKUBEK, JACQUE   | <b>Full Time</b>         | -                                  |
| <b>Address</b>         | 8602 Schofield Ave<br>Weston, Wi 54476-4655 | <b>Phone #</b>         | 715-359-6563      | <b>LICENSED Capacity</b> | 200                                |
| <b>Category</b>        | PUBLIC SCHOOL PROGRAM                       | <b>LICENSED Date</b>   | 10/24/2022        | <b>From Age</b>          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| <b>Facility ID</b>     | 2100501                                     | <b>Months</b>          | Jun-Aug           | <b>To Age</b>            | 12 Year(s), 11 Month(s), 0 Week(s) |
| <b>Provider Number</b> | 6000561056                                  | <b>Hours</b>           | 06:30 AM-06:00 PM | <b>Star Level</b>        | Not Rated                          |
|                        |   | <b>Location Number</b> | 002               |                          |                                    |