

Wisconsin Child Care Regulatory System

County LICENSED Child Care Directory as of 8/15/22

| | | | | | |
|------------------------|---|------------------------|---------------------|--------------------------|------------------------------------|
| Facility Name | ALMOST HOME | Contact | MCGINNIS, NATALIE L | Full Time | Y |
| Address | N4694 Ridge Prairie School Rd Delavan, Wi 53115-2868 | Phone # | 708-250-2033 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/30/2019 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2004697 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000589890 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | AUNTIES HELPING HANDS DAYCARE | Contact | EARLE, LISA R | Full Time | Y |
| Address | 1212 W Bloomingfield Dr Whitewater, Wi 53190-2659 | Phone # | 920-723-9550 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 08/20/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2001919 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000588282 | Hours | 06:45 AM-04:45 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |
| Facility Name | BECKY'S LITTLE BEGINNERS | Contact | POLAZZO, REBECCA | Full Time | Y |
| Address | N6842 N Lake Dr Elkhorn, Wi 53121-2886 | Phone # | 262-441-9652 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 02/26/2018 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Facility ID | 2003834 | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000589419 | Hours | 06:30 AM-05:30 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |
| Facility Name | COUNTRYSIDE DAYCARE | Contact | LEE, MELISSA | Full Time | Y |
| Address | N4310 Dam Rd Delavan, Wi 53115-2983 | Phone # | 815-977-1336 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 07/25/2018 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2004078 | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000589195 | Hours | 06:00 AM-10:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | GARDEN OF ANGELS | Contact | NICIA, SONIA | Full Time | Y |
| Address | 938 Henry St Lake Geneva, Wi 53147-1106 | Phone # | 262-374-0520 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 11/05/2007 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Facility ID | 1012375 | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 9000582929 | Hours | 06:00 AM-05:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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|------------------------|--|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | LITTLE TREASURES DAY CARE | Contact | PFEIFER, BONNIE | Full Time | Y |
| Address | 1233 W Laurel St Whitewater, Wi 53190 | Phone # | 262-473-7019 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 05/27/1997 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Facility ID | 235006 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000557097 | Hours | 06:15 AM-06:15 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |
| Facility Name | TENDER LEARNING AND CARE | Contact | ARON, JODI L | Full Time | Y |
| Address | N8841 Parker Rd Whitewater, Wi 53190-3841 | Phone # | 262-215-6952 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 03/01/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1003666 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000571438 | Hours | 06:45 AM-04:45 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |
| Facility Name | YOUNG MINDS LEARNING CENTER | Contact | STAUFF, MICHELLE | Full Time | Y |
| Address | W9622 Breidsan Dr Whitewater, Wi 53190 | Phone # | 608-290-9831 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 05/29/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1005418 | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000557068 | Hours | 07:00 AM-04:00 PM | Star Level | Not Rated |
| | | Location Number | 002 | | |
| Facility Name | ZING FAMILY CHILDCARE | Contact | ZING, MEGAN | Full Time | Y |
| Address | 314 N Broad St Elkhorn, Wi 53121-1304 | Phone # | 262-745-8855 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 02/25/2019 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2004355 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000589521 | Hours | 04:00 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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|------------------------|---|------------------------|--------------------|--------------------------|------------------------------------|
| Facility Name | BRIGHT BEGINNINGS DAY CARE LLC | Contact | STEFANIAK, NINA | Full Time | Y |
| Address | 2541 Main St East Troy, Wi 53120 | Phone # | 262-642-3904 | LICENSED Capacity | 60 |
| Category | LICENSED GROUP | LICENSED Date | 09/05/2007 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 1012314 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000582932 | Hours | 05:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | CENTRAL DENISON YBASE AND WRAP ARO | Contact | WEST, ELAINE | Full Time | - |
| Address | 900 Wisconsin St Lake Geneva, Wi 53147-1831 | Phone # | 262-348-4000 | LICENSED Capacity | 40 |
| Category | LICENSED GROUP | LICENSED Date | 09/05/2017 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2003444 | Months | Sep-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000588533 | Hours | 06:30 AM-06:00 PM | Star Level | Not Rated |
| | | Location Number | 002 | | |
| Facility Name | ELKHORN CHILD AND FAMILY CENTER | Contact | REED, MELISSA | Full Time | Y |
| Address | 13 N Jackson St Elkhorn, Wi 53121-1905 | Phone # | 608-299-1500 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 09/09/2019 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2004752 | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000577842 | Hours | 08:00 AM-01:30 PM | Star Level | 5 Stars |
| | | Location Number | 024 | | |
| Facility Name | IMMANUEL LITTLE SPROUTS LLC | Contact | BOURGEOIS, JOANN | Full Time | Y |
| Address | 700 N Bloomfield Rd Lake Geneva, Wi 53147-4761 | Phone # | 262-248-1897 | LICENSED Capacity | 101 |
| Category | LICENSED GROUP | LICENSED Date | 09/08/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2001996 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000575395 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 002 | | |
| Facility Name | KIDDIE KOTTAGE LEARNING ACADEMY | Contact | O'SULLIVAN, MILISA | Full Time | Y |
| Address | 601 Walworth St Lake Geneva, Wi 53147-1519 | Phone # | 262-248-3434 | LICENSED Capacity | 50 |
| Category | LICENSED GROUP | LICENSED Date | 04/24/2014 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 2001695 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000588150 | Hours | 06:00 AM-06:30 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |

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| Facility Name | KIDDIE KOTTAGE LEARNING ACADEMY INC | Contact | O'SULLIVAN, MILISA | Full Time | - |
| Address | 222 Sunset Dr Elkhorn, Wi 53121-1220 | Phone # | 262-723-4504 | LICENSED Capacity | 32 |
| Category | LICENSED GROUP | LICENSED Date | 03/09/2022 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2005945 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000588150 | Hours | 06:00 AM-08:30 AM | Star Level | Not Rated |
| | | Location Number | 003 | | |
| Facility Name | LAKE GENEVA CHILD AND FAMILY CENTER | Contact | REED, MELISSA | Full Time | - |
| Address | W1380 Lake Geneva Hwy Lake Geneva, Wi 53147 | Phone # | 608-299-1500 | LICENSED Capacity | 19 |
| Category | LICENSED GROUP | LICENSED Date | 08/14/2007 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1012157 | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000577842 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| | | Location Number | 011 | | |
| Facility Name | LAKE GENEVA DAY CARE CENTER | Contact | COURTEAU, SUSAN | Full Time | Y |
| Address | 912 Geneva St Ste A Lake Geneva, Wi 53147 | Phone # | 262-248-3714 | LICENSED Capacity | 40 |
| Category | LICENSED GROUP | LICENSED Date | 05/27/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 225148 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557063 | Hours | 06:45 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | LAKE GENEVA EASTVIEW CHILD CENTER | Contact | REED, MELISSA | Full Time | - |
| Address | 535 Sage St Lake Geneva, Wi 53147-1535 | Phone # | 608-299-1500 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 09/09/2019 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2004753 | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000577842 | Hours | 10:50 AM-03:15 PM | Star Level | 5 Stars |
| | | Location Number | 025 | | |
| Facility Name | LAKE GENEVA MONTESSORI SCHOOL | Contact | HOWE, KAREN | Full Time | Y |
| Address | 912 Geneva St Lake Geneva, Wi 53147 | Phone # | 262-248-4904 | LICENSED Capacity | 49 |
| Category | LICENSED GROUP | LICENSED Date | 09/01/2006 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1010841 | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000581400 | Hours | 07:00 AM-05:30 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |

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| Facility Name | LAKELAND'S LITTLE LEARNERS | Contact | ADAMS, TAMA | Full Time | Y |
| Address | 240 E Commerce Ct Elkhorn, Wi 53121 | Phone # | 262-723-8391 | LICENSED Capacity | 120 |
| Category | LICENSED GROUP | LICENSED Date | 05/27/1997 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Facility ID | 225015 | Months | Jan-Dec | To Age | 14 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000557082 | Hours | 05:45 AM-06:00 PM | Star Level | 5 Stars |
| | | Location Number | 001 | | |
| Facility Name | LAKELAND'S LITTLE LEARNERS-TIBBETS | Contact | ADAMS, TAMA | Full Time | - |
| Address | W5218 County Road A Elkhorn, Wi 53121 | Phone # | 262-374-1593 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 08/25/1999 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1001514 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000557082 | Hours | 06:00 AM-08:30 AM | Star Level | Not Rated |
| | | Location Number | 003 | | |
| Facility Name | LAKELANDS LITTLE LEARNERS - WILLIAMS | Contact | SHOR, MIKE | Full Time | Y |
| Address | 250 Theatre Rd Williams Bay, Wi 53191-3792 | Phone # | 262-245-1575 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 09/01/2021 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2005685 | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000557082 | Hours | 06:00 AM-09:00 AM | Star Level | Not Rated |
| | | Location Number | 005 | | |
| Facility Name | LAKELAND'S LTL LEARNERS-JACKSON | Contact | ADAMS, TAMA | Full Time | - |
| Address | 3 N Jackson St Elkhorn, Wi 53121 | Phone # | 262-723-8391 | LICENSED Capacity | 18 |
| Category | LICENSED GROUP | LICENSED Date | 09/02/2004 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1008301 | Months | Sep-Jul | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000557082 | Hours | 06:00 AM-06:00 PM | Star Level | Not Rated |
| | | Location Number | 002 | | |
| Facility Name | LITTLE ANGELS LEARNING CENTER INC | Contact | LOPEZ, JULLIE | Full Time | Y |
| Address | 2141 Mill St East Troy, Wi 53120-1398 | Phone # | 262-642-7002 | LICENSED Capacity | 90 |
| Category | LICENSED GROUP | LICENSED Date | 07/01/2016 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2002920 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000588901 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |

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|------------------------|---|------------------------|--------------------|--------------------------|------------------------------------|
| Facility Name | MUKWONAGO Y BASE - EAST TROY | Contact | IRWIN, CLAYTON | Full Time | Y |
| Address | 2131 Townline Rd East Troy, Wi 53120-9325 | Phone # | 262-363-7944 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 09/05/2017 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2003626 | Months | Sep-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000558914 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 027 | | |
| Facility Name | NOAHS ARK CHRISTIAN DAY CARE CTR | Contact | REHFELDT, JENNIFER | Full Time | Y |
| Address | 2942 Austin St East Troy, Wi 53120 | Phone # | 262-642-4046 | LICENSED Capacity | 25 |
| Category | LICENSED GROUP | LICENSED Date | 06/02/2003 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 1006655 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000575405 | Hours | 05:45 AM-06:00 PM | Star Level | 2 Stars |
| | | Location Number | 001 | | |
| Facility Name | OUR REDEEMER LUTHERAN CHILD CARE | Contact | RUPP, SARAH | Full Time | Y |
| Address | 416 W Geneva St Delavan, Wi 53115 | Phone # | 262-728-5602 | LICENSED Capacity | 55 |
| Category | LICENSED GROUP | LICENSED Date | 08/15/1994 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 225230 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000557095 | Hours | 05:45 AM-06:00 PM | Star Level | 4 Stars |
| | | Location Number | 001 | | |
| Facility Name | STAR CENTER YBASE AND WRAP AROUND | Contact | DONAHUE, KIM | Full Time | - |
| Address | W1380 Lake Geneva Hwy Lake Geneva, Wi 53147-4440 | Phone # | 262-248-6211 | LICENSED Capacity | 25 |
| Category | LICENSED GROUP | LICENSED Date | 09/05/2017 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2003623 | Months | Sep-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000588533 | Hours | 06:30 AM-06:00 PM | Star Level | Not Rated |
| | | Location Number | 003 | | |
| Facility Name | STEP AHEAD PRE-SCHOOL CENTER L L C | Contact | VAN LANEN, TRACY | Full Time | Y |
| Address | 104 S Broad St Elkhorn, Wi 53121 | Phone # | 262-723-3132 | LICENSED Capacity | 47 |
| Category | LICENSED GROUP | LICENSED Date | 08/17/2004 | From Age | 2 Year(s), 8 Month(s), 0 Week(s) |
| Facility ID | 1008085 | Months | Sep-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 8000578018 | Hours | 08:25 AM-03:30 PM | Star Level | Not Rated |
| | | Location Number | 001 | | |

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| Facility Name | THE CLIMBING TREE CHILD CARE | Contact | ANDERSON, COLLEEN | Full Time | Y |
| Address | 3147 W Main St East Troy, Wi 53120-1151 | Phone # | 262-642-5001 | LICENSED Capacity | 40 |
| Category | LICENSED GROUP | LICENSED Date | 10/26/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1011896 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000561452 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| | | Location Number | 001 | | |
| Facility Name | UNITED CHILD CARE CENTER | Contact | BESKE, JESSICA | Full Time | Y |
| Address | 715 Wisconsin St Lake Geneva, Wi 53147 | Phone # | 262-248-4843 | LICENSED Capacity | 64 |
| Category | LICENSED GROUP | LICENSED Date | 05/28/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 225021 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000557273 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| | | Location Number | 001 | | |
| Facility Name | UW WHITEWATER CHILDRENS CENTER | Contact | SCHEPP, ERICA | Full Time | Y |
| Address | 800 W Main St Roseman Bldg Whitewater, Wi 53190 | Phone # | 262-472-1768 | LICENSED Capacity | 80 |
| Category | LICENSED GROUP | LICENSED Date | 05/29/1997 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Facility ID | 225193 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000555936 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| | | Location Number | 003 | | |
| Facility Name | WHITEWATER CHILD AND FAMILY CENTER | Contact | REED, MELISSA | Full Time | - |
| Address | W8363 R And W Townline Rd Whitewater, Wi 53190-4302 | Phone # | 608-299-1500 | LICENSED Capacity | 19 |
| Category | LICENSED GROUP | LICENSED Date | 09/04/2007 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1012199 | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000577842 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| | | Location Number | 012 | | |
| Facility Name | YMCA SUMMER DAY CAMP AT BROOKWOOD | Contact | WEST, ELAINE | Full Time | Y |
| Address | 630 Kossuth St Genoa City, Wi 53128-2032 | Phone # | 262-248-6211 | LICENSED Capacity | 30 |
| Category | LICENSED GROUP | LICENSED Date | 06/18/2021 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2005585 | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 3000588533 | Hours | 06:30 AM-06:00 PM | Star Level | Not Rated |
| | | Location Number | 005 | | |