

# Wisconsin Child Care Regulatory System

## County LICENSED Child Care Directory as of 2/20/26

|                 |  |                 |                       |                   |                                    |
|-----------------|--|-----------------|-----------------------|-------------------|------------------------------------|
| Facility Name   | BRENDA'S KIDDIE KARE                     | Contact         | DEXTER, BRENDA        | Full Time         | Y                                  |
| Address         | 2766 State Road 35<br>Luck, Wi 54853     | Phone #         | 715-554-0381          | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                          | LICENSED Date   | 02/22/1998            | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 530574                                   | Months          | Jan-Dec               | To Age            | 9 Year(s), 11 Month(s), 0 Week(s)  |
| Provider Number | 7000562117                               | Hours           | 05:15 AM-05:15 PM     | Star Level        | 2 Stars                            |
|                 |  | Location Number | 001                   |                   |                                    |
| Facility Name   | GRACE FOR KIDS                           | Contact         | HASSELQUIST, NANCY    | Full Time         | -                                  |
| Address         | 2098 70th Ave<br>Osceola, Wi 54020       | Phone #         | 715-755-3424          | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                          | LICENSED Date   | 09/06/2002            | From Age          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| Facility ID     | 1005760                                  | Months          | Sep-Jun               | To Age            | 6 Year(s), 0 Month(s), 0 Week(s)   |
| Provider Number | 5000577785                               | Hours           | 08:00 AM-12:30 PM     | Star Level        | Not Rated                          |
|                 |  | Location Number | 001                   |                   |                                    |
| Facility Name   | KATIE'S COOP CHILDCARE                   | Contact         | ALDRICH, KATIE D      | Full Time         | Y                                  |
| Address         | 2461 Cherry Drive<br>Osceola, Wi 54020   | Phone #         | 612-321-6926          | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                          | LICENSED Date   | 09/04/2024            | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 2007077                                  | Months          | Jan-Dec               | To Age            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| Provider Number | 7000591847                               | Hours           | 06:30 AM-05:00 PM     | Star Level        | Not Rated                          |
|                 |  | Location Number | 001                   |                   |                                    |
| Facility Name   | KIDS QUEST                               | Contact         | MAREK-TILTON, TIFFINY | Full Time         | Y                                  |
| Address         | 1621 Melrose Ln<br>Balsam Lake, Wi 54810 | Phone #         | 715-553-0740          | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                          | LICENSED Date   | 05/05/2006            | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 1010537                                  | Months          | Jan-Dec               | To Age            | 10 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000564967                               | Hours           | 06:00 AM-05:30 PM     | Star Level        | 2 Stars                            |
|                 |  | Location Number | 002                   |                   |                                    |
| Facility Name   | LIL' RASCALS PLAYHOUSE                   | Contact         | TAIT, MICHELLE        | Full Time         | Y                                  |
| Address         | 302 Bering St<br>Milltown, Wi 54858-9069 | Phone #         | 715-825-6678          | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                          | LICENSED Date   | 09/15/2013            | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 1009996                                  | Months          | Jan-Dec               | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000557295                               | Hours           | 05:00 AM-05:00 PM     | Star Level        | 2 Stars                            |
|                 |  | Location Number | 003                   |                   |                                    |

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| Facility Name   | LITTLE TREES CHILDCARE                    | Contact         | KUEHNDORF, MICHELLE | Full Time         | Y                                  |
| Address         | 315 30th Ave<br>Clear Lake, Wi 54005-3609 | Phone #         | 715-222-0397        | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                           | LICENSED Date   | 12/09/2024          | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 2006836                                   | Months          | Jan-Dec             | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000591638                                | Hours           | 06:00 AM-04:30 PM   | Star Level        | 2 Stars                            |
|                 |   | Location Number | 001                 |                   |                                    |
| Facility Name   | MARIANN'S LITTLE LAMBS                    | Contact         | SOBCZAK, MARIANN    | Full Time         | Y                                  |
| Address         | 436 S Keller Ave<br>Amery, Wi 54001       | Phone #         | 715-268-4946        | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                           | LICENSED Date   | 05/30/1997          | From Age          | 0 Year(s), 0 Month(s), 1 Week(s)   |
| Facility ID     | 530778                                    | Months          | Jan-Dec             | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000557818                                | Hours           | 06:00 AM-06:00 PM   | Star Level        | Not Rated                          |
|                 |   | Location Number | 001                 |                   |                                    |
| Facility Name   | SHERRY'S DAY CARE                         | Contact         | ANDERSEN, SHERRY    | Full Time         | Y                                  |
| Address         | 569 155th St<br>Amery, Wi 54001           | Phone #         | 715-268-4835        | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                           | LICENSED Date   | 05/30/1997          | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 1005342                                   | Months          | Jan-Dec             | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000557820                                | Hours           | 06:00 AM-05:00 PM   | Star Level        | 2 Stars                            |
|                 |   | Location Number | 001                 |                   |                                    |
| Facility Name   | TAMMY'S FAMILY DAY CARE                   | Contact         | ANDERSON, TAMMY     | Full Time         | Y                                  |
| Address         | 1474 270th Ave<br>Luck, Wi 54853          | Phone #         | 715-472-2868        | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                           | LICENSED Date   | 09/13/1993          | From Age          | 0 Year(s), 0 Month(s), 12 Week(s)  |
| Facility ID     | 530654                                    | Months          | Jan-Dec             | To Age            | 9 Year(s), 11 Month(s), 0 Week(s)  |
| Provider Number | 6000562116                                | Hours           | 05:15 AM-05:15 PM   | Star Level        | 2 Stars                            |
|                 |   | Location Number | 001                 |                   |                                    |
| Facility Name   | TINY TOTS IN HOME DAYCARE                 | Contact         | SENN, TAYLOR N      | Full Time         | Y                                  |
| Address         | 1123 150th St<br>Amery, Wi 54001-4842     | Phone #         | 608-799-1947        | LICENSED Capacity | 7                                  |
| Category        | LICENSED FAMILY                           | LICENSED Date   | 11/21/2025          | From Age          | 0 Year(s), 3 Month(s), 0 Week(s)   |
| Facility ID     | 2007612                                   | Months          | Jan-Dec             | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000592460                                | Hours           | 07:00 AM-05:30 PM   | Star Level        | Not Rated                          |
|                 |   | Location Number | 001                 |                   |                                    |

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| Facility Name   | WILD ROOTS CHILDCARE LLC                  | Contact         | LILIENTHAL, ALEXANDRIA | Full Time         | Y                                  |
| Address         | 953 41st Ave<br>Clear Lake, Wi 54005-4011 | Phone #         | 715-501-0233           | LICENSED Capacity | 8                                  |
| Category        | LICENSED FAMILY                           | LICENSED Date   | 12/28/2023             | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 2006802                                   | Months          | Jan-Dec                | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000591605                                | Hours           | 07:00 AM-05:00 PM      | Star Level        | Not Rated                          |
|                 |   | Location Number | 001                    |                   |                                    |

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|-----------------|---|-----------------|--------------------|-------------------|------------------------------------|
| Facility Name   | BUSY BEES PRE-SCHOOL CENTER                       | Contact         | SPENCER, MELISSA A | Full Time         | Y                                  |
| Address         | 225 Hickory St<br>Turtle Lake, Wi 54889-9098      | Phone #         | 715-419-3217       | LICENSED Capacity | 30                                 |
| Category        | LICENSED GROUP                                    | LICENSED Date   | 03/01/2007         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 1011575   | Months          | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000576796  | Hours           | 05:45 AM-05:15 PM  | Star Level        | 3 Stars                            |
| Facility Name   | CAREBARE DAYCARE                                  | Contact         | JUDKINS, KIMBERLY  | Full Time         | Y                                  |
| Address         | 375 280th St<br>Osceola, Wi 54020-4120            | Phone #         | 651-210-0666       | LICENSED Capacity | 81                                 |
| Category        | LICENSED GROUP                                    | LICENSED Date   | 10/01/2015         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 2002614   | Months          | Jan-Dec            | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000585502  | Hours           | 05:30 AM-05:30 PM  | Star Level        | 3 Stars                            |
| Facility Name   | POLK COUNTY HEAD START                            | Contact         | ULMANIEC, JENNY    | Full Time         | Y                                  |
| Address         | 400 Polk County Plz<br>Balsam Lake, Wi 54810-9104 | Phone #         | 715-485-3413       | LICENSED Capacity | 35                                 |
| Category        | LICENSED GROUP                                    | LICENSED Date   | 09/10/2007         | From Age          | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Facility ID     | 1012221   | Months          | Aug-May            | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Provider Number | 6000577816  | Hours           | 07:00 AM-          | Star Level        | 5 Stars                            |
| Facility Name   | THE GROVE CHILDCARE CENTER                        | Contact         | DONAGHUE, SHANNON  | Full Time         | Y                                  |
| Address         | 103 Industrial Ave<br>Milltown, Wi 54858-9067     | Phone #         | 715-553-6898       | LICENSED Capacity | 60                                 |
| Category        | LICENSED GROUP                                    | LICENSED Date   | 06/26/2025         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 2007519   | Months          | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000592346  | Hours           | 05:30 AM-05:30 PM  | Star Level        | Not Rated                          |
| Facility Name   | UMOS AMERY CENTER                                 | Contact         | MATA, MARIA        | Full Time         | Y                                  |
| Address         | 1115 Mains Crossing Ave<br>Amery, Wi 54001-2716   | Phone #         | 715-268-5550       | LICENSED Capacity | 35                                 |
| Category        | LICENSED GROUP                                    | LICENSED Date   | 07/23/2004         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 1008048   | Months          | Jun-Oct            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000577935  | Hours           | 05:00 AM-05:00 PM  | Star Level        | 5 Stars                            |
| Facility Name   |   | Location Number | 009                |                   |                                    |

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|-----------------|---|-----------------|--------------------|-------------------|------------------------------------|
| Facility Name   | BEARS CLUB - CLAYTON SCHOOL DISTRICT    | Contact         | GRAUNKE, AMY       | Full Time         | Y                                  |
| Address         | 236 Polk Ave<br>Clayton, Wi 54004-3520  | Phone #         | 715-948-2163       | LICENSED Capacity | 30                                 |
| Category        | PUBLIC SCHOOL PROGRAM                   | LICENSED Date   | 09/01/2007         | From Age          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| Facility ID     | 2100428                                 | Months          | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000583173                              | Hours           | 06:30 AM-05:30 PM  | Star Level        | 3 Stars                            |
| Facility Name   | KIDS KLUB                               | Location Number | 001                |                   |                                    |
| Address         | 250 10th Ave<br>Osceola, Wi 54020-4507  | Contact         | MAYPARK, LORI      | Full Time         | -                                  |
| Category        | PUBLIC SCHOOL PROGRAM                   | Phone #         | 715-294-4140       | LICENSED Capacity | 72                                 |
| Facility ID     | 2100597                                 | LICENSED Date   | 08/27/2000         | From Age          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| Provider Number | 5000559545                              | Months          | Jun-Aug            | To Age            | 9 Year(s), 11 Month(s), 0 Week(s)  |
| Facility Name   | KIDS KLUB                               | Hours           | 06:00 AM-06:00 PM  | Star Level        | 2 Stars                            |
| Address         | 250 10th Ave<br>Osceola, Wi 54020-4507  | Location Number | 001                |                   |                                    |
| Category        | PUBLIC SCHOOL PROGRAM                   | Contact         | MAYPARK, LORI      | Full Time         | -                                  |
| Facility ID     | 2100597                                 | Phone #         | 715-294-4140       | LICENSED Capacity | 72                                 |
| Provider Number | 5000559545                              | LICENSED Date   | 08/27/2000         | From Age          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| Facility Name   | PUBLIC SCHOOL PROGRAM                   | Months          | Sep-May            | To Age            | 9 Year(s), 11 Month(s), 0 Week(s)  |
| Address         | 250 10th Ave<br>Osceola, Wi 54020-4507  | Hours           | 06:00 AM-08:00 AM  | Star Level        | 2 Stars                            |
| Category        | KIDS KLUB                               | Location Number | 001                |                   |                                    |
| Facility Name   | LITTLE SAINTS CHILD CARE CENTER         | Contact         | ARNESEN, JESSIE    | Full Time         | Y                                  |
| Address         | 2355 Clark Rd<br>Dresser, Wi 54009-4218 | Phone #         | 715-294-4393       | LICENSED Capacity | 55                                 |
| Category        | PUBLIC SCHOOL PROGRAM                   | LICENSED Date   | 06/21/2019         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 2004621                                 | Months          | Jan-Dec            | To Age            | 6 Year(s), 11 Month(s), 0 Week(s)  |
| Provider Number | 8000564488                              | Hours           | 06:00 AM-06:00 PM  | Star Level        | 3 Stars                            |
| Facility Name   | LITTLE SAINTS CHILD CARE CENTER TOO     | Location Number | 002                |                   |                                    |
| Address         | 510 E State Rd<br>Dresser, Wi 54009     | Contact         | OESTERICH, BETHANY | Full Time         | Y                                  |
| Category        | PUBLIC SCHOOL PROGRAM                   | Phone #         | 715-294-4393       | LICENSED Capacity | 42                                 |
| Facility ID     | 2004679                                 | LICENSED Date   | 09/25/2019         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Provider Number | 8000564488                              | Months          | Jan-Dec            | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
|                 |   | Hours           | 06:00 AM-06:00 PM  | Star Level        | 3 Stars                            |
|                 |   | Location Number | 003                |                   |                                    |

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|-----------------|---|-----------------|--------------------|-------------------|------------------------------------|
| Facility Name   | ROOTS AND BRANCHES                            | Contact         | JENSEN, LISA       | Full Time         | Y                                  |
| Address         | 305 Birch St<br>Frederic, Wi 54837-7915       | Phone #         | 715-327-4207       | LICENSED Capacity | 92                                 |
| Category        | PUBLIC SCHOOL PROGRAM                         | LICENSED Date   | 02/04/2006         | From Age          | 0 Year(s), 0 Month(s), 8 Week(s)   |
| Facility ID     | 2100980                                       | Months          | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000580816                                    | Hours           | 06:00 AM-06:00 PM  | Star Level        | 4 Stars                            |
| Facility Name   | SAINTS LITTLE LEARNERS                        | Contact         | ARNESEN, JESSIE    | Full Time         | Y                                  |
| Address         | 131 W 2nd St<br>Dresser, Wi 54009             | Phone #         | 715-557-0189       | LICENSED Capacity | 35                                 |
| Category        | PUBLIC SCHOOL PROGRAM                         | LICENSED Date   | 08/20/2025         | From Age          | 2 Year(s), 6 Month(s), 0 Week(s)   |
| Facility ID     | 2008721                                       | Months          | Jan-Dec            | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Provider Number | 8000564488                                    | Hours           | 06:00 AM-06:00 PM  | Star Level        | Not Rated                          |
| Facility Name   | THE CLUBHOUSE                                 | Contact         | KACZMARSKI, RACHEL | Full Time         | Y                                  |
| Address         | 543 S Minneapolis Ave<br>Amery, Wi 54001-1522 | Phone #         | 715-268-9771       | LICENSED Capacity | 130                                |
| Category        | PUBLIC SCHOOL PROGRAM                         | LICENSED Date   | 08/01/2007         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 2100535                                       | Months          | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000582880                                    | Hours           | 06:00 AM-06:00 PM  | Star Level        | 3 Stars                            |
| Facility Name   | THE NEST AT BUTTERNUT CROSSING                | Contact         | BOWERS, BERNADETTE | Full Time         | Y                                  |
| Address         | 810 S 7th St<br>Luck, Wi 54853-4507           | Phone #         | 715-472-2152       | LICENSED Capacity | 100                                |
| Category        | PUBLIC SCHOOL PROGRAM                         | LICENSED Date   | 07/16/2018         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Facility ID     | 2004114                                       | Months          | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000589522                                    | Hours           | 06:00 AM-06:00 PM  | Star Level        | 2 Stars                            |
| Facility Name   |   | Location Number | 001                |                   |                                    |