

Division of Public Health

## Roster of Licensed Child Care and Preschool Programs in Nebraska

This roster
~ is a listing of all Licensed Child Care and Preschool Programs in the State of Nebraska
~ Is organized by Zip Code starting with Nebraska's lowest zip code - 68002
~ Within each Zip Code, the licensed programs are in alphabetical order
~ Is updated each week
The roster contains the following information:
~ Name of licensed child care/preschool program and name of licensee
~ Address of licensed child care/preschool program
~ License capacity, hours and days of operation
~ Whether or not the child care program accepts Child Care Subsidy (Title XX)
$\sim$ Is Accredited by the National Association for the Education of Young Children or the National Association for Family Child Care
~ Type of facility
There are four TYPES of licensed child care/preschool facilities:
~ Provisional or Operating Family Child Care Home I- up to 10 children, one provider, in the provider's home
~ Provisional or Operating Family Child Care Home II - up to 12 children, two providers, either in the primary provider's home Or in a separate building
~ Provisional or Operating Child Care Center - Over 12 children, provider-child ratio determined by ages of children
$\sim$ Provisional or Operating Preschool - primarily an educational setting
All newly licensed child care and preschool programs receive a Provisional License for their first year of operation.

To check if any disciplinary action has been taken against a child care/preschool program go to http://www.nebraska.gov/LISSearch/search.cgi

If you have questions, please call:
1-800-600-1289 (toll free in NE) or (402)471-9278 (in Lincoln) or FAX (402)471-7763
Nebraska Department of Health and Human Services
Division of Public Health
Licensure Unit
Office of Children's Services Licensing
Child Care Licensing

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

| LICENSE TYPE | COUNTY |
| :--- | :--- |
| EFFECTIVE DATE | ADDRESS |


$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{6}$

| 68003 | Saunders |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| BRIGHT BEGINNINGS | FII7061 1218 CLAY ST | Capacity: 12 | Days of Week Open: M | MTWTF |
| JULIE JUDY | Family Child Care Home II | Ages: 6 WKS | To 12 YRS |  |
|  | 03/27/2003 ASHLAND NE 68003 | Hours: 0700 | To 1800 |  |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts | d Care Subsidy throug | hh DHHS? <br> Accredited? |
| $\overline{\text { GRELL, MICHELLE }}$ | Fl11328 404 GROVE ST | Capacity: 10 | Days of Week Open: M | MTWTHF |
| MICHELLE C GRELL | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |  |
|  | 04/30/2013 Ashland NE 68003 | Hours: 0600 | To 1700 |  |
| (402) 944-3662 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts | d Care Subsidy throug | h DHHS? <br> Accredited? |
| $\overline{\text { KASUSKE, KA }} \overline{\text { REN }}$ | FI4348 1908 EUCLID ST | Capacity: 10 | Days of Week Open: M | MTWTF |
|  | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |  |
|  | 07/17/1998 ASHLAND NE 68003 | Hours: 0600 | To 1800 |  |
| (402) 944-2379 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts | ild Care Subsidy throu | ugh DHHS? <br> Accredited? |
| $\overline{\text { LITTLE GIGGLES O}} \overline{\text { OWNE }} \overline{\text { B BY }}$ | FI11971 1726 EUCLID ST | Capacity: 10 | Days of Week Open: M | MTWTHF |
| HEATHER KENNEDY HEATHER KENNEDY | Provisional Family Child Care Home I | Ages: 6 WKS | To 12 YRS |  |
| (402) 314-5471 | 08/09/2016 Ashland NE 68003 | Hours: 0600 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

MONKEY SEE MONKEY DO
CHILD CARE CENTER
MONKEY SEE MONKEY DO, INC
(402) $990-3832$
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{1 0}$


Total Number in Zip Code: 1


## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE COUNTY <br> EFFECTIVE DATE ADDRESS



| Accepts Child Care Subsidy through DHHS? |  |  |  |
| :---: | :---: | :---: | :---: |
| Accredited? |  |  |  |
| Capacity: 100 | Days of | Week Open | MTWTHF |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 123 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1930 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0530 | To 0200 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 60 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1730 |

Accepts Child Care Subsidy through DHHS? Y Accredited? Y

| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 30 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0500 | To 1900 |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 8 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 6 \mathrm{YRS}$ |
| Hours: 0600 | To $\quad 1900$ |

Accepts Child Care Subsidy through DHHS?

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS
LOVELL, SHELLY
SHELLY LOVELL
(402) 292-8203

| FI6448 | 1403 WILSHIRE DR |
| :---: | :---: |
| Family Child Care Home I |  |
| $07 / 08 / 1999$ | BELLEVUE NE 68005 |


| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1730 |  |

Accepts Child Care Subsidy through DHHS? licensee does not have a contract, or is not accredited.
 QUALITY KIDS INC
QUALITY KIDS INC

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI8226 | 706 WEST 32nd AVE |
| Family Child Care Home II |  |
| 07/26/2006 | BELLEVUE NE 68005 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |

(402) 293-5437

| If a "N" appears or the space is blank after the question, the |
| :---: | :---: |
| licensee does not have a contract, or is not accredited. |

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE COUNTY <br> EFFECTIVE DATE ADDRESS


$\overline{B E N N I N G T O N ~} \overline{\text { FOUNDATION }}$
11620 NORTH 156th ST
MIDDLE SCHOOL PROGRAM

Bennington NE 68007

| Capacity: 30 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 4 YRS | To $\quad 13$ YRS |
| Hours: 0630 | To $\quad 1800$ |


| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |

$\overline{B E N N I N G T O N} \overline{\text { FOUNDATION }} \overline{ }$
PINE CREEK BEFORE AND

## SAOC8517

BENNINGTON PUBLIC SCHOOLS FOUND
(402) 238-3044
$\overline{\text { CAITS KIDDOS }} \overline{\text { OWNED }} \overline{\text { BY }}$
CAITLYN TODD
CAITLYN TODD
(515) 745-7405
$\overline{\mathrm{CO}} \overline{\mathrm{YS}} \overline{\mathrm{OZY}} \overline{\mathrm{NH}} \overline{\mathrm{ME}}-1$
$\overline{\text { CORY'S COZY IN-HOME }}$
DAYCARE OWNED BY CORY
BAHNSEN, CORY

$\overline{\text { GRA }} \overline{\mathrm{ND}} \mathrm{A} \overline{\mathrm{DVENTURES}} \overline{\mathrm{DAYC}} \overline{\mathrm{ARE}} \quad$ FII9589 10204 ROSEWATER PKWY

LLC $\quad$ Provisional Family Child Care Home II
(402) 819-4223

08/12/2016
Bennington NE 68007
If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 250 | Days of Week Open: MTWTHF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 4 YRS | To $\quad 13$ YRS |  |  |
| Hours: 0630 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  | Accredited? |  |  |
| Capacity: 12 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0700 | To 1730 |  |  |

Accepts Child Care Subsidy through DHHS? Accredited?


Ages: 6 WKS To 13 YRS Hours: 0730 To 1730

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: $10 \quad$ Days of Week Open: MTWThF
Ages: 6 WKS To 12 YRS
Hours: $0700 \quad$ To 1700

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 2000
Accepts Child Care Subsidy through DHHS? Accredited?

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
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## ZIP CODE

PROVIDER NAME
OWNER NAME
PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS
BLAIR FAMILY YMCA owned by
BLAIR AREA YOUNG MENS BLAIR AREA YOUNG MENS BLAIR AREA YOUNG MENS Child
BLAIR AREA YOUNG MENS CHRISTIAN A

CCC8608
Child Care Center

1278 WILBUR ST

BLAIR NE 68008 If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
$\overline{\text { BLAIR KIDS A }} \overline{\operatorname{CAD}} \overline{\mathrm{MY}} \overline{\text { owned by }} \overline{\text { SAOC8784 }} 1616$ BUTLER ST BLAIR COMMUNITY SCHOOLS BLAIR COMMUNITY SCHOOLS Provisional School-Age-Only Center
(402) 427-2723

|  |
| :--- |


| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. | $\overline{\text { BLAIR KID }} \overline{\mathrm{DS}} \mathrm{ACADEMY}$ owned by BLAIR COMMUNITY SCHOOLS BLAIR COMMUNITY SCHOOLS FOUNDAT

(402) 427-2723
$\overline{\text { BLAIR KIDS A }} \overline{\text { CAD }} \overline{\text { EMY }} \overline{\text { owned by }} \overline{ }+\infty$


| Capacity: 90 | Days of Week Open: MTWTHF |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 2 YRS | To | 12 YRS |  |
| Hours: 0600 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 82 | Days of Week Open: MTWTHF |  |  |
| Ages: 5 YRS | To 13 YRS |  |  |
| Hours: 0600 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? |  |  |  |
| Accredited? |  |  |  |
| Capacity: 90 | Days of Week Open: MTWTHF |  |  |
| Ages: 5 YRS | To 13 YRS |  |  |
| Hours: 0600 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 90 | Days of Week Open: MTWTHF |  |  |
| Ages: 5 YRS | To | 13 YRS |  |
| Hours: 0600 | To |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

BLAIR COMMUNITY SCHOOLS Provisional School-Age-Only Center
BLAIR COMMUNITY SCHOOLS FOUNDAT BLAIR COMMUNITY SCHOOLS FOUNDAT

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { BLA }} \overline{\mathrm{R}} \mathrm{KIDS} \overline{\mathrm{CAD}} \overline{\mathrm{CMY}}$ owned by
BLAIR COMMUNITY SCHOOLS
School-Age-Only Child Care Center

(402) 427-2723
$\overline{\text { BLAI }} \overline{\mathrm{R} \mathrm{PR}} \overline{\overline{E S C}} \overline{\mathrm{HOOL}} \overline{\mathrm{INC}}-$
BLAIR PRESCHOOL, INC
(402) 426-2253
$\overline{\text { BOY }} \overline{\mathrm{LE},} \mathrm{BELIN} \overline{\mathrm{DA}}--$
BELINDA BOYLE
(402) 426-9783
$\overline{\mathrm{CHR}} \overline{\mathrm{ISTIE}} \overline{\mathrm{SD}} \overline{\mathrm{D}} \overline{\mathrm{YCA}} \overline{\mathrm{RE}} \overline{\mathrm{OWN}} \overline{\mathrm{D}}$
 BY CHRISTIE MILLER MILLER, CHRISTIE (402) 426-8706
$\overline{\mathrm{DEE}} \overline{\mathrm{S} \text { DAY }} \overline{\mathrm{CA}} \overline{\mathrm{RE}} \mathrm{H} \overline{O M E}-$

## DELORIS MATSON

School-Age-O
FOUNDAT ${ }_{08 / 31 / 2016}$
1717 ADAMS ST
Blair NE 68008 (402) 426-2347


MTWTHF

| Capacity: 90 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To | 13 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 20 | Days of Week Open: MTWTF |  |
| :--- | :--- | :--- |
| Ages: 3 YRS | To $\quad 6$ YRS |  |
| Hours: 0900 | To $\quad 1500$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: $10 \quad$ Days of Week Open: MTWTF

| Ages: 6 WKS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0600 | To | 1800 |

Accredited?

| Capacity: 6 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To 1730 |  |

Hours: $0630 \quad$ To 1730
Accepts Child Care Subsidy through DHHS? Y

| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :---: |
| Accredited? |  |
| Capacity: 12 |  |
| Ages: 6 WKS |  |
| Days of Week Open: MTWTFS |  |
| Hours: 0600 |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHFS
Ages: 6 WKS To 13 YRS

Hours: 0700 To 1730
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 29 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To | 5 YRS |
| Hours: 0900 | To | 1445 |

HEARTLAND CHRISTIAN PRESCHOOL owned by UPPER UPPER ROOM INC
(402) 533-0840

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(402) 426-5049


Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 18 MOS | To 8 YRS |  |
| Hours: 0600 | To 1700 |  |

Accepts Child Care Subsidy through DHHS?

| Capacity: 100 | Days of Week Open: MTWTHF |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1830 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1730 |


| Accepts Child Care Subsidy through DHHS? |  |  |
| :--- | :--- | :--- |
| Accredited? |  |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 3 YRS To 6 YRS
Hours: 0900 To 1500
Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{2 2}$

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

| Capacity: 10 | Days of Week Open: MTWTFS |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0630 | To | 2200 |

Accepts Child Care Subsidy through DHHS? N Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} 1$


## Total Number in Zip Code: 1



## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 4$


$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 1$


## ZIP CODE

PROVIDER NAME

## owner name

PHONE NUMBER ELKHORN HILLS UNITED METHODIST Child Care Center

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

KID'S DAY OUT owned by BETHANY FIRST STEPS (402) 289-3284
$\overline{\text { EKC }} \overline{\text { ARBBRV }} \overline{O R I E W} \overline{\text { owned }} \overline{\text { by }}$ ELKHORN KIDS CAMPUS ELKHORN KIDS CAMPUS
(402) 709-3326
$\overline{\text { ELK }} \overline{H O R} N \overline{\text { HILLS PRESCHOOL}}$
AND PARENTS' DAY OUT owned (402) 289-4764
$\overline{\text { ELK }} \overline{\text { HORN }} \overline{\text { KID }} \overline{\mathrm{SCA}} \overline{\mathrm{MPU}} \overline{\mathrm{SFIR}} \overline{\mathrm{E}}$ RIDGE ELEMENTARY owned by ELKHORN KIDS CAMPUS LLC (402) 289-1727
$\overline{\text { ELK }} \overline{H O R} \mathrm{~N} \overline{\text { KID }} \overline{\mathrm{SC}} \mathrm{A} \overline{\mathrm{MP}} \overline{\mathrm{S}}$ HILLRISE ELEMENTARY owned by ELKHORN KIDS CAMPUS LLC
BELL-STEVENS, PATTI
PATTI BELL-STEVENS (402) 289-3784
$\overline{\mathrm{BET}} \overline{\mathrm{HAN}} \overline{\mathrm{Y}} \overline{\mathrm{FIR}} \overline{\mathrm{STS}} \mathrm{T} \overline{\mathrm{EPS}}$ BETHANY FIRST STEPS (402) 289-3224
$\overline{\text { ELK }} \overline{H O R} \overline{\mathrm{KI}} \overline{\mathrm{S} \text { CAMPUS }} \bar{S}$

SKYLINE ELEMENTARY SCHOOL ELKHORN KIDS CAMPUS LLC


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE EFFECTIVE DATE

COUNTY ADDRESS

EPSF ACE PROGRAM ERMS MIDDLE SCHOOL owned by ELKHORN KIDS CAMPUS LLC
$\overline{\text { EPSF }} \overline{\text { ACE }} \overline{\text { PROGRAM EVV }} \overline{\text { MIDDLE SCHOOL owned by }} \overline{ }$
ELKHORN KIDS CAMPUS LLC
(402) 350-7632
$\overline{\mathrm{GA}} \mathrm{MBLI}, \overline{\text { MIICHEL }} \overline{\mathrm{LE}} \overline{L E}$
MICHELLE GAMBLIN
(402) 289-2322
$\overline{\text { HEALION, }} \overline{\text { LISA }} \overline{-}-$
LISA HEALION
(402) 672-6187
$\overline{\mathrm{HOLTZ}} \overline{\mathrm{A}} \overline{\mathrm{SHL}} \overline{\mathrm{Y}}--$
ASHLEY HOLTZ
(402) 889-2185
(402) 889-2185
$\overline{\mathrm{KCA}} \overline{\operatorname{RE}} \mathbf{O} \overline{\mathrm{WNE}} \overline{\mathrm{DB}} \overline{\mathrm{K}} \overline{\mathrm{KA}} \overline{\mathrm{HRY}} \overline{\mathrm{N}}$
(KATIE) SEVERA
SEVERA, KATHRYN (KATIE)
(402) 630-3655
$\overline{\mathrm{KELLY}} \overline{\mathrm{S}} \overline{\mathrm{CARE}} \overline{\mathrm{CHILDCA}} \overline{\mathrm{RE}}$
OWNED BY KELLY KLEVER
KLEVER, KELLY
(712) 304-4066
$\overline{\text { KID }} \overline{\text { ZONE }} \overline{\text { owned by }} \overline{\text { ST PATRIC }}$
KIDZONE owned by ST PATRICK'S
CHURCH OF ELKHORN
ST PATRICK'S CHURCH OF ELKHOR
(402) 350-7200
(402) 350-7200
$\overline{\text { KUN }} \overline{K L E}, \overline{\text { LAU }} \overline{R A} A .-\quad-\quad$
(402) 289-4498
(402) 289-4498
$\overline{\text { LITTTE }} \overline{\text { MIND }} \overline{\text { LEA }} \overline{\text { RNING }} \overline{ } \quad$



| $06 / 30 / 2012$ | Elkhorn NE 68022 |
| ---: | ---: |

CENTER - OMAHA LLC Provisional Child Care Center
LITTLE MINDS LEARNING CENTER - OM $\underset{0}{\substack{\text { Provisional Child Care Center } \\ 03 / 07 / 2016}} \begin{array}{lll}\text { Elkhorn NE } 68022\end{array}$
(402) 934-5194
$\overline{\text { MOL }} \overline{A C E} \overline{K, ~ A} S \overline{H L E Y}-$
ASHLEY MOLACEK
(402) 750-3120


| Capacity: 225 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 13 YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 225 Days of Week Open: MTWTHF
Ages: 5 YRS To 13 YRS
Hours: 0630 To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 8 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0730 | To $\quad 1730$ |  |


| Accepts Child Care Subsidy through DHHS? N |  |
| :--- | :--- |
| Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To 1730 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0730 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 10$ YRS |  |
| Hours: 0645 | To | 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 100 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 3 YRS | To 13 YRS |
| Hours: 0630 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: $10 \quad$ Days of Week Open: MTWThF
Ages: 6 WKS To 13 YRS
Hours: $0630 \quad$ To 1830
Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 141 | Days of | Week Open | MTWTHFS |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 6 YRS |  |
| Hours: 0600 | To | 1900 |  |
| Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
|  |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |

Accepts Child Care Subsidy through DHHS?

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
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ZIP CODE
PROVIDER NAME

| OWNER NAME | LICENSE TYPE | COUNTY |
| :--- | :--- | :--- |
| PHONE NUMBER | EFFECTIVE DATE | ADDRESS |

MONTESSORI WEST MAPLE owned by MY MONTESSORI MY MONTESSORI SCHOOL LLC
(402) 289-3287
$\overline{\text { PFA }} \overline{N N E} N \overline{S T I E} \overline{L, V} \overline{\text { VICKIE }}-$
VICKIE PFANNENSTIEL
(402) 289-0635
$\overline{\text { PREMIER }} \overline{\text { ACA }} \overline{\text { DEM }} \overline{\text { Y owned by }} \overline{\text { b }}$
PREMIER DAY CARE SERVICES 2
PREMIER DAY CARE SERVICES 2 INC
(402) 289-2239

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 7$


## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| ARCHBISHOP BERGAN EARLY | CCC9580 | 450 EAST 4TH STREET | Capacity: 100 | Days of | Week Open | : MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| CHILDHOOD EDUCATION | Provisional Child Care Center HOC |  | Ages: 6 WKS | To | 12 YRS |  |
|  | 09/07/2016 | Fremont NE 68025 | Hours: 0600 | To | 1800 |  |
| (402) 721-9710 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS <br> Accredited? |  |  |  |
| BABY BEAR CHILD CARE | FI11843 | 1621 W 10TH STREET | Capacity: 8 | Days of Week Open: MTWTHF |  |  |
| OWNED BY CARLA EBERHARDT CARLA S. EBERHARDT | Family Child Care Home I $08 / 31 / 2016$ | Fremont NE 68025 | Ages: 6 WKS <br> Hours: 0600 | To To | 13 YRS |  |
| (402) 317-8806 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { BOESCH}}, \overline{\mathrm{JEA}} \times \overline{\mathrm{NE}}$ | FI5237 | 3022 SNEAD DR | Capacity: 10 Days of Week Open: MTWTF |  |  |  |
| JEANNE BOESCH | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| (402) 727-8999 | 10/18/1996 | FREMONT NE 68025 | Hours: 0700 | To | 1700 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |  |
| $\overline{\text { BROTT, L }} \overline{\text { ORRIE A }}$ | FI5236 | 1819 E 16TH ST | Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| LORRIE A BROTT | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
|  | 11/29/1996 | Fremont NE 68025 | Hours: 0600 | To | 1800 |  |


| Fremont NE 68025 |
| ---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |

## $\overline{\mathrm{CHIL}} \mathrm{L} \overline{\mathrm{DREN}} \overline{\mathrm{FI}} \overline{\mathrm{ST}} \overline{\mathrm{PRES}} \overline{\mathrm{HOO}} \overline{\mathrm{L}}$

 FIRST UNITED METHODIST CHURCH OF I $\begin{gathered}\text { Preschool }\end{gathered}$815 N BROAD ST
(402) $721-0817$
$\overline{\text { CIERA'S }} \overline{\text { DAY }} \overline{C A R E} \overline{\text { OWN }} \overline{N E D} \overline{B Y}$

| FREMONT NE 68025 |
| ---: | ---: |
| If a " N " appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |

## CIERA MRUZ

CIERA MRUZ
(402) 719-7630
$\overline{\text { COUFAL }}, \overline{\text { CYNTHIA }}$
CYNTHIA COUFAL
(402) 721-9548

| BY | FI11958 | 2530 IDAHO AVE |
| :---: | :---: | :---: |
|  | Provisional Family Child C |  |
|  | 07/19/2016 | Fremont NE 68025 |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
|  | FI5655 | 1303 E CUMING ST |
| Family Child Care Home I |  |  |
|  | 02/02/2000 | Fremont NE 68025 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
|  | FI5322 | 2030 GARDEN CITY RD |
| Family Child Care Home I |  |  |
|  | 05/17/1997 | FREMONT NE 68025 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
|  | FII6897 | 1750 GAETH AVE |
| Family Child Care Home II |  |  |
|  | 10/14/2003 | FREMONT NE 68025 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| RT | CCC7609 | 1024 W 23 |
| LEGE | Child Care Center | P.O. Box 244 |
|  | 01/17/1997 | Fremont NE 68025 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
|  | FI8337 | 1050 N GRANT ST |
| Family Child Care Home I |  |  |
|  | 06/18/2004 | FREMONT NE 68025 | licensee does not have a contract, or is not accredited.

## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


ZIP CODE
PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
 BY MARY J. STASTNY
STASTNY, MARY J. STASTNY, MARY J. (402) 721-3970


## OWNED BY MELLONEY

MELLONEY TENOPIR
(402) 719-8566
$\overline{\text { MIL }} \overline{O T A}-\overline{\text { FORS }} \overline{\text { BER }} \overline{G, \text { LA }} \overline{U R I E}$
LAURIE MILOTA-FORSBERG
(402) 727-0265
$\overline{\text { MORTON }} \overline{\text { LINDA }}$
LINDA MORTON
(402) 721-9523
$\overline{\text { NEW }} \overline{-} \overline{\mathrm{CHR}} \overline{\text { STY }} \overline{\text { R. }}-$
CHRISTY R. NEWILL (402) 721-3771
$\overline{\text { NOR }} \overline{E N B} \overline{E R G}, \overline{\text { SUSAN }}$ SUSAN NORENBERG (402) 721-4565
$\overline{\text { PETERSON, MI }} \overline{\operatorname{CHELLE}}$
MICHELLE PETERSON
(402) 721-7644
$\overline{\text { REZNICEK, K}} \overline{\text { RISTI }}$
KRISTI REZNICEK
(402) 727-4574

FII6893
Family Child Care Home II 07/03/1999 FREMONT NE 68025

| If a " N " appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |


| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI9010 | 1332 JONES DR |
| Family Child Care Home I |  |
| 04/17/2006 | Fremont NE 68025 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |


| Capacity: 12 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 2000 |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1730 |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 0900 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 8 Days of Week Open: MTWTFS
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To 1800 |


| Hours: 0600 | To |  |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? N |  |  |
| Accredited? |  |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0600 | To 1730 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  | Accredited? |  |  |
| Capacity: 10 | Days of Week Open: MTWTFSS |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0000 | To 2400 |  |  |

Accepts Child Care Subsidy through DHHS? N

## ZIP CODE

PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER


Total Number in Zip Code: 44


## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


|  | If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :---: | :---: |


| $\overline{\text { KATHER }}$ N CAR $\bar{R}$ ( $H$ ER D $\overline{\text { AYCARE }}$ | FI8700 | 105 MEADOW LN |
| :---: | :---: | :---: |
| KATHERN AND DENNIS CARRAHER | Family Child Care Home II |  |
|  | 12/02/2009 | Gretna NE 68028 |
|  |  | is blank after the q a contract, or is no |

$\overline{\mathrm{KID}} \overline{\mathrm{RO}} \overline{\mathrm{UND}} \overline{\mathrm{UP}} \overline{\mathrm{C}} \mathrm{HILD}$ DEVELOPMENT CENTER \& DAN \& KAREY HUFFMAN (402) 332-5936

| CCC9323 | 122 ENTERPRISE DR |
| :---: | :---: |
| Child Care Center |  |
| $03 / 31 / 2013$ | Gretna NE 68028 |

$\overline{\text { KID }} \mathrm{S} \overline{\text { ROUND }} \overline{\mathrm{P}} \mathrm{C}$ HILD DEVELOPMENT CENTER \& KAREY \& DANIEL HUFFMAN (402) 332-0885

| 03/31/2013 | Gretna NE 68028 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC9479 | 106 N MCKENNA AVE |
| Child Care Center |  |
| 01/31/2016 | Gretna NE 68028 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI6460 | 422 CHIPPEWA DR |
| Family Child Care Home I |  |
| 10/26/1996 | GRETNA NE 68028 |

SUSAN KROENK (402) 332-4898
$\overline{\text { LITTLE RED SCHOOL HOUSE }}$

$$
\begin{array}{|l|}
\hline \begin{array}{l}
\text { If a "N" appears or the space is blank after the question, the } \\
\text { licensee does not have a contract, or is not accredited. }
\end{array} \\
\hline
\end{array}
$$

21730 LAURA ST
owned by PRINCE \& PRINCESS

$$
\begin{aligned}
& \text { owned by PRINCE \& PRINCESS } \\
& \text { PRINCE \& PRINCESS CHILDCARE INC } \\
& \text { (40) } 500-4818
\end{aligned}
$$

Child Care Center

09/30/2013
Gretna NE 68028
(402) 502-4818
$\overline{\text { LIT }} \overline{\mathrm{LE}} \overline{\mathrm{I}} \overline{\mathrm{DG}} \overline{\mathrm{SC}} \overline{\mathrm{CHD}} \overline{\mathrm{ARE}} \overline{\mathrm{LLC}}$
$\overline{\text { LIT }} \overline{L E} \operatorname{RI} \overline{\mathrm{DG}} \overline{\mathrm{S}} \mathrm{CHILD} \overline{\mathrm{CARE}} \overline{\mathrm{LLC}}$
LITTLE RIDGES CHILDCARE LLC
(402) 614-1890
$\overline{\text { LOVE TO }} \overline{\text { LEARN CHILD }} \overline{\text { CAR }} \overline{\mathrm{E}}$

| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |

0332 HACKBERRY DR Child Care Center
 LOVE TO LEARN CHILD CARE CENTER LLC

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0700 To 1730
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 100 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 75 Days of Week Open: MTWTHF Ages: $6 \mathrm{WKS} \quad$ To 12 YRS
Hours: $0630 \quad$ To 1800

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1730 |


| Hours: 0630 | To | 1730 |  |
| :---: | :---: | :---: | :---: |
| Accepts Child Care Subsidy through DHHS? |  |  |  |
|  | Accredited? |  |  |
| Capacity: 99 | Days of Week Open: MTWTHFSSU |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0630 | To | 1830 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 22 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1830 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 60 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

MCMAHON, STACI
STACI MCMAHON
(402) $332-3747$
$\overline{\text { MISS }} \overline{\text { B'S }} \overline{\text { BUMBLE }} \overline{\text { BEES }} \overline{\text { OW }} \overline{\mathrm{NED}}$
BY BRITNEY DYKE
DYKE, BRITNEY
(402) 982-9301
 owned by MILLARD PUBLIC owned by MILLARD PUBLIC School Age Only Child Care Center
MILLARD PUBLIC SCHOOLS FOUNDATIO (402) 991-6859
$\overline{\text { NOR }} \overline{M A N}, \overline{\text { TERESA }} \overline{\text { ESA }}$
TERESA NORMAN
(402) 332-4768
$\overline{\text { PETRIGASH, TER }}$ TERA PETRIGASH
(402) 916-9756
$\overline{\text { PFEIFER, }} \overline{\text { WEN }} \overline{\overline{D Y}}$
WENDY PFEIFER
(402) 502-2279

## LICENSE TYPE

 EFFECTIVE DATEFI9222
Family Child Care Home I

COUNTY ADDRESS
21839 HILLTOP AV

| Capacity: 10 | Days of Week Open: MTWThF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0700 | To | 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1730 |  |
| Accepts Child Care Subsidy through DHHS? |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWThF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1730 |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 193 | Days of Week Open: MTWTHF |  |
| Ages: 5 YRS | To 13 YRS |  |
| Hours: 0630 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 10 YRS |
| Hours: 0700 | To 1730 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0530 | To 1900 |

Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWThF |  |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0700 | To | 1730 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWThF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 10 YRS |
| Hours: 0700 | To | 1700 |

Hours: $0700 \quad$ To $\quad$ Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :--- | :--- |
| Capacity: 87 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0700 | To | 1800 |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 60 | Days of Week Open: MTWTHF |  |
| :--- | :--- | :--- |
| Ages: 3 YRS | To | 5 YRS |
| Hours: 0830 | To | 1500 | licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{2 9}$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 4$


## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| THE FIRST CLASSROOM | FI11790 | 902 SANDHILL RD | Capacity: 8 | Days | eek Open: MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DAYCARE \& PRESCHOOL VAVRA, NATASHA J(402) 560-7078 | Family Child Care Home I |  | Ages: 6 WKS | To | 5 YRS |
|  | 02/29/2016 | Louisville NE 68037 | Hours: 0700 | To | 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { UNITED }} \overline{\text { METHODIST }}$ | PRE8003 | 222 WALNUT ST | Capacity: 12 | Days | ek Open: MTWTHF |
| PRESCHOOL owned by FIRST Preschool FIRST UNITED METHODIST CHURCH OF I$\qquad$ |  |  | Ages: 3 YRS | To | 5 YRS |
|  |  | LOUISVILLE NE 68037 | Hours: 0830 | To | 1530 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

## Total Number in Zip Code: 4

| 68038 |  | Burt |  |  |
| :---: | :---: | :---: | :---: | :---: |
| CHARI UEDINGS DAYCARE | F19813 | 155 S 6TH ST | Capacity: 12 | Days of Week Open: MTWTHF |
| CHARI UEDING <br> (402) 687-2609 | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 02/02/2009 | Lyons NE 68038 | Hours: 0500 | To 1900 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { KAY }}$ ' $\bar{S} \mathbf{R E A T I V E}$ PLAY $\overline{C H I L}$ | FII6857 | 230 LINCOLN ST | Capacity: 12 | Days of Week Open: MTWTF |
| CARE <br> VIVIAN KAY STEINMEYER <br> (402) 687-4184 | Family Child Care Home II | P.O. Box 401 | Ages: 6 WKS | To 13 YRS |
|  | 06/04/2001 | LYONS NE 68038 | Hours: 0500 | To 2200 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
| $\overline{\text { MELISSA' }} \overline{\operatorname{SLI}} \overline{T L E E} \overline{\text { MIRACLES }}$ OWNED BY MELISSA VACHA MELISSA VACHA(515) 249-5997) | FI11932 | 565 S 3RD ST | Capacity: 10 | Days of Week Open: MTWTHF |
|  | Provisional Family Child Care Home I | PO BOX 124 | Ages: 6 WKS | To 13 YRS |
|  | 05/09/2016 | Lyons NE 68038 | Hours: 0700 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Accredited? |  |
| $\overline{\text { RAA }} \overline{\mathrm{BE}}, \mathrm{TIFFA} \overline{N Y}$ | FI11411 | 630 EVERETT ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
| TIFFANY A RAABE <br> (402) 380-8468 | Family Child Care Home I | Lyons NE 68038 | Ages: 6 WKS | To 13 YRS |
|  | 08/31/2013 |  | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| $\overline{\text { WAT }} \overline{S O N}, \overline{A S H L E Y}$ | FI11509 | 610 DIAMOND ST | Capacity: 10 | Days of Week Open: MTWTHF |
| ASHLEY D WATSON (402) 870-0198 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 07/14/2014 | Lyons NE 68038 | Hours: 0600 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |

Total Number in Zip Code: 5


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 3

$\overline{\text { Total }} \overline{\text { Number in }} \overline{\text { Zip }} \overline{\text { Code: }} \mathbf{3}$ 68045
JOHNSON, AUDREY
AUDREY L. JOHNSON
(402) 380-1146
$\overline{\text { MY゙ }} \overline{\mathrm{ESS}}$ HULTMAN $\overline{\mathrm{VIO}} \overline{\mathrm{EET}}$



## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS


| If a "N" appears or the space is blank after the question, the |
| :--- |
| licensee does not have a contract, or is not accredited. |


| Accepts Child Care Subsidy through DHHS? N |  |  |
| :---: | :---: | :---: |
|  |  | Accredited? |
| Capacity: 35 | Days of Week Open: | MTWTHFSSU |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0000 | To 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  |  | Accredited? |
| Capacity: 12 | Days of Week Open: | MTWTHF |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To 2100 |  |



## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER
GRACE BAPTIST CHURCH WEE
SCHOOL owned by GRACE

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

SCHOOL owned by GRACE Pres
GRACE BAPTIST CHURCH OF PAPILLION
(402) 331-8901

## -

$\overline{\mathrm{HAS}} \overline{\mathrm{SAN}}, \overline{\mathrm{KAD}} \overline{\mathrm{IGA}}$
KADIGA HASSAN
(402) 763-0773
$\overline{\text { KELLEY, }} \overline{\text { MICHELLE }} \overline{-}-$
MICHELLE KELLEY
(402) 933-0702
$\overline{\text { LA P }} \overline{-} \bar{\square} \bar{C} \overline{\mathrm{ADE}} \overline{\text { MY owned }} \overline{\text { by }}$ LA PETITE ACADEMY INC LA PETITE ACADEMY INC (402) 938-5003
$\overline{\text { LAD }} \overline{\text { YBU }} \bar{G} \overline{\text { LANDING }} \overline{\bar{N}} \overline{\text { CHILDCARE OWNED BY }}$ PATTEN, MICHELE
(402) 731-6954
$\overline{\text { LET }} \overline{\text { THE }} \overline{\text { BE }} \overline{\text { LITTLE LLL }} \bar{C}$ LET THEM BE LITTLE LLC (402) 292-6587

## $\overline{\text { LISSET'S }} \overline{\text { CHIL }} \overline{D C A} \overline{R E, L} \overline{L C}$

LISSET'S CHILDCARE, LLC
(402) 212-7350
$\overline{\text { LITTTE LIIGT }} \overline{\mathrm{GH}} \overline{\mathrm{PR}} \overline{\mathrm{ESCH}} \overline{\mathrm{OOL}}$

| Preschool |
| :--- |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| FI11161 <br> Family Child Care Home I <br> $08 / 31 / 2012$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| Papillion NE 68046 |


| Capacity: 64 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 5$ YRS |  |
| Hours: 0900 | To $\quad 1500$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 8 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: |  |

Hours: $0000 \quad$ To 2400
Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 1700$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 160 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 8 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To $\quad 12$ YRS |
| Hours: 0700 | To 1700 |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWTHFSSU
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0000 \quad$ To 2400

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 36 Days of Week Open: MTWTHF

Ages: 3 YRS To 6 YRS
Hours: 0900 To 1500
Accepts Child Care Subsidy through DHHS?
Accredited?

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To | 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWThF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0730 | To $\quad 1700$ |

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE COUNTY <br> EFFECTIVE DATE <br> ADDRESS

2308 MARILYN DR

Papillion NE 68046

BY MEGAN MCDONOUGH MEGAN MCDONOUGH

## FII9601

Provisional Family Child Care Home II 10/31/2016
$\overline{\text { OUR }} \overline{\operatorname{HO}} \overline{\text { SE }} \overline{\mathrm{CHIL}} \overline{\text { REN'S }} \overline{-}$
$\square$ If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited. $\overline{\text { OUR }} \overline{\text { HOUSE }} \overline{\mathrm{CHILD}} \overline{\mathrm{REN}} \overline{\mathrm{S}}$
LEARNING CENTER INC OEARNING CENTER INC
(402) 339-9225
$\overline{\text { OVERLA }} \overline{\mathrm{ND}} \overline{\mathrm{HLS}} \overline{\mathrm{CHR}} \overline{\overline{T S I}} \overline{\mathrm{~N}}$

| (11/06/2004 | PAPILLION NE 68046 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC7200 | 707 GRUENTHER ST |
| L Child Care Center |  |
| 07/16/2001 | Papillion NE 68046 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC9594 | 711 OLSON ST |
| Provisional Child Care Center |  |
| 10/31/2016 | Papillion NE 68046 |


|  |  |  |
| :--- | :---: | :--- |
| Capacity: 12 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To | 1900 |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 100 Days of Week Open: MTWTHFS
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0600 \quad$ To 2400

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 150 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Hours: $0600 \quad$ To 1800
Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 100 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 6 YRS |
| Hours: 0700 | To 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 12 YRS |  |
| Hours: 0630 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 5 YRS | To 12 YRS |  |
| Hours: 0630 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 5 YRS | To 12 YRS |
| Hours: 0630 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |


| Capacity: 99 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To $\quad 12$ YRS |
| Hours: 0630 | To $\quad 1800$ |


| Hours: 0630 | To 1800 |  |
| :--- | :---: | :--- |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 99 | Days of Week Open: MTWTHF |  |
| Ages: 5 YRS | To 12 YRS |  |
| Hours: 0630 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Accredited?
$\overline{\text { PAPILLION }} \bar{N}-\mathrm{LA} \overline{\text { VISTA KIDS CLUB }}$

- TARA HEIGHTS owned by School Age Only Child Care Center
PAPILLION-LA VISTA SCHOOLS FOUNDA7 ${ }_{11 / 18 / 2013} \quad$ Papillion NE 68046
(402) 898-0491
$\overline{\text { PAPILLION-LA }} \overline{\text { VISTA KIDS CLUB }} \overline{ } \quad$


## - TRUMBLE PARK owned by PAPILLION-LA VISTA SCHOO

 (402) 898-0496| If a " N " appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |

500 VALLEY RD

Papillion NE 68046

| Capacity: 95 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To $\quad 12$ YRS |
| Hours: 0630 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 12 YRS |
| Hours: 0630 | To $\quad 1800$ |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY <br> ADDRESS


$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{4 5}$

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE COUNTY

EFFECTIVE DATE ADDRESS

| 1216 ROYAL DR | Capacity: 99 | Days of Week Open: MTWTHFSSU |
| :--- | :--- | :--- |
|  | Ages: 6 WKS | To 12 YRS |
| Papillion NE 68046 | Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \overline{3}$


ZIP CODE PROVIDER NAME
OWNER NAME
PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


Total Number in Zip Code: 13


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> COUNTY

EFFECTIVE DATE

ADDRESS

Total Number in Zip Code: 2

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 7$

| 68061 |  | Burt |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| BUSY BEES | FII9133 | 1216 J ST | Capacity: 12 | Days of Week Open: | MTWTHFSSU |
| CHERYL HENSMAN | Family Child Care Home II |  | Ages: 6 WKS | To 12 YRS |  |
| (402) 374-3949 | 01/31/2010 | Tekamah NE 68061 | Hours: 0000 | To 2400 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |

Total Number in Zip Code: 1


## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER
RENTER, CAROLYN S.
CAROLYN S. RENTER
(402) 359-2395
$\overline{-}$

VALLEY KIDS CLUB INC (402) 359-5555
$\overline{\text { YMC }} \overline{\mathrm{A}-\mathrm{T}} \overline{\mathrm{WIN}} \overline{\mathrm{RIV}} \overline{\mathrm{RS}} \overline{\text { owned }} \overline{\text { by }}$ YMCA OF GREATER OMAHA YMCA OF GREATER OMAHA (402) 359-9622
$\overline{\text { VAL }} \overline{L E Y} \overline{\text { KIDS }} \overline{\text { CLUB }} \overline{\text { INNC }}$

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS
FI5720 222 CONDRON

Family Child Care Home I 02/24/1998

222 CONDRON

VALLEY NE 68064
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 4$
68065

KIDDIE KORNER KOLLEGE
NANCY DENSBERGER


| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 50 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0600 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 42 | Days of Week Open: MTWTHF |
| Ages: 5 YRS | To 12 YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
(402) 784-2255

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 29 |
| :--- |
| Days of Week Open: MTWTHF |
| Ages: 6 WKS |
| Hours: 0600 |
|  |
| Ho $\quad$ To $\quad 13$ YRS |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1730
Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0530 To 1700

Accepts Child Care Subsidy through DHHS? Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Z Zip Code: }} \mathbf{3}$


## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

FIRST STEP PRESCHOOL
BETHLEHEM EVANGELICAL LUTH
(402) $443-3160$
$\overline{\text { HALF }} \overline{\mathrm{PI}} \overline{\mathrm{NTS}} \overline{\mathrm{CHILD}} \overline{\mathrm{CAR}} \overline{\mathrm{EAN}} \overline{\mathrm{D}}$ PRESCHOOL
DNK, INC.
(402) 443-1800
$\overline{\mathrm{MRS}} \overline{\mathrm{H} \text { 'S }} \overline{\mathrm{DAY}} \mathrm{C} \overline{\mathrm{ARE}}, \overline{\mathrm{LLC}}$
MARY HANCOCK
(402) 443-5372
$\overline{\text { SAY }} \overline{\mathrm{ERS}}, \overline{\mathrm{CAR}} \overline{\mathrm{OL}}$
CAROL SAYERS

(402) 443-4883
$\overline{\mathrm{SPE}} \overline{\mathrm{HT}}, \overline{\mathrm{APRIL}} \overline{\mathrm{D}}$
APRIL D SPECHT
(402) 443-9356
$\overline{\text { STE }} \overline{W A R} T, \overline{A N} \overline{N E T T E} \overline{ }$
ANNETTE STEWART
(402) 443-3795
$\overline{\text { SUSAN'S }} \overline{123} \mathrm{CHIL} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$
SUSAN SNITILY
(402) 443-6200
$\overline{\text { SUSAN'S }} \overline{\text { CARE AW }} \overline{\operatorname{AY}} \overline{\mathrm{FROM}}$ HOME OWNED BY SUSAN SUSAN SNITILY
(402) 443-6200

## $\overline{\text { SUSAN'S }} \overline{\mathrm{XYZ}} \overline{\mathrm{CHIL}} \overline{\mathrm{DCA}} \overline{\mathrm{RE}}$

SUSAN SNITILY
(402) 443-6200
$\overline{\mathrm{WA}} \mathrm{H} \overline{\mathrm{OO}} \overline{\mathrm{HAPP}} \overline{\mathrm{YHE}} \overline{\mathrm{ART}}$

## DAYCARE \& PRESCHOOL Child Care Center

WAHOO HAPPY HEARTS DAYCARE AND I
(402) 443-1183
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 14$

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS
COUNTRY CARE CHILD CARE
CENTER owned by MARY
MARY ROUBICEK

| CCC7448 | 201 THIRD ST |
| :---: | :--- |
| Child Care Center |  |
| $06 / 23 / 2003$ | WATERLOO NE 68069 |

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 60 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0630 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{1}$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 2$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} 1$


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| YMCA - DOWNTOWN CHILD | CCC8632 | 430 SOUTH 20th ST | Capacity: 75 | Days | Week Open: MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DEVELOPMENT CENTER owned YMCA OF GREATER OMAHA(402) 341-1600 | Child Care Center |  | Ages: 18 MOS | To | 13 YRS |
|  | 03/03/2004 | OMAHA NE 68102 | Hours: 0630 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { YMCA - D }} \overline{\text { OW }}$ NTOWN SUMMER | SAOC8711 | 430 SOUTH 20th ST | Capacity: 175 | Days | ek Open: MTWTHF |
| FUN CLUB owned by YMCA OF YMCA OF GREATER OMAHA | School Age Only |  | Ages: 5 YRS | To | 13 YRS |
|  | 11/25/2013 | OMAHA NE 68102 | Hours: 0630 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

## Total Number in Zip Code: 7

| 68104 |  | Douglas |  |  |
| :---: | :---: | :---: | :---: | :---: |
| A IS FOR ART PRESCHOOL owned by JENNIFER J BORELLI JENNIFER J BORELLI(402) 212-2170 | PRE8968 | 6008 MAPLE ST | Capacity: 29 | Days of Week Open: MTWTHF |
|  | Preschool |  | Ages: 3 YRS | To 6 YRS |
|  | 05/31/2008 | Omaha NE 68104 | Hours: 0900 | To 1600 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Accredited? |  |
| A MOTHER'S TOUCH LEARNING CENTER OWNED BY TANISHA MCINTOSH, TANISHA <br> (402) 578-2163 | FI11797 | 5401 NORTH 46 ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
|  | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 06/02/2016 | Omaha NE 68104 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { ANDERSON }} \overline{\text { ERVIN, }}$, $\overline{\text { DAVEDA }}$ | F16192 | 6730 LAUREL AV | Capacity: 10 | Days of Week Open: MTWTHFSSU |
| DAVEDA J ANDERSON ERVIN(402) 573-7800 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 03/11/2013 | OMAHA NE 68104 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { ANN'S KIDDIE KOLLEGE }}$ | FI4646 | 5008 NORTH 60th AVE | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| FLOYD \& DORIS TILMON <br> (402) 990-3432 | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 05/21/2007 | Omaha NE 68104 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { BARB'S }} \overline{\text { d }} \overline{\text { C }}$ C $\overline{A R E}$ | FII6804 | 5309 NORTH 48 ST | Capacity: 12 | Days of Week Open: MTWTHF |
| BARBARA BROWN WILLIAMS (402) 455-9817 | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 05/09/2000 | OMAHA NE 68104 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\mathrm{BB}}$ 'S $\overline{\mathrm{CH}} \mathrm{L} \overline{\mathrm{DC}} \mathrm{A} \overline{\mathrm{RE}}$ LLC | FII9523 | 4407 NORTH 61 ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
| BB'S CHILD CARE LLC <br> (402) 453-2252 | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 09/30/2016 | Omaha NE 68104 | Hours: 0000 | To 240 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| BETHANY LUTHERAN PRESCHOOL owned by BETHANY BETHANY LUTHERAN CHURCH <br> (402) 558-6212 | PRE8099 | 5151 NW RADIAL HWY | Capacity: 11 | Days of Week Open: MTWTHF |
|  | Preschool |  | Ages: 3 YRS | To 5 YRS |
|  | 09/03/1998 | OMAHANE 68104 | Hours: 0900 | To 1130 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| BOYS \& GIRLS CLUBS OF THE <br> MIDLANDS - MT VIEW owned by <br> BOYS \& GIRLS CLUBS OF THE MIDLAND Child $\qquad$ |  | 5322 NORTH 52nd ST | Capacity: 250 | Days of Week Open: MTWTHF |
|  |  |  | Ages: 5 YRS | To 13 YRS |
|  |  | Omaha NE 68104 | Hours: 0700 | To 2200 |
| (402) 208-3833 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

| CANNON, ALMA | FI4100 | 5830 SAHLER | Capacity: 10 | Days of Week Open: MTWThFSSu |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| ALMA CANNON | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| (402) 502-2280 | 09/25/2007 | Omaha NE 68104 | Hours: 0600 | To | 0030 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| $\overline{\mathrm{CH}}$ ( $\overline{\mathrm{MBE}} \times \overline{\mathrm{RS}}$, G $\overline{\mathrm{LOR}} \mathrm{I} \overline{\mathrm{A}}$ | FI11448 | 4812 PRATT ST | Capacity: 10 | Days of Week Open: MTWTHFS |  |  |
| GLORIA CHAMBERS(402) 612-7803) | Family Child Care Home I | Omaha NE 68104 | Ages: 6 WKS | To 13 YRS |  |  |
|  | 09/30/2013 |  | Hours: 0600 | To | 2400 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| $\overline{\text { CHILDREN'S ANGEL CHILDCARE }}$ | FII9542 | 3524 SOUTH 49 ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |  |  |
| LLC <br> CHILDREN'S ANGEL CHILDCARE | Provisional Family Child C 11/06/2015 | Omaha NE 68104 | Ages: 6 WKS <br> Hours: 0000 | To 13 YRS |  |  |
| (402) 507-0626 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| CLARK, JANICE | FII6809 | 4520 SARATOGA ST | Capacity: 10 | Days of Week Open: MTWThFSSu |  |  |
| JANICE CLARK | Family Child Care Home I $\qquad$ | Omaha NE 68104 | Ages: 6 WKS <br> Hours: 0000 | To 13 YRS |  |  |

(402) $453-7603$

| $05 / 28 / 2004$ | Omaha NE 68104 |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the <br> FI9252 <br> Family Child Care Home I <br> $01 / 10 / 2007$ | 3878 NORTH 65 AV |
| Omaha NE 68104 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWThFSSu |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1830 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  |  |
| Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |


| 04/22/1997 OMAHA NE 68104 | Hours: 0000 | To 2400 |
| :---: | :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| FI11545 2327 NORTH 65 AV | Capacity: 8 | Days of Week Open: MTWTHF |


| Capacity: 8 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |


| Hours: 0000 | To |  |
| :--- | :---: | :--- |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  |  | Accredited? |
| Capacity: 70 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 412 Days of Week Open: MTWTHF
Ages: 4 YRS $\quad$ To 13 YRS
Hours: 0700 To 2200

| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
HANDPRINTS \& FOOTSTEPS

CHILDCARE
NAKIA VASSER - BRYE
(402) 451-2334

## $\overline{\text { HEALTHY }} \overline{\text { STA }} \overline{\text { RT }} \overline{\text { LEAR }} \overline{N I N G}$

 CENTERHEALTHY START LEARNING CENTER (402) 934-6607
$\overline{\text { HEALTH }} \overline{\text { START }} \overline{\text { LEARNING }} \overline{ }$

FII6649
Family Child Care Home II 06/01/2009 Omaha NE 68104

| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |


| Omaha NE 68104 |
| :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |

CENTER owned by HEALTHY Provisional Child Care Center
HEALTHY START LEARNING CENTER Pro

$$
\overline{\text { HEARTLAND }} \overline{\text { CHIL }} \overline{D C A R E ~ o w n e d ~}
$$

by EDWARD \& MAUREEN OKOSI
EDWARD \& MAUREEN OKOSI
(402) 290-1746

$$
\begin{aligned}
& \overline{\text { HENRY'S }} \overline{\text { HOUSE }} \overline{-}- \\
& \text { LA JEAEN HENRY } \\
& \text { (402) 934-2317 } \\
& \overline{\text { HOL }} \bar{Y} \text { NA } \overline{M E ~ E A R L} \overline{\text { LEA }} \overline{R N I N G}
\end{aligned}
$$

CENTER owned by HOLY NAME

$$
\begin{aligned}
& \text { CENTER owned by HOLY NAME } \\
& \text { HOLY NAME CHURCH OF OMAHA }
\end{aligned}
$$

(402) 451-1249
$\overline{\text { INTE }} \overline{\operatorname{RNA} A} \overline{\text { ION }} \overline{\mathrm{AL}} \mathrm{D} \overline{\mathrm{AY}} \mathrm{C} \overline{\mathrm{ARE}} \overline{\text { INC }}$

INTERNATIONAL DAY CARE INC
(402) 457-7818
$\overline{\text { JONES, RENEE }} \overline{-}--$
RENEE JONES
(402) $453-2996$
$\overline{J U S T} \overline{\text { US }} \overline{\mathrm{CHIL}} \overline{\mathrm{DCA}} \overline{\mathrm{CE}} \overline{\mathrm{OWNED}} \overline{\mathrm{T}}$ BY STACEE R JUSTUS JUSTUS, STACEE
(402) 812-4172
$\overline{\text { KARE-BEARS }} \overline{\text { owned by KAREN }}$
KAREN WATKINS
(402) 558-8270
$\overline{\text { KELLER }} \overline{M A N}, \overline{J U D} \overline{-}-\longrightarrow$

## JUDY KELLERMAN

(402) 932-8801

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
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## ZIP CODE

PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
LLOYD, JOBINA
JOBINA LLOYD
(402) $306-8297$
$\overline{\text { LOTS OF }} \overline{\text { LOVE CHILDCA }} \overline{-} \overline{R E}$
OWNED BY LASHASTA N
JOHNSON, LASHASTA
(402) $934-7607$
$\overline{\text { LOVE KIDS CHILD }} \overline{\text { CARE }}$
CENTER owned by JAMES JAMES BRIDGEMAN JR (402) 933-9772

FI11220
Family Child Care Home I 11/30/2012


| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI5091 <br> Family Child Care Home I <br> $05 / 13 / 1998$ | 6305 NORTH 49TH AV |
| OMAHA NE 68104 |  |

## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## ZIP CODE

PROVIDER NAME

## owner name

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

|  <br> ACADEMY II <br> JACQUELYNNE R BROWN <br> (402) 451-5422 | FII8999 | 4652 REDICK AVE | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| :---: | :---: | :---: | :---: | :---: |
|  | Family Child Care Home II 03/31/2008 |  | Ages: 6 WKS | To 12 YRS |
|  |  | Omaha NE 68104 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { THE }} \overline{\text { NURTURING }}$ T $\overline{\text { REE }}$ L $\overline{L C C}$ | FII9332 | 6053 ELLISON AVE | Capacity: 12 | Days of Week Open: MTWTHFS |
| THE NURTURING TREE LLC(402) 934-7393 | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 02/28/2013 | Omaha NE 68104 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| TINA'S CHILD CARE OWNED BY TINA WATKINS WATKINS, TINA <br> (402) 359-7619 | FI11697Family Child Care Home I | 6325 MANDERSON ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
|  |  |  | Ages: 6 WKS | To 13 YRS |
|  | 06/10/2015 | Omaha NE 68104 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { U.N.I.Q.U.E. CHILD }} \overline{\text { CAR }} \overline{ }$ OWNED BY BARBARA CLAY CLAY, BARBARA(402) 813-8459 | FI10665 | 4827 SPAULDING ST | Capacity: 10 Days of Week Open: MTWThFS |  |
|  | Family Child Care Home I |  | Ages: 6 WKS | To |
|  | 03/31/2011 | Omaha NE 68104 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\mathrm{VENABL}} \overline{\mathrm{A}, \mathrm{AN}}$ ITRA | FI8114 | 3334 NORTH 59 ST | Capacity: 10 Days of Week Open: MTWTHFS |  |
| VENABLE, ANITRA451-2546 (402) | Family Child Care Home I |  | Ages: 6 WKS | To |
|  | 03/11/2005 | Omaha NE 68104 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| $\overline{\text { WA }}$ R $\overline{D, Y}$ Y $\overline{O L A} N \overline{D A}$ | FI10616 | 2045 NORTH 67 ST | Capacity: 10 | Days of Week Open: MTWThFSSu |
| YOLANDA WARD553-7291 (402) | Family Child Care Home I |  | Ages: 6 WKS <br> Hours: 0000 | To 13 YR |
|  | 10/31/2010 | Omaha NE 68104 |  | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { WELLS, }}$, $\overline{\text { ERESA }}$ | FI5759 | 5615 NORTH 50TH AV | Capacity: 10 Days of Week Open: MTWTFS |  |
| TERESA WELLS457-3099 (402) | Family Child Care Home I | OMAHA NE 68104 | Ages: 6 WKS | To 13 YRS |
|  | 06/04/2002 |  | Hours: 0600 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| $\overline{\text { YOUNG-JONES, OR }} \overline{\text { ACELESTE }}$ | FI6485 | 5309 NORTH 45TH ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
| ORA CELESTE YOUNG-JONES614-0626 (402) | Family Child Care Home I |  | Ages: 6 WKS <br> Hours: 0600 | To 13 YRS |
|  | 08/14/2001 | OMAHA NE 68104 |  | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{8 2}$
$\mathbf{6 8 1 0 5}$

ABIGAILS CHILD CARE LLC
ABIGAILS CHILD CARE LLC (402) 215-1037
$\overline{\mathrm{AD}} \mathrm{VENT} \overline{\mathrm{RE}} \overline{\mathrm{IME}} \overline{\mathrm{ACA}} \overline{\mathrm{DEM}} \overline{\mathrm{II}}$ owned by MAYORGA
MAYORGA ENTERPRISES LLC (402) 502-7777


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

DAY CARE BABY KID'S OWNED
BY DAYSI MARTINEZ
HERNANDEZ MARTINEZ, DAYSI (402) 830-1896
$\overline{\text { DEL }} \overline{\mathrm{GAD}} \overline{O, \text { SA }} \overline{\mathrm{NDR}} \overline{\mathrm{A}}-$
SANDRA DELGADO
(402) 216-8690
$\overline{\text { EMELY'S }} \overline{\text { DAY }} \overline{C A R E} \overline{\text { OWNED }} \overline{\text { BY }}$
SANDRA DELGADO
DELGADO, SANDRA
(402) 216-8690
$\overline{H U D} \overline{A C A} A \overline{R E} C \overline{E N T E} \bar{R}$ INC.
HUDA CARE CENTER INC (402) 637-5191
$\overline{\mathrm{JOA}} \overline{\mathrm{N}} \mathrm{S} \operatorname{DAYC} \overline{\mathrm{RE}} \overline{\text { OWNED BY }}$
JOAN MAGLICIC
(402) 612-4514
(402) 612-4514
$\overline{\text { KAT }} \overline{\text { HY'S }} \overline{\mathrm{DAY}} \overline{\mathrm{CAR}} \overline{\mathrm{OW}} \overline{\mathrm{NED}} \overline{\mathrm{BY}}$

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


> Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :---: |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 Days of Week Open: MTWTHFS |  |
| :--- | :---: |
| Ages: 6 WKS |  |
| Hours: $0530 \quad$ To 13 YRS |  |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |
| Capacity: 10 |  |
| Ages: 6 WKS |  |
| Dours: 0000 |  |


| Hours: 0000 | To 2400 |
| :--- | :---: |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0530 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? N Accredited?
$\overline{\mathrm{OSF}}-\overline{\text { JACKSO}} \overline{\mathrm{KSO}} \overline{\mathrm{NELEMENTARY}} \overline{\mathrm{T}}$ owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION (402) 344-7484
$\overline{\text { OUR }} \overline{\text { LAD }} \overline{\mathrm{Y} \text { OF }} \overline{\text { LOURDES }} \overline{-}$

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :---: |
| SAOC8769 |
| 2124 SOUTH 32nd AVE |
| OUR School Age Only Child Care Center |
| TT ADALBERT |
| O2/23/2016 |

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

## ZIP CODE

## PROVIDER NAME

 owner name PHONE NUMBERLICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 16$



CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
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| ZIP CODE |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| PROVIDER NAME | LICENSE NUMBER |  |  |  |
| owner name | LICENSE TYPE | COUNTY |  |  |
| PHoNe Number | EFFECTIVE DATE | ADDRESS |  |  |
| KLASSY KIDZ CORNER LLC | CCC9481 | 5001 LEAVENWORTH ST | Capacity: 55 | Days of Week Open: MTWTHFSSU |
| KLASSY KIDZ CORNER LLC <br> (402) 315-3359 | Child Care Center |  | Ages: 6 WKS | To 13 YRS |
|  | 02/29/2016 | Omaha NE 68106 | Hours: 0600 | To 2300 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y |  |
| $\overline{\text { LONERGAN, MIRIA }} \bar{M}$ | FI5456 | 4940 SPRING ST | Capacity: 10 | Days of Week Open: MTWTHF |
| MIRIAM LONERGAN <br> (402) 556-8432 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 03/19/2002 | OMAHA NE 68106 | Hours: 0730 | To 1930 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { MILLER }}$, $\overline{\text { LATR }} \overline{\text { EIA }}$ | FI11176 | 2743 SOUTH 50 ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
| LATREIA MILLER(402) 577-1721 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 09/30/2012 | Omaha NE 68106 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{M O} \overline{T E S S O R I} \overline{\text { CHIL }} \overline{D S}$ WORLD owned by MY MONTESSORI MY MONTESSORI SCHOOL LLC (402) 391-6969 | CCC9587 | 7001 OAK ST | Capacity: 68 | Days of Week Open: MTWTHF |
|  | Provisional Child Care Center |  | Ages: 18 MOS | To 7 YRS |
|  | 09/30/2016 | Omaha NE 68106 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Accredited? |  |
| $\overline{\mathrm{OSF}}-\overline{\mathrm{BE}} \mathrm{A} \overline{\mathrm{LS}} \mathrm{ELEM} \overline{\mathrm{ENT}} A \overline{\mathrm{RY}}$ owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION <br> (402) 554-8570 | SAOC8670 | 1720 SOUTH 48th ST | Capacity: 99 | Days of Week Open: MTWTHF |
|  | School Age Only Child Care Center |  | Ages: 4 YRS | To 13 YRS |
|  | 11/18/2013 | Omaha NE 68106 | Hours: 0630 | To 1800 |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| OSF - BELLE RYAN $\overline{\text { owned by }}$ | SAOC8671 | 1807 SOUTH 60th ST | Capacity: 99 | Days of Week Open: MTWTHF |
| OMAHA SCHOOLS FOUNDATION OMAHA SCHOOL FOUNDATION | School Age Only Child Care Center |  | Ages: 4 YRS | To 13 YRS |
| (402) 554-8582 | 11/18/2013 | Omaha NE 68106 | Hours: 0630 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| $\overline{\mathrm{OSF}}-\overline{\mathrm{WA}}$ SHIN $\overline{\mathrm{GTO}}$ | SAOC8705 | 5519 MAYBERRY ST | Capacity: 99 | Days of Week Open: MTWTHF |
| ELEMENTARY owned by OMAHA OMAHA SCHOOLS FOUNDATION <br> (402) 557-2045 | School Age Only Child Care Center |  | Ages: 4 YRS | To 13 YRS |
|  | 11/18/2013 | Omaha NE 68106 | Hours: 0630 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.\| |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { PRUSA, MARY }} \overline{\mathrm{F}}$. | FI5726 | 5814 AST | Capacity: 10 | Days of Week Open: MTWTF |
| MARY F. PRUSA <br> (402) 953-9682 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 06/20/1998 | OMAHA NE 68106 | Hours: 0730 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
| $\overline{\text { SEMINARA, }} \overline{\text { R }}$ ITA | FI5624 | 5629 HASCALL ST | Capacity: 10 | Days of Week Open: MTWTF |
| RITA SEMINARA <br> (402) 551-8375 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 10/15/1996 | OMAHA NE 68106 | Hours: 0630 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { SPELLMANC }}$ C $\overline{\text { ILD }}$ | CCC9304 | 6908 MERCY RD | Capacity: 140 | Days of Week Open: MTWTHF |
| DEVELOPMENT CENTER owned CHILD SAVING INSTITUTE INC (402) 390-2028 | Child Care Center |  | Ages: 6 WKS | To 13 YRS |
|  | 01/31/2013 | Omaha NE 68106 | Hours: 0630 | To 1800 |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? Y |  |
| $\overline{\text { ST T }} \overline{\mathrm{HOM}} \overline{\mathrm{AS}} \mathrm{MORE} \overline{\text { CAT }} \overline{\text { HOLIC }}$ | CCC8943 | 3515 SOUTH 48th AVEOmaha NE 68106 | Capacity: 40 Days of Week Open: MTWTHF |  |
| SCHOOL owned by ST THOMAS ST THOMAS MORE CHURCH OF OMAHA (402) 551-9504 $\begin{array}{r}\text { OMAHA } \\ 08 / 31 / 2008 \\ \hline\end{array}$ |  |  | Ages: 3 YRS | To 6 YRS |
|  |  | Hours: 0700 | To 1800 |
| (402) $51-9904$ | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
ST THOMAS MORE EXTENDED
CARE owned by ST THOMAS
ST THOMAS MORE CHURCH OF
(402) $551-9504$
$\overline{\text { Total }} \overline{\text { Number } \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{1 9}}$


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| CCC9139 | 3110 W ST | Capacity: 200 | Days of Week Open: MTWTHF |
| :---: | :--- | :---: | :---: | :---: |
| Child Care Center |  | Ages: 6 WKS | To 6 YRS |
| $08 / 31 / 2010$ | Omaha NE 68107 | Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 100 | Days of Week Open: | MTWTHFS |
| :---: | :---: | :---: |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0000 | To 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  |  | Accredited? |
| Capacity: 10 | Days of Week Open: | MTWThF |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1700 |  |

Accepts Child Care Subsidy through DHHS? Y

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :--- |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0000 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 105 | Days of Week Open: MTWTHFSSU |
| Ages: 4 YRS | To 13 YRS |
| Hours: 0700 | To 1930 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: $12 \quad$ Days of Week Open: MTWTHFS
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0000 To 2400

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 226 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0630 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: $10 \quad$ Days of Week Open: MTWTHFSSU
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0000 To 2400

| Accepts Child Care Subsidy through DHHS? |  |  |
| :--- | :---: | :---: |
| Accredited? |  |  |
| Capacity: 10 |  |  |
| Ages: 6 WKS |  |  |
| Hours: 0000 |  |  |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## (402) 707-3405


JUDY KRIER
(402) 734-3947
$\overline{\text { LINA'S CHILD }} \overline{R E N} \overline{\text { CARE }} \overline{\text { LLC }}$
LINA'S CHILDREN CARE LLC (402) 731-0868
$\overline{\text { LOS }} \overline{\text { SOLESITOS }} \overline{\text { D }} A \bar{Y} \bar{C} A \overline{R E}$ owned by LOS SOLESITOS DAY LOS SOLESITOS DAY CARE INC (402) 706-4564
$\overline{\text { MA }} \overline{R I M A R} \bar{R} \overline{\text { D }} \overline{\text { AYC }} \overline{\text { ARE }}$ owned by MARIA M HERNANDEZ MARIA M HERNANDEZ
(402) 320-8694

## $\overline{M E N J I V A} \overline{R, M E R L Y N}$

MERLYN MENJIVAR


Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 12 Days of Week Open: MTWTF
Ages: 6 WKS To 12 YRS Hours: 0600 To 2100

Accepts Child Care Subsidy through DHHS?

|  |  | Accredited? |  |
| :--- | :---: | :--- | :---: |
| Capacity: 48 | Days of Week Open: MTWTHFS |  |  |
| Ages: 6 WKS | To | 12 YRS |  |
| Hours: 0600 | To | 2300 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 60 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0500 | To 2330 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |


| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To | 12 YRS |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

Accepts Child Care Subsidy through DHHS? Y
Accredited?
Accepts Child Care Subsidy through DHHS? Y
Accredited?
$\overline{\mathrm{MIR}} \overline{\mathrm{AND}} \overline{\mathrm{A}} \overline{\mathrm{S}} \mathrm{D} \overline{\mathrm{AYC}} \overline{\mathrm{RE}}$ owned by
ELSY MIRANDA

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| CCC9469 | 5414 SOUTH 36th ST |
| Child Care Cente |  |
| 11/30/2015 | Omaha NE 68107 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FII9353 | 3437 W ST |
| Family Child Care Home II |  |
| 05/31/2012 | Omaha NE 68107 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| F19774 | 5908 SOUTH 17 ST |
| Family Child Care Home I |  |
| 07/23/2008 | Omaha NE 68107 |

Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 60 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0500 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |

## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

NYATER PAL GANYANG
NYATER PAL GANYANG (402) 884-0093

| FII9300 | 3027 S ST |
| :---: | :---: |
| Family Child Care Home II |  |

## $\overline{\text { OMA }} \overline{\text { HA }}$ EARL $\bar{Y}$ LEARNING

CENTER AT GATEWAY owned by
OMAHA EARLY LEARNING CENTERS Chil
(531) 299-1499
$\overline{\text { OSF }}-\overline{\text { GAT }} \overline{\mathrm{EW}} \overline{\mathrm{M}} \overline{\mathrm{EL}} \overline{\mathrm{EMENTA}} \overline{\mathrm{R}} \overline{\mathrm{Y}}$
owned by OMAHA SCHOOLS owned by OMAHA SCHOOLS
OMAHA SCHOOLS FOUNDATION
(402) 561-6030 by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION (402) 898-280


| ENT | INC 11/30/2015 | Omaha NE 68107 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| Y | SAOC8684 | 5610 SOUTH 42nd ST |
| ION | $\begin{array}{r} \text { School-Age-Onl } \\ 09 / 30 / 2014 \\ \hline \end{array}$ | Omaha NE 68107 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| ed | SAOC8685 | 5101 SOUTH 17th ST |
| ION | School Age Only <br> 11/18/2013 | Omaha NE 68107 |
|  |  | is blank after the question, the a contract, or is not accredited. |


|  | Capacity: 12 <br> Ages: 6 WKS <br> Hours: 0000 | Days of Week Open: MTWTHF <br> To 13 YRS <br> To 2400 |
| :---: | :---: | :---: |
| $\begin{aligned} & \text {, the } \\ & \text { dited. } \end{aligned}$ | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
|  | Capacity: 108 <br> Ages: 6 WKS <br> Hours: 0700 |  |
| $\begin{aligned} & \text {, the } \\ & \text { dited. } \end{aligned}$ | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
|  | Capacity: 150 <br> Ages: 4 YRS <br> Hours: 0630 | Days of Week Open: MTWTHF  <br> To 13 YRS <br> To 1800 |
| $\begin{aligned} & 1, \text { the } \\ & \text { dited. } \end{aligned}$ | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
|  | Capacity: 99 <br> Ages: 4 YRS <br> Hours: 0630 | Days of Week Open: MTWTHF <br> To 13 YRS <br> To 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\mathrm{OSF}}-\overline{\text { INDIAN }} \overline{\mathrm{HILL}} \overline{\text { ELE }} \overline{\mathrm{MEN}} \overline{\mathrm{ARY}}$
owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION
(402) 734-7574

| SAOC8687 |
| :---: |
| School Age Only Child Care Center <br> $11 / 18 / 2013$ |
| If a "N" appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |

$\overline{\mathrm{OSF}}-\overline{\mathrm{SPR}} \overline{\mathrm{ING}} \overline{\text { LAKE }}---$
ELEMENTARY owned by OMAHA
ELEMENTARY owned by OMAHA
OMAHA SCHOOLS FOUNDATION
(402) 734-1833
$\overline{\text { QUINTANALLLA }} \overline{\text { MOR }} \overline{\text { ENO }} \bar{O} \overline{\text { SILVIA }}$

$\overline{\text { RIV }} E \overline{R A}, \overline{\text { XIOMARA }} \overline{\text { DBA }} \overline{\text { LITTLE }}$ PARADISE DAYCARE XIOMARA RIVERA
(402) 709-7461


If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 99 | Days of Week Open: MTWTHF |
| :---: | :---: |
| Ages: 4 YRS | To 13 YRS |
| Hours: 0630 | To 1800 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  | Accredited? |
| Capacity: 175 | Days of Week Open: MTWTHF |
| Ages: 4 YRS | To 13 YRS |
| Hours: 0630 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1700 |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Capacity: 10 | Days of Week Open: MTWTFSS |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y

## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER



## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 45$

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
Page 50 of 324
ZIP CODE
PROVIDER NAME

| OWNER NAME | LICENSE TYPE | COUNTY |
| :--- | :--- | :--- |
| PHONE NUMBER | EFFECTIVE DATE | ADDRESS |

MARY'S DAYCARE OWNED BY
MARIA RIVERA
RIVERA, MARIA
(402) $216-3811$
$\overline{\text { MESSY MUNCHERS }} \overline{\mathrm{HO}} \overline{\mathrm{ME}} \overline{ }$
CHILD CARE owned by MARNE $R$ MARNE R RICHMEIER
(402) 932-7079
$\overline{\mathrm{MIL}} \mathrm{L} \overline{\mathrm{ER}}, \overline{\mathrm{STO}} \overline{\mathrm{M}}$
STORM MILLER
(402) 345-3008

ZIP CODE
PROVIDER NAME OWNER NAME
PHONE NUMBER
BASS, SHAWN

SHAWN BASS
(402) 341-7557
$\overline{\text { CHILLDREN ARE FIRST }}$
LEARNING CENTER owned by
LAWANDA R BUCK
(402) 933-2623
$\overline{\text { EDUCAREAT }} \overline{\text { THE }} \overline{L E A R N I N G}$
COMMUNITY NORTH owned by EDUCARE OF OMAHA INC (402) 905-9990
$\overline{\text { ELG }} \overline{\text { CHILL }} \overline{D C A} \overline{\text { RE LLC }}$
ELG CHILDCARE LLC
(402) 502-0741
$\overline{\text { FUTURE STAR }} \overline{\operatorname{SOW}} \overline{\mathrm{NED}} \overline{\mathrm{BY}}$
CAROL KELLOGG
KELLOGG, CAROL
(402) 457-5544
$\overline{\text { GRE }} \overline{A T}$ KI $\overline{D S} C \overline{H I L} D \overline{\text { CAR }} \bar{E}$
GLENNETTA LUE - LONG
(402) 507-6480
$\overline{\text { LITTLE HEARTS }} \overline{\text { CHILD }}$
DEVELOPMENT CENTER LLC
LITTLE HEARTS CHILD DEVELOPMENT
(402) 455-1990
$\overline{\text { LOTHROP }} \overline{\text { CHILDCARE }} \overline{\text { CENTER }} \overline{ }$ LOTHROP CHILDCARE
owned by CRAWFORD CRAWFORD COMMUNITY DEVELOPMEN Child $\overline{\text { LOTS OF }} \overline{\text { HAPPINES }} \overline{\text { (402) } 706-3635} \overline{\text { DAY CARE }}$ TOO
SYNTHIA SKIPPER

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FII6685 <br> Family Child Care Home II <br> $08 / 28 / 2004$ | 4520 FLORENCE BLVD |
| If a "N" appears or the space is blank after the question, the |  |
| licensee does not have a contract, or is not accredited. |  |

(402) 453-0619

## $\overline{\mathrm{OM}} \mathrm{A} \overline{\mathrm{HA}} \overline{\mathrm{OIC}} \overline{\mathrm{SUNS}} \overline{\mathrm{HINE}}$

ACADEMY CHILD CARE CENTER
Child Care Center
(402) 457-4222

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| FI9325 | 2025 MIAMI ST |
| :---: | :---: |
| Family Child Care Home I |  |


| Capacity: 10 | Days of Week Open: MTWThFSSu |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0000 | To $\quad 2400$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 65 | Days of Week Open: | MTWTHFSSU |
| :---: | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  |  | Accredited? |
| Capacity: 16 | Days of Week Open: | MTWTHF |
| Ages: 6 WKS | To 3 YRS |  |
| Hours: 0700 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 19 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0530 | To $\quad 2300$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

Capacity: 10 Days of Week Open: MTWTHF

| Ages: 6 WKS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0630 | To | 2030 |

Hours: 0630 To 2030

| Accepts Child Care Subsidy through DHHS? Y |  |  |
| :---: | :---: | :---: |
|  |  | Accredited? |
| Capacity: 10 | Days of Week Open: | MTWTFSSU |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 33 Days of Week Open: MTWTHFS
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0000 \quad$ To 2400

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 35 | Days of Week Open: MTWTHFSSU |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y

| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: $10 \quad$ Days of Week Open: MTWThFSSu Ages: $6 \mathrm{WKS} \quad$ To 13 YRS Hours: 0000 To 2400

| Accepts Child Care Subsidy through DHHS? |  |  |
| :--- | :---: | :---: |
| Accredited? |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

| Capacity: 99 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 4 YRS | To 13 YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 12 | Days of Week Open: MTWTFSS |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 60 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 2300$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0000 | To 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 75 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |

Ages: $6 \mathrm{WKS} \quad$ To 13 YRS

Hours: 0000 To 2400
Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 92 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0500 | To $\quad 1900$ |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{2 3}$

ZIP CODE
PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

| LICENSE TYPE | COUNTY |
| :--- | :--- |
| EFFECTIVE DATE | ADDRESS |


$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 1$

| 68111 |  | Douglas |  |  |
| :---: | :---: | :---: | :---: | :---: |
| ALL IN THE FAMILY CHILDCARE | FII9578 | 3602 GRANT ST | Capacity: 10 | Days of Week Open: MTWTHFS |
| OWNED BY SHEREE MARSHALL SHEREE MARSHALL(402) 812-8312) | Provisional Family Child Ca |  | Ages: 6 WKS | To 13 YRS |
|  | 06/23/2016 | Omaha NE 68111 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| CREATION <br> ARNEDA CARTER <br> (402) 706-0257 | FII6725 | 4463 BURDETTE ST | Capacity: 12 | Days of Week Open: MTWTHFSSU |
|  | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 10/13/2004 | Omaha NE 68111 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| B.E.T. DAYCARE CENTER owned by BERNARD TURNBO SR AND BERNARD TURNBO SR AND BER | CCC7453 | 4052 GRAND AVE | Capacity: 99 Days of Week Open: MTWTHF | Days of Week Open: MTWTHF |
|  | Child Care Center |  | Ages: 6 WKS | To 13 YRS |
|  | $01 / 17 / 2002$ | OMAHA NE 68111 | Hours: 0530 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { BARFIELD, LUEVENIA }}$ | F19581 | 2570 EVANS ST | Capacity: 10 Days of Week Open: MTWThF | Days of Week Open: MTWThF |
| LUEVENIA BARFIELD(402) 884-6496) | Family Child Care Home I |  | Ages: 6 WKS | 13 YRS |
|  | 02/11/2008 | Omaha NE 68111 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y |  |
| $\overline{\text { BARNES }}$, $\overline{\mathrm{BET}} \overline{\mathrm{H}} \mathrm{ANN}$ | FI5052 | 2419 CROWN POINT AV | Capacity: 10 Days of Week Open: MTWTFSS |  |
| BETH ANN BARNES457-6590 (402) | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 05/01/1997 | OMAHA NE 68111 | Hours: 0001 | To 0001 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { BROWN, }}$, JANEEN | FI5033 | 4319 BOYD ST | Capacity: 10 | Days of Week Open: MTWTFS |
| JANEEN BROWN | Family Child Care Home I |  | Ages: 6 WKS | To 13 YR |
|  | 09/26/1997 | OMAHA NE 68111 | Hours: 0001 | To 0001 |
| (402) 453-8970 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| $\overline{B U R N S} \overline{\text {, MARTHA }}$ | FI10242 | 3857 PARKER ST | Capacity: 10 | Days of Week Open: MTWThFSSu |
|  | Family Child Care Home I | Omaha NE 68111 | Ages: 6 WKS | To 13 YR |
|  | 11/13/2009 |  | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| CARRIE'S CHRISTIAN LOVE | FII9069 | 3311 DECATUR ST | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| DAYCARE <br> MICHELE AUSTIN | Family Child Care Home II | OMAHA NE 68111 | Ages: 6 WKS | To 13 YRS |
|  | 03/12/2009 |  | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { CHOSEN }} 1$ CHILD | CCC8681 | 2415 GRANT ST | Capacity: 30 | Days of Week Open: MTWTHF |
| DEVELOPMENT CENTER owned BONITA SHELTON | Child Care Center | Omaha NE 68111 | Ages: 6 WKS <br> Hours: 0600 | To 13 YRS |
|  | 04/20/2005 |  |  | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |

ZIP CODE
PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER

$\overline{\operatorname{ESS}} E \overline{N T I A L} \overline{\text { Y }} \overline{\mathrm{ARS}} \overline{\mathrm{CHIL}} \overline{\mathrm{DC}} \mathrm{ARE}$ CENTER owned by STACEY L STACEY L HUNNICUTT (402) 455-4404

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
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## ZIP CODE

PROVIDER NAME

## owner name

phone number
MCGHEE, CHERI DBA TINK'S
LEARNING \& EDUCATIONAL
CHERI MCGHEE
(402) 714-0166
$\overline{\text { MCWILLIAMS }} \overline{\text { NIC }} \overline{O L E}$
NICOLE MCWILLIAMS
(402) 319-4581
$\overline{\text { MID }} \overline{\operatorname{DLE}} \overline{O N}, \overline{\text { STEV }} \overline{O N N} \bar{A}$
STEVONNA MIDDLETON (402) 359-3598
$\overline{\mathrm{MRS}} \overline{\mathrm{AN}} \overline{\mathrm{S}} \overline{\mathrm{C}} \mathrm{HILD} \overline{C A R E} \overline{\text { \& }}$ LEARNING CENTER JERLETHER ANN AUSTIN (402) 932-4287
$\overline{\text { NAR }} \overline{E D} \bar{S} \overline{\text { PEEW }} \overline{W E E} \overline{\text { PALA }} \overline{C E}$ II owned by NARED'S PEE WEE NARED'S PEE WEE PALACE INC (402) 455-2442
$\overline{\text { NAR }} \overline{E D ' S} \overline{\text { PEEW }} \overline{W E E} \overline{\text { PALACE IN }} \bar{C} \bar{C}$ NARED'S PEEWEE PALACE INC (402) 455-2442
$\overline{\text { NEW }} \overline{\text { BEGINNINGS }} \overline{-}$
YVETTE THOMAS
(402) 577-1001
$\overline{\text { NOCKAI }} \overline{\text { MIC }} \overline{H E L L E} \bar{E}$
MICHELLE NOCKAI (402) 551-1360
$\overline{\text { NOL }} \overline{A B E A R C} \overline{C I L D} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$
OWNED BY PERNORAL WILEY PERNORAL WILEY
(402) 612-9035
$\overline{\mathrm{NW}} \overline{\mathrm{NYE}}, \overline{\mathrm{CHE}} \overline{\mathrm{RRISSE}} \overline{\mathrm{S}}$
CHERRISSE NWINYE
(402) 598-4124
$\overline{\mathrm{OLD}} \overline{\mathrm{SCHOLL}} \overline{\mathrm{LEA}} \overline{\mathrm{RNING}} \overline{\mathrm{N}}$ CENTER BRENDA LUCAS - COOLEY (402) 453-3991

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 2030 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 8 | Days of Week Open: MTWTFSS |
| Ages: 6 WKS | To 13 YRS |
| ours: 0500 | 2100 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

Capacity: 60 Days of Week Open: MTWTHF
Ages: 5 YRS To 13 YRS Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 59 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 18 MOS | To | 13 YRS |
| Hours: 0600 | To | 1730 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 12 Days of Week Open: MTWTHFSSU
Ages: 6 WKS To 13 YRS
Hours: 0000 To 2400

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSS |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0001 | To 0001 |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0001 | To | 0001 |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To $\quad 2100$ |

## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(402) 455-9750
$\overline{\text { RAHN'S DAY }} \overline{\text { DARE }} \overline{\text { OWN }} \overline{\text { ED }}$ BY

## TONI RAHN

TONI RAHN
(402) 714-1720
 (402) 884-7588
$\overline{\text { REV }} \overline{O L U T I O N} \overline{\text { OF L LOVE }}$ ACADEMY II owned by KATHERINE PATTON (402) 999-8113

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| CCC9530 | 3036 CURTIS AVE |
| Child Care Center |  |
| 11/08/2016 | Omaha NE 68111 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| NED FI10932 | 3183 SPRAGUE ST |
| Family Child Care Home I |  |
| 10/12/2011 | Omaha NE 68111 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI4464 2895 BINNEY |  |
| Family Child Care Home II |  |
| 10/13/2005 | OMAHA NE 68111 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FII9193 | 4007 MAPLE ST |
| Family Child Care Home II |  |
| 03/07/2011 | Omaha NE 68111 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC7502 | 3706 LAKE ST |
| Child Care Cente <br> L \& DAY CA <br> 03/04/1998 | OMAHA NE 68111 | licensee does not have a contract, or is not accredited.

ZIP CODE PROVIDER NAME owner name PHONE NUMBER
SISTER'S \& BROTHER'S LEARNING CENTER owned by KELLY L COOPER
(402) 453-7922

## $\overline{\text { SPECIAL }} \overline{\text { FRIENDS }} \overline{\text { II }}-$ RACHEL LEONARD-STEPHENS

(402) 714-2798
$\overline{\text { STA }} \overline{R C H I L} \bar{D} \bar{D} \overline{A Y C} A \overline{R E}$
CHERYL JOHNSON (402) 453-3362
$\overline{\text { STARK, DELLA }} \overline{\text { DELLA STARK }}$
(402) $451-0743$


|  | licensee | a contract, or is not | Accredited? |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| $\overline{\text { SWIFT, MEXY }}$ | FI11233 | 4307 NORTH 38 ST | Capacity: 10 | Days of Week Open: | MTWTHFSSU |
| Y SWIFT | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |  |
| (402) 813-2389 | 11/30/2012 | Omaha NE 68111 | Hours: 0000 | To 2400 |  |

(402) 813-2389

## $\overline{\text { THO }} \overline{M P S O N-L I} \overline{G G I N S, ~ T H E R E} \overline{S A}$



LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| CCC7268 | 3339 RUGGLES ST | Capacity: 78 | Days of Week Open: MTWTHF |
| :---: | :--- | :--- | :--- |
| Child Care Center |  | Ages: 6 WKS | To 13 YRS |
| $02 / 03 / 2003$ | OMAHA NE 68111 | Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :---: | :---: |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 11 | Days of Week Open: MTWTHFS |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 2100 |

Accepts Child Care Subsidy through DHHS? Y

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |

\[

\]

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :--- |
| Ages: 6 WKS |  |


| Ages: 6 WKS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
(402) 991-4119
$\overline{\text { TILLER, }} \overline{\text { MAL }} \overline{C O L M}--$
MALCOLM TILLER
(402) 598-0573
$\overline{\operatorname{TINY}} \overline{\text { TRE }} \overline{\operatorname{ASU}} \overline{\mathrm{RES}} \overline{\mathrm{CHIL}} \overline{\mathrm{DCA}} \overline{\mathrm{R}}$ owned by SHUNTA PAUL SHUNTA PAUL
(402) 455-2328
$\overline{\text { TRAMN }}-\frac{\square}{\square}-\frac{\square}{\text { GAI }}-\frac{\square}{\text { CIL }}$
$\overline{\text { TRAYNHAAM, }} \overline{\text { GAIL }} ; \overline{\text { GAIL'S CHILD }}$
CARE
GAIL TRAYNHAM
(402) 453-0926
$\overline{\text { TURNER }} \overline{\text { TUIL }} \bar{A}$
TUILA TURNER
(402) 932-1468

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 50 | Days of Week Open: MTWTHFS |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0000 | To $\quad 2400$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{6 8}$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS


(402) 763-9221
$\overline{\text { OSF }}-\overline{\text { FLOREN }} \overline{\operatorname{CE}}$ ELEMENTARY owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION (402) 457-5818

| If a " N " appears or the space is blank after the question, the 68112 |
| ---: |
| licensee does not have a contract, or is not accredited. |


| Omaha NE 68112 |
| ---: |
| $\begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ |

$\overline{\text { OSF }} \cdot \overline{\text { PON }} \overline{\mathrm{CA}} \mathrm{ELEMENTARY}$ OMAHA SCHOOLS FOUNDATION

| SAOC8697 | 11300 N POST RD |
| :---: | :---: |
| School Age Only Child Care Center |  |
| $11 / 18 / 2013$ | Omaha NE 68112 |

$\overline{\text { PAM'S DAY CAR }} \overline{\operatorname{RE}} \mathrm{OWNE} \overline{\mathrm{D} \mathrm{B}} \overline{\mathrm{B}}$ PAMELA WEYRAUCH WEYRAUCH,PAMELA
(402) 932-0480

## $\overline{\text { PSA }} \overline{\mathrm{MS}} 1 \overline{27: 3} \overline{\mathrm{CHIL}} \overline{\mathrm{DCA}} \overline{\mathrm{RE}}$

 MINISTRY INC PSALMS 127:3(402) 614-4257
(402) 614-4257
$\overline{\text { SPN }} \overline{\text { CHILD }} \overline{\text { DCARE owned }} \overline{\text { by ST }} \overline{ }$

| $11 / 18 / 2013$ | Omaha NE 68112 |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| FI4605 <br> Family Child Care Home I <br> $10 / 15 / 2000$ | 2798 SHARON DR |
| OMAHA NE 68112 |  |

PHILIP NERI-BLESSED School Age Only Child Care Center
ST PHILIP NERI-BLESSED SACRAMENT C ST PHILIP NERI-BLESSED SACRAMENT C


If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 4 YRS | To 13 YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 4 YRS | To 13 YRS |  |
| Hours: 0630 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| :--- | :---: | :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |  |
| Hours: 0600 | To $\quad 1800$ |  |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
|  | Accredited? |  |  |
| Capacity: 100 | Days of Week Open: MTWTHFSSU |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0000 | To 2400 |  |  |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 50 | Days of Week Open: MTWTHF |  |
| Ages: 5 YRS | To $\quad 13$ YRS |  |
| Hours: 0730 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: 2400 |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: | To 0000 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 17$

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE COUNTY

 EFFECTIVE DATE ADDRESS

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
Page 62 of 324


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE COUNTY

 EFFECTIVE DATE ADDRESS

ZIP CODE PROVIDER NAME owner name PHONE NUMBER
EPSF ACE EGMS owned by ELKHORN KIDS CAMPUS LLC
ELKHORN KIDS CAMPUS LLC (402) 289-1727

(402) 573-7805
$\overline{\text { HAMILTON HEIGHTS CHILD }} \overline{\text { DEV }} \overline{\text { CENTER \#2 owned by TOUCH OF }}$
TOUCH OF LOVE CHILDCARE LLC

| Omaha NE 68116 <br> If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :--- |
| FI10803 <br> Family Child Care Home I <br> $07 / 06 / 2011$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. | (402) 502-5225

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

| Capacity: 225 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To $\quad 13$ YRS |  |
| Hours: 0630 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 200 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0730 | To $\quad 1700$ |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 12 | Days of | eek Open | MTWTHF |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0700 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 5 YRS |  |
| Hours: 0600 | To | 1800 |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To 12 YRS |

Hours: 0000 To 2400

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 77 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 83 Days of Week Open: MTWTHF
Ages: 3 YRS To 13 YRS
Hours: 0700 To 1800

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: $0000 \quad$ To 2400
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0730 | To | 1730 |

Accepts Child Care Subsidy through DHHS?

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBER
## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

MAMA TEREZA DAY CARE
OWNED BY TEREZA A MOU
MOU, TEREZA
(402) $614-8145$
$\overline{\text { MAN }} \bar{D} \bar{\prime}$ 'S $\overline{\text { HOM }} \overline{\mathrm{ME}} \overline{\mathrm{DAYC}} \overline{\mathrm{RE}} \overline{-}$
OWNED BY AMANDA WHEELER
WHEELER, AMANDA
(402) 707-0438
$\overline{\mathrm{OSF}} \overline{\text { PIC }} \overline{\mathrm{OTTE}} \overline{\mathrm{PRE}} \overline{\mathrm{K}} \overline{\mathrm{n}} \overline{\mathrm{n}} \mathrm{by}$
$\overline{\text { OSF }}-\overline{\text { PIC }} \overline{O T T E} \overline{\text { PRE }} \overline{\mathrm{K} \text { owned }} \overline{\text { by }}$ OMAHA SCHOOLS FOUNDATION
OMAHA SCHOOLS FOUNDATION
$\overline{\text { OSF }}-\overline{\text { SAD }} \overline{\text { DLE }} \overline{B R O} \overline{O K}$ PRE K owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION (402) 933-3915
$\overline{\text { OSF }}-\overline{\text { SA }} \overline{D D L E B R O O K} \overline{\text { owned }} \overline{\text { by }}$ OMAHA SCHOOLS FOUNDATION OMAHA SCHOOLS FOUNDATION (402) 557-2045
$\overline{\text { OSF }}-\overline{\text { STA }} \overline{\text { NDING BEAR }}$ ELEMENTARY owned by OMAHA OMAHA SCHOOLS FOUNDATION
$\overline{\text { OSF }}$ - STANDING BEAR $\overline{\text { PRE }} \bar{K}$ owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION
(402) 827-4362
$\overline{\text { PREMIER }} \overline{\text { ACADEMY }} \overline{\text { owned by }} \overline{ }$ PREMIER DAY CARE SERVICES 3 PREMIER DAY CARE SERVICES 3 INC (402) 496-1020
$\overline{\text { PREMIER }} \overline{\mathrm{ACA}} \overline{\mathrm{DEM}} \overline{\mathrm{Yown}} \overline{\mathrm{ned}}$ by PREMIER DAY CARE SERVICES PREMIER DAY CARE SERVICES INC

| $08 / 23 / 2016$ | Omaha NE 68116 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the |  | licensee does not have a contract, or is not accredited.

(402) 493-8812

## Child Care Center <br> 04/30/2011

3525 NORTH 147th ST

If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
$\overline{\text { ROSEWOOD A }} \overline{\mathrm{CADEMY}} \overline{-\quad \text { CCC9544 }} 3830$ NORTH 176th ST

ELKHORN INC Provisional Child Care Center
ROSEWOOD ACADEMY - ELKHORN INC
(402) 932-3545
$\overline{\text { ROSEWO}} \overline{O D} \overline{C A D}-\square$
$\overline{\text { ROSEWOOD ACADEMY }} \overline{\text { owned by }}$ ROSEWOOD ACADEMY INC ROSEWOOD ACADEMY INC (402) 496-6332


| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0630 To 1700
Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 48 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 4 YRS | To $\quad 5$ YRS |  |
| Hours: 0630 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 24 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 4 YRS | To $\quad 5$ YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 150 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 4 YRS | To 13 YRS |  |
| Hours: 0630 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 150 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 4 YRS | To $\quad 13$ YRS |
| Hours: 0630 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 24 Days of Week Open: MTWTHF
Ages: 4 YRS To 5 YRS
Hours: 0630 To 1800
Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 83 Days of Week Open: MTWTHF

Ages: 6 WKS To 12 YRS
Hours: 0630 To 1830

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 207 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 165 Days of Week Open: MTWTHF
Ages: 6 WKS To 12 YRS

Hours: 0600 To 1800
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 165 | Days of Week Open: MTWTHFS |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 12$ YRS |
| Hours: 0600 | To $\quad 2400$ |

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{4 0}$



ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| Capacity: 10 | Days of Week Open: MTWTHF |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWThFSSu |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWThF |
| Ages: 6 WKS | To 13 YRS |
|  | To 2100 |

Accepts Child Care Subsidy through DHHS? N
Accredited?

Accepts Child Care Subsidy through DHHS? Accredited?


Accepts Child Care Subsidy through DHHS?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 12 YRS |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0630 | To | 1800 |

Hours: $0630 \quad$ To 1800
Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 125 | Days of Week Open: MTWTHF |  |
| Ages: 18 MOS | To | 13 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { LIL }} \overline{\text { LOVE }} \overline{\text { BUGG OWNED }} \overline{\mathrm{BY}}$
SHARON KAY SLATINSKY SLATINSKY, SHARON
(402) 932-1093
$\overline{\text { LITTLE TE }} \overline{O T S} \overline{\mathrm{DAY}} \overline{C A R E} \overline{\text { AND }}$ PRESCHOOL
MARSHA PETERSEN
(402) 932-0734

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS


$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 19$ 68118


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 9$


ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

## LICENSE NUMBER



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{2 2}$

| 68123 |
| :---: |
| A2Z CHILDCARE owned by TDS |
| BIG HEART INC |
| TDS BIG HEART |
| (402) 932-8358 |
| $\overline{\mathrm{ABC}}$ owned by $\overline{\text { SEQUOIA }}$ |
| ARBORETUM 7 LLC |
| SEQUOIA ARBORETUM 7 LLC |
| 02) 505-9633 |


$\overline{\text { ALPPAB }} \overline{\operatorname{TACA}} \overline{\mathrm{ADE}} \overline{\mathrm{MY}} 0 \overline{\text { owned }} \overline{\mathrm{by}}$
BJM KIDS INC
BJM KIDS INC
BJM KIDS INC


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LEYINZCA BIHLAJAMA
(407) 722-9687
$\overline{\text { BOELTER }} \overline{,} \overline{\text { LIN }} \overline{D A}$ KAYE
LINDA KAYE BOELTER
(402) 291-8769
$\overline{\text { BOHNERT, KRISTINA }} \overline{\mathrm{A}}$
KRISTINA BOHNERT

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS
$\overline{\mathrm{BRO}} \overline{\mathrm{WN}}, \overline{\mathrm{BAR}} \overline{\mathrm{BARA}}-\quad-$

FI12019 Provisional Family Child Care Home I 11/07/2016 Bellevue NE 68123 If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| If a "N" appears or the space is blank after the question, the |
| :---: |
| licensee does not have a contract, or is not accredited. |


| FI6431 |
| :---: |
| Family Child Care Home I |
| $05 / 13 / 1998$ |


| If a "N" appears or the space is blank after the question, the |
| :---: |
| licensee does not have a contract, or is not accredited. |


| FI4528 |
| :---: |
| Family Child Care Home I |
| $05 / 17 / 2000$ |

BELLETH ST


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
GILLEN, SHELLEY
SHELLEY GILLEN
(402) 291-4627
$\overline{\text { GOD'S GIFTS/SHER } \overline{R I ~ H} A \overline{R R I S}}$.

| FI4500 | 14504 SOUTH 23 ST |
| :---: | :---: |
| Family Child Care Home I |  |
| $08 / 05 / 2003$ | Bellevue NE 68123 |


|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0630 | Days of Week Open: MTWThF <br> To 13 YRS <br> To 1700 |
| :---: | :---: | :---: |
| the | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 12 <br> Ages: 6 WKS <br> Hours: 0000 | Days of Week Open: MTWThFSSu <br> To 13 YRS <br> To 2400 |
| the ${ }_{\text {dited }}$ | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0000 | Days of Week Open: MTWThFSSu  <br> To 13 YRS <br> To 2400 |
| the | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0630 | Days of Week Open: MTWThF <br> To 13 YRS <br> To 1800 | (402) 301-3153

$\overline{\mathrm{JR} .} \mathrm{A} \overline{\mathrm{LPH}} \mathrm{ABET} \overline{\mathrm{AC}} \mathrm{A} \overline{\mathrm{DEMY}} \overline{\mathrm{owned}}$ by BJM KIDS INC BJM KIDS INC
(402) 502-4733 X2
$\overline{\mathrm{KIMBER}} \overline{\mathrm{CARE}} \overline{\mathrm{DA}} \overline{\mathrm{CA}} \overline{\mathrm{C}} \overline{\mathrm{E}}$ OWNED BY KIMBERLY HAMILTON, KIMBERLY (402) 484-1881
$\overline{\text { KRISIINS }} \overline{\text { KID }} \overline{\text { CHILD }} \overline{\text { CARE }}$ OWNED BY KRISTIN WELCH WELCH, KRISTIN (402) 214-9732
$\overline{\text { LA P PETITE AC }} \overline{\mathrm{ADE}} \overline{\text { MY owned by }} \overline{\text { b }}$ LA PETITE ACADEMY INC LA PETITE ACADEMY INC (402) 292-8221
$\overline{\text { LEM }} \overline{A Y}$ KIDS $\overline{\text { TIME }} \overline{\text { owned by }}$


| If a " N " appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |


| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :---: |
| Accredited? |  |
| Capacity: 32 |  |
| Ages: 6 WKS |  |
| Hours: 0600 |  |
| Days of Week Open: MTWTHF |  |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  |  |
| To Accredited? |  |
| Capacity: 10 |  |
| Ages: 6 WKS |  |
| Hours: 0000 |  |



ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS



| (402) 898-0499If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :--- |


| Accepts Child Care Subsidy through DHHS? Y |
| ---: |
| Accredited? |




CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
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ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


owned by PACIFIC HILLS PACIFIC HILLS LUTHERAN CHURCH

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI10389 | 10340 WRIGHT ST |
| Family Child Care Home I |  |
| 08/09/2010 | Omaha NE 68124 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | (402) 391-2288

$\overline{\text { LAMB OF }} \overline{\text { GOD }} \overline{\text { PRESCHOOL }}$

## owned by PACIFIC HILLS

PACIFIC HILLS LUTHERAN CHURCH
(402) 391-2288
$\overline{\text { LAV }} \overline{\text { END }} \overline{\text { R HILL CHILD }} \overline{\text { CAR }} \bar{E}$

BREE HEADLEE
(402) 657-6714

| 08/23/2002 | OMAHA NE 68124 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FII9288 | 3615 SOUTH 100th ST |
| Family Child Care Home II |  |
| 07/31/2011 | Omaha NE 68124 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER



ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| 3 PRINCESSES <br> 3 PRINCESSES INC <br> (402) 214-5794 | FII9354 | 5067 SOUTH 87th ST | Capacity: 12 | Days of Week Open: MTWTHFSSU  <br> To 12 YRS <br> To 2400 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Family Child Care Home II$\qquad$ |  | Ages: 6 WKS |  |  |  |
|  |  |  |  | Hours: 0000 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| $\overline{\mathrm{BAY}} \overline{\mathrm{ME}} \mathrm{A} \overline{\mathrm{DOW}} \overline{\mathrm{S} \text { KIDDIE }}$ | PRE8094 | 9001 Q ST | Capacity: 30 |  |  |  | Days of Week Open: MTWTHF |  |  |
| KOLLEGE owned by COMMUNITY COMMUNITY BIBLE CHURCH | Preschool |  | Ages: 3 YRS | To | 5 YRS |  |
| ) $339-7857$ | 07/25/1996 | OMAHA NE 68127 | Hours: 0930 | To | 1430 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\mathrm{BEIS}} \overline{\mathrm{CH}}-\mathrm{N} \overline{\mathrm{ELSON}}, \mathrm{JESSI} / \overline{C A}$ | FI10058 | 5005 SOUTH 90 ST | Capacity: 10 | Days of Week Open: MTWThF |  |  |
| JESSICA BEISCH-NELSON | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| 02 (714-6644 | 02/05/2009 | Omaha NE 68127 | Hours: 0700 | To | 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |  |  |
| $\overline{\mathrm{BYBEE}, \mathrm{JOYCE}}$ | FI5031 | 5131 SOUTH 83RD ST | Capacity: 10 | Days of | Week Open | MTWThFSSu |
| JOYCE BYBEE | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
|  |  | OMAHA NE 68127 | Hours: 0001 | To | 0001 |  |


| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :---: |
| 8710 ORCHARD AV | MARYURY CARABANTES (402) 339-1460

$\overline{\mathrm{CAR}} \overline{\mathrm{EBY}} \overline{\mathrm{CLA}} \overline{\mathrm{R}} \mathrm{O} W \overline{\mathrm{NE}} \overline{\mathrm{D}} \overline{\mathrm{BY}}$ CLARA THOENE THOENE, CLARA (402) 490-1889

## $\overline{\mathrm{CHIL}} \overline{\mathrm{DREN}} \overline{\mathrm{N}} \mathrm{D} \overline{\text { DVELOPMENT }} \overline{ } \overline{ }$

MILLER TRANSFORMATION GROUP INC

| (402) 592-7865 | 10/31/2013 | Omaha NE 68127 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { CROSMA }} \overline{\text { a }}$, C $\overline{A R R I E}$ | F15698 | 5506 SOUTH 93RD |
| CARRIE CROSSMAN | Family Child Car 09/29/1996 | OMAHA NE 6812 |
| (402) 592-2589 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { CUNNING }} \overline{H A M} \overline{\text {, RONI }}$ | FI5070 | 9018 S CR |
| RONI CUNNINGHAM | Family Child Car 06/22/1998 | OMAHANE 68127 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\mathrm{DAB}} \overline{\mathrm{NEY}}, \overline{\mathrm{DEB}} \overline{\overline{R A}} \hat{H}$ | FI5687 | 10508 U ST |
| DEBORAH DABNEY | Family Child Car |  |
|  | 04/13/1997 | Omaha NE 68127 |

(402) 572-8617

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
$\overline{\mathrm{DIV}} \mathrm{ELY}, \mathrm{CHERYL}$
CHERYL DIVELY
Family Child Care Home I
(402) 593-9220

9117 ADAMS ST

OMAHA NE 68127
If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWThFSSu |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 8 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1700 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 113 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1900

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: $10 \quad$ Days of Week Open: MTWThF

Ages: 6 WKS To 13 YRS
Hours: 0700 To 1700
Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1730 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 6 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 11 YRS |  |
| Hours: 0700 | To 1730 |  |

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS



| (402) 659-1123If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :--- |

Accepts Child Care Subsidy through DHHS?
Accredited?

(402) 991-3755


| Capacity: 90 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0600 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 8 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS?

| Capacity: 8 | Days of Week Open: MTWThF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS To 6 YRS
Hours: 0700 To 1730



Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { NAN }} \bar{A}$ 'S LITTLE WORLD $\overline{3}$ owned
by CO-OPERATED INVESTMENTS CO-OPERATED INVESTMENTS LLC
(402) 933-2536
(402) 660-6371

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{3 0}$



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(402) 339-1835


## ZIP CODE

## PROVIDER NAME

## owner name

phone number

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

KIDNECT CHILD DEVELOPMENT
CENTER owned by KIDNECT
KIDNECT CHILD DEVELOPMENT LLC

CCC9337
Child Care Center
05/31/2013

7706 SOUTH 96th ST

La Vista NE 68128 If a " N " appears or the space is blank after the question, the If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
$\overline{\mathrm{KID}} \overline{\mathrm{NECT}} \overline{\mathrm{CH}} \overline{\mathrm{D}} \overline{\mathrm{D}} \overline{\mathrm{EVEL}} \overline{O P M E N T}$
LLC PRESCHOOL owned by
KIDNECT CHILD DEVELOPMENT LLC


## $\overline{\mathrm{KRO}} \overline{\mathrm{EGER}} \overline{\mathrm{CR}} \overline{\mathrm{CR}} \overline{\mathrm{ST}} \mathrm{A} \overline{\mathrm{L}}$

CRYSTAL KROEGER
(402) 597-9539
$\overline{\text { LAM }} \overline{\text { PMA }} \bar{N}$, JULIE
JULIE LAMPMAN
(402) 616-0072


NANCY ANN BRANNON NANCY ANN BRANNON (402) 305-3417

## $\overline{\text { PAPILLION-LA }} \overline{\text { VISTA KIDS CLUB }}$

- G STANLEY HALL owned by d by School Age Only Child Care Center PAPILLION-LA VISTA SCHOOLS FOUNDA

|  | La Vista NE 68128 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the | licensee does not have a contract, or is not accredited.


| Capacity: 110 | Days of Week Open: MTWTHF |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0630 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |


| Capacity: 100 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 6$ YRS |  |
| Hours: 0830 | To $\quad 1530$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited? Y

| Capacity: 10 | Days of Week Open: MTWTFSS |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0001 | To 0001 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 12 | Days of Week Open: MTWTFSS |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 0600 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 99 Days of Week Open: MTWTHF Ages: 5 YRS To 12 YRS
Hours: $0630 \quad$ To 1800

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 5 YRS | To 12 YRS |
| Hours: 0630 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |
| Capacity: 99 | Days of Week Open: MTWTHF |
| Ages: 5 YRS | To 12 YRS |
| Hours: 0630 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |


| Capacity: 99 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 12 YRS |  |
| Hours: 0630 | To 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? N

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS



ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{3 7}$


## ZIP CODE

 PROVIDER NAME
## owner name

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


| (402) $884-2424$ | Omaha NE 68130 |
| :--- | :--- |
|  | If a "N" appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |  |

Accepts Child Care Subsidy through DHHS? Accredited?
 owned by MILLARD PUBLIC School Age Only Child Care Center (402) 991-6747
(402) 991-6747
$\overline{\text { PHIL }} \overline{L I P S}, \overline{\text { MIC }} \overline{\text { HELLE L }} \overline{ }$

MICHELLE L PHILLIPS
If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.

## (402) 894-1555 $\overline{\text { PIN }} \overline{\text { STREET }} \overline{\text { PRESCHO}} \overline{\text { LL owned }} \frac{}{}$ by JENNIFER STEVENS

 JENNIFER STEVENS

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE COUNTY <br> EFFECTIVE DATE ADDRESS

| WONDERLAND PRESCHOOL | CCC9343 | 2634 SOUTH 158th PLZ | Capacity: 100 | Days | eek Open: MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| AND CHILDCARE CENTER owned BFISH CHILDCARE LLC | Child Care Center |  | Ages: 6 WKS | To | 13 YRS |
|  | 06/30/2013 | Omaha NE 68130 | Hours: 0630 | To | 1800 |
| (402) 333-6707 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |  |
| $\overline{\text { WYM }} \overline{\text { MORE, DIA }} \overline{\text { NE }}$ | F19365 | 1291 PETERSON DR | Capacity: 10 | Days of Week Open: MTWThF |  |
| DIANE WYMORE | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 06/13/2007 | Omaha NE 68130 | Hours: 0730 | To | 1730 |
| (402) 493-1198 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

Total Number in Zip Code: 21


CHILD CARE LICENSING ROSTER
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## ZIP CODE

## PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| Capacity: 120 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y
Accredited? Y
Capacity: 74 Days of Week Open: MTWTHFSSU

| Ages: 18 MOS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0600 | To | 1900 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 32 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 3 YRS | To 6 YRS |
| Hours: 0900 | To 1430 |

Accepts Child Care Subsidy through DHHS?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS Hours: 0600 To 1900

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :--- |
| Ages: 2 YRS | To $\quad 13$ YRS |
| Hours: 0730 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 30 Days of Week Open: MTWTHF
Ages: 2 YRS To 12 YRS
Hours: 0700 To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 70 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 99 | Days of Week Open: MTWTHF |  |
| Ages: 4 YRS | To $\quad 13$ YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 18 Days of Week Open: MTWTHF
Ages: 4 YRS To 5 YRS
Hours: 0630 To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 4 YRS | To | 13 YRS |
| Hours: 0630 | To | 1800 |

OSF - HARRISON owned by OMAHA SCHOOLS FOUNDATION OMAHA SCHOOLS FOUNDATION

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS



## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 15$

68133

ADVENTURETIME ACADEMY
owned by MAYORGA
MAYORGA ENTERPRISES LLC (402) 331-6434
$\overline{\text { BELLEVUE ELEMENTA }} \overline{\mathrm{YY}} \overline{\mathrm{KI}} \overline{\mathrm{DS}}$

## TIME owned by BELLEVUE

 BELLEVUE PUBLIC SCHOOLS FOUN Child Care CenterBELLEVUE PU
(402) 827-1851


| Capacity: 100 | Days of Week Open: MTWTHFSSU |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 12 YRS |  |
| Hours: 0000 | To | 2400 |  |

(402) 827-1851
$\overline{\text { EDWARD }} \overline{S, \text { PATRICIA }} \overline{\text { A }}-$ PATRICIA EDWARDS (402) 321-1961
$\overline{\text { EUD }} \bar{Y}$, SHE $\overline{E R R} \bar{Y}--$
SHERRY EUDY
Papillion NE 68133

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| LORI'S LEARN 'N PLAY CHILD |
| :--- |
| CARE |
| LORI APGAR |
| (402) $502-9680$ |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 12$


## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS



| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Accredited? |  |  |
| Capacity: 10 | Days | Week Open: | MTWTF |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0630 | To | 1730 |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWThF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0630 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 80 | Days of Week Open: MTWTHF |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To $\quad 1800$ |


| Hours: 0630 |  |  |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 58 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?
$\overline{\text { HEARTLAND }} \overline{\text { CHILD }} \overline{\text { CARE II }}$ owned by EMECO INC
EMECO INC
(402) 504-9957
$\overline{\text { HELEN'S }} \overline{\text { ANG }} \overline{E L S} C \overline{H I L} \overline{D C A R E}$
OWNED BY HELEN M BARSELL BARSELL, HELEN M
(402) 312-4135


If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

ZIP CODE
PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

HURT, DIANE
DIANE HURT
(402) $571-4210$
$\overline{\text { IT'S }} \overline{\text { AWO }} \overline{\text { NDERFUL }} \overline{\text { WORLD }} \overline{\text { RLD }}$ CHILD CARE \& LEARNING BSJ CO INC
(402) 493-5114
$\overline{\mathrm{JAC}} \overline{\mathrm{SO}} \mathrm{N}, \overline{\mathrm{SA}} \stackrel{-}{\mathrm{NDR}}-\quad-$
SANDRA JACKS
(402) 551-8087
$\overline{\mathrm{JENS}} \overline{\overline{E N},} \overline{\mathrm{DAR}} \mathrm{L} \overline{\mathrm{ENE}}--\longrightarrow$

## DARLENE JENSEN <br> (402) 571-2556

 KYLYNN'S DAYCARE LLC KYLYNN'S DAYCARE LLC (402) 708-3731
$\overline{\text { LA P PETITE AC }} \overline{\mathrm{ADE}} \overline{\text { MY owned by }} \overline{\text { b }}$ LA PETITE ACADEMY INC LA PETITE ACADEMY INC (402) 496-3926
$\overline{\text { LITTTLE ONE'S }} \overline{\text { HOME AWAY }}$ FROM HOME owned by GWENDOLYN E MAHONE (402) 571-3898
$\overline{\text { LOLLIPOP PATCH }} \overline{\text { CHILD }} \overline{\text { CARE \& }}$ PRESCHOOL owned by LOLLIPOP LOLLIPOP PATCH INC
(402) 391-2919
$\overline{\text { LOLLIPOP PAT }} \overline{C H} \overline{C H I L D C A R E} \overline{1}$ PRESCHOOL owned by LOLLIPOP LOLLIPOP PATCH INC (402) 573-8030


## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

OMAHA CHRIST
O.C.A.
(402) 399-9565
$\overline{\mathrm{OSF}}-\overline{\mathrm{AD}} \mathrm{AMS}$ ELEMENTARY owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION
(402) 572-9072
$\overline{\text { OSF }}-\overline{\text { BOY }} \overline{\mathrm{YD}}$ owned by OMAHA SCHOOLS FOUNDATION OMAHA SCHOOLS FOUNDATION (402) 572-9072
$\overline{\text { OSF }}-\overline{\text { EDIS }} \overline{\overline{O N}} \overline{\text { ELEMENTARY }}$ owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION (402) 392-7310
$\overline{\text { OSF }}-\overline{\text { LA }}$ URA $\overline{\text { DODG }} \overline{\mathrm{EE}} \mathrm{EL} \overline{E M}$ owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION (402) 572-7836
$\overline{\text { OSF }}-\overline{\text { MASTER }} \overline{\text { ELEMENTAR }} \overline{\text { Y }}$ owned by OMAHA SCHOOLS OMAHA SCHOOLS FOUNDATION

CHILD CARE LICENSING ROSTER
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| ZIP CODE |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| PROVIDER NAME | LICENSE NUMBER |  |  |  |
| OWNER NAME <br> PHONE NUMBER | LICENSE TYPE | COUNTY |  |  |
|  | EFFECTIVE DATE | ADDRESS |  |  |
| ST JAMES SETON SCHOOL | SAOC8648 | 4720 NORTH 90th ST | Capacity: 200 | Days of Week Open: MTWTHF |
| KIDSCARE owned by ST JAMES ST JAMES CHURCH OF OMAHA (402) 572-0339 | School Age Only Child Care Center |  | Ages: 5 YRS | To 13 YRS |
|  | 11/18/2013 | Omaha NE 68134 | Hours: 0645 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? |  |
| $\overline{\text { THE }} \overline{\operatorname{HIL} L} \overline{S M O} \overline{N T E} \overline{S S O} \overline{R I} \overline{\text { owned }}$ by THE HILLS INC THE HILLS INC <br> (402) 884-8715 | CCC9375 | 6210 NORTH 107th ST | Capacity: 147 | Days of Week Open: MTWTHF |
|  | Child Care Center |  | Ages: 6 WKS | To 12 YRS |
|  | 11/30/2013 | Omaha NE 68134 | Hours: 0630 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N | Care Subsidy through DHHS? N Accredited? |
| $\overline{\text { TIN }} A^{\prime S} \overline{\mathrm{D}} \overline{\mathrm{AYC}} A \overline{R E}$ <br> CHRISTINA ANDERSEN (402) 699-4777 | FI5433 | 3611 NORTH 92 CR | Capacity: 12 | Days of Week Open: MTWTHF |
|  | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 01/07/2008 | OMAHA NE 68134 | Hours: 0600 | To 1700 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts | ild Care Subsidy through DHHS? Accredited? |
| $\overline{\text { TROUBA }} \overline{\text { ANN }} \overline{\text { e }}$ | FI5767 | 8214 TEMPLETON DR | Capacity: 10 | Days of Week Open: MTWTF |
| ANNE TROUBA (402) 575-8681 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 11/01/1997 | OMAHA NE 68134 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N |  |
| $\overline{\text { VAL }} \overline{E N T I N E ~ H O L M E S, ~ B} \overline{R O O K E}$ BROOKE VALENTINE HOLMES (402) 991-4580 | F19789 | 4029 NORTH 93 ST | Capacity: 10 | Days of Week Open: MTWTHFS |
|  | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 08/06/2008 | Omaha NE 68134 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\mathrm{WH}} \overline{\mathrm{TCO}} \overline{\mathrm{MB}, \mathrm{LEME}} \overline{\mathrm{YA}}$ <br> LEMEYA WHITCOMB <br> (402) 573-9156 | FI11 846Family Child Care Home I$08 / 31 / 2016$ | 9641 TAYLOR ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
|  |  |  | Ages: 6 WKS | To 13 YRS |
|  |  | Omaha NE 68134 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { WILLOW }} \overline{\operatorname{TREE}} \overline{\mathrm{DA}} \overline{\mathrm{CA}} \overline{\mathrm{C}} \overline{\mathrm{E} \text { owned }}$ by ECKERSLEY DAY CARE 2 LLC ECKERSLEY DAY CARE 2 LLC <br> (402) 884-6806 | CCC9476Child Care Center$12 / 31 / 2015$ | 5616 NORTH 103rd ST | Capacity: 99 Days of Week Open: MTWTHFSSU |  |
|  |  |  | Ages: 6 WKS | To 13 YRS |
|  |  | Omaha NE 68134 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { YMC }} \overline{\mathrm{A}-\mathrm{MAPL}} \overline{\mathrm{ESTR}} \overline{\mathrm{EET}} \overline{\text { YMC }} \overline{\mathrm{A}}$ PRESCHOOL owned by YMCA OF YMCA OF GREATER OMAHA (402) 393-3700 | PRE8119 | 7502 MAPLE ST | Capacity: 29 Days of Week Open: MTWTHF |  |
|  | $\begin{aligned} & \text { Preschool } \\ & 03 / 17 / 1997 \\ & \hline \end{aligned}$ | OMAHA NE 68134 | Ages: 3 YRS | To 5 YRS |
|  |  |  | Hours: 0900 | To 1500 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { YMC }} \overline{\mathrm{A}-\mathrm{MAPL}} \overline{\mathrm{E} \text { owned by }} \overline{\text { YMCA }}$ OF GREATER OMAHA YMCA OF GREATER OMAHA (402) 393-3700 | School Age Only Child Care Center 11/25/2013 | 7502 MAPLE ST | Capacity: 220 Days of Week Open: MTWTHFS |  |
|  |  |  | Ages: 5 YRS | To 12 YRS |
|  |  |  | Hours: 0700 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { Total }} \overline{\text { Number in }} \overline{\text { Zip }} \overline{\text { Code: }} 58$ |  |  |  |  |
| 68135 |  | Douglas |  |  |
| AMAZING DAYS FOR LITTLE | $\begin{gathered} \text { CCC9182 } \\ \text { Child Care Center } \\ 03 / 31 / 2011 \\ \hline \end{gathered}$ | 6704 SOUTH 167th ST | Capacity: 155 Days of Week Open: MTWTHF |  |
| PEOPLE owned by D.A.S.B., INC D.A.S.B. INC |  |  | Ages: 6 WKS | To 13 YRS |
| (402) 932-8003 |  | Omaha NE 68135 | Hours: 0600 | To 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

| CHRISTI MERRICK | FII9277 | 18910 R ST | Capacity: 12 | Days | Week Op | : MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Family Child Care Home II |  | Ages: 6 WKS | To | 13 YRS |  |
| CHRISTH MERRICK | 12/31/2011 | Omaha NE 68135 | Hours: 0000 | To | 2400 |  |
| (402) 895-2588 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { CREATIV }} \overline{\text { E BEGINNINGS }}$ | CCC8633 | 6810 SOUTH 178th ST | Capacity: 146 | Days of Week Open: MTWTHF |  |  |
| CHILDREN'S ACADEMY owned by Child Care Center CREATIVE BEGINNINGS CHILDREN'S ACt <br> 11/10/2004 |  | Omaha NE 68135 | Ages: 6 WKS | To | 11 YRS |  |
|  |  | Hours: 0630 | To | 1800 |  |
| 2) 895-1851 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N |  |  |  |
| $\overline{\text { DONNA }}$ E $\overline{A D E S}$ | FII6611 |  | 5620 SOUTH 161ST AV | Capacity: 12 | Days of Week Open: MTWTF |  |  |
| DONNA EADES | Family Child Care Home II 09/27/2004 | Omaha NE 68135 | Ages: 6 WKS | To | $13 \text { YRS }$ |  |

(402) 896-0894

GARDEN PATCH CREATIVE
LEARNING CENTER owned by

| If a " N " appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. | THE GARDEN PATCH CREATIV


| (402) 614-0078 |
| :--- |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited |


| $\overline{\text { GROTHE }}$, $\overline{\text { ROSE JU }}$ NE | FI5020 | 16364 Z ST |
| :---: | :---: | :---: |
| ROSE JUNE GROTHE | Family Child Care Home I |  |
|  | 11/01/1996 | OMAHA NE 68135 |



| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?

| Capacity: 205 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Accredited? (402) 676-7803
$\overline{\text { HOLLY GUENETTE }} \overline{\text { CHIL }} \overline{\mathrm{DCA}} \overline{\text { CRE }}$
OWNED BY HOLLY GUENETTE GUENETTE, HOLLY
(402) 681-2169
$\overline{\text { IMA }} \overline{\operatorname{GINE}} \overline{\text { AND }} \overline{\text { EXPLORE }} \overline{\text { LLC }}$
IMAGINE AND EXPLORE LLC
(402) $255-0000$ (402) 255-0000


KIMBERLY JEFFERS

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI11842 | 5105 SOUTH 165 ST |
| Family Child Care Home I |  |
| 11/29/2016 | Omaha NE 68135 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| PRE8949 | 19102 Q ST STE 107 |
| Preschool |  |
| 08/31/2007 | OMAHA NE 68135 |
| If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI9566 | 15805 ORCHARD AV |
| Family Child Care Home I |  |
| 01/07/2008 | Omaha NE 68135 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI8379 | 5619 SOUTH 159 ST |
| Family Child Care Home I |  |
| 03/12/2004 | Omaha NE 68135 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI8365 | 4966 SOUTH 167th AV |
| Family Child Care Home II |  |
| 07/13/2007 | OMAHA NE 68135 |

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

## ZIP CODE

 PROVIDER NAME OWNER NAME PHONE NUMBER
## LICENSE NUMBER

## LICENSE TYPE COUNTY EFFECTIVE DATE ADDRESS

| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 12 YRS |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 125 | Days of Week Open: MTWTHF |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHFS |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1730 |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 6 | Days of Week Open: MTWThF |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To | 6 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To |
| Hours: 0700 | To |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: $8 \quad$ Days of Week Open: MTWTF Ages: 6 WKS To 13 YRS
Hours: 0730 To 1730

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 180 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 12 YRS |
| Hours: 0630 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y
$\left.\begin{array}{ll}\text { Accepts Child Care Subsidy through DHHS? Y } \\ \text { Accredited? }\end{array}\right]$

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 150 | Days of Week Open: MTWTHF |  |
| :--- | :--- | :--- |
| Ages: 5 YRS | To | 13 YRS |
| Hours: 0630 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 194 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 5 YRS | To |
| To 13 YRS |  |
| Hours: 0630 | To |

MPS - BLACK ELK ELEMENTARY owned by MILLARD PUBLIC MILLARD PUBLIC SCHOOLS FOUNDATIO (402) 991-6722

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE COUNTY <br> EFFECTIVE DATE ADDRESS



CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
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ZIP CODE
PROVIDER NAME
OWNER NAME
PHONE NUMBER
LICENSE NUMBER
 OWNED BY WENDY LEAHY LEAHY, WENDY
(402) 614-1923
$\overline{\text { TENDER }} \overline{\text { ACRES }} \overline{\text { O }}$ WNED $\overline{\text { BY }}$
NICOLE WILSON
NICOLE WILSON
(402) 895-0863
$\qquad$
$\overline{\text { THE }} \overline{\text { GODDAR }} \overline{\mathrm{SC}} \overline{\mathrm{SOOL}} \overline{\text { owned }}$ by KERITH INC
KERITH INC
(402) 891-4897
$\overline{\text { THE }} \overline{\text { HEA }} \overline{\mathrm{RTH}} \overline{\mathrm{ACA}} \overline{\mathrm{EM}} \overline{\mathrm{Y}}$ PRESCHOOL INC THE HEARTH ACADEMY PRESCHOOL Preschool

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 43$
68136

ALL US KIDS CHILDCARE OWNED BY SISTY DRISCOLL DRISCOLL UHING, SISTY
(402) 690-0434


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

AMAZING STARS ACADEMY owned by AMAZING STARS
AMAZING STARS ACADEMY INC

CCC9105
Child Care Center
03/31/2010
(402) 891-7142
$\overline{\mathrm{BER}} \overline{\mathrm{A}, \mathrm{T}} \overline{\mathrm{RRA}}---$
TERRA BERA
(402) 490-5117
$\overline{\text { BRIGHT }} \overline{\text { FROM }} \overline{\text { THE }} \overline{\text { START }} \overline{\text { RT }}$ CHILD DEVELOPMENT CENTER
 If a "N" appears or the space is blank after the question, the BRIGHT FROM THE START CHILD DEVEL Child Care Center
(402) 505-7324
$\overline{\text { CURIOUS }} \overline{\text { CHIL }} \bar{D} \operatorname{PRESC} \overline{\mathrm{HOOL}}$ owned by RILEY INC
RILEY INC
(402) 991-6880
$\overline{\text { CURTIS, }} \overline{\text { CYNTHIA }}$
CYNTHIA CURTIS
(402) 895-5155
$\overline{\text { DeLAY, JAN }} \overline{ }$
JAN DeLAY
(402) $505-6645$
$\overline{\text { ELIZ }} \overline{\mathrm{ABETH}} \overline{\mathrm{H}} \mathrm{N} \overline{\mathrm{MA}} \mathrm{N} \overline{\mathrm{HO}} \overline{\mathrm{ME}} \mathrm{D} \overline{\mathrm{AY}}$
CARE
INMAN, ELIZABETH
(402) 660-8329
$\overline{\text { FRYANT, }} \overline{\operatorname{RENEE}}-\overline{-}$
RENEE FRYANT
(402) 614-6235
$\overline{\text { GARDEN PATCH }} \overline{\mathrm{CREAT}} \overline{\mathrm{E}} \overline{\overline{V E}}$
LEARNING CENTER owned by GPCLC INC
(402) 991-1517
$\overline{\text { GRETNA }} \overline{\text { KIDS }} \overline{\text { CONNECTION }} \overline{-}$
PALISADES ELEMENTARY owned School Age Only Child Care Center GRETNA PUBLIC SCHOOLS FOUNDATION
(402) 332-3265
$\overline{\text { GRETNA }} \overline{\text { KIDS }} \overline{\text { CONNECTION }} \overline{-}$

WHITETAIL ELEMENTARY owned School-Age-Only Child Care Center
GRETNA PUBLIC SCHOOLS FOUNDATION
(402) 306-3749
$\qquad$
If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 120 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWThF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0700 To 1800
Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 142 Days of Week Open: MTWTHF
Ages: 6 WKS To 12 YRS
Hours: 0630 To 1800
Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 125 | Days of Week Open: MTWTHF |  |
| Ages: 18 MOS | To $\quad 8$ YRS |  |
| Hours: 0700 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS

Hours: $0700 \quad$ To 1800
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWThF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0700 To 1730

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 6 | Days of Week Open: MTWThF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 205 Days of Week Open: MTWTHF
Ages: 6 WKS To 12 YRS
Hours: 0630 To 1800
Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 200 Days of Week Open: MTWTHF
Ages: 5 YRS To 13 YRS
Hours: 0630 To 1830
Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 120 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 13 YRS |
| Hours: 0630 | To $\quad 1900$ |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

KRISTIN'S KIDDIE COVE OWNED
BY KRIST
ORANE

HAHNE, KRISTIN
Provisional Family Child Care Home I
(402) 850-6374
$\overline{\text { LUD }} \overline{W I C} K, \overline{\text { SUZANN }} \overline{\text { NE T }}$
SUZANNE T LUDWICK
(402) 592-1854

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI11744 <br> Family Child Care Home I <br> $09 / 30 / 2015$ | 16122 TIMBERLANE DR |
| $\quad$ Omaha NE 68136 |  |


| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1730 |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :---: |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1700 |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1730 |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 281 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1700 |

Accepts Child Care Subsidy through DHHS?
Accredited?
licensee does not have a contract, or is not accredited
$\overline{\text { MPS }}$ - UPCHURCH ELEMENTARY
owned by MILLARD PUBLIC
MILLARD PUBLIC SCHOOLS FOUNDATIO
(402) 991-6789

$$
08 / 30 / 2013
$$

Omaha NE 68136


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS



## ZIP CODE

## PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS
HALLBERG, PAMELA

PAMELA HALLBERG (402) 895-4249

## $\overline{\text { HEAVENL }} \bar{Y}$ ARMS $\overline{\text { CHIL }} \overline{\mathrm{CARE}}$

LLC
HEAVENLY ARMS CHILD CARE LLC
(402) 573-5439
$\overline{\text { IT'S }} \overline{\text { A WOONDE }} \overline{R F U} \overline{\text { WORLD }} \overline{R L D}$ CHILD CARE \& LEARNING BSJ CO INC
(402) 895-6439

## $\overline{\text { JAC }} \overline{\text { IE'S }} \overline{\mathrm{CHIL}} \overline{\mathrm{D}} \overline{\mathrm{C}} A \overline{\mathrm{RE}}$

JACKIE STUBBS
(402) 319-3264
$\overline{\text { KIDS }} \overline{\text { ON }} \overline{\text { A MISON }} \overline{\text { DAY }} \overline{C A R E}$
OWNED BY KRYSTLE JOHNSON
JOHNSON, KRYSTLE
(402) 991-5141
(402) 991-5141
$\overline{\text { KINDERC }} \overline{\text { ARE }} \overline{\text { LEARNING }} \overline{-}$

CENTER owned by KINDERCARE
CENTER owned by KINDERCARE Ch
(402) 895-5337
 by KING OF KINGS LUTHERAN

12506 OAKAIR DR
Family Child Care Home I 06/24/1998

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0700 | To | 1700 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 67 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 12$ YRS |  |
| Hours: 0000 | To $\quad 2400$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 109 | Days of Week Open: MTWTHFS |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0530 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 0100 |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 100 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited? N
Capacity: 250 Days of Week Open: MTWTHF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0630 To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 8 Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: 0700 To 1800

| Hours: 0700 | To 1800 |  |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0001 | To 0001 |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWThF |  |
| :--- | :---: | :--- |
| Ages: 12 MOS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1800$ |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 99 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS



## ZIP CODE

PROVIDER NAME

## owner name

phone number

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS



ZIP CODE PROVIDER NAME OWNER NAME
PHONE Number

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{5 5}$



ZIP CODE PROVIDER NAME owner name PHONE NUMBER
BUILDING BLOCKS DAYCARE
INC INC BUILDING BLOCKS DAYCARE INC
(402) 505-6622
$\overline{\overline{C N}} \overline{\mathrm{DY'S}} \overline{\mathrm{DAF}} \overline{\mathrm{CRE}}-\ldots$

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
CYNTHIA FANNIN
(402) 895-3306
$\overline{\text { GRE }} \overline{D Y S}, \overline{A M} A \overline{N D A} \overline{\mathrm{DB}} \overline{-}$

CCC8991 13151 RICHLAND PLZ
Child Care Center
11/30/2008
$\square$ If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

CYNTHIA FANNIN (402) 895-3306
$\overline{\text { GREDYS }}, \overline{\mathrm{AM}} A \overline{\mathrm{NDA}} \overline{\mathrm{DB}} A$ STRONGFOUNDATIONS AMANDA GREDYS (402) 216-5304
$\overline{\text { JULIE BRUNMEIER' }} \overline{\text { SDA }} \overline{\text { OUCARE }} \overline{ }$
$\overline{\text { JULIE BR UNM }} \overline{\text { OWIER'S DAY BY JULIE BRUNMEIER }}$ BRUNMEIER, JULIE (402) 740-5832
 SARAH LINHARDT (402) 612-1791
$\overline{\text { MONTESSORI }} \overline{\text { CHILDREN'S }}$
ACADEMY owned by
FII7090

| Family Child Care Home II |
| :---: |
| $01 / 13 / 2003$ |


| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |

MONTESSORI CHILDREN'S ACADEMY IN(
(402) 502-9118
$\overline{\text { SCHAANO }} \overline{U, B O N N I E}$
BONNIE SCHANOU
(402) 895-9110


| 03/10/2008 | OMAHA NE 68138 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC8797 | 14340 HARRISON ST |
| Child Care Center ACADEMY IN 08/08/2006 | Omaha NE 68138 |

DEBRA $\overline{\text { LAMB }}$
896-2299
(402) 612-1791

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> COUNTY <br> EFFECTIVE DATE <br> ADDRESS



## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


|  | Omaha NE 68144 |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the |  |
| licensee does not have a contract, or is not accredited. |  |

## Accepts Child Care Subsidy through DHHS? Y

 Accredited?

| Capacity: 210 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 3 YRS | To 13 YRS |
| Hours: 0630 | To 1800 |

MILLARD PUBLIC SCHOOLS FOUNDATIO $09 / 26 / 2002$ Omaha NE 68144 (402) 991-6745

| If a " N " appears or the space is blank after the question, the |
| ---: | ---: |
| licensee does not have a contract, or is not accredited. |

$\overline{\text { OSF }}-\overline{\text { CATLIN }} \overline{\text { owned by }} \overline{\mathrm{OMA}} \overline{\mathrm{HA}} \overline{\mathrm{A}}$ SCHOOLS FOUNDATION OMAHA SCHOOLS FOUNDATION (402) 697-0414
$\overline{\text { OSF }}-\overline{\text { OAA VAL }} \overline{\text { VEY }}-$ ELEMENTARY owned by OMAHA
OMAHA SCHOOLS FOUNDATION
(402) 697-0690

| SAOC8675 | 12736 MARINDA ST |
| :---: | :---: |
| School Age Only Child Care Center |  |
| $11 / 18 / 2013$ | Omaha NE 68144 |


| Capacity: 99 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 4 YRS | To 13 YRS |
| Hours: 0630 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 99 Days of Week Open: MTWTHF

| Ages: 4 YRS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0630 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { OVER THE }} \overline{\text { RAINBO }} \overline{\mathrm{W}} \mathrm{C} \cdot \overline{\mathrm{HILD}}$

| If a "N" appears or the space is blank after the question, the 68144 |
| ---: |
| licensee does not have a contract, or is not accredited. |

```
CARE AND LEARNING CENTER Child Care Center
```

OVER THE RAINBOW CHILD CARE AND I
(402) 334-559
$\overline{\text { PETERMA }} \overline{\text { NN }}, \overline{\mathrm{JUD} Y \text { M }}$
JUDY M PETERMANN

| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. | (402) 686-9167

08/18/20
Omaha NE 68144
If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.


## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

| TENDERHEARTS CHILD CARE | CCC7525 | 12315 WESTWOOD LN | Capacity: 99 | Days | Week Open: MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| CENTER owned by LIVING FAITH Child Care Center LIVING FAITH CHURCH OF THE OPEN BIF <br> 02/16/2001 |  | Omaha NE 68144 | Ages: 6 WKS | To | 13 YRS |
|  |  | Hours: 0630 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { WESTSIDE EARLY }} \overline{\mathrm{CHIL}} \overline{\mathrm{DHO}} \overline{\mathrm{D}}$ - | CCC7515 |  | 3534 SOUTH 108th ST | Capacity: 125 | Days of Week Open: MTWTHF |  |
| OAKDALE EARLY CHILDHOOD Child Care Center THE WESTSIDE COMMUNITY SCHOOLS F <br> 09/22/1996 |  | Omaha NE 68144 | Ages: 3 YRS | To | 13 YRS |
|  |  | Hours: 0630 | To | 1800 |
| (402) 390-8206 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? Y |  |  |
| WESTSIDE EARLY CHILDHOOD - CCC7585 <br> PRAIRIE LANE EARLY Child Care Center <br> THE WESTSIDE COMMUNITY SCHOOLS F <br> 08/02/1997 | CCC7585 |  | 11444 HASCALL ST | Capacity: 124 Days of Week Open: MTWTHF | Days of Week Open: MTWTHF |  |
| PRAIRIE LANE EARLY Child Care Center THE WESTSIDE COMMUNITY SCHOOLS F$\qquad$ |  |  | Ages: 18 MOS | To | 13 YRS |
|  |  | OMAHA NE 68144 | Hours: 0630 | To | 1800 |
| (402) 390-8209 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? $Y$ |  |  |
| WESTSIDE EARLY CHILDHOOD - CCC7505 <br> ROCKBROOK EARLY Child Care Center <br> THE WESTSIDE COMMUNITY SCHOOLS F  <br>  12/12/1998 |  | 2514 SOUTH 108th ST | Capacity: 99 | Days of Week Open: MTWTHF |  |
|  |  |  | Ages: 3 YRS |  | 13 YRS |
|  |  | OMAHA NE 68144 | Hours: 0630 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? Y |  |  |
| WESTWOOD HEARTS \& MINDS | PRE8124 | 13056 ATWOOD AVE | Capacity: 56 | Days | eek Open: MTWTHF |
| EARLY CHILDHOOD PROGRAM | Preschool |  | Ages: 3 YRS | To | 6 YRS |
|  | 09/03/2002 | OMAHA NE 68144 | Hours: 0830 | To | 1530 |
| (402) 333-6120 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { WESTWOOD }} \overline{\text { HEARTS \& }} \overline{\text { MINDS }}$ | CCC7252 | 13056 ATWOOD AVE | Capacity: 70 | Days o | eek Open: MTWTHF |
| EARLY CHILDHOOD PROGRAM | Child Care Center |  | Ages: 6 WKS | To | 6 YRS |
|  | 06/19/2001 | OMAHA NE 68144 | Hours: 0900 | To | 1500 |
| (402) 333-6120 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { YMCA - SOUTHWEST owned by }}$ | SAOC8714 | 13010 ATWOOD AVE | Capacity: 195 | Days of | eek Open: MTWTHF |
| YMCA OF GREATER OMAHA YMCA OF GREATER OMAHA | School Age Only |  | Ages: 5 YRS | To | 13 YRS |
| (402) 334-8487 | 11/25/2013 | OMAHA NE 68144 | Hours: 0700 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { ZUNIGA }}$, $\overline{\text { CHARLOTTE }}$ | FI5504 | 1306 SOUTH 136TH ST | Capacity: 10 Days of Week Open: MTWTFSS | Days of Week Open: MTWTFSS |  |
| CHARLOTTE ZUNIGA 981-4367 (402) | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
| (402) 981-4367 | 03/29/1991 | OMAHA NE 68144 | Hours: 0001 | To | 0001 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 32$ |  |  |  |  |  |
| 68147 |  | Sarpy |  |  |  |
| ALDERSGATE PRE-SCHOOL INC | PRE7917 | 3617 GREENE AVE | Capacity: 24 | Days of | eek Open: MTWTHF |
| LDERSGATE PRE-SCHOOL INC | Preschool |  | Ages: 3 YRS | To | 6 YRS |
|  | 08/22/1996 | BELLEVUE NE 68147 | Hours: 0830 | To | 1500 |
|  | If a " | is blank after the question, the a contract, or is not accredited. | Accepts | ild Car | Subsidy through DHHS? <br> Accredited? |
| $\overline{A L E X A N D R A ' S ~} \overline{\text { DAYCARE }}$ | FI11806 | 7622 SOUTH 41 ST | Capacity: 10 | Days o | eek Open: MTWTHFSSU |
| OWNED BY JOSEFINA MELGAR | Family Child Care |  | Ages: 6 WKS | To | 13 YRS |
|  | 04/30/2016 | Bellevue NE 68147 | Hours: 0000 | To |  |
| (402) 917 -3013 | If a " | is blank after the question, the a contract, or is not accredited. | Accepts | Care | bsidy through DHHS? <br> Accredited? |

## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
ARMBRUST, JANICE
JANICE ARMBRUST
(402) $616-0762$
$\overline{\text { CAR }} \overline{I T A S} \overline{\text { KID }} \overline{\mathrm{CO}} \overline{T \mathrm{TAG}} \overline{\mathrm{EIN}} \overline{ }$
CARITAS KIDS COTTAGE INC
FI11361
Family Child Care Home I 05/31/2013 Bellevue NE 68147

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1700 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 100 Days of Week Open: MTWTHF

| Ages: 6 WKS | To 12 YRS |
| :--- | :--- | :--- |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\mathrm{JAM}} \overline{\bar{E} \text { 'S }} \overline{\mathrm{DAY}} \overline{\mathrm{CARE}} \overline{\text { OWN }} \overline{\mathrm{ED}} \mathrm{B} \overline{\mathrm{Y}}$
JAMIE SHEARD SKAGGS SHEARD SKAGGS, JAMIE $B$
 licensee does not have a contract, or is not accredited.
(402) 884-6865
$\overline{\mathrm{JOH}} \overline{\mathrm{NSO}} \mathrm{N}, \overline{\mathrm{MA}} \overline{\mathrm{RY}}$
$\square$ If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.

MARY JOHNSON

(402) 733-3830
$\overline{\text { KELLY'S }} \overline{\text { DAY }} \overline{\mathrm{CAR}}-\quad-$
KELLY SHEARD
(402) $731-3018$
$\overline{\text { KID }} \overline{\text { CA }} \overline{\mathrm{N}} \overline{\mathrm{COMMU}} \bar{\square} \overline{\text { ITY }} \overline{\text { CENTER }}$

- GILDER owned by KIDS CAN
KIDS CAN COMMUNITY CENTER
(402) $734-7334$
$\overline{\text { LOS }} \overline{\text { ANGELITOS CHILD }} \overline{\operatorname{CAR}} \overline{\mathrm{C}}$ OWNED BY MERCEDES MARTINEZ, MERCEDES
(402) 213-2412 MARTINEZ, BELEN
(402) 991-9119
$\overline{\mathrm{MC}} \mathrm{C} \overline{\mathrm{ANN}}, \overline{\mathrm{TO}} \sqrt{\mathrm{NIA}}$
SAOC8767
School-Age-Only Child Care Center
10/31/2016 Bellevue NE 68147

| $10 / 31 / 2016$ | Bellevue NE 68147 |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| FI11878 <br> Provisional Family Child Care Home I <br> $11 / 04 / 2015$ | 3908 BALDWIN CR |
| Bellevue NE 68147 |  |

TONIA MCCANN
If a " N " appears or the space is blank after the question, the

## $\overline{\text { LOVE-N }}-\overline{\mathrm{CARE}} \overline{\mathrm{CH}} \mathrm{L} \overline{\mathrm{D}} \mathrm{C} \overline{\mathrm{ARE}}-$ <br> $\overline{\text { LOVE-N-CARE }} \overline{\text { CHILL }} \bar{D} \overline{C A R E}-$

licensee does not have a contract, or is not accredited.
$\square$

## FI1172

Family Child Care Home I 06/30/2015

7102 SOUTH 38 ST

06/30/2015
Bellevue NE 68147
If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


## Total Number in Zip Code: 20



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(402) 932-5722
$\overline{\text { MAXIMUM }} \overline{\mathrm{HEIGH}} \overline{\mathrm{SACAD}} \overline{\text { ADEMY }}$

| If a "N" appears or the space is blank after the question, the |
| :---: |
| licensee does not have a contract, or is not accredited |

owned by MAXIMUM HEIGHTS
MAXIMUM HEIGHTS ACADEMY LLC
(402) 572-6000
$\overline{\text { MILLER }}, \overline{\mathrm{LORI}}---$
LORI MILLER
(402) 453-8485
$\overline{\text { OLIVECREST }} \overline{\text { LEAR }} \overline{\operatorname{NING}} \overline{\mathrm{TR}} \overline{\mathrm{EE}}$ owned by OLIVE CREST UNITED OwnIVE CREST UNITED METHODIST Child Care Center OLIVE CREST UNITED METHODIST CHUR
(402) 571-7734
$\overline{\text { OSF }}-\overline{\text { PINEWO }} \overline{O D} \overline{\text { ELEMENTA }} \frac{}{\text { RY }}$ OSF - PINEWOOD ELEMENTA

owned by OMAHA SCHOOLS | If a "N" appears or the space is blank after the question, the |
| ---: | ---: |
| licensee does not have a contract, or is not accredited. | OMAHA SCHOOLS FOUNDATION

(402) 561-6000
$\overline{\mathrm{OSF}}-\overline{\mathrm{SPR} R} \overline{\mathrm{ING}} \mathrm{VILLE} \overline{\text { owned by }}$

| IIO | 11/18/2013 | Omaha NE 68152 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| y | SAOC8702 | 7400 NORTH 60th |
| $\begin{aligned} & \text { ATION } \\ & \text { ATION } \end{aligned}$ | School Age Only Child Care Center |  |
|  | 11/18/2013 | Omaha NE 68152 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
|  | FI10712 | 4714 REDICK AV |
| ELA | Family Child Care Home I |  |
|  | 04/30/2011 | Omaha NE 68152 | $\overline{T H E}$ BEANSTALK $\overline{C H I L D} \overline{C A R E} \overline{ }$ ACADEMY I JACQUELYNNE R BROWN

FII8962
Family Child Care Home II
08/31/2007
If a " N " appears or the space is blank after the question, the

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 56 | Days of Week Open: MTWTHFS |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 0100 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 75 Days of Week Open: MTWTHF Ages: $6 \mathrm{WKS} \quad$ To 13 YRS Hours: 0630 To 1830

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 4 YRS | To 13 YRS |
| Hours: 0630 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y

| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWThFS |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To 12 YRS |  |  |
| Hours: 0600 | To 2200 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  | Accredited? |  |  |
| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |  |
| Ages: 6 WKS | To 12 YRS |  |  |
| Hours: 0000 | To 2400 |  |  |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
TONY BZZ'S KIDS OWNED BY
SHAREE CHRISTIAN
CHRISTIAN, SHAREE
(402) $932-4147$
$\overline{\text { Total }} \overline{\text { Number } \overline{\operatorname{in}} \overline{\text { Zip }} \overline{\text { Code: }} \mathbf{1 5}} \mathbf{l}$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

LIFEGATE CHURCH
LIFEGATE CHURCH
(402) $330-5724$
$\overline{\text { LITT }} \overline{\text { LE }} \overline{\text { HAND }} \overline{\mathrm{SAT}} \overline{\mathrm{WOR}} \overline{\mathrm{KAND}} \overline{\mathrm{D}}$
PLAY - NORTH 120 owned by PLAY - NORIEW DAYCARE SERVICES INC PARKVIEW DAYCARE SERVICES INC
(402) 493-6615
$\overline{\text { LUD }} \overline{W I G}, \overline{\mathrm{MIC}} \overline{\mathrm{HAE}} \overline{\mathrm{A}}-$

MICHAELA LU
(402) 493-3504
$\overline{\text { MOD }} \overline{D I N}, \overline{\text { ASHLEY }}$
ASHLEY MODLIN
(402) 884-5645
$\overline{\text { MONTESSORI }} \overline{\text { CHILDRENS }}$
HOUSE owned by MY
MY MONTESSORI SCHOOL LLC
(402) 333-2069
(40

| CCC9281 | 15555 W DODGE RD |
| :---: | :---: |
| Child Care Center |  |
| $08 / 31 / 2012$ | Omaha NE 68154 | If a "N" appears or the space is blank after the question, the

licensee does not have a contract, or is not accredited. If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.

$\square$

## 

01/31/2008
Omaha NE 68154

|  | Capacity: 150 <br> Ages: 3 YRS <br> Hours: 0700 | Days of Week Open: MTWTHF  <br> To 13 YRS <br> To 1800 |
| :---: | :---: | :---: |
| $\begin{aligned} & \text {, the } \\ & \text { dited. } \end{aligned}$ | Accepts | ild Care Subsidy through DHHS? Accredited? |
|  | Capacity: 92 <br> Ages: 6 WKS <br> Hours: 0600 | Days of Week Open: MTWTHF <br> To 12 YRS <br> To 1800 |
| $\begin{aligned} & \text {, the } \\ & \text { dited. } \end{aligned}$ | Accepts Child Care Subsidy through DHHS? Y |  |
|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWThF <br> To 13 YRS <br> To 1730 |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWThF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0730 | To | 1730 |

Accepts Child Care Subsidy through DHHS? Accredited?
$\overline{\text { MONTESSORI }} \overline{\text { INFANT HOUSE }} \overline{ }$ owned by MY MONTESSORI MY MONTESSORI SCHOOL LLC


If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

CHILD CARE LICENSING ROSTER


ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

FACE PRESCHOOL owned by WESTSIDE CHURCH
(402) 496-7833
$\overline{\text { WILLOW }} \overline{\text { TREE }} \overline{\text { DAYCAR }} \bar{E}$ owned by ECKERSLEY DAY CARE 1 LLC ECKERSLEY DAY CARE 1 LLC
(402) 932-3673
$\overline{\text { WOL }} \overline{\mathrm{F}, \mathrm{R}} \mathrm{HOND} \overline{\mathrm{A}}-\quad-$


| Capacity: 105 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 3 YRS | To 5 YRS |
| Hours: 0900 | To 1500 |
| Accepts Child Care Subsidy through DHHS? |  |
| Accredited? |  |
| Capacity: 99 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  |  |
| Capacity: 10 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code }} \mathbf{3 4}$

| $\mathbf{6 8 1 5 7}$ |
| :--- |
| ADAMSON, CHERYL |
| CHERYL ADAMSON |
| (402) 731-9674 |
| $\overline{\mathrm{AM}} \overline{\mathrm{MO}} \overline{\mathrm{RE}}+\overline{\mathrm{OM}} \overline{\mathrm{DA}} \overline{\mathrm{CA}} \overline{\mathrm{E}}$ |



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS



## Total Number in Zip Code: 9

| 68164 |  | Douglas |  |  |
| :---: | :---: | :---: | :---: | :---: |
| ANDERSON, PAMELA | F14880 | 12974 LARIMORE CR | Capacity: 10 | Days of Week Open: MTWTF |
| PAMELA ANDERSON <br> (402) 496-3363 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 04/18/2002 | OMAHA NE 68164 | Hours: 0700 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { AUNT JA }}$ NE'S $\overline{\text { CHILD CARE }}$ | FII6818 | 11274 OLD MAPLE RD | Capacity: 12 | Days of Week Open: MTWTF |
| M. Jane Wigger (402) 496-1045 | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 04/24/1997 | OMAHA NE 68164 | Hours: 0700 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { BOURGEOIS, JEAN }}$ | FI5057 | 3817 NORTH 112TH AV | Capacity: 10 | Days of Week Open: MTWTF |
| JEAN BOURGEOIS (402) 496-6398 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 06/07/1997 | OMAHA NE 68164 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
| $\overline{\text { BRIGHT }}$ BEGINNINGS owned by | CCC9411 | 14220 FORT ST SUITE 109 | Capacity: 99 | Days of Week Open: MTWTHF |
| EARLY LEARNING BRIGHT EARLY LEARNING BRIGHT BEG (402) 445-4202 | Child Care Center |  | Ages: 6 WKS | To 13 YRS |
|  | ${ }^{\text {NGS, }}$ 09/30/2014 | Omaha NE 68164 | Hours: 0630 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| $\overline{\text { BURGER, }} \overline{\text { SUSAN D }}$ | FI5765 | 11326 JAYNES ST | Capacity: 10 | Days of Week Open: MTWTHF |
| SUSAN D BURGER <br> (402) 964-9858 | Family Child Care Home I03/10/2003 |  | Ages: 6 WKS | To 13 YRS |
|  |  | OMAHA NE 68164 | Hours: 0730 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| CHILD OF THE KING DAY CARE | FI11777 | 6017 NORTH 109 ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
| OWNED BY TINA COMBS MILES COMBS MILES, TINA | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
| (402) 612-5779 | 04/19/2016 | Omaha NE 68164 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| COPPA, MARY | FI5076 | 11327 SPAULDING ST | Capacity: 10 | Days of Week Open: MTWTF |
| MARY COPPA <br> (402) 515-2249 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 08/17/1997 | Omaha NE 68164 | Hours: 0700 | To 1700 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { DAGERMAN, }}$, BARBARA | FI5066 | 11113 SARATOGA PLZ | Capacity: 10 | Days of Week Open: MTWTF |
| BARBARA DAGERMAN (402) 493-4563 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 10/07/1997 | OMAHA NE 68164 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| DAVIS, JENNIFER | FII7111 | 13712 MIAMI ST | Capacity: 10 | Days | Week Ope | MTWThF |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| JENNIFER DAVIS | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
|  | 01/01/2005 | Omaha NE 68164 | Hours: 0630 | To | 1730 |  |
| (402) 981-7794 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS <br> Accredited? |  |  |  |
| $\overline{\text { DEA }} \overline{V E R}$, JANA | FI5060 | 13130 GRAND AV | Capacity: 8 | Days of Week Open: MTWTF |  |  |
| JANA DEAVER | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| (402) 493-8396 | 02/15/1997 | OMAHA NE 68164 | Hours: 0630 | To | 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { FIRST STEPS }}$ | FII6829 | 2605 NORTH 141st AVE | Capacity: 12 Days of Week Open: MTWTF | Days of Week Open: MTWTF |  |  |
| LISA JIPP | Family Child Care Home II |  | Ages: 6 WKS | To | 18 MOS |  |
| (402) 991-27 | 10/08/2003 | OMAHA NE 68164 | Hours: 0700 | To | 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |  |
| $\overline{\text { FREYER, }} \overline{\text { PEN }} \mathrm{NY}$ | FI4974 | 2744 NORTH 121ST AV | Capacity: 10 | Days of Week Open: MTWTF |  |  |
| PENNY FREYER | Family Child Care Home I |  | Ages: 6 WKS | To | $13 \text { YRS }$ |  |



If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
Hours: 0730 To 1730
$\overline{\text { GETHSEMANE }} \overline{\text { LU }} \overline{T H E R} \overline{A N}$
SCHOOL owned by THE
THE GETHSEMANE EVANGELIC
(402) 493-2550
$\overline{\text { GRO }} \overline{\mathrm{W}} \mathrm{W} \overline{\mathrm{TH}} \overline{\text { ME C CHILD }} \overline{\mathrm{CARE}} \overline{\text { \& }}$ PRESCHOOL owned by GROW
GROW WITH ME CHILDCARE


Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 25 Days of Week Open: MTWTHF
Ages: 3 YRS To 13 YRS
Hours: 1530 To 1800

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 89 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0630 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0730 | To 1730 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  |  |
| Accredited? |  |
| Capacity: 120 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited? $Y$

| Capacity: 8 | Days of Week Open: MTWTFSS |
| :--- | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To 0600 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To | 1730 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS?

## ZIP CODE

 PROVIDER NAME
## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

KIDS KAMPUS IN HOME CHILD
CARE OWNED BY STEPHANIE
CAMERON, STEPHANIE

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0700 |  |
| :---: | :---: | :---: |
| the ${ }^{\text {a }}$ | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 101 <br> Ages: 6 WKS <br> Hours: 0600 | ```Days of Week Open: MTWTHF To 12 YRS To 2000``` |
| the ${ }_{\text {d }}$ | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 12 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To 13 YRS <br> To 1730 |
| the ${ }^{\text {a }}$ \| | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
|  | Capacity: 72 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To 6 YRS <br> To 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 101 Days of Week Open: MTWTHF

|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHFSSU <br> To 13 YRS <br> To 1800 |
| :---: | :---: | :---: |
| the ${ }^{\text {a }}$ | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 101 <br> Ages: 6 WKS <br> Hours: 0600 | ```Days of Week Open: MTWTHF To 12 YRS To 2000``` |
| the ${ }_{\text {d }}$ | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 12 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To13 YRS  <br> To 1730 |
| the ${ }_{\text {d }}$ | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
|  | Capacity: 72 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To 6 YRS <br> To 1800 |


|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHFSSU <br> To 13 YRS <br> To 1800 |
| :---: | :---: | :---: |
| the ${ }^{\text {a }}$ | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 101 <br> Ages: 6 WKS <br> Hours: 0600 | ```Days of Week Open: MTWTHF To 12 YRS To 2000``` |
| the ${ }_{\text {d }}$ | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 12 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To13 YRS  <br> To 1730 |
| the ${ }_{\text {d }}$ | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
|  | Capacity: 72 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To 6 YRS <br> To 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?

|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHFSSU <br> To 13 YRS <br> To 1800 |
| :---: | :---: | :---: |
| the ${ }^{\text {a }}$ | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 101 <br> Ages: 6 WKS <br> Hours: 0600 | ```Days of Week Open: MTWTHF To 12 YRS To 2000``` |
| the ${ }_{\text {d }}$ | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
|  | Capacity: 12 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To13 YRS  <br> To 1730 |
| the ${ }_{\text {d }}$ | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
|  | Capacity: 72 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To 6 YRS <br> To 1800 |

Accepts Child Care Subsidy through DHHS? N Accredited?
$\overline{\text { LA }} \mathrm{B} \overline{\mathrm{ELLL}} \overline{\mathrm{VIT}} \overline{\mathrm{A}} \mathrm{MO} \overline{\mathrm{NTE}} \overline{\operatorname{SSORI}} \overline{\mathrm{I}}$
SCHOOL LLC Child Care Center
LA BELLA VITA MONTESSORI SCHOOL LI LA BELLA VIT
(402) 991-2732
$\overline{\text { LEGRAND }} \overline{\mathrm{CH}} \mathrm{I} \overline{\mathrm{LD}} \mathrm{CARE} \overline{\text { OWNED }}$
BY AMY LEGRAND
LEGRAND, AMY
(402) 496-7472
$\overline{\text { LITTLE ANGEL }} \bar{S} \overline{\text { PRESC }} \overline{H O O L} \frac{\text { AT }}{}$ ST MICHAEL owned by ST
ST MICHAEL LUTHERAN CHURCH (402) 493-2871
$\overline{\text { MA }} N \overline{\operatorname{SKE}}, \overline{\mathrm{THERES}} \overline{\mathrm{RE}}$
$\square$

| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |

Accepts Child Care Subsidy through DHHS?
Accredited?

THERESA MANSKE

Family Child Care Home I 07/10/2002

OMAHA NE 68164

| If a "N" appears or the space is blank after the question, the |
| :---: |
| licensee does not have a contract, or is not accredited. |

(402) 210-2744

| PRE8910 |  |
| :--- | :---: |
| Preschool |  |
| 10/03/2005 |  |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| FI10584 <br> Family Child Care Home I <br> 12/23/2010 |  |


| Capacity: 10 | Days of Week Open: MTWThFSSu |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  | Accredited? |

## $\overline{\operatorname{MIR}} \overline{\text { ACLE }} \overline{\text { HILLS }} \overline{\text { CHUR }} \bar{C} \overline{\operatorname{CH}} \frac{\square}{\square I L D}$

CARE owned by MIRACLE HILLS Child Care Center

MIRACLE HILLS COMMUNITY BAPTIST C
(402) 492-8374


If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
$\overline{\text { MPS }}$ - EZRAMILLARD
ELEMENTARY owned by

14111 BLONDO ST
School Age Only Child Care Center
ELEMENTARY owned by Sch
MILLARD PUBLIC SCHOOLS FOUNDATIO

| (402) 991-6731 | 08/30/2013 | Omaha NE 68164 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { NANNYS }}$ | FI5111 3363 NORTH 125TH ST |  |
| LORI A. LEE201-7115 (402) | Family Child Care Home I 01/31/2011 | OMAHA NE 68164 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { NEIL, }}$, $\overline{\text { BETTY }}$ | FI5118 | 2215 NORTH 128TH CR |
| BETTY NEIL | Family Child Care Home I 08/12/1996 | OMAHA NE 68164 |

(402) 445-9811

| Capacity: 30 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 5$ YRS |  |
| Hours: 0900 | To $\quad 1530$ |  |

Accepts Child Care Subsidy through DHHS?

| Capacity: 10 | Days of Week Open: MTWThF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 44 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 3 YRS | To 13 YRS |
| Hours: 0600 | To 1800 |


| Hours: 0600 |  |  |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? N |  |  |
| Accredited? |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 8 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS

Hours: 0730 To 1700
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSS |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0001 | To 0001 |

Accepts Child Care Subsidy through DHHS?

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS



## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

14306 PATRICK AV

Omaha NE 68164

| Capacity: 10 | Days of Week Open: MTWThF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{4 2}$


## Total Number in Zip Code: 1

| 68182 |  | Douglas |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| UNO CHILD CARE CENTER | CCC7535 | 6001 DOD | Capacity: 79 | Day | eek Open: MTWTHF |
| owned by BOARD OF REGENTS | Child Care Center | (69th \& D | Ages: 18 MOS | To | 13 YRS |
|  | 08/24/1996 | OMAHA | Hours: 0630 | To | 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? Y |  |  |

$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{1}$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} \overline{1}$


ZIP CODE PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
FI8808 1619 11TH ST

Family Child Care Home II 02/07/2011 Auburn NE 68305
If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited
$\overline{\text { KIDS }} \overline{\text { OF }} \overline{\text { HIS KINGDOM }} \overline{\text { EAR }} \bar{Y}$ CHILDHOOD DEVELOPMENT TRINITY LUTHERAN CHURCH (402) 274-1424
$\overline{\text { LISA'S COMNT }} \overline{\operatorname{RY}} \mathrm{KIDS}$ DAYCARE OWNED BY LISA LISA BLINDE
(402) 868-4335
$\overline{\text { LITTLE G GERK }} \overline{\text { N'S }} \overline{C H I L D} \overline{C A R} \bar{E}$
PENNY E GERKING
(402) 209-4619
$\overline{\text { LITTLE P }} \overline{\text { EEPS }} \overline{\text { OW }} N \overline{\text { ED }}$ BY
CORINNE RADEMACHER RADEMACHER, CORINNE M. (402) 245-7155
$\overline{\text { LYNN }} \overline{\text { SEY'S }} \overline{\text { TIN }} \overline{Y \text { TOTS }} \overline{\text { D }} \overline{\text { YC }} A \overline{\text { RE }}$

| $07 / 31 / 2013$ |
| ---: |
| If a "N" appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |


| S | FII9458 | 63274730 Road |
| :---: | :---: | :---: |
| Y LISA | Family Child Care Home II |  |
|  | 09/29/2015 | AUBURN NE 68305 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\mathrm{IL}} \overline{\mathrm{CA}}$ R $\overline{\mathrm{E}}$ | FI11028 | 1021 18th ST |
|  | Family Child Care Home II |  |
|  | 04/29/2013 | Auburn NE 68305 |


| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :--- |
| FII9493 <br> Family Child Care Home II <br> $04 / 20 / 2016$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| Auburn NE 68305 |

CCC9152
Child Care Center
(402) 274-1114
$-\quad-\quad-\quad-\quad-\quad+\quad]$
$\overline{\operatorname{MIL}} \overline{\mathrm{K} \&}$ " $\overline{\mathrm{COOK}} \overline{\text { "IES }} \overline{\mathrm{CH} I L} \overline{\mathrm{DC}} A \overline{\mathrm{RE}}$
OWNED BY STACEY COOK
COOK, STACEY
(402) 943-8276
(402) 943-8276
$\overline{\text { PETET, SHERIL }}-\quad-\quad-$

| $04 / 30 / 2011$ | Auburn NE 68305 |
| ---: | ---: |
| $\begin{array}{r}\text { If a " } \mathrm{N} \text { " appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ |  |

SHERIL PETET
(402) 274-4158
SMALL STEPS $\overline{\text { IN-HOME }}$

| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |

DAYCARE OWNED BY KASEY
TRUE, KASEY J
(402) 414-5121
$\overline{\text { TIN }} \overline{\text { TOUE }} \overline{\text { D DAYCA }} \overline{R E}$
STEPHANIE K. FLOYD
(402) 274-9488
$\overline{\text { TRINITY }}$ LUTHERAN
PRESCHOOL
TRINITY PV Preschool
TRINITY EVANGELICAL LUTHERAN CHU 08/09/1999
If a " $\mathrm{N} "$ appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS
WIGGLE WORMS DAYCARE
AMBER M. JONES
Family Child Care Home II
09/27/2007

1212 22ND ST

AUBURN NE 68305

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 12$ YRS |
| Hours: 0645 | To $\quad 1715$ |

Accepts Child Care Subsidy through DHHS? N Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \overline{13}$


ZIP CODE PROVIDER NAME OWNER NAME PHoNE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
Page 127 of 324


ZIP CODE
PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| WILLIAMS, CORRINA | FI6118 | 425 NORTH 9TH ST | Capacity: 10 | Days | eek Open: MTWTHFSSU |
| :---: | :---: | :---: | :---: | :---: | :---: |
| CORRINA A WILLIAMS | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 07/27/2007 | BEATRICE NE 68310 | Hours: 0000 | To | 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{Z T O} \overline{\mathrm{~A}} \mathrm{D} A \overline{Y C A R E}$ OWNED BY | FI11940 | 1408 19TH AVE | Capacity: 10 | Days | eek Open: MTWTHF |
| NICOLE ARENA ARENA, NICOLE | Provisional Family Child Care Home I$05 / 24 / 2016$ |  | Ages: 6 WKS <br> Hours: 0600 | To To | $\begin{aligned} & 12 \text { YRS } \\ & 1800 \end{aligned}$ |
| (402) 806-8840 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 33$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


## Total Number in Zip Code: 2


$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{3}$


ZIP CODE
PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

## Total Number in Zip Code: 1

68329

BEE HAPPY DAYCARE OWNED
BY JANE NEEMANN
NEEMANN, JANE
(402) 335-8381

|  | Johnson |
| :---: | :---: |
| FI11800 | 1910 S 30 ROAD |
| Family Child Care Home I |  |
| 03/31/2016 | Cook NE 68329 |

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
Capacity: 10
Days of Week Open: MTWTHF
Ages: 6 WKS
Hours: 0500 $\quad$ To $\quad 13$ YRS -1.

Accepts Child Care Subsidy through DHHS? Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \overline{2}$


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
LITTLE PEANUT'S CHILDCARE
CENTER
LITTLE PEANUT'S, LLC
(402) 826-3335
$\overline{\text { LITTTEE PEAN }} \overline{U T S}, \overline{L L C}-$
LITTLE PEANUTS, LLC
(402) 826-3335
$\overline{\text { PUDD }} \overline{\text { DLE }} \overline{\mathrm{JUM}} \overline{\overline{E R S}}$
ANDREA LYNN POMAJZL
(402) 826-3362

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 9$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| PO BOX 52 | Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :--- | :---: |
| 306 WILLARD | Ages: 6 WKS | To 13 YRS |
| DESHLER NE 68340 | Hours: 0530 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

(402) 365-4318
$\overline{\text { WHA }} \mathrm{A} \overline{\mathrm{RTO}} \overline{\mathrm{N}, \mathrm{JO}} \overline{\mathrm{DY}}$
JODY WHARTON
(402) 365-7599

| (402) 365-7599 | 05/07/2000 | DESHLER NE 68340 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| WILLIAMS, JULIE | FI4616 | PO BOX 54 |
| JULIE WILLIAMS | Family Child Care Home I | 204 PARK ST |
|  | 01/25/1997 | DESHLER NE 68340 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :---: |
| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0001 | To 0001 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1800
Accepts Child Care Subsidy through DHHS? N Accredited?

Total Number in Zip Code: 7

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} \overline{3}$


ZIP CODE PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \overline{3}$


## $\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 2$



## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> COUNTY

EFFECTIVE DATE

ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 7$


Total Number in Zip Code: 2

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 2$

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
910 H ST Capacity: $8 \quad$ Days of Week Open: MTWTFSS

HART, CAROL
CAROL HART
FI6190
Family Child Care Home I
(402) 729-5593
$\overline{\text { HEIDI ROOGERS }}$
HEIDI ROGERS
(402) 300-0092
$\overline{\mathrm{HY}} \mathrm{NEK}, \mathrm{SUSA} \overline{\mathrm{N}}-\mathrm{-}$ SUSAN HYNEK (402) 729-3635
$\overline{\text { KID'S CONNECTION, INC. }} \bar{C} \overline{-}$
KID'S CONNECTION, INC.
(402) 729-2163
$\overline{\text { KUZELK }} \overline{A, R H} \overline{O N D} \overline{A R}$
RHONDA R KUZELKA
(402) 729-3115
$\overline{\text { LEAR }} \overline{\text { LA }} \overline{\mathrm{AUG}} \overline{\mathrm{HR}} \overline{\mathrm{OW}} \overline{\mathrm{CHIL}}$
CARE OWNED BY SARAH L SARAH L PARKER
(402) 729-6632
$\overline{\text { LITTLE AN }} \overline{N G E L S} \bar{D} A \overline{Y C A} \overline{R E}$ OWNED BY MARCIA DORN MARCIA DORN (402) 729-5179
06/29/2001

FAIRBURY NE 68352

| Capacity: 8 | Days of Week Open: MTWTFSS |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0001 | To 0001 |  |

Accepts Child Care Subsidy through DHHS? N
Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0700 To 1730

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 120 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0530 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 8 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours. 0530 | To 1730 |


| FAIRBURY NE 68352 | Hours: 0530 | To | 1730 |
| :---: | :---: | :---: | :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? Y |  |  |
| Accredited? |  |  |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSS |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0001 | To 0001 |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 24 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 6$ YRS |
| Hours: 0730 | To $\quad 1600$ |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :--- | :---: |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTFSS
Ages: 6 WKS To 13 YRS

Hours: 0600 To 2100
Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTFS |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{1 1}$

ZIP CODE
PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE EFFECTIVE DATE

COUNTY ADDRESS

| $\mathbf{6 8 3 5 4}$ |
| :--- |
| TINY IMAGES CHILD CARE |
| CENTER |
| VILLAGE OF FAIRMONT |
| (402) $268-2909$ |
| $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: } \mathbf{1}}$ |

Total N
68355


OWNED BY KIMBERLY GILKERSON, KIMBERLY
(402) 245-3300
$\overline{\text { KRYSTAL }} \overline{\text { HOL }} \overline{M E S} \overline{\text { CHIL }} \overline{D C A R E}$ OWNED BY KRYSTAL HOLMES HOLMES, KRYSTAL
(402) 440-8463

LITTLE BEES $\overline{\text { DAYC }} \overline{C A R E} \overline{\text { OWN }}$ NED BY STEPHANIE BECKNER BECKNER, STEPHANIE A. (402) 245-5874
$\overline{\text { LITTLE }} \overline{\text { BITS }} \bar{D} \overline{\mathrm{AYC}} \overline{\mathrm{ARE}}, \overline{\text { LLC }}$ OWNED BY MICHELLE WILCOX MICHELLE WILCOX
(402) 245-5958

## $\overline{\text { LIT }} \overline{L E} \overline{L A M B} \bar{S} \overline{C H R I S T I A N}$

 PRESCHOOL GLENDA VON BEHREN (402) 245-4010$\overline{\text { LITTLE LEAR }} \overline{N E R S} \overline{\text { DAY }} \overline{\text { CARE }} \overline{ }$ OWNED BY TERRA FRANK FRANK, TERRA
(402) 855-6004
$\overline{\text { LITTLE SPROUTS IN HO }} \overline{\mathrm{ME}}$
DAYCARE OWNED BY BROOKE DEAN, BROOKE A.
(402) 801-0143


## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER
PARENT CHILD CENTER
FALLS CITY PUBLIC SCHOOLS
(402) 245-3005
$\overline{\operatorname{SAC}} \overline{\operatorname{RED}} \overline{\mathrm{HEA}} \overline{\mathrm{TD}} \overline{\mathrm{YC}}-\overline{\mathrm{RE}}$
$\overline{\mathrm{SAC}} \overline{\mathrm{RED}} \overline{\mathrm{HEA}} \mathrm{RTD} A \overline{Y C A} \overline{\mathrm{RE}} \overline{\mathrm{ND}}$

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

LEARNING CENTER Provisional Child Care Center
STS. PETER AND
(402) $245-3385$
CCC7743 2500 CHASE ST

| Capacity: 50 | Days of Week Open: MTWTF |  |  |
| :--- | :---: | :--- | :---: |
| Ages: 3 YRS | To $\quad 8$ YRS |  |  |
| Hours: 0730 | To $\quad 1730$ |  |  |
| Accepts Child Care Subsidy through DHHS |  |  |  |
|  | Accredited? |  |  |
| Capacity: 58 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0700 | To 1800 |  |  |

Accepts Child Care Subsidy through DHHS?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0530 | To $\quad 2230$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 13$


Total Number in Zip Code: 3


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

| LICENSE TYPE | COUNTY |
| :--- | :--- |
| EFFECTIVE DATE | ADDRESS |

Total Number in Zip Code: 3

| 68361 |  | Fillmore |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| BVCA - FILLMORE COUNTY | CCC9444 | 1600 I STREET | Capacity: 20 | Days of Week Open: M | MTWTHF |
| HEAD START 0-5 BLUE VALLEY COMMUNITY ACT (402) 759-3699 | Child Care Center |  | Ages: 6 WKS | To 6 YRS |  |
|  | , 04/30/2015 | Geneva NE 68361 | Hours: 0700 | To 1900 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{C H A N E Y}$, NANCYA | FI6125 | 210 SOUTH 8TH | Capacity: 10 | Days of Week Open: M | MTWTFS |
| NANCY A CHANEY <br> (402) 759-2032 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |  |
|  | 11/22/1997 | GENEVA NE 68361 | Hours: 0600 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |  |
| $\overline{\text { LITTLE EXPLORERS }}$ | FII9226 | 616 I STREET | Capacity: 12 | Days of Week Open: M | MTWTHF |
| ALICIA TURNER <br> (402) 759-7108 | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |  |
|  | 08/31/2011 | Geneva NE 68361 | Hours: 0730 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |  |
| $\overline{\text { PRECIOUS ANGELS }} \overline{\text { CHILD }} \overline{\bar{D}} \overline{\text { CARE }}$ | FII9579 | 972 G ST | Capacity: 12 | Days of Week Open: M | MTWTHF |
| OWNED BY PRECIOUS ANGELS Provisional Family Child Care Home II PRECIOUS ANGELS CHILD CARE LLC - JE <br> 06/22/2016 |  |  | Ages: 6 WKS | To 13 YRS |  |
|  |  | Geneva NE 68361 | Hours: 0600 | To 1800 |  |
| (402) 759 -9079 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS?Accredited? |  |  |
| $\overline{\text { RONAA'S }} \overline{\text { DAY }} \overline{\text { CAR }} \bar{E} \overline{O W N E D} \overline{\text { BY }}$ RONDA LARKINS LARKINS, RONDA (402) 984-2212 | $\qquad$ | 1106 D ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
|  |  |  | Ages: 6 WKS | To 12 YRS |  |
|  |  | Geneva NE 68361 | Hours: 0000 | To 2400 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { SOWING }} \overline{\operatorname{SEED}} \overline{\mathrm{SACADE}} \overline{\mathrm{MP}} \overline{\mathrm{MY}}$ <br> THE UNITED METHODIST CHUR <br> (402) 759-3731 | CCC9604 | 942 H STREET | Capacity: 100 Days of Week Open: MTWTHF |  |  |
|  | Provisional Child Care Center OF GI <br> 12/21/2016 |  | Ages: 6 WKS | To 13 YRS |  |
|  |  | Geneva NE 68361 | Hours: 0600 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{Z O O B I L E E} \overline{\text { DAYCARE O}} \overline{W N E D}$ BY COURTNEY GEWECKE GEWECKE, COURTNEY <br> (402) 366-9008 | FI11951 | 914 Q ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
|  | Provisional Family Child Care Home I | Geneva NE 68361 | Ages: 6 WKS | To 13 YRS |  |
|  | 06/27/2016 |  | Hours: 0000 | To 2400 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |  |

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \overline{7}$


## Total Number in Zip Code: 1



ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
550 WALNUT

Hallam NE 68368

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} \overline{2}$


## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 5$


$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 2$


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
AUMAN, LISA D.
LISA D. AUMAN
$\overline{\mathrm{AUN}} \overline{\mathrm{T}} \mathrm{B}$ S $\overline{\mathrm{CH} I L} \overline{\mathrm{DC}} A \overline{\mathrm{RE}} \mathrm{O} \overline{\mathrm{WN}} \mathrm{D} \overline{\mathrm{D}}$
BY BRANDI KLAASSEN
KLAASSEN, BRANDI
(402) 770-6307

MARY GANOW
(402) 792-2965
$\overline{\text { MICHELLE NICKLAS }} \overline{-}-$
MICHELLE M NICKLAS
(402) 405-6717
$\overline{\text { MISS }} \overline{Y \text { Y'S }} \overline{\text { FAMIL }} \bar{Y} \bar{C} \overline{H I L D} \overline{C A R E}$ OWNED BY MELISA PARKS PARKS, MELISA M
(402) 792-3491
$\overline{\text { NAN }} \overline{C Y}$ ZIEMANN
NANCY L. ZIEMANN
(402) $792-2018$
$\overline{\text { NEW }} \overline{\text { BEGINNINGS }} \overline{\text { DOME }} \overline{\text { DAYCARE OWNED BY MARCI }}$
SPRAGUE, MARCIA.

## ZIP CODE

 PROVIDER NAME OWNER NAMEPHONE NUMBER THE TREE HOUSE, INC

THE TREE HOUSE, INC. (402) 792-3352
$\overline{\text { ZIE }} \overline{\operatorname{AN}} \sqrt{\text { JUSTIN }}$

JUSTINA ZIEMANN
(402) 792-2059

## Total Number in Zip Code: 14



HTRS EARLY CHILDHOOD
EDUCATION CTR HTRS PUBLIC SCHOOL (402) 862-2151
$\overline{\text { TINY }} \overline{\text { TITANS }} \overline{\text { DAY }} \overline{\text { CARE }} \overline{\text { OWNED }}$ BY SHUPP ENTERPRISES, INC. SHUPP ENTERPRISES, INC. (402) 862-8033

Total Number in Zip Code: 2


## Total Number in Zip Code: 1



ZIP CODE
PROVIDER NAME
OWNER NAME
PHONE NUMBER

LICENSE NUMBER

| LICENSE TYPE | COUNTY |
| :--- | :--- |
| EFFECTIVE DATE | ADDRESS |

Total Number in Zip Code: 3


Total Number in Zip Code: 2

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{3}$

| 68406 |  | Fillmore |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| JoJo'S CHILDCARE OWNED BY | FII9586 | 424 MAIN ST | Capacity: 12 | Days | Week Open: MTWTHF |
| JOEY \& EDWARD HAVERLUCK <br> IOEY \& EDWARD HAVERLUCK JR. | Provisional Family Child Care Home II | PO BOX 235 | Ages: 6 WKS | To | 13 YRS |
| (402) 432-1398 | 08/12/2016 | Milligan NE 68406 | Hours: 0600 | To | 1800 |
| (402) 432-1398 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { Total }} \overline{\text { Number in }} \overline{\text { Zip }} \overline{\text { Code: }} 1$ |  |  |  |  |  |
| 68409 |  | Cass |  |  |  |
| HAPPY HEARTS CONESTOGA | CCC8594 | 104 EAST HIGH ST | Capacity: 75 | Days of | Week Open: MTWTHF |
| ELEMENTARY owned by HAPPY HAPPY HEARTS | Child Care Center |  | Ages: 6 WKS | To | 13 YRS |
| ) 235-3776 | 08/08/2004 | Murray NE 68409 | Hours: 0600 | To | 1800 |
| (102) $235-376$ | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? Y |  |  |

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 1$

## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER
ANGELA S. SINNER
ANGELA S. SINNER
(402) 873-5788
$\overline{\text { AU }} \overline{N T I E} \overline{\text { M'S CHILD }} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$
OWNED BY JAMIE MATSON
JAMIE MATSON
(402) 297-0879
$\overline{\text { BEARVILLY HILLS }} \overline{\text { DAY }} \overline{\text { CARE }}$ OWNED BY BETTY BORER BETTY BORER
(402) 873-7833
$\overline{\text { BRILEY, JENNIFER }} \bar{L}$
JENNIFER L BRILEY
(402) 209-0814
$\overline{\mathrm{CON}} \overline{\mathrm{NEL}} \mathrm{L}, \overline{\mathrm{LIS}} \overline{\mathrm{A}}-\mathrm{-}-$
Lisa D. Connell
(402) 209-3212
$\overline{\mathrm{DAV}} \overline{\mathrm{S}, \mathrm{K}} \overline{\mathrm{ELLY}} \overline{\mathrm{A}}--$
KELLY A DAVIS
(402) 874-9878
$\overline{\text { DORIS' D }} \overline{A Y C} \overline{A R E}$
DORIS MARTIN
(402) 873-7064
$\overline{\text { FIRS }} \overline{\operatorname{TSTEP}} \overline{\text { LE }} \overline{\text { ARNING }} \overline{\mathrm{CENT}} \overline{\mathrm{E}}$ INC
First Step Learning Center, Inc
(402) 873-7579
$\overline{\text { FIRST STEP }}$
PRESCHOOL/LEARNING CTR First Step Learning Center, Inc. (402) 873-7579
$\overline{\text { GRA }} \overline{\mathrm{NDMA}} \overline{\mathrm{DE}} \overline{\mathrm{B} \text { 'S }} \overline{\mathrm{DAYC}} \overline{\mathrm{ARE}}$ OWNED BY DEBRA ORNDORFF ORNDORFF, DEB
(402) 873-3540
$\overline{\mathrm{HOMAN}}, \overline{\mathrm{LOR}}$
LORI HOMAN
(402) 873-4106

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
FII6981 1215 2ND CORSO

Family Child Care Home II
09/19/2003 NEBRASKA CITY NE 68410


| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI10724 <br> Family Child Care Home I <br> $05 / 31 / 2011$ | 1515 2ND CORSO |


| Capacity: 12 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0730 To 1730

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: 0700 To 1600

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1730 |

Accepts Child Care Subsidy through DHHS? N Accredited?

Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS

Accepts Child Care Subsidy through DHHS?

| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |



Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 19$



ZIP CODE
PROVIDER NAME
OWNER NAME
PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY
ADDRESS

## Total Number in Zip Code: 1

| 68421 |  | Nemaha |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| PERU DAY CARE | CCC7844 | C/O PERU STATE COLLEGE | Capacity: 35 | Days of | Week Open: MTWTFS |
| PERU DAY CARE, INC. | Child Care Center | ROOM 126 MAJORS HALL | Ages: 6 WKS | то | 13 YRS |
|  | 02/14/1996 | PERU NE 68421 | Hours: 0700 | To | 1730 |
|  | If a "N" appe license | is blank after the question, the a contract, or is not accredited. | Accepts | Care | bssidy through DHHS? Accredited? |
| Total Number in $\overline{\text { Zip }}$ C |  |  |  |  |  |
| 68423 |  | Seward |  |  |  |
| NICKLAS, SHARON | FI4601 | PO BOX 126 | Capacity: 10 | Days of | eek Open: MTWTF |
|  | Family Child Care Home I | PINE \& ELM ST | Ages: 6 WKS | To | 13 YRS |
| (402) 795-2585 | 06/14/1997 | PLEASANT DALE NE 68423 | Hours: 0600 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$

$\overline{\text { Total }} \overline{\text { Number in }} \overline{\text { Zip }} \overline{\text { Code: }} \mathbf{1}$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 1$


## Total Number in Zip Code: 1



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(402) 643-9144

If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 55 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0430 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWThFSSu |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0000 | To $\quad 2400$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Hours: $0600 \quad$ To 1800
Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 74 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0345 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y |  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 20 | Days of Week Open: MTWTHF |  |
| Ages: 3 YRS | To 5 YRS |  |
| Hours: 0700 | To 1900 |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 140 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 18 MOS | To | 13 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y
Accredited? Y

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0630 | To | 1730 |

MARY REETZ
(402) 643-9673

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{2 5}$


| Date of Printing: 12/23/2016 |  | Page 148 of 324 |  |  |
| :---: | :---: | :---: | :---: | :---: |
| ZIP CODE |  |  |  |  |
| PROVIDER NAME | LICENSE NUMBER |  |  |  |
| OWNER NAME | LICENSE TYPE COUNTY |  |  |  |
| Phone number | EFFECTIVE DATE ADDRESS |  |  |  |
| TINY TOT CHILDCARE OWNED BY HEATHER KESTLER KESTLER, HEATHER R.(402) 304-3870 | FI11828 188 ASH STREET | Capacity: 10 | Days of Week Open: | MTWTHF |
|  | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |  |
|  | 06/30/2016 Syracuse NE 68446 | Hours: 0530 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { TRAIN UP }} \overline{A C} \overline{C I L D} \overline{\operatorname{CHR}} \overline{\text { STIA }} \bar{N}$ PRESCHOOL <br> SYRACUSE BAPTIST CHURCH (402) 269-5876 | PRE8954Preschool 100 PARKER DRIVE | Capacity: 12 Days of Week Open: MTWTHF |  |  |
|  |  | Ages: 3 YRS | To 5 YRS |  |
|  | 08/31/2007 Syracuse NE 68446 | Hours: 0830 | To 1530 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { TRU }} \overline{\text { DA }} \overline{Y C A} \overline{R E}$ <br> KATHLEEN TRUE <br> (402) 269-2091 | FI4787Family Child Care Home II | Capacity: 10 Days of Week Open: MTWTF |  |  |
|  |  | Ages: 6 WKS | To 13 YR |  |
|  | Family Child Care Home II $03 / 24 / 2006$ SYRACUSE NE 68446 | Hours: 0630 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { VOLLERT }} \overline{\text { SEN }}, \overline{\text { PAT }} \bar{Y}$ <br> PATTY VOLLERTSEN <br> (402) 269-2887 | FI6301 456 PARK <br> Family Child Care Home I  | Capacity: 10 | Days of Week Open: MTWTFSS |  |
|  |  | Ages: 6 WKS | To 13 YRS |  |
|  | Family Child Care Home I <br> 08/27/1997 <br> SYRACUSE NE 68446 | Hours: 0730 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? N Accredited? |  |  |
| $\overline{\text { WA }} \sqrt{D E R}, \overline{\text { SHA }} \overline{\mathrm{RON}} \overline{\mathrm{ANN}}$ SHARON ANN WANDER (402) 269-2915 | FI6315 6215 TH ST <br> Family Child Care Home I  | Capacity: 10 Days of Week Open: MTWTF |  |  |
|  |  | Ages: 6 WKS | To 13 YRS |  |
|  | Family Child Care Home I <br> 07/09/1998 SYRACUSE NE 68446 | Hours: 0600 | To 1700 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |
| $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in }}$ Zip Code: 12 |  |  |  |  |
| 68450 | $\qquad$ <br> If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |  |
| BLESSINGS FROM ABOVE |  | Capacity: 47 Days of Week Open: MTWTHF  <br> Ages: 6 WKS To 13 YRS <br> Hours: 0500 To 1800 |  |  |
| PAWNEE PLAYCARE <br> (402) 335-2881 |  |  |  |  |
|  |  |  |  |  |
|  |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { GOTTULA }} \overline{, ~ C H R I S T I N E ~} \overline{M .}$ <br> CHRISTINE GOTTULA <br> (402) 490-7168 | FI11893Provisional Family Child Care Home I | Capacity: 10 Days of Week Open: MTWTHF |  |  |
|  |  | Ages: 6 WKS <br> Hours: 0700 | To 13 YR |  |
|  | $\begin{array}{ll}\text { Provisional Family Child Care Home I } \\ 12 / 15 / 2015 & \text { Tecumseh NE } 68450\end{array}$ |  | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? Accredited? |  |  |
| $\overline{\text { GUENTH }} \bar{N} \overline{R,} \bar{K} \overline{M B B} E \overline{R L Y}$ <br> KIMBERLY GUENTHER (402) 335-3796 | FI6196 831 CLAY <br> Family Child Care Home I  | Capacity: 8 Days of Week Open: MTWTF |  |  |
|  |  | Ages: 6 WKS <br> Hours: 0600 | To 13 YRS |  |
|  | Family Child Care Home I $05 / 12 / 1998$ TECUMSEH NE 68450 |  | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |
| $\overline{\mathrm{MEINTS}}$, CARLA | FI6199 260 NORTH 11TH ST | Capacity: 10 Days of Week Open: MTWTFSS |  |  |
|  | Family Child Care Home I | Ages: 6 WKS <br> Hours: 0600 | To 13 YRS |  |
| CARLA MEINTS(402) $335-3886$ | 09/24/1996 TECUMSEH NE 68450 |  | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |
| $\overline{\text { MEINTS }}$, $\overline{\text { MAR }} \bar{Y}$ | 72949620 AVE | Capacity: 10 Days of Week Open: MTWTF |  |  |
| MARY MEINTS | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |  |
| (402) 335-2293 | 11/02/1996 Tecumseh NE 68450 | Hours: 0600 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

ZIP CODE PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY
ADDRESS

| 1260 WEBSTER ST | Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :--- | :---: |
| PO Box 896 | Ages: 3 YRS | To 6 YRS |
| TECUMSEH NE 68450 | Hours: 0800 | To 1130 |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip Code: }} \mathbf{6}$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{In} \text { Zip }} \overline{\text { Code: }} 1$

$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{1}$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{4}$


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| CLIFTON, JUANITA | FI5846 | 10121 NORTH 149TH ST | Capacity: 10 | Days | Neek Ope | MTWTF |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| JUANITA CLIFTON | Family Child Care Home I |  | Ages: 6 WKS | To |  |  |
|  | 07/29/2002 | WAVERLY NE 68462 | Hours: 0600 | To | 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { EVELYN }} \overline{\text { HAML }} \overline{O W}$ | SAOC8599 | 14541 CASTLEWOOD | Capacity: 100 Days of Week Open: MTWTHF | Days of Week Open: MTWTHF |  |  |
| ELEMENTARY <br> SCHOOL DISTRICT | $\begin{aligned} & \text { School Age Only Child Care } \\ & \text { SOI } \\ & 06 / 10 / 2013 \\ & \hline \end{aligned}$ | Waverly NE 68462 | Ages: 5 YRS <br> Hours: 0700 | To To | $\begin{aligned} & 13 \text { YRS } \\ & 1800 \end{aligned}$ |  |
| (402) 310-9241 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| $\overline{\text { FRY }} \overline{E, M E} \overline{\text { GAN }}$ | FI11243 | 15030 N 134th ST | Capacity: 10 Days of Week Open: MTWTHF | Days of Week Open: MTWTHF |  |  |
| MEGAN K FRYE | Family Child Care Home I 12/31/2012 | Waverly NE 68462 | Ages: 6 WKS <br> Hours: 0630 | To <br> To | $\begin{aligned} & 13 \text { YRS } \\ & 1830 \\ & \hline \end{aligned}$ |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\mathrm{KELL}} \overline{L Y ' S} \overline{\text { DAY }}$ CARE | FI8233 | 10331 NORTH 150TH ST | Capacity: 12 | Days of Week Open: MTWTHF |  |  |
| KELLY BROWN Family Child Care Home II |  |  | Ages: 6 WKS | To | $13 \text { YRS }$ |  |


|  | If a "N" appears or the space is blank after the question, the |
| :--- | :--- |
| licensee does not have a contract, or is not accredited. |  |


| Accepts Child Care Subsidy through DHHS? Y |
| :--- |
| Accredited? |

## $\overline{\text { LIL JUNC }} \overline{\operatorname{TIO}} \overline{\mathrm{DEV}} \overline{\mathrm{ELOP}} \overline{\mathrm{ME}} \mathrm{NT}$

CENTER Child Care Center
(402) 786-5999
$\overline{\text { MENTZER, }} \overline{\text { DEBRA }} \overline{B R A}$
DEBRA MENTZER
(402) 786-2009

02/20/2003 WAVERLY NE 68462
$\overline{\text { PEA }} \overline{C E F U L B E} \overline{\overline{L I N}} \overline{N I N G} \overline{\text { EAR }} \bar{L}$ CHILDHOOD CENTER PEACE LUTHERAN CHURCH
(402) 786-2346
A -1.
INNINGS EARL
AN CHURCH

| $\begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ |  |
| :---: | :---: |
| FI4949 | 10731 NORTH 137TH ST |


| Capacity: 45 | Days of Week Open: MTWTHF |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To 8 YRS |  |  |
| Hours: 0600 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  |  |  | Accredite |
| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0630 | 1800 |  |  |

If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.

WAVERLYCHILD


DEVELOPMENT CENTER
WAVERLY CHILD DEVELOPMENT, LLC (402) 309-3369

SCHOOL
SCHOOL DISTRICT \#145
(402) 960-7854
$\overline{\text { WAV }} \overline{\text { ERL }} \overline{\text { PRET }} \overline{\text { SCHOOL }}$
WAVERLY PRESCHOOL
(402) 786-3115

|  | Waverly NE 68462 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| SAOC8721 | 14621 HEYWOOD STREET |
| School Age Only |  |
| 12/06/2013 | Waverly NE 68462 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| PRE8027 | 14541 CASTLEWOOD |
| Preschool |  |
| 09/05/2002 | WAVERLY NE 68462 |

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 135 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0630 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
_- - - - $-\overline{\text { DIATE }}$
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{1 2}$
68463

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 3$



ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## Total Number in Zip Code: 4

| 68467 |  | York |  |  |
| :---: | :---: | :---: | :---: | :---: |
| AMANDA'S DAYCARE OWNED <br> BY AMANDA LEU <br> LEU, AMANDA <br> (402) 710-2794 | FI11749 | 207 N IOWA AVEYork NE 68467 | Capacity: 10 | Days of Week Open: MTWTHF |
|  | Family Child Care Home I |  | Ages: 6 WKS | To 12 YRS |
|  | 09/30/2015 |  | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { BERNICE'S DAYCARE O}} \overline{W N E D}$ <br> BY BERNICE PARR <br> BERNICE PARR <br> (402) 362-6450 | FI4555 | 1021 N BLACKBURN AVE | Capacity: 10 | Days of Week Open: MTWTHFSSU |
|  | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 03/09/1997 | YORK NE 68467 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y |  |
|  | CCC7125 | 225 W 5TH STREET | Capacity: 75 | Days of Week Open: MTWTHF |
| ACADEMY OF YORK (P.L.A.Y.) | Child Care Center |  | Ages: 6 WKS | To 6 YRS |
| BLUE VALLEY COMMUNITY A | INC 09/29/1997 | York NE 68467 | Hours: 0700 | To 1800 |
| (402) 362-4299 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? |  |
| $\overline{\text { COBB, }} \overline{\text { GLENN }} \bar{A}$ | FI4566 | 429 WEST 8TH ST | Capacity: 10 Days of Week Open: MTWTF |  |
|  | Family Child Care Home I |  | Ages: 6 WKS | To 13 YR |
|  | 03/24/2001 | YORK NE 68467 | Hours: 0600 | To 1900 |
| (402) 362-6368 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { FIRS }} \overline{\text { STEP }} \overline{\text { D }}$ AYCA $A \overline{R E}$ | CCC9163 | 1727 N Lincoln Avenue | Capacity: 31 | Days of Week Open: MTWTHFS |
|  | Child Care Center |  | Ages: 6 WKS | To 12 YRS |
|  | 10/31/2010 | York NE 68467 | Hours: 0530 | To 1930 |
| (402) $633-170$ | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

GROWING SPROUTS CHILDCA
OWNED BY JULIE SKLENAR
SKLENAR, JULIE

SKLENAR, JULIE
(402) 710-0942
$\overline{H E A T H E R} \bar{S}$ D $A \overline{Y C A} \overline{R E}$ OWNE $\bar{D}$ BY HEATHER KARBER
HEATHER L KARBER
(402) 710-2764
$\overline{\text { HORNBA }} \overline{\text { CHER }}, \overline{\text { KELLY }}$
KELLY M HORNBACHER (402) 631-8209
$\overline{\text { KAISER, }} \overline{\text { GLEN }} \overline{\mathrm{DA}} \mathrm{J}$
GLENDA J KAISER
(402) 362-6872

FI11997
Provisional Family Child Care Home I 10/04/2016 York NE 68467
 If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
FI11685

| Family Child Care Home I |
| ---: |
| $04 / 30 / 2015$ |


| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |


| 1519 EAST 4TH ST |
| :--- | EMMANUEL EVANGELICAL L

(402) $362-3000$
$\overline{\text { LYN'S LITTLES }} \overline{\text { DAY }} \overline{\text { CAR }} \bar{E}$ BROKAW, LYNETTE
(402) 860-1564
$\overline{\text { MA }} \overline{\mathrm{SEN}}, \overline{\mathrm{LEA}} \overline{\mathrm{H}}--$
LEAH MADSEN
(402) $362-2045$
$\overline{\text { MELANIE }} \overline{\mathrm{MO}} \overline{\mathrm{RRIS}} \overline{\mathrm{DAY}} \overline{\mathrm{CARE}}$ OWNED BY MELANIE MORRIS MELANIE MORRIS (402) 710-1335
$\overline{\text { MILLER, }} \overline{\text { SHER }} \overline{R I ~ J}--$
SHERRI J MILLER
(402) $362-1543$
$\overline{\text { MISS }} \overline{\text { KIM' }} \overline{\text { D }} \overline{\text { AYCA }} \overline{\text { RE OWNE }} \overline{\mathrm{D}}$ BY KIMBERLY VAN ESCH KIMBERLY R. VAN ESCH (402) 710-1282

## ZIP CODE

PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

(402) 362-6852
$\overline{\text { RIC }} \overline{A R} D \overline{S O N}, \overline{\text { BON }} \overline{N N I E} \bar{S}$

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :---: |
| FI10516 <br> Family Child Care Home I <br> $08 / 31 / 2010$ |
| 1730 N PLATTE AV <br> York NE 68467 | (402) 362-7614

$\overline{\text { ROWE, KIMBERLY }} \overline{\mathrm{S}}$
KIMBERLY S ROWE
(402) 366-0935
$\overline{\text { SUNSHINE DAYCARE O }} \bar{W} \overline{W N E} \bar{D}$
If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited. BY SHELBY STOLLEY AND FII950
616 EAST 10TH ST
York NE 68467
If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited. SHELBY STOLLEY AND COURTNEY SHEE
(402) 366-5717
$\overline{\text { TINA }} \overline{\text { TRO}} \overline{U T M} \overline{A N}-\cdots$
TINA TROUTMAN
(402) 362-2733
$\overline{\text { TINY TOT } \overline{S ~ O W N E D ~} \overline{\mathrm{BY}} \overline{\text { ANGEL }}} \begin{aligned} & \text { BATTERTON } \\ & \text { BATTERTON, ANGELA } \\ & \text { (402) } 710-2966 \\ & \overline{\text { WHE }} \overline{\overline{E L E R}} \overline{\text { JA }} \overline{\mathrm{JNIEE}} \overline{\mathrm{AN}} \overline{\mathrm{NA}}\end{aligned}$ -

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :---: |
| FI4554 <br> Family Child Care Home II <br> $04 / 08 / 2013$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| York NE 68467 |

Accepts Child Care Subsidy through DHHS?
Accredited?

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 2100 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 12 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 8 YRS |
| Hours: 0730 | To 1730 |

Accepts Child Care Subsidy through DHHS? Y

| Capacity: 12 | Days of Week Open: MTWTHF |  | : MTWTHF |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0700 | To | 1730 |  |


| Hours: 0700 | To |  |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To | 2300 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 60
Ages: 6 WKS
Hours: 0530

Accepts Child Care Subsidy through DHHS? Y Accredited?

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

YORK ELEMENTARY SCHOOL
DAYCARE
YORK PUBLIC SCHOOLS (402) 362-1414

## $\overline{\text { YOR }} \bar{K} \overline{\text { GENER }} \overline{\text { AL CHILD }} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$

YORK GENERAL HEALTH CARE SERVICE
(402) 363-6628
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{2 9}$

SAOC8611
School Age Only Child Care Center
05/23/2013

| Capacity: 115 | Days of Week Open: MTWTHF |
| :---: | :---: |
| Ages: 5 YRS | To 13 YRS |
| Hours: 0630 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 60 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0500 | To 1800 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  | Accredited? |


| $\mathbf{6 8 5 0 2}$ |
| :--- |
| ADAMS, PATRICIA |
| Patricia M. Adams |
| (402) 560-2548 |
| $\overline{\text { ADV }} \overline{\mathrm{ENT}} \overline{\mathrm{URE}} \overline{\mathrm{ACA}} \mathrm{D} \overline{\mathrm{EM}} \mathrm{Y} \overline{\mathrm{SITE}} \overline{4}$ |



## ZIP CODE

PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS
CAROUSEL DAYCARE \&
PRESCHOOL
GREGORY A. GREDER
(402) 423-5557
$\overline{\text { CATERPILLAR }} \overline{\text { CLUBHOUSE }} \bar{\square}$

| CCC122 | 4001 SOUTH 17TH ST |
| :---: | :---: |
| Child Care Center |  |
| $09 / 14 / 2004$ | LINCOLN NE 68502 |

REITA FARMER/JULIE SHIPMAN
(402) 310-8944
$\overline{\text { CRY }} \overline{\text { STAL }} \overline{\text { KIR }} \overline{S C H B} \overline{A U M}-$
CRYSTAL A KIRSCHBAUM
(402) 476-6545
$\overline{\text { DIMENSIONS }} \overline{\text { FIRS }} \overline{\text { PLYMOUTH }} \bar{\square}$


EARLY EDUCATION PROGRAMS

DIMENSIONS EDUCATIONAL RESEARCH

\[\)|  (402)  $476-8304$ |  If a "N" appears or the space is blank after the question, the  |
| ---: | :--- |
|  licensee does not have a contract, or is not accredited.  |  |

\]

## $\overline{\text { FAMILY }} \mathrm{S} \overline{\mathrm{ERV}} \mathrm{I} \overline{\mathrm{CE}}-\overline{\mathrm{BEA}} \mathrm{T} \overline{\mathrm{TIE}}$

FAMILY SERVICE ASSOC. OF LINC
(402) 441-7949
$\overline{\text { FAMILY }} \overline{\text { SERV }} \bar{I} \overline{C E}-\overline{\text { PRESCOTT }} \overline{\text { CO }}$
$\overline{\text { FAMILY }} \overline{\text { SERVICE }}-\overline{\text { PRESCOTT }} \bar{\square} \quad$ SAOC8558 1930 SOUTH 20TH STREET FAMILY SERVICE ASSOC. OF LINCOLN $\begin{gathered}\text { School Age Only Child Care Center } \\ 06 / 10 / 2013\end{gathered}$ (402) 441-7949
$\overline{\text { FAM }} \overline{\mathrm{LY}} \overline{\text { SERVI }} \overline{\mathrm{CE}} \overline{\text { SAR }} \overline{\mathrm{TOG}} \overline{\mathrm{A}}$ —

## $\overline{\text { FAMILY }} \overline{\text { SERVICE }}-\overline{\text { SARATOGA }}$

|  | 06/10/2013 | Lincoln NE 68502 |
| :---: | :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |
| A | SAOC8563 | 2215 SOUTH 13TH STREET |
| Sols ${ }^{\text {School Age Only Child Care Center }}$ |  |  |
|  | 06/10/2013 | Lincoln NE 68502 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |


|  | If a "N" appears or the space is blank after the question, the |
| :--- | :--- |
| (402 4 -7949 |  |
| licensee does not have a contract, or is not accredited. |  |


(402) 617-0800

Accepts Child Care Subsidy through DHHS? Y licensee does not have a contract, or is not accredited.

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
KATHY'S DAYCARE OWNED BY KATHY KEAGLE KATHY L KEAGLE
(402) 217-8023
$\overline{\text { KATHY'S }} \overline{\text { HOMEDAYCARE }}$ OWNED BY KATHLEEN BLACKETER, KATHLEEN J (402) 423-0095
$\overline{\mathrm{KID}} \overline{\mathrm{ZON}}-\quad-\quad-$
SHERRY SMART
(402) $570-0158$
$\overline{\text { KID }} \overline{\text { IMA }} \overline{\text { GIN }} \overline{\text { ATIO }} \overline{\mathrm{ST}} \mathrm{A} \overline{\mathrm{SIO}} \mathrm{N}$
GAIL SMITH
(402) 475-0300

## $\overline{\text { KIDS }} \overline{\text { IMA }} \overline{\text { GIN }} A \overline{T I O} N \overline{N T A} \overline{\text { STIO }} \sqrt{2}$

Kids Imagination Station, L.L.C
(402) 475-0300

## $\overline{\text { KORTEFAY }} \bar{Y}, \mathrm{MELA} N \overline{\mathrm{IE}}$

MELANIE A. KORTEFAY (402) 474-1136

## $\overline{\operatorname{LIN}} C \overline{O L N} \overline{\text { PAR }} \overline{\mathrm{KS}} \& \overline{\text { RECREATION }}$

- EVERETT
-EVERETT
CITY OF LINCOLN PARKS \& RECREATION
(402) 560-2569
F19512
Family Child Care Home II 12/08/2010


|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |
| :---: | :---: |
| ION 2 | CCC8809 1320 SOUTH ST |
| C | Child Care Center |
|  | 09/20/2006 Lincoln NE 68502 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |
|  | FI5994 2010 PARK AV |
| Family Child Care Home I |  |
|  | 09/25/1996 LINCOLN NE 68502 |

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 60 | Days of Week Open: MTWTFS |  |
| Ages: 2 YRS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 29 | Days of | Week Open | MTWTHF |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 12 YRS |  |
| Hours: 0630 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0500 | To | 1730 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 150 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 5 YRS | To 13 YRS |
| Hours: 0700 | To 1800 |

Hours: $0700 \quad$ To 1800
Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 20 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 5$ YRS |  |
| Hours: 0900 | To $\quad 1130$ |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 2100$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  |  |
| Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 11 YRS |
| Hours: 0630 | To 1830 |

Accepts Child Care Subsidy through DHHS? N


## ZIP CODE

PROVIDER NAME

## owner name

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS
THE CHILDREN'S PLACE
THE CHILDREN'S PLACE, INC.
(402) $466-6341$
$\overline{\text { YOUNGK }} \overline{A R E}-\cdots-$
VICKIE L. YOUNG
(402) $466-9228$
$\overline{\text { Total }} \overline{\text { Number } \overline{\text { in Zip }} \overline{\text { Code: }} \overline{\mathbf{1 6}}}$
$\mathbf{6 8 5 0 4}$
4 VIEWS ACADEMY
RGEM INVESTMENTS, LLC
(402) 464-0174


|  | (402) 405-7523 $\begin{aligned} \text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited }\end{aligned}$ |
| :--- | :--- | $\overline{\text { AVIG }} \overline{\text { SUUSAN }} \overline{\mathrm{D}}-\quad$ FII0077 $-\quad 2950$ NORTH 52ND ST SUSAN D AVIG

(402) 805-4788
$\overline{\text { BAU }} \overline{E R S}, \overline{\text { LINDA }}$
LINDA S. BAUERS
(402) 310-2428
$\overline{\text { BELINDA }} \overline{\text { SMITH CHILD }} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$ OWNED BY BELINDA SMITH SMITH, BELINDA SUE
(402) 840-8981

| CCC7851 | 3900 VINE ST |
| :---: | :---: |
| Child Care Center |  | 01/19/1997 LINCOLN NE 68503

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

|  | Capacity: 60 | Days of Week Open: MTWTF |
| :--- | :--- | :--- |
|  | Ages: 18 MOS | To $\quad 13$ YRS |
|  | Hours: 0630 | To 1800 |
| the | Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |  |

Accepts Child Care Subsidy through DHHS? Accredited?

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 6 YRS
Hours: 0630 To 1730

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0400 | To 1900 |

Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS?

| Capacity: 90 | Days of Week Open: MTWTHF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0630 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? |  |  |  |
| Accredited? |  |  |  |
| Capacity: 6 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0530 | To 2200 |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: $6 \mathrm{WKS} \quad$ To 12 YRS
Hours: 0630 To 1715

Accepts Child Care Subsidy through DHHS? Y Accredited?

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{2 2}$

| 68505 |  | Lancaster |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| ABEL, LORI | FI8757 | 450 NORTH 75TH ST | Capacity: 10 | Days of Week Open: M | MTWTF |
| $\begin{aligned} & \text { Lori L. Abel } \\ & \text { (402) 489-9252 } \end{aligned}$ | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |  |
|  | 09/03/2005 | Lincoln NE 68505 | Hours: 0700 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { ACADEMIC ADVANTAGE CHIL }}$ | CCC8750 | 8215 NORTHWOODS DRIVE, \#100 | Capacity: 115 | Days of Week Open: M | MTWTFSSU |
| DEVELOPMENT CENTER | Child Care Center |  | Ages: 6 WKS | To 13 YRS |  |
| (402) 465-4769 | 11/05/2005 | Lincoln NE 68505 | Hours: 0430 | To 2400 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { ARNOLD }}$, $\overline{\mathrm{JENN}} \overline{\text { IFER }}$ | FI11465 | 241 GLENHAVEN DR | Capacity: 10 | Days of Week Open: M | MTWTHF |
| JENNIFER C ARNOLD <br> (402) 805-1412 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |  |
|  | 10/31/2013 | Lincoln NE 68505 | Hours: 0700 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{B E T H A N Y} \overline{\text { LIVING }} \overline{\text { FAITH }} \overline{\text { DAY }}$ <br> CARE <br> FIRST FREE METHODIST CHUR (402) 464-5410 | CCC7809 | 5910 HOLDREGE ST | Capacity: 62 | Days of Week Open: M | MTWTHF |
|  | Child Care Center |  | Ages: 6 WKS | To 13 YRS |  |
|  | 06/10/2003 | LINCOLN NE 68505 | Hours: 0600 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { BRANDY'S BUNCH EARLY }}$ | CCC9511 | 740 NORTH 70TH STREET | Capacity: 139 | Days of Week Open: M | MTWTHF |
| LEARNING CENTER DBA | Child Care Center |  | Ages: 6 WKS | To 13 YRS |  |
| (402) 489-0652 | 10/31/2016 | Lincoln NE 68505 | Hours: 0600 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { BRENNA }} \bar{N}$, JILLA | F19476 | 1921 NORTH 79TH ST | Capacity: 6 | Days of Week Open: M | MTWTHF |
| JILL A BRENNAN | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |  |
| (402) 423-5269 | 09/30/2007 | Lincoln NE 68505 | Hours: 0730 | To 1700 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { BubBLES }} \overline{\text { \& }}$ L $\overline{O C} \bar{S} \overline{\text { C }}$ HILD | CCC9401 | 8521 LEXINGTON AVENUE | Capacity: 115 | Days of Week Open: M | MTWTHF |
| DEVELOPMENT CENTER, LLC $\qquad$ |  |  | Ages: 6 WKS | To 12 YRS |  |
|  |  | Lincoln NE 68505 | Hours: 0630 | To 2430 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(402) 489-0872

CLARK-MARTINEZ, $\overline{\text { CATHY }} \overline{\text { CATHY CLARK-MARTINEZ }}$
(402) 499-8739
$\overline{\text { COLES D }} \overline{\text { AYC }} \overline{A R E} \overline{O W N E D ~ B Y}$
NICOLE MORENO
MORENO, NICOLE B
(402) 470-3774
$\overline{\text { EMS }}, \overline{\text { PEGGY }} \overline{\overline{G Y}}$
PEGGY D EMS
(402) 601-3912
 licensee does not have a contract, or is not accredited.

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

| HARRISON, PATRICIA |
| :--- |
| PATRICIA HARRISON |
| (402) $489-2030$ |
| $\overline{\text { HATATAN, }} \overline{\text { LORI }}-\cdots-$ |
| LORI E. HATTAN |
| (402) $430-5431$ |
| $\overline{\text { KAT }} \overline{H Y ' S} \overline{\mathrm{HOU}} \overline{\mathrm{SEC}} \overline{\mathrm{HID}} \overline{\mathrm{CAR}}$ |


| EFFECTIVE DATE | ADDRESS |
| :---: | :--- |
| FI5838 | 410 NORTH 75TH ST |
| Family Child Care Home I |  |
| $03 / 03 / 1996$ | LINCOLN NE 68505 |


| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To | 1730 |

Accepts Child Care Subsidy through DHHS? N licensee does not have a contract, or is not accredited.

KATHERINE MARIE RODGERS (402) 730-9606
$\overline{\text { KOTTWITZ, EMILY }} \overline{-}-$

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :---: |
| FI10577 <br> Family Child Care Home I <br> $11 / 30 / 2010$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| FII7022 SANBORN DR <br> Family Child Care Home II <br> $05 / 05 / 2000$ |
| 1111 SCENIC LN |
| LINCOLN NE 68505 |

EMILY E KOTtwitz


05/05/2000
LINCOLN NE 68505

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI10589 909 CARLOS DR <br> Family Child Care Home I  <br> $11 / 30 / 2010$  | Lincoln NE 68505 |

(402) 560-2807
$\overline{\text { LOLLIPOP KID }} \overline{\operatorname{SDA}} \overline{Y \mathrm{CA}} \overline{\mathrm{RE}}$
OWNED BY ZCHODAE WHITE
WHITE, ZCHODAE N.
(402) 419-8689


| 11/30/2010 | Lincoln NE 68505 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI11973 | 6931 GARLAND ST |
| Provisional Family Child Care Home I |  |
| 08/11/2016 | Lincoln NE 68505 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |

SANDRA MAAHS
(402) 489-0783
$\overline{\text { MAN }} \overline{D A A} \bar{S} \overline{\text { PAN }} \overline{\text { ACAS }} \overline{\text { ART }}$

| FI5997 |  |
| :---: | :---: |
| Family Child Care Home I |  |
| $03 / 13 / 1997$ | 544 TRAILRIDGE RD |
|  |  |

MANDA'S PANDAS ART ACADEMY, LLC
(402) 470-7329

| 11/14/2016 | Lincoln NE 68505 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| 7220 FRANCIS <br> Family Child Care Home I |  |
|  |  |
| 07/31/2010 | Lincoln NE 68505 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| PRE8042 | 8320 ELIZABETH DR |
| Preschool |  |
| 02/19/1998 | Lincoln NE 68505 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI11369 | 6721 BETHANY PARK DR |
| Family Child Care Home I |  |
| 01/05/2016 | Lincoln NE 68505 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| SAOC8637 | 6000 AYLESWORTH |
| School Age Only Child Care Center |  |

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(402) 480-6052
$\overline{\text { WAR }} \overline{\mathrm{D}, \text { DALENE }}$ dba LEARN $\overline{\text { \& }}$ PLAY CHILD CARE DALENE R. WARD (402) 476-8350

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI11550 | 7741 GARLAND ST |
| Family Child Care Home I |  |
| 04/30/2014 | Lincoln NE 68505 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0630 To 1830
Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{3 4}$


## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER
LICENSE TYPE EFFECTIVE DATE

COUNTY ADDRESS


## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS



| If a "N" appears or the space is blank after the question, the |
| :--- |
| licensee does not have a contract, or is not accredited. |



CENTER Provisional Child Care Center

LAUGHING LLAMAS LEARNING CENTER
(402) 488-0590

| If a "N" appears or the space is blank after the question, the |
| ---: | ---: |
| licensee does not have a contract, or is not accredited. |

$\overline{\mathrm{LIN}} \mathrm{C} \overline{\mathrm{OL}} \mathrm{N} \overline{\mathrm{PAR}} \overline{\mathrm{KS}} \& \overline{\mathrm{REC}} \overline{\mathrm{REA}} \overline{\mathrm{ION}}$

BEFORE \& AFTER SCHOOL

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| NELSEN, GINA |
| :---: |
| GINA NELSEN |
| (402) 450-3702 |
| $\overline{\text { NOA }} \bar{H}$ 'S A $\overline{\text { RK }}$ CHRISTIAN |
| DAYCARE AND PRESCHOOL FIRST CHURCH OF THE NAZA(402) 486-1930 |
|  |  |
|  |
| KENDRA ROHREN(402) 429-2838 |
|  |  |


| FI6038 | 5303 MEREDETH |
| :---: | :---: |
| Family Child Care Home I |  |
| $11 / 19 / 1999$ | LINCOLN NE 6850 |


$\left.\begin{array}{lll}\text { Accepts Child Care Subsidy through DHHS? } \\ \text { Accredited? }\end{array}\right]$

Accepts Child Care Subsidy through DHHS? Accredited?
$\overline{\text { SCHN }} \overline{\mathrm{NEID}} \overline{\mathrm{ER},} \overline{\mathrm{DIANE}}$
DIANE SCHNEIDER
(402) 560-3822
$\square$

VANESSA N. SCHAECHER (402) 486-0629
 If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

NOAH'S ARK CHRISTIAN
DAYCARE AND PRESCHOOL

|  | CCC7724 | 1901 SOUTH 70TH ST |
| :---: | :---: | :---: |
|  | Child Care Center |  |
| RENE | 05/27/1997 | LINCOLN NE 68506 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |

$\overline{\text { SOUTH GATE PRESCHOOL AND }} \overline{\text { P }} \overline{\text { P }}$
CHILDREN'S DAY OUT
Child
Chist CHUR
08

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS


$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{4 3}$


ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

BOOL, TERESA
(402) 466-3890

$\overline{\mathrm{BRI}} \overline{\mathrm{TNE}} \overline{\mathrm{YST}} \overline{\mathrm{ND}} \mathrm{A} \overline{\mathrm{GE}} \mathrm{IN}-\mathrm{HO} \overline{\mathrm{ME}}$ DAYCARE OWNED BY BRITTNEY L. STANDAGE (308) 730-2196
$\overline{\mathrm{CAR}} \overline{\mathrm{LSO}} \mathrm{N}, \overline{\text { SU }} \overline{Z A N} N \overline{\mathrm{E}}-$ SUZANNE CARLSON (402) 464-5218
$\overline{\mathrm{CRY}} \overline{\mathrm{STAL}} \overline{\mathrm{MO}} \overline{\mathrm{RE}} \overline{C H I L} \overline{\mathrm{CA}} \overline{\mathrm{R}} \overline{\mathrm{E}}$
CRYSTAL MOORE
(402) 464-4703
$\overline{\text { EMMA'S }} \overline{\mathrm{DAY}} \overline{\mathrm{CARE}} \overline{\mathrm{OW}} \overline{\mathrm{NED}} \mathrm{B} \overline{\mathrm{Y}}$ EMMA THORNE THORNE, EMMA L.
(402) 310-8306
$\overline{\text { FAIT }} \bar{H}$ LU $\overline{T H E} \overline{R A N} \overline{\text { TOUC }} \overline{C H I N G}$ HEARTS FAITH LUTHERAN SCHOOL (402) 466-7402

## $\overline{\text { FUNTIM }} \overline{\mathrm{DA}} \overline{\mathrm{CA}} \overline{\mathrm{CA}} \overline{\mathrm{E}}$

DANOTTA SALISBURY
(402) 467-1056
$\overline{\text { GIGIS' }} \overline{\text { COTTA }} \overline{\mathrm{GE}} \overline{\mathrm{FO}} \overline{\mathrm{R} \text { INFANT }} \overline{-}$
AND TODDLER CHILDCARE
EDITH L MARSHALL
(402) 730-0206
$\overline{\text { HAA }} \overline{R, ~ P E} \overline{G G Y} \bar{F}--$
PEGGY F HAAR
(402) 429-3649
$\overline{\text { HAPPY HEAR }} \bar{S} \bar{S} A \overline{Y C A R E}$
OWNED BY LISA TOLEN
TOLEN, LISA M.
(402) 580-0158
(402) $580-0158$
$\overline{\mathrm{JAA}} \overline{\mathrm{FAR}}, \overline{\mathrm{RAS}} \mathrm{HA}--\quad$

RASHA N JAAFAR (402) 325-8486

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

| FI4887 | 7331 THURSTON ST | Capacity: 10 | Days of Week Open: MTWTFSS |
| :---: | :--- | :--- | :--- |
| Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
| $12 / 20 / 2000$ | LINCOLN NE 68507 | Hours: 0001 | To 0001 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0730 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1700 |

Accepts Child Care Subsidy through DHHS? Y

|  | Capacity: 12 |  | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To $\quad 12$ YRS |  |  |
| Hours: 0600 | To $\quad 2100$ |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0730 | To 1730 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 225 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 18 MOS | To $\quad 12$ YRS |
| Hours: 0630 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of | eek Open | MTWTF |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  |  |  |  |
| Capacity: 12 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 12 YRS |  |
| Hours: 0630 | To | 1800 |  |

Accepts Child Care Subsidy through DHHS? |  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0630 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 8 Days of Week Open: MTWTHF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0700 To 1800

| Accepts Child Care Subsidy through DHHS? Y |
| :--- |
| Accredited? |
| Capacity: 10 |
| Ages: 6 WKS |
| Hours: 0000 | To | To 13 YRS |
| :--- |

Accepts Child Care Subsidy through DHHS? Y Accredited?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| Capacity: 10 | Days of Week Open: MTWTF |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1730 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  | Accredited? |
| Capacity: 131 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? Y |
| Capacity: 10 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| ours: 07 | 1715 |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 1730 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTFS |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1700 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? Y |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0001 | To | 0001 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 120 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :--- | :--- |
| Capacity: 60 | Days of Week Open: MTWTHF |  |
| Ages: 5 YRS | To 13 YRS |  |
| Hours: 0700 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 90 | Days of Week Open: MTWTHF |  |
| :--- | :--- | :--- |
| Ages: 5 YRS | To | 13 YRS |
| Hours: 0700 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 28 | Days of Week Open: MTWTHF |  |
| :--- | :--- | :--- |
| Ages: 3 YRS | To | 5 YRS |
| Hours: 0845 | To | 1515 |

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

CENTER
YMCA OF LINCOLN NEBRASKA
(402) 434-9252
(402) 434-9252
$\overline{\text { OBORNY, } \overline{\text { EST }} \overline{\mathrm{HER}} \overline{\mathrm{E} .}-} \begin{aligned} & \text { ESTHER E. OBORNY } \\ & \text { (402) 464-8788 } \\ & \overline{\text { PER }} \overline{\mathrm{SHING}} \overline{\mathrm{CO}} \overline{\mathrm{MM}} \overline{\mathrm{UNITY}}-\end{aligned}$ -
SAOC8749
School Age Only Child Care Center
09/10/2014

2601 NORTH 70TH STREET

Lincoln NE 68507
$\square$

| FI9456 <br> Family Child Care Home I <br> $08 / 23 / 2007$ | 4210 NORTH 71 ST |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the |  |
| licensee does not have a contract, or is not accredited. |  |

YMCA OF LINCOLN, NE (402) 434-9262

## $\overline{\text { RAS }} \overline{M U S} S \overline{S E N}, \overline{H A N N A}$

HANNA G RASMUSSEN


If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. (402) 432-1817
$\overline{\text { REINICK }}, \overline{\text { TAMMIE }} \overline{\text { I }}$
TAMMIE I REINICK
(402) 464-3659
$\overline{\text { ROSEMONT DAP CARE }} \overline{\&}$ PRESCHOOL
MIDDLECROS MIDDLECROS
(402) 466-2523
$\overline{\text { ST PATRICK'S }} \overline{\text { BEFORE AND }} \overline{\text { (402) }} 466-2523$

## AFTER SCHOOL CARE

 AT PATRICK CATHOLIC CHURCH OF Child Care Center ST PATRICK CA(402) 466-3710
$\overline{\text { WAL }} \overline{\text { KINS }} \overline{H A W}, \overline{\text { CAR }} \overline{\text { ROLYN L }}$ CAROLYN L WALKINSHAW (402) 464-1574
$\overline{\text { WESTRIC }} \overline{\mathrm{K}, \text { D }} \overline{\mathrm{ANE}} \overline{\mathrm{D} .}$
DIANE D. WESTRICK (402) 464-0528
$\overline{\text { WICKARD }} \overline{\mathrm{D}, \mathrm{CA}} \overline{\mathrm{RLA}}-$
CARLA WICKARD
(402) $464-2508$
(402) 464-2508
$\overline{\text { WOO }} \overline{\mathrm{DW}} A \overline{R D}, \overline{\mathrm{ALEA}} \overline{\mathrm{L}}$
ALEA L. WOODWARD $\square$

$\square$ 0/21/2008

910 ZACHARY CR
Family Child Care Home I 07/31/2011 Lincoln NE 68507

| $07 / 31 / 2011$ | Lincoln NE 68507 |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| FI9991 <br> Family Child Care Home I <br> $02 / 28 / 2009$ | Lincoln NE 68507 |




If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited. licensee does not have a contract, or is not accredited.


| LINCOLN NE 68507 |
| :--- |
| CCC8958 a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| Child Care Center <br> CH OF LINC <br> $10 / 21 / 2008$ |
| Lincoln NE 68507 |


| FI5925 | 7111 HUNTINGTON AV |
| :---: | :---: |
| Family Child Care Home I |  |
| $03 / 09 / 1996$ | LINCOLN NE 68507 |

## 

 (402) 464-9017| If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI5919 | 2721 HALLMARK RD |
| Family Child Care Home I |  |
| 09/08/1996 | LINCOLN NE 68507 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI5921 | 6008 MADISON |
| Family Child Care Home I |  |
| 05/11/1996 | LINCOLN NE 68507 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI10041 | 3630 SPYGLASS LN |
| Family Child Care Home I |  |
| 05/31/2009 | Lincoln NE 68507 |

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 100 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 13 YRS |  |
| Hours: 0715 | To 1745 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWThF
Ages: 6 WKS To 13 YRS
Hours: $0600 \quad$ To 1800

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 100 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To $\quad 13$ YRS |
| Hours: 0645 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :---: |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0715 | To 1715 |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0500 | To 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 150 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0630 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 80 | Days of Week Open: MTWTHF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 3 YRS | To $\quad 13$ YRS |  |  |
| Hours: 0700 | To $\quad 1800$ |  |  |
| Accepts Child Care Subsidy through DHHS? |  |  |  |
|  | Accredited? |  |  |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0600 | To 2000 |  |  |

Accepts Child Care Subsidy through DHHS?

| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 2000 |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?

## ZIP CODE

 PROVIDER NAME OWNER NAME PHONE NUMBERLICENSE NUMBER
LICENSE TYPE EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 10$
68510

## ZIP CODE

 PROVIDER NAME OWNER NAME PHONE NUMBERA+ ACADEMY

CINDY LAUGHTER
(402) 417-4155
$\overline{\text { ADV }} \overline{E N T} \overline{U R E} \overline{A C A} D \overline{E M} Y-$
TONYA GRAFF
(402) 483-6455
$\overline{\mathrm{AD} V} \overline{\mathrm{ENT}} \overline{\mathrm{URE}} \overline{\mathrm{ACA}} \overline{\mathrm{EM}} \overline{\mathrm{Y}} \overline{\mathrm{SIT}} \overline{3}$
TRIBREANNA CORP
(402) 805-4224
$\overline{\text { AND }} \overline{\operatorname{ERS} O N,} \overline{\text { LINDA }} \overline{-}-$

## LINDA ANDERSON

(402) 476-2371
$\overline{\text { ASHLEY'S LITTLE }}$ ANGELS
DAYCAREOWNED BY ASHLEY
ASHLEY LYN TUREK
(402) 560-1437

KAROLYN BUTLER
(402) 488-4643
$\overline{\mathrm{CHA}} \overline{\mathrm{NDLL}} \overline{E R,} \overline{\mathrm{ONY}}$
TONYA CHANDLER
(402) 488-7535
$\overline{\mathrm{CHIL}} \mathrm{L} \overline{\mathrm{DREN}} \overline{\mathrm{N}} \mathrm{C} \overline{\mathrm{ROS} S} \overline{\mathrm{ING}}$
TANYA LOUISE BARRY (402) 488-8975
$\overline{\overline{C H R}} \overline{\mathrm{C} T}$ UNITED METHO $\overline{\mathrm{DIST}}$
DBA CHRIST ACADEMY CHRIST UNITED METHODIST CHURCH

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
CCC9549 1135 EASTRIDGE DRIVE Capacity: $115 \quad$ Days of Week Open: MTWTHF

Provisional Child Care Center
03/11/2016 Lincoln NE 68510

| 03/11/2016 | Lincoln NE 68510 |
| :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC9217 | 265 SOUTH 84TH STREET |
| Child Care Cente |  |
| 08/31/2011 | Lincoln NE 68510 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC9423 | 301 SOUTH 48TH STREET |
| Child Care Center |  |
| 12/31/2014 | Lincoln NE 68510 |


| Ages: 6 WKS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0700 | To | 1730 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 40 | Days of | eek Open | MTWTHF |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0630 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  |  |  |  |
| Capacity: 50 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0630 | To | 1800 |  |

Accepts Child Care Subsidy through DHHS? Y licensee or the space is blank after the question, the licensee does not have a contract, or is not accredited.|

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :--- |
| FI5869 <br> Family Child Care Home I <br> 01/11/1998 |
| 3740 N ST |
| LINCOLN NE 68510 |


| Capacity: 4 | Days of Week Open: MTWTF |
| :--- | :--- |
| Ages: 6 WKS | To $\quad 18$ MOS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0615 | To 1730 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 12 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0500 | To | 2200 |  |

Accepts Child Care Subsidy through DHHS? Y

| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { COMMUNITY }} \overline{\text { ACTION HEAD }}$


If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER
DUNCAN, GINA
GINA DUNCAN
(402) 499-6382
$\overline{\text { FAM }} \overline{\mathrm{LY}} \mathrm{S} \overline{\mathrm{ERV}} / \overline{\mathrm{CE}} \overline{\mathrm{EAS}} \overline{\mathrm{RID}} \overline{\mathrm{GE}}$
$\overline{\text { FAM }} \overline{L L Y}$ S $\overline{E R V I} I \overline{C E}-\overline{\text { EAS }} T \overline{R I D} G \overline{G E}$

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS
FI5783 2818 M ST

Family Child Care Home I 04/30/1998

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

FAMILY SERVICE ASSOC. OF LINCOLN ${ }^{\text {Scho }}$
(402) 441-7949
$\overline{\text { FAM }} \overline{L L Y}$ S $\overline{E R V} I \overline{C E}-\overline{\text { RAN }} \overline{D O L} P \bar{H}$

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 100 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 13 YRS |  |
| Hours: 0700 | To 1800 |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 100 | Days of Week Open: MTWTHF |  |
| Ages: 5 YRS | To 13 YRS |  |
| Hours: 0700 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS? N
Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 2100 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTFSS |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 2330 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 1730$ |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 6 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0730 | To 1700 |  |


| Hours: 0730 | To 1700 |
| :---: | :---: | :---: |
| Accepts Child Care Subsidy through DHHS? |  |
|  |  |
|  |  |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 80 Days of Week Open: MTWTF
Ages: 6 WKS To 12 YRS
Hours: $0630 \quad$ To 1800

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
LA PETITE ACADEMY
LA PETITE ACADEMY, INC
(402) $488-3125$
$\overline{\text { LAM }} \overline{\mathrm{B}, \mathrm{TA}} \overline{\mathrm{MI}}-\overline{-}-\overline{\text { TAMI LAMB }}$
(402) 440-9519
$\overline{\text { LPS }}-\overline{\text { BR }} \overline{\mathrm{YAN}} \overline{\text { STUDENT/ }} / \overline{\mathrm{CHILD}} \overline{\mathrm{LEARNING} \mathrm{CENTER}}$
LINCOLN PUBLIC SCHOOLS
(402) 436-1308
$\overline{\text { LPS }}-\overline{\text { LINCOLN }} \overline{\mathrm{HIG}} \overline{\mathrm{H}}$ STUDENT/CHILD LEARNING LINCOLN PUBLIC SCHOOLS (402) 436-1547
$\overline{\text { MONTESSORI }} \overline{\text { SCHOOL }} \overline{\text { FOR }}$

## YOUNG CHILDREN

MONTESSORI SCHOOL FOR YOUNG Child Care Center
(402) 489-4366
$\overline{\text { NAUMANN, CHRISTINE }} \overline{\mathrm{H}} \overline{\mathrm{H}} \overline{\mathrm{M}} \overline{\mathrm{M}}$ CHRISTINE M. NAUMANN (402) 770-3929
$\overline{\mathrm{OW}} \overline{\mathrm{NS}}, \mathrm{L} \overline{\mathrm{IND}} \overline{\mathrm{SAY}}$
LINDSAY OWENS
(402) 483-1291

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| CCC7115 | 6632 TAYLOR PARK DR | Capacity: 99 | Days of Week Open: MTWTF |
| :---: | :--- | :--- | :--- |
| Child Care Center |  | Ages: 6 WKS | To 13 YRS |
| $04 / 01 / 1986$ | Lincoln NE 68510 | Hours: 0600 | To 1800 |


| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited |

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{3 6}$



ZIP CODE
PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

COOPER BRANCH YMCA
YMCA OF LINCOLN NEBRASKA (402) 323-6400

## $\overline{\text { FAMILY }} \overline{\text { SERV }} \mathrm{I} \overline{\mathrm{CE}}-\overline{\mathrm{ADA}} \overline{\mathrm{MS}}$

CCC7818
Child Care Center 05/20/2003 6767 SOUTH 14TH ST LINCOLN NE 68512 If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. FAMILY SERVICE ASSOCIATION OF LINCC $\begin{gathered}\text { School Age Only Child Care Center }\end{gathered}$ (402) 441-7949
$\overline{\text { FAMILY }} \overline{\text { SERVICE }}-\overline{\text { RUTH }} \overline{\text { HIL }} \overline{\mathrm{L}}$

| Lincoln NE 68512 |
| :---: |
| $\begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ |

(402) 441-7949
$\overline{\text { FUNDAMMENTALAT }} \overline{\operatorname{HLE}} \overline{T I C S}$ ACADEMY
FUNDAMENTALS ATHLETICS ACADEMY, ${ }_{0}$ School-Age-Only Child Care Center

| (402) $975-8237$ |  | Lincoln NE 68512 |
| :--- | :--- | :--- |


$\overline{\text { FUTURE }} \overline{\text { STAR }} \bar{S} \operatorname{IN} C \overline{\text { dba }} \overline{\text { LITTLE }}$

## STARS

CASON and JAYMI BOCK
(402) 328-8998
$\overline{\text { HAR }} \overline{\text { RISOON, K }} \overline{\text { RISTEN }}$

KRISTEN E HARRISON


| Capacity: 28 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 3 YRS | To 5 YRS |  |
| Hours: 0845 | To 1515 |  |

Accepts Child Care Subsidy through DHHS? N

| Accepts Child Care Subsidy through DHHS? N |  |
| :--- | :---: | :--- |
| Accredited? |  |


| Accepts Child Care Subsidy through DHHS? N |
| :---: |
| Accredited? |


|  | Capacity: 125 |  |
| :--- | :---: | :--- |
| Days of Week Open: MTWTHF |  |  |
| Ages: 5 YRS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| (402) 570-9845 | 04/30/2008 | Lincoln NE 68512 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { HUNNY BEAR }} \overline{\text { NUR }} \overline{S E R Y} \overline{O W N E D}$ | FI4774 | 2620 S CHESHIRE CT |
| BY JENNY CARSON CARSON, JENNY L.(402) 420-7283) | Family Child Care Home I |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { IVY }}$ LEAGUE $\overline{C H I L}$ D | CCC7656 | 5225 SOUTH 16TH ST |
| DEVELOPMENT CTR <br> Nebraska Farm Bureau Services, Inc. (402) 423-1919 | Child Care Center |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { KELLI'S }}$ CHILDCARE OWNED BY | FI12018 | 4709 GRASSRIDGE RD |
| KELLI EPPENBACH KELLI EPPENBACH | Provisional Family Child Care Home I |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\mathrm{KID}}$ S $\overline{\text { PAR }} \overline{\mathrm{K}}$ | CCC9500 | 5633 SOUTH 16TH STREET, SU |
| BRIGHT TIMES, LLC | Child Care Center $06 / 30 / 2016$ | Lincoln NE 68512 |

(402) 413-8849
$\overline{\text { LEA }} \overline{H^{\prime} \mathrm{S}} \mathrm{D} \overline{\mathrm{AYC}} \overline{\mathrm{ARE}}$
LEAH L MILLSPAUGH
(402) 610-5427
4805 S 16TH ST
Lincoln NE 68512

| Lincoln NE 68512 |
| ---: |
| $\begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ |

03/31/2008

| licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI9659 | 8340 KATRINA LN |
| Family Child Care Home I |  |
| $04 / 30 / 2008$ | Lincoln NE 68512 |


| Capacity: 74 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0630 | To 1830 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0730 | To 1730 |  |

Accepts Child Care Subsidy through DHHS?

| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| :--- | :---: | :--- | :---: |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0630 | To 1830 |  |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
|  | Accredited? |  |  |
| Capacity: 84 | Days of Week Open: MTWTF |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0630 | To 1800 |  |  |

Accepts Child Care Subsidy through DHHS?

| Accepts Child Care Subsidy through DHHS? |  |  |
| :--- | :---: | :---: |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0530 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 60 | Days of Week Open: MTWTHFSSU |
| :---: | :---: |
| Ages: 18 MOS | To 12 YRS |
| Hours: 0730 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 12 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? N

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
LITTLE LADYBUGS CHILDCARE
OWNED BY JENNIFER PESTER
PESTER, JENNIFER K
(402) $202-3969$

## $\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{2 6}$



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS




(402) 217-4122

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS? N Accredited?

## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> COUNTY

EFFECTIVE DATE

ADDRESS


ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER
DOODLEBUG DAYCARE OWNED
BY BRANDY VREDENBURGH

BY BRANDY VREDENBURGH
VREDENBURGH, BRANDY L.
(402) 416-9757
(402) $416-9757$
$\overline{\mathrm{EBY}}, \overline{\mathrm{DEE}}----\quad$

DEE EBY
(402) 420-2220
$\overline{\text { ERHAART }}, \overline{\text { TAR }} \overline{\mathrm{A}}--$
TARA M ERHART
(402) 601-2619
(402) 601-2619
$\overline{\text { FAMILY }}$ S $\overline{E R V} I \overline{C E}-\overline{\text { CAV }} \overline{E T T}$

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| FI8687 | 4401 RED DEER ROAD |
| :--- | :--- |
| Family Child Care Home I |  |
| $08 / 02 / 2005$ | Lincoln NE 68516 |


| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0700 | To 1730 |  |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
|  | Accredited? |  |  |
|  | Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0730 | To 1730 |  |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 150 | Days of Week Open: MTWTHF |  |
| Ages: 5 YRS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

FAMILY SERVICE ASSOC. OF LINCOLN | School Age Only Child Care Center |
| :--- |
| (402) 441-7949 |
| $\qquad \begin{array}{l}\text { 06/10/2013 }\end{array}$ |
| If a "N" appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |

$\overline{\text { FAMILY }} \mathrm{S} \overline{\mathrm{ERV}} \mathrm{I} \overline{\mathrm{CE}}-\overline{\mathrm{MAX}} \overline{\overline{E Y}} \xrightarrow{\square}$ SAOC8555 5200 SOUTH 75TH STREET

| FAMILY SERVICE ASSOC. OF LINCOLNSchool Age Only Child Care Center <br> $06 / 10 / 2013$ <br> (402) 441-7949$\quad$ Lincoln NE 68516 |
| :--- |



|  | licensee does not have a contract, or is not accredited. |  | Accredited? |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\overline{\text { FUELBERTH, }} \overline{\text {, }} \overline{\text { INA }}$ | FI6365 | 4621 BROWNING CT | Capacity: 10 | Days | Neek Open: | MTWTF |
| INA FUELBERTH | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| FUELBERTH | 07/24/2003 | LINCOLN NE 68516 | Hours: 0700 | To | 1730 |  |

## (402) 421-2217 $\overline{\text { GIB }} \overline{B S} \overline{, ~ L Y N E T T E ~}$ -

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :--- |
| FI5831 <br> Family Child Care Home I <br> $12 / 03 / 2001$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| LINCOLN NE 68516 |
| FI11565 <br> Family Child Care Home I <br> $05 / 31 / 2014$ | (402) 580-1099

$\overline{\text { GOOD SHEPHERD LUTHERAN }} \overline{ }$


If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS



ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
KNOWLEDGE BEGINNINGS
KINDERCARE LEARNING CENTERS LLC KINDERCARE
(402) 423-1188
$\overline{\text { LA P PETITE AC }} \overline{A D E} \overline{M Y}-$
LA PETITE ACADEMY, INC
(402) $421-3125$
$\overline{\text { LAU }} \overline{\text { RA'S }} \overline{\mathrm{CHIL}} \overline{\mathrm{DCA}} \overline{\mathrm{RE}} \overline{O W N E D}$ BY LAURA CAMMACK CAMMACK, LAURA
(402) 570-8417
$\overline{\text { LEY }} \overline{D E N}, \overline{\text { CAR }} \overline{O L}$
CAROL LEYDEN
(402) 489-2594
$\overline{\text { LISA }} \overline{\text { S D }} A \overline{Y C A} \overline{\text { RE OWNE }} \overline{\mathrm{DB}} \overline{\mathrm{B}}$

## LISA BALLARD

(402) 617-3355
(402) 617-3355
$\overline{\text { LITT }} \overline{L E}$ FLOW $\overline{\text { ER CHILD }} \overline{\text { CARR }} \overline{\mathrm{E}}$


CONGREGATION OF THE MISSIONARY SI: Care Center (402) 421-1704
$\overline{\text { LITTLE KINGD }} \overline{\mathrm{DM}} \overline{\mathrm{CHIL}} \overline{\mathrm{DRE}} \overline{\mathrm{S}} \overline{\mathrm{S}}$ CENTER
TERRY \& DINA SCHWARTZ
(402) 423-8600
$\overline{\text { LITTLE LEARNERS }} \overline{\text { PRES }} \overline{C H O} \overline{O L}$ AND ACADEMY BECK COMPANIES, LLC (402) 840-1196
$\overline{\text { LUCY'S D }} \overline{\mathrm{AYC}} \overline{\mathrm{ARE}}$
Denise Gallardo
(402) 483-5686
$\overline{\text { MC }} \subset \overline{A R T} \overline{H Y}, \mathrm{JULIA}$
JULIA MCCARTHY
(402) 730-9687
$\overline{\text { MILLER, }} \overline{\text { CYN }} \overline{D I}$
CYNDI J MILLER (402) 580-1042

LICENSE NUMBER

## LICENSE TYPE COUNTY <br> EFFECTIVE DATE ADDRESS

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER


## OPEN ARMS DAYCARE, LLC

(402) 570-2245
$\overline{\text { PAY }} \overline{N E} \overline{\text { J JENNIFER }}$
JENNIFER PAYNE
(402) 420-5793
$\overline{\text { PICK }} \overline{\operatorname{ERING}} \overline{\mathrm{G}, \mathrm{LINDA}} \overline{\mathrm{M} .}-$
LINDA M. PICKERING
(402) 423-7818
$\overline{\text { ROBIN'S }} \overline{\text { NEST }} \overline{\mathrm{CH}} \mathrm{IL} \overline{\mathrm{DCA}} \overline{\mathrm{RE}} \&$ PRESCHOOL OWNED BY ROBIN ROBERTS, ROBIN D.
(402) 540-4849
$\overline{\text { SAN }} \overline{\mathrm{BUR}} \overline{\mathrm{N}, \mathrm{AN}} \overline{\mathrm{THEA}}-\quad-\quad$
ANTHEA L SANBURN
(402) $770-7382$
$\overline{\text { SAR }} \overline{A H ' S} \overline{\text { DAY }} \overline{\mathrm{CAR}} \overline{\mathrm{OW}} \overline{\mathrm{NED}} \overline{\mathrm{BY}}$
SARAH HELLBUSCH SARAH HELLBUSCH (402) 750-7237
$\overline{\text { SCHMID }} \mathrm{T}, \overline{\text { KA }} \overline{\mathrm{REN}}$
KAREN L SCHMIDT
(402) 261-9364
$\overline{\text { SCO }} \overline{T T,}, \overrightarrow{H E A T} H \overline{E R} A$.
HEATHER A. SCOTT
(402) 489-9360

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS

| FI5988 | 7810 SOUTH 33RD ST | Capacity: 10 | Days of | Week Open | MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| 02/23/1996 | Lincoln NE 68516 | Hours: 0700 | To | 1730 |  |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| FI6027 | 4600 HALLCLIFFE RD | Capacity: 10 | Days | Neek Ope | MTWTF |
| Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| 08/21/1997 | LINCOLN NE 68516 | Hours: 0600 | To | 1800 |  |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| FI5969 | 7240 TWIN OAKS RD | Capacity: 10 Days of Week Open: MTWTF | Days of Week Open: MTWTF |  |  |
| Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| 03/03/2003 | LINCOLN NE 68516 | Hours: 0600 | To | 1800 |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 12 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0730 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1730 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 12$ YRS |
| Hours: 0730 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0630 | To | 1730 |

Hours: $0630 \quad$ To 1730
Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To $\quad 12$ YRS |  |
| Hours: 0000 | To $\quad 2400$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0700 To 1800
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 8 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To $\quad 1730$ |

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

CCC7726
Child Care Center
DEVELOPMENT CENTER Child
SHERIDAN CHILD DEVELOPMENT CENTE

6955 Old Cheney

Lincoln NE 68516 If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
$\overline{\text { SHE }} \overline{R T Y}, \overline{\text { STEFEN }}$

STEFFENIE SHERRY
(402) 421-8031
$\overline{\text { SPR }} \overline{O U T S} \overline{\text { PRE }} \overline{S C H O} \overline{O L}$
SPROUTS PRESCHOOL, LLC (402) 328-2952
$\overline{\text { ST MICHAEL }} \overline{\mathrm{CHO}} \overline{O L}$
EXTENDED CARE ST MICHAEL CATHOLIC CHURCH OF CHE (402) 488-1313
$\overline{\text { ST PETER }} \overline{\text { SCHOOL }} \overline{\text { EXTEND }} \bar{D}$
DAY
ST PETER CATHOLIC CHURCH (402) 421-6299
$\overline{\text { STORYBOK }} \overline{O K} \overline{\text { CHILD }} \overline{\overline{C A}} \overline{\mathrm{RE}}$ CENTER Shirley A. Wells and Tonia M. Wells (402) 805-9940
$\overline{\text { STR }} \overline{\mathrm{AUB}}, \overline{\mathrm{KAR}} \overline{\mathrm{EN}}--$
KAREN STRAUB
(402) $423-5549$
$\overline{\text { STU }} \overline{\text { (402) }} \quad$

## LATRISIA M. STULL <br> (402) 423-1114



> 04/01/1999

\begin{tabular}{|c|c|c|}
\hline \& \begin{tabular}{l}
Capacity: 90 \\
Ages: 6 WKS \\
Hours: 0630
\end{tabular} \& \begin{tabular}{l}
Days of Week Open: MTWTF \\
To 13 YRS \\
To 1800
\end{tabular} \\
\hline question, the accredited. \& \multicolumn{2}{|l|}{Accepts Child Care Subsidy through DHHS? Y Accredited?} \\
\hline D ST

516 \& \begin{tabular}{l}
Capacity: 10 <br>
Ages: 6 WKS <br>
Hours: 0700

 \& 

Days of Week Open: MTWTF <br>
To 13 YRS <br>
To 1715
\end{tabular} <br>

\hline question, the accredited. \& Accept \& | ild Care Subsidy through DHHS? |
| :--- |
| Accredited? | <br>


\hline RIVE, SUITE 101 \& | Capacity: 35 |
| :--- |
| Ages: 3 YRS |
| Hours: 0800 | \& | Days of Week Open: MTWTHFSSU |
| :--- |
| To 5 YRS |
| To 2100 | <br>

\hline
\end{tabular}

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 50 | Days of Week Open: MTWTHF |  |
| Ages: 4 YRS | To 13 YRS |  |
| Hours: 0700 | To $\quad 1900$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 99 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 4 YRS | To 13 YRS |
| Hours: 0700 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  |  |
| Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 10 Days of Week Open: MTWThF Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0600 \quad$ To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1700 |


| Hours: 0730 | To 1700 |
| :--- | :---: | :---: |
| Accepts Child Care Subsidy through DHHS? N |  |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0600 \quad$ To 1800

| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


| (402) $327-2103$ | If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :---: | :---: |


| $\overline{\text { WAP, KAREN }} \overline{\text { M. }}$ | FI5910 | 5724 SOUTH 41ST ST | Capacity: 10 | Days of Week Open: MTWTFSS |
| :---: | :---: | :---: | :---: | :---: |
| KAREN M. WAY | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |

(402) 423-3567
$\overline{\text { WEE }} \overline{\text { WIS }} \overline{\text { DOM }} \overline{\text { CHRISTIAN }} \overline{ }$

| If a "N" appears or the space is blank after the question, the |
| :---: | :---: |
| licensee does not have a contract, or is not accredited. | PRESCHOOL \& ACADEMY OLD CHENEY ALLIANCE CHURCH


| PRE8063 |
| :--- |
| Preschool <br> $02 / 08 / 2002$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| FI10689 <br> Family Child Care Home I <br> $03 / 31 / 2011$ |

(402) 420-7111
$\overline{\text { WEE }} \overline{\text { RS, }} \overline{\text { DIANA }} \overline{1}$
DIANA B WEERS
(402) 304-1353
$\overline{\text { WHITE, THERESA }} \overline{\text { I }}$
THERESA WHITE
(402) 421-1638
$\overline{\text { WILLIAMSBU }} \overline{R G} \overline{\text { VILLA }} \overline{G E} \overline{C H I L D}$ DEVELOPMENT CENTER HAVCO KIDS ONE, INC.
(402) 423-5437
$\overline{\text { WO }} \overline{N D E R} \overline{A C R E S} \bar{D} \overline{A Y C} A \overline{R E}$
OWNED BY LOIS TROY
TROY, LOIS J.
(402) 770-6446
$\overline{\mathrm{WO}} \overline{\mathrm{NDER}} \overline{\mathrm{KID}} \overline{\mathrm{SAC}} \overline{\mathrm{ADE}} \overline{\mathrm{Y}}$
OWNED BY KATHRYN KOHLES
KOHLES, KATHRYN N.
(402) 706-1515

| HILD | CCC7747 | 3301 ORWELL ST |
| :---: | :---: | :---: |
|  | Child Care Center |  |
|  | 06/01/1999 | LINCOLN NE 68516 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |
|  | FI8985 | 7340 SOUTH 75TH STREET |
| Family Child Care Home I |  |  |
|  | 04/12/2006 | Lincoln NE 68516 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |
| ES | FI11139 | 6820 LA SALLE |
|  | Family Child Care Home I |  |
|  | 08/31/2012 | Lincoln NE 68516 |

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS



Total Number in Zip Code: 5

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| DAVIS, KELLY |
| :--- |
| KELLY DAVIS |
| (402) $474-1274$ |
|  |



| Lincoln NE 68521 |  |
| ---: | :--- |
|  | If a "N" appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |  | YMCA OF LINCOLN

(402) 323-6433
$\overline{\text { FAMILY }} \overline{\text { SRVVICE }} \overline{\text { CAMPBEL }} \overline{\mathrm{L}}$

| SAOC8791 |
| :---: |
| Provisional School-Age-Only Center <br> $11 / 17 / 2016$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| Lincoln NE 68521 |

FAMILY SERVICE ASSOC. OF LINCOLN ${ }^{\text {School Age Only Child Care Center }}$

| 06/10/2013 |
| :--- | :--- | :--- |
| (402) 447-7949 |

Lincoln NE 68521
(402) 447-7949
$\overline{\text { FAM }} \overline{\text { ILY }}$ SERVI $\overline{\mathrm{CE}}-\overline{\text { FRED }} \overline{\text { STR }} \overline{O M}$

$\begin{array}{lll}\text { FAMILY SERVICE ASSOC. OF LINCOLN } & 06 / 10 / 2013 & \text { Lincoln NE } 68521 \\ \text { (402) } 441-7949\end{array}$
(402) 441-7949
$\overline{\text { FAMILY }} \overline{\text { SERVICE }}-\overline{\text { WEST }}$
LINCOLN
FAMILY SERVICE ASSOC. OF LIN
(402) $441-7949$
$\overline{\text { FOUNDATION }} \bar{S} \overline{\text { PR }} \bar{O} \overline{\text { GRESSIV }} \bar{V}$
$\overline{\text { FOUNDATION }} \overline{\overline{S P R}} \overline{\mathrm{ORR}} \overline{\operatorname{SSI}} \bar{V} \overline{\mathrm{E}}$
LEARNING CENTER

LEARNING CENTER

| If a "N" appears or the space is blank after the question, the |
| :--- | :--- |
| licensee does not have a contract, or is not accredited. |

$\overline{\text { GAU }} \overline{\text { GHEN, K }} \overline{\mathrm{K}} \overline{\mathrm{NDR}} \overline{\mathrm{A}}$

KENDRA M GAUGHEN (402) 604-0346

| FI11333 <br> Family Child Care Home I <br> $05 / 31 / 2013$ | 4140 LEWIS AVE |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| FI6024 <br> Family Child Care Home I <br> $05 / 19 / 1999$ | 205 W BELMONT |
| LINCOLN NE 68521 |  | licensee does not have a contract, or is not accredited.

## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| GISH, EMILY M |
| :---: |
| $\begin{aligned} & \text { EMILY M GISH } \\ & \text { (402) 477-4201 } \end{aligned}$ |
| $\overline{\text { GOODRICH COMM }} \overline{\mathrm{C}} \overline{\mathrm{UNI}} \bar{Y}$ <br> LEARNING CENTER CITY OF LINCOLN - PARKS \& R (402) 441-4601 |
| $\overline{\mathrm{GRO}} \overline{\mathrm{WIN}} \overline{\mathrm{H}} \overline{\mathrm{HE}} \overline{\mathrm{ARTS}} \overline{\mathrm{DA} Y} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$ <br> Parkview Christian School (402) 474-5820 |

CHARLENE COLLINS
(402) 202-5355
$\overline{\text { HALLETT, }} \overline{\text { JENNIFER D }}$
JENNIFER D HALLETT
(402) 464-0391
$\overline{\text { HAN }} \overline{D Y}, \mathrm{NAN} \overline{\mathrm{Y}} \overline{\mathrm{L}}$
NANCY L HANDY
(402) 450-2345
$\overline{\text { HEN }} \overline{D R I} C \overline{K S E N} \overline{, ~ T A A M I}$
TAMMI HENDRICKSEN
(402) 477-6110
$\overline{\text { HIG }} \overline{H L A} N \overline{\mathrm{DS}} \overline{\mathrm{CAD}} \overline{\mathrm{EMY}}-$
HIGHLANDS ACADEMY, INC (402) 476-2223
$\overline{\text { ITTY }} \overline{\text { BITTTY KIDDIE }} \overline{\text { CA }} \bar{R} \bar{E}$
KIMBERLY PAPSTEIN
(402) 477-4711
$\overline{\text { JANI }} \overline{\mathrm{CE} \text { 'S }} \overline{\mathrm{DAY}} \overline{\mathrm{CAR}} \overline{\mathrm{EHO}} \overline{\mathrm{ME}}$
JANICE TUBBS AND JIM TUBBS
(402) 435-1159
$\overline{J U L I E ' S ~ D} \overline{\text { AY C }} \overline{\mathrm{ARE}}-\quad-$
JULIE K STREETER

| If a "N" appears or the space is blank after the question, the |
| :---: | :---: |
| licensee does not have a contract, or is not accredited. |


| If a "N" appears or the space is blank after the question, the |
| :---: | :---: |
| licensee does not have a contract, or is not accredited. |

Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 12 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To $\quad 6$ YRS |  |
| Hours: 0600 | To $\quad 2400$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To 2000 |


| Accepts Child Care Subsidy through DHHS? |  |  |
| :--- | :--- | :---: |
| Accredited? |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1730 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  | Accredited? |
| Capacity: 100 | Days of Week Open: MTWTFSS |
| Ages: 6 WKS | To 13 YRS |
| Hours | To 0100 |


| Hours: 0600 | To 0100 |
| :--- | :---: |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS?

| Capacity: 12 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0630 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1800 |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


|  | 10/14/1996 LINCOLN NE 68521 |
| :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |
| KIDS | FII7045 2040 BOSTON DR |
| MANLEY | Family Child Care Home II $05 / 23 / 2001$ <br> LINCOLN NE 68521 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |
|  | F19330 621 W JOEL ST |

TWILA K LEHR
Family Child Care Home I
(402) 477-9509

04/10/2007
Lincoln NE 68521
If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
$\overline{\text { LEW }} \overline{\mathrm{S}} \overline{\text {, }}$ HEIDI
HEIDI LEWIS
(402) 890-3893
$\overline{\text { LINC }} \overline{O L N} \overline{\text { PAR }} \overline{K S} \& \overline{\text { RECREATION }} \overline{\text { BEFORE \& AFTER SCHOOL }}$
CITY OF LINCOLN PARKS \& RECR
(402) 441-6789
$\overline{\text { LITT }} \overline{\text { LE B B }} \overline{\text { ROOC }} \overline{\text { KLA }} \overline{\text { ND DAYC }} \overline{\text { DE }} \overline{\text { RE }}$

## NECRD, LLC

(402) 742-0363
$\overline{\text { LITTTLE MUNCHKIN }} \overline{\mathrm{H}} \overline{\mathrm{LAN}} \overline{\mathrm{D}}$
LITTLE MUNCHKINLAND, INC.
(402) 742-4776
$\overline{\text { LITTLE SPROUTS D }} \overline{\mathrm{AYC}} \overline{\mathrm{ARE}}$ OWNED BY MEGAN KING KING, MEGAN R. (402) 430-8475

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| LOVING HANDS OWNED BY |
| :--- |
| CINDY LANINI <br> CIND LANINI <br> (402) $477-5335$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To 2030 |

Accepts Child Care Subsidy through DHHS? N

| Capacity: 125 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To $\quad 13$ YRS |
| Hours: 0630 | To $\quad 1745$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 125 Days of Week Open: MTWTHF

| Ages: 6 WKS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0630 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0630 | To | 1800 |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 10 Days of Week Open: MTWThFSSu
Ages: 6 WKS To 13 YRS
Hours: 0600 To 2400

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSA |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 12$ YRS |  |
| Hours: 0600 | To $\quad 1730$ |  |

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

SLECHTA, CHRISTI J.
CHRISTI J. SLECHTA
(402) $742-7888$
$\overline{\text { SMA }} \overline{R T}$ START $\overline{\text { CHILDCARE }} \bar{\square}$
OWNED BY CRISTINE STEWART
STEWART, CRISTINE M.
(402) 416-0059
$\overline{\text { STEINBA }} \overline{\mathrm{CH}, \mathrm{H}} \overline{\mathrm{OLLY}} \overline{\mathrm{C}} \overline{\mathrm{C}}$
HOLLY R STEINBACH
(402) $435-7056$
(402) 435-7056$-$
FI8978
Family Child Care Home I 03/25/2006

4015 MASON DRIVE

Lincoln NE 68521 If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
$\square$

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI11285 | 3201 NW 1ST STREET |
| Family Child Care Home I |  |
| 02/28/2013 | Lincoln NE 68521 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |


| FI11258 |
| :---: |
| Family Child Care Home I <br> $01 / 31 / 2013$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| CCC8792 |

$\overline{\text { SUPERIOR CHILD }} \overline{\bar{C}}$

$\overline{\text { SUPERIOR CHILD }} \overline{-}-$
DEVELOPMENT CENTER

DEVELOPMENT CENTER Child Care Center PARKVIEW CHILD DEVELOPMENT SERVI (402) 476-8600
 THE GREAT DOWN UNDER
OWNED BY KRISTIN MCNERNY
KRISTIN D. MCNERNY (402) 904-4939
$\overline{T H E} \overline{T O T} \overline{S P O} T \overline{D A Y} \overline{C A R} \bar{E}$ OWNED BY NATASHA NATASHA M. HAMILTON (308) 289-0463
$\overline{\text { TIB }} \mathrm{B} \overline{\mathrm{ELS}}, \overline{\text { THERESA }} \overline{ }$ THERESA TIBBELS (402) 438-2984
$\overline{\text { TOTTERING TOTS }} \overline{O W N E D} \bar{B} \overline{ }$ JENNIFER FRACK FRACK, JENNIFER C (402) 617-1808
$\overline{\text { TRA }} \bar{N}, \mathrm{P} H \overline{U O N} \overline{\mathrm{G}}$
Phuong N. Tran
(402) 475-5837
$\overline{\text { WE }} \mathrm{H} \overline{\mathrm{RW}} \mathrm{E} \overline{\mathrm{IN}, \text { MARY }}$ MARY J WEHRWEIN (402) 475-9957

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

MICHELLE A. WEMHOFF (402) 477-1077
$\overline{\text { WHITMOR }} \overline{\text { RE, GINA }}$
GINA C. WHITMORE
(402) 477-1757
$\overline{\mathrm{YM}} \overline{\mathrm{A}-\mathrm{A}} \overline{\mathrm{DVE}} \overline{\mathrm{NTU}} \overline{\mathrm{REC}} \mathrm{L} \overline{U B}$
PROGRAM AT KOOSER YMCA OF LINCOLN, NE (402) 323-6433
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{6 9}$


## ZIP CODE

PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

DARLA'S DAYCARE
DARLA D MILLS
(402) $438-6473$
$\overline{\text { ELIZ }} \overline{A B E T} \overline{\mathrm{H}} \mathrm{D} I \overline{T T B} \overline{\mathrm{EEN}} N \overline{\mathrm{ER}}$

## ELIZABETH A. DITTBRENNER

(402) 438-0872
$\overline{\text { ELLIIS, MARY }} \overline{-}-$

FI9878
Family Child Care Home II 12/03/2008

2120 SW 17 STREET

Lincoln NE 68522

## MARY S ELLIS

(402) 326-6539
$\overline{\text { FIELDER }}, \overline{\mathrm{LORI}}--$
 (402) 476-9958
$\overline{\text { HULDA ROPER }} \overline{\text { ELEMENTARY }} \overline{ }$

| If a "N" appears or the space is blank after the question, the |
| :--- | :--- |
| licensee does not have a contract, or is not accredited. |

BEFORE \& AFTER SCHOOL CARE School Age Only Child Care Center
WILLARD COMMUNITY CENTER, A CORP (402) 475-0805

KESTER CARE $\overline{\text { OWN }} \mathrm{NED} \overline{\mathrm{BY}}$ AMANDA KESTER KESTER, AMANDA D. (402) 580-0423
$\overline{\mathrm{KIDS}} \overline{\mathrm{OF}} \overline{\text { PRAISE C }} \mathrm{HILD} \overline{\mathrm{CARE}} \overline{\mathrm{A}}$ AND PRESCHOOL OWNED BY PELENAISI S. RATUMAIMURI (402) 438-5187
$\overline{\mathrm{KIN}} \overline{\mathrm{ERRCARE}} \overline{\mathrm{LEARNIN}} \overline{\mathrm{G}}$ CENTER KINDERCARE
(402) 477-2700
$\overline{\text { MC }} \overline{G R A T} \overline{H, ~ E L I Z A B E T H} \bar{F}$
ELIZABETH F MCGRATH (402) 890-6528
$\overline{\text { MIC }} \overline{\operatorname{HELLE}} \overline{\mathrm{S}} \mathrm{D} \overline{\mathrm{AYC}} \overline{\mathrm{ARE}} \overline{\text { OWNED }}$ BY MICHELLE LOJKA LOJKA, MICHELLE R.
(402) 476-7940
$\overline{\text { NAT }} \overline{\mathrm{URE}} \overline{\mathrm{CENT}} \overline{\mathrm{ER}} \mathrm{P} \overline{\mathrm{RES}} \mathrm{CHO} \overline{\mathrm{L}} \overline{\mathrm{L}}$


NATURE CENTER PRESCHOOL

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1830 |  |

Accepts Child Care Subsidy through DHHS? Y

> Accredited?

| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 10 YRS |  |
| Hours: 0000 | To 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1830 |  |

Accepts Child Care Subsidy through DHHS? Y

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 150 | Days of Week Open: MTWTHF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 5 YRS | To $\quad 13$ YRS |  |  |
| Hours: 0630 | To $\quad 1800$ |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  | Accredited? |  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To 12 YRS |  |  |
| Hours: 0700 | To 1730 |  |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWThF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0430 | To 1700 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 150 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0600 | To 1800 |  |



Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0600 To 1730

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 35 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To | 6 YRS |
| Hours: 0900 | To | 1500 |

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| PARRA JULIA dba Lil Husker | FI11203 | 2339 W WASHINGTON | Capacity: 10 | Days | Week Open: MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Daycare <br> JULIA E. PARRA <br> (402) 217-3766 | Family Child Care Home I |  | Ages: 6 WKS | To | 12 YRS |
|  | 10/31/2012 | Lincoln NE 68522 | Hours: 0600 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { PETTY, THERESA }}$ | FI6031 | 808 ERICA COURT | Capacity: 10 | Days of Week Open: MTWTF |  |
| THERESA PETTY | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 11/30/1997 | Lincoln NE 68522 | Hours: 0630 | To | 1730 |
| (402) 475-1366 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |
| $\overline{\text { PUSH, RUTH }}$ | FI6034 | 1610 SW 8TH ST | Capacity: 10 | Days of Week Open: MTWTF |  |
| RUTH PUSH | Family Child Care Home I |  | Ages: 6 WKS | To |  |
|  | 10/10/1996 | LINCOLN NE 68522 | Hours: 0600 | To | 1715 |
| (402) 261-8671 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { SECOND }} \overline{\text { HOME CHILDCARE }}$ | FI5818 | 2500 SW 17TH ST | Capacity: 10 | Days of Week Open: MTWTHF |  |
| SECOND HOME CHILDCARE INC | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 06/01/2002 | LINCOLN NE 68522 | Hours: 0600 | To | 1730 |
| (402) 477-8696 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{T A N J A ' S ~ T O T ' S ~}$ | FII7050 | 1655 SW 14TH ST | Capacity: 12 Days of Week Open: MTWTFS |  |  |
| TANJA SUE GILBERTSON438-0485 (402) | Family Child Care Home II |  | Ages: 6 WKS | To | 13 YRS |
|  | 08/21/2001 | LINCOLN NE 68522 | Hours: 0500 | To | 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { TOOMBS }}$, $\overline{\text { DIA }} \overline{N E}$ | FI5918 | 606 WEST D ST | Capacity: 10 | Days of Week Open: MTWTF |  |
| DIANE TOOMBS | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 03/09/1997 | LINCOLN NE 68522 | Hours: 0600 | To | 1730 |
| (402) 570-7925 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |
| $\overline{\text { WILLAR }}$ D $\overline{\mathrm{CO}} \overline{\mathrm{MMU}} \overline{\mathrm{NITY}} \overline{\mathrm{CENTER}}$ | CCC7784 | 1245 S FOLSOM ST | Capacity: 115 Days of Week Open: MTWTF |  |  |
| Willard Community Center, A Corpor(402) 475-0805 | Child Care Center | LINCOLN NE 68522 | Ages: 3 YRS | To | 13 YRS |
|  | 07/06/2000 |  | Hours: 0630 |  | 2000 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |

## Total Number in Zip Code: 25



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

| ROBIN'S LITTLE BIRDS | FI8514 | 2750 NW DAHLIA DR | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| :---: | :---: | :---: | :---: | :---: |
| DAYCARE OWNED BY ROBIN BYERLY, ROBIN LYNN(402) 470-0509 | Family Child Care Home II <br> 09/02/2008 |  | Ages: 6 WKS | To 13 YRS |
|  |  |  | Hours: 0500 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { SCHULTZ }}$, $\overline{\text { ELL }} \overline{\text { ISHA }}$ A $\bar{J}$ | F19825 | 4420 WEST LEIGHTON AV | Capacity: 10 | Days of Week Open: MTWTHF |
| ELLISHA J SCHULTZ483-0877 (402) | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 08/31/2008 | Lincoln NE 68524 | Hours: 0700 | To 1700 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { SMETTER, AM }} \overline{\text { L }}$ L. | FI6020 | 2770 NW DAHLIA DR | Capacity: 12 | Days of Week Open: MTWTHF |
| AMY L. SMETTER <br> (402) 580-0229 | Family Child Care Home II |  | Ages: 6 WKS | To 10 YRS |
|  | 01/21/2009 | Lincoln NE 68524 | Hours: 0600 | To 1700 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { SPA }} \overline{N E L}, \overline{\text { NICOLE }}$ | FI4936 | 2610 NW DAHLIA DR | Capacity: 10 Days of Week Open: MTWTF |  |
| NICOLE L. SPANEL(402) 310-5431 | Family Child Care Home I |  | Ages: 6 MOS | To 11 YRS |
|  | 07/25/2001 | LINCOLN NE 68524 | Hours: 0600 | To 1700 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { STEFFEN }}$, JULIE L. | FI8837 | 1809 NW 47 ST | Capacity: 10 Days of Week Open: MTWTHF |  |
| JULIE L. STEFFEN470-2721 (402) | Family Child Care Home I |  | Ages: 6 WKS | To |
|  | 10/01/2005 | Lincoln NE 68524 | Hours: 0600 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { STR }} \overline{O U P}, \overline{\text { LISA }}$ <br> LISA E. STROUP (402) 890-1725) | FI5933 | 2441 NW 51ST STREET | Capacity: 10 | Days of Week Open: MTWTHFSSU |
|  | Family Child Care Home I |  | Ages: 6 WKS <br> Hours: 0600 | To 13 YR |
|  | 11/25/1998 | LINCOLN NE 68524 |  | To 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { UND }} \overline{\mathrm{ERW}} \overline{O O D}^{\prime} \overline{\mathrm{S}} \mathrm{DA} \overline{\mathrm{YCA}} \overline{R E}$ OWNED BY DEBBIE DEBBIE J. UNDERWOOD(402) 470-0229 | FII9409 | 5112 W HUGHES | Capacity: 12 | Days of Week Open: MTWTHFS |
|  | Family Child Care Home II |  | Ages: 6 WKS <br> Hours: 0530 | To 13 YRS |
|  | 10/18/2013 | Lincoln NE 68524 |  | To 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |

## Total Number in Zip Code: 18



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS



## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} \mathbf{6}$


$\overline{\text { Total Number in Zip Code: } 1}$


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 6

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 1$


Total Number in Zip Code: 1

| 68601 | Platte |  |  |
| :---: | :---: | :---: | :---: |
| ABC LEARNING CENTER | FII9127 2405 29TH ST | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| NANCY JO NOVAK(402) 562-7373 | Family Child Care Home II | Ages: 6 WKS | To 13 YRS |
|  | 02/19/2009 Columbus NE 68601 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { AND }} \overline{\overline{E R S}} \mathrm{ON}, \mathrm{LYNN}$ | FI6359 4635 30TH ST | Capacity: 10 | Days of Week Open: MTWTF |
| LYNN ANDERSON(402) 564-0081) | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |
|  | 07/17/1996 COLUMBUS NE 68601 | Hours: 0700 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { BEGINNINGS }} \overline{\text { PRES }} \overline{C H O} \overline{O L}$ | PRE8148 4712 19TH ST | Capacity: 24 | Days of Week Open: MTWTF |
| MELISSA CERNY(402) 562-9088) | Preschool | Ages: 3 YRS | To 6 YRS |
|  | 07/25/2002 COLUMBUS NE 68601 | Hours: 0730 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\mathrm{BIR}} \mathrm{CHEM}, \overline{\mathrm{LIN}} \mathrm{D} \overline{\mathrm{DA}}$ | FI4456 53 LAKEWOOD DR | Capacity: 10 | Days of Week Open: MTWTHFS |
| LINDA BIRCHEM (402) 564-4043 | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |
|  | 02/25/2002 COLUMBUS NE 68601 | Hours: 0500 | To 2000 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { BOUC'S LITTLE }} \bar{E} U \overline{C K L} I N G D \overline{A Y}$ CARE JANET BOUC(402) 564-1517 | FI6331 4313 31ST ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
|  | Family Child Care Home II | Ages: 6 WKS | To 13 YRS |
|  | 06/22/2009 COLUMBUS NE 68601 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{B U G G I, ~ D E B B I E ~}$ | FI9861 295337 TH AV | Capacity: 10 | Days of Week Open: MTWTHFS |
| DEBBIE A BUGGI564-6521 (402) | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |
|  | 10/31/2008 Columbus NE 68601 | Hours: 0600 | To 0200 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER



| (402) $562-6470$ | Columbus NE 68601 |
| :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |  |


| $\overline{\text { COMMUSITIES TOGETHER }} \overline{C A N}$ | SAOC8578 | 4100 ADAMY STREET | Capacity: 200 | Days | Week Open: | MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| AFTER SCHOOL | School Age Only |  | Ages: 5 YRS | To | 13 YRS |  |
|  | 05/28/2013 | Columbus NE 68601 | Hours: 0730 | To | 1800 |  |
| (402) 563-4901 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
|  | SAOC8576 | 3772 33RD AVENUE | Capacity: 200 | Days of Week Open: MTWTHF <br> To 13 YRS |  |  |
| AFTERSCHOOL PROGRAM-LOST School Age Only Child Care Center COMMUNITIES TOGETHER CAN AFTER S <br> 05/28/2013 |  | Columbus NE 68601 | Ages: 5 YRS |  |  |  |
|  |  | Hours: 0730 | To | 1800 |  |

## COUNTY

## LICENSE TYPE

 ADDRESSAccepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { COMMUNITIES TO }} \overline{G E T H E R ~ C A N} \overline{\text { SAOC8579 }} \overline{ } \overline{500}$ CENTENNIAL STREET

AFTERSCHOOL PROGRAM/ COMMUNITIES TOGETHER CAN AFTER S
$\underset{S^{\text {School }}}{ }$
(402) 276-6426

| If a "N" appears or the space is <br> licensee does not have a |
| :---: |
| SAOC8579 <br> School Age Only Child Care Center <br> $05 / 28 / 2013$ |
| AN AFTER |
| 2n/28/2013 |

## $\overline{\text { COMMUNITIES TOGETHER }} \overline{\text { CAN }}$

| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |

AFTERSCHOOL PROGRAM/ School Age Only Child Care Center

COMMUNITIES TOGETHER CAN AFTER Shod
(402) 563-4901
$\ldots \quad \ldots \quad \_\quad —$

$$
\begin{array}{|r|}
\hline \text { If a "N" appears or the space is blank after the question, the } \\
\text { licensee does not have a contract, or is not accredited. }
\end{array}
$$

$\overline{\text { COMMUNITIES TOGETHER }} \overline{\text { CAN }}$ AFTERSCHOOL
COMMUNITIES TOGETHER CAN AFTER Scool Age Only Child Care Center
COMMUNITIES TOGETHER CAN AFTER S

\[\)|  (402) 276-6427  |
| :--- |

\]

\[\)|  If a "N" appears or the space is blank after the question, the  |
| :--- |
|  licensee does not have a contract, or is not accredited.  |

\]

| $\overline{\text { CORA'S }}$ CHILD $\overline{\text { CARE OWNE }} \overline{\text { BY }}$ | FII9544 | 2853 31ST AVE |
| :---: | :---: | :---: |
| CORA COLSON | Family Child Care Home II |  |
|  | 11/30/2016 | Columbus NE 68601 |
| (402) 600-4683 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { DEBIS }} \overline{\text { D }}$ A $\overline{Y C} A \overline{R E}$ OWNED $\overline{\text { B }}$ Y | FII9541 | 340987 Street |
| DEBI KLEINHEKSEL DEBI KLEINHEKSEL | Family Child Care Home II |  |
|  | 11/30/2016 | Columbus NE 68601 |

(402) 270-0619

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
FI4823
Family Child Care Home I

9097 3RD AV

COLUMBUS NE 68601

07/23/2002
$\overline{\text { EMILY'S }} \overline{\text { DAYC }} \overline{C A R E} \overline{\text { OWN }} N \overline{E D} \bar{B}$ EMILY DUNCAN
DUNCAN, EMILY D.
(402) 276-9262
 CENTER Immanuel Evangelical Lutheran Church (402) 562-5621

## 

ST ISIDORE CHURCH OF COLUMBUS
(402) 563-2305
$\overline{\text { GRA }} \overline{\mathrm{Y}, \mathrm{D}} \mathrm{O} \overline{\mathrm{NN}} \mathrm{A}$
DONNA GRAY
(402) 564-9370
$\overline{\text { HEITHOFF, KA }} \overline{\text { RLA }}$
KARLA HEITHOFF
(402) 201-2370



Accepts Child Care Subsidy through DHHS? N Accredited? N

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 45 | Days of Week Open: MTWTF |
| :--- | :--- |
| Ages: 6 WKS | To $\quad 12$ YRS |
| Hours: 0630 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?


Accepts Child Care Subsidy through DHHS? Y Accredited?


| Hours: 0600 | To 2100 |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? N |  |
|  |  |
| Clapacredited? |  |

Accepts Child Care Subsidy through DHHS?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 175 | Days of Week Open: MTWTF |  |
| Ages: 3 YRS | To 12 YRS |  |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

JACQUELINE'S DAYCARE OWNED BY JACQUELINE HARNISCH, JACQUELINE (605) 760-0578
$\overline{\mathrm{JILL}} \overline{\mathrm{AIN}} \overline{\mathrm{WOR}} \overline{\mathrm{TH}}-\overline{\mathrm{DAY}} \overline{\mathrm{CARE}}$ OWNED BY JILL AINSWORTH AINSWORTH, JILL
(402) 270-0122
$\overline{\mathrm{KID}}$ ' $\overline{\mathrm{EX}} \overline{\mathrm{PRES}} \overline{\mathrm{SC}} \overline{\mathrm{HILD}} \overline{\mathrm{CARE}}$ CENTER
CHERYL MUELLER
(402) 564-5445
$\overline{\text { KID }} \overline{D I E ~ K} \overline{O R R} \overline{A L ~ K I D ~ K ~} A \overline{R E}$
Jennifer Quigley
(402) 564-0774
$\overline{\text { KOBZA KII }} \overline{\text { IDZ }} \overline{\text { DAY }} C \overline{A R E}$
Tonja Kobza
(402) 564-0979
$\overline{\mathrm{KOZ}} \overline{\mathrm{AK}}, \mathrm{L} \overline{\mathrm{AG}} \mathrm{INA}$
LAGINA KOZAK
(402) 910-2396
$\overline{\mathrm{LAW}} \overline{\mathrm{REN}} \overline{\mathrm{CE}, \mathrm{S}} \overline{\mathrm{ABR}} \mathrm{INA}$
SABRINA M LAWRENCE
(402) 276-4095

FI11999
Provisional Family Child Care Home I
10/11/2016

318 DAWN DR

Columbus NE 68601

| Columbus NE 68601 <br> If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. <br> FI11616 <br> Family Child Care Home I <br> $10 / 31 / 2014$ <br> If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. <br> CCC9011 <br> Child Care Center <br> $03 / 25 / 2009$$\quad$Columbus 26TH AVE |
| :--- |


| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FII6745 <br> Family Child Care Home II <br> $10 / 14 / 2003$ | 1703 8th St |
| COLUMBUS NE 68601 |  |


| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1700 |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: $0600 \quad$ To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 32 | Days of Week Open: MTWTHFS |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0430 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTFSS |
| :--- | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0730 | To 1730 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0001 | To 0001 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHFS
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 80 | Days | eek Open | MTWTHF |
| :---: | :---: | :---: | :---: |
| Ages: 2 YRS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
|  |  |  |  |
| Capacity: 110 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 12 YRS |  |
| Hours: 0530 | To | 1900 |  |

Accepts Child Care Subsidy through DHHS? Y

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBER
## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

LITTLE STEPS CHILDCARE, LLC OWNED BY NICOLE FLEMING NICOLE K. FLEMING
(402) 432-3103
$\overline{\text { LOEFFLER, CINDY }}$
CINDY S LOEFFLER
(402) 564-9624
FII9502
Family Child Care Home II 06/30/2016

2209 7TH ST

Columbus NE 68601 If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited. If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
 $\overline{\text { LOPEZ, }} \bar{A} \overline{L I C I A}-\quad-$ ALICIA L LOPEZ (402) 270-2793
$\overline{\text { LOR }} \overline{E N Z}, \overline{\mathrm{JLLL}} \bar{R}$
JILL R LORENZ
(402) 890-2848
$\overline{\text { MANDY'S MUNCHKIN'S }-\overline{\text { OWNED BY AMANDA }}} \begin{aligned} & \text { DAYCARE OWNED } \\ & \text { AMANDA M WEMHOFF }\end{aligned}$
(402) $910-8415$

MELINDA'S LIL MUNCHKINS CHILDCARE MELINDA S. LONG (402) 910-3193
$\overline{\text { MICEK, }} \overline{\text { ALENA }}$
ALENA M MICEK
(402) 276-6137
$\overline{\text { MIC }} \overline{E K}, \mathrm{D} \overline{\mathrm{EBBI}} \overline{\mathrm{E}}$
DEBBIE J MICEK (402) 563-3977
$\overline{M O} \overline{N T G O} \overline{M E R} \bar{Y} \overline{\text {, RENEE }} \overline{\text { DBA }}$ MONTGOMERY DAYCARE RENEE M MONTGOMERY (402) 564-5316
$\overline{\text { NEBUDA }} \overline{\text { RAMONA }}$ RAMONA E NEBUDA (402) 564-3887
$\overline{\text { NIKKI'S FAMIL }} \overline{\text { D }} \overline{A Y C A} \overline{R E}$ OWNED BY NICOLE GRANT NICOLE RENEE GRANT (402) 564-3412

1028 3RD ST

| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0000 | To | 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0500 | To 2330 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0530 | To 1930 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 12 YRS
Hours: 0630 To 1730

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0000 To 2400

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0730 | To $\quad 1730$ |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

| LICENSE TYPE | COUNTY |
| :--- | :--- |
| EFFECTIVE DATE | ADDRESS |
| FI11414 | 15157 TH ST |

FI11414
Family Child Care Home I 08/31/2013 Columbus NE 68601
(402) 310-8024
$\overline{\text { PUTNAM }} \overline{\text { GER }} \overline{R I}$
GERRI L PUTNAM
(402) 564-8963
$\overline{\text { RAU }} \overline{S C H}, \overline{\text { PENNY }} \overline{-}-$
PENNY S RAUSCH (402) 563-0147
$\overline{\text { SAR }} \overline{A H} \bar{D} \overline{O E R} \overline{N E M A N}-$
DOERNEMAN, SARAH JF
(402) 615-3898
$\overline{\text { SCHROED }} \overline{\mathrm{ER},} \overline{\mathrm{BON}} \overline{\mathrm{IE}}-$
BONNIE L SCHROEDER
(402) 564-2944
$\overline{\text { SCRIBBLES N' }} \overline{\text { GIG }} \overline{\mathrm{BLES}} \overline{\mathrm{CHIL}} \overline{\mathrm{D}}$ CARE OWNED BY TANISHA PALENSKY, TANISHA LEIGH (402) 992-1499
$\overline{\text { SHELL CREEK }} \overline{\text { AFTER S }} \overline{\mathrm{CHO}} \overline{\mathrm{OL}}$ PROGRAM LAKEVIEW COMMUNITY SCHOOLS
(402) 564-8008
$\overline{\text { SHERYL'S }} \overline{\text { ANGEL }} \mathrm{H} \overline{\mathrm{UGS}}$
SHERYL L. KLUG
(402) 910-4084
$\overline{\text { SMITH, ANGELA }}$
ANGELA M SMITH


(402) 910-0353
$-\quad-\quad-\quad-\quad-\quad-\quad . \quad$

## $\overline{\text { ST BONA }} \overline{\mathrm{OEN}} \overline{\mathrm{URE}}$ ' $\overline{\mathrm{SCH}} \overline{\mathrm{CHD}}$

CARE CENTER
St. Bonaventure's Church of Columbus
(402) 564-9338
$\overline{\text { ST ISIDOR }} \overline{\operatorname{RA}} \overline{F T E R} \overline{\text { SCHOOL }}$ PROGRAM ST ISIDORE CHURCH
(402) 563-2305

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI9275 | 2304 29th ST |
| Family Child Care Home I |  |
| 03/02/2007 | Columbus NE 68601 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC7668 | 1604 15TH ST |
| Child Care Cent |  |
| 09/20/1997 | COLUMBUS NE 68601 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| CCC9052 | 3921 20th STREET |
| Child Care Center |  |
| 10/31/2009 | Columbus NE 68601 |

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

|  | Days of Week Open: MTWTHF |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1800 |
| Accepts | d Care Subsidy through DHHS? N Accredited? |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0630 | Days of Week Open: MTWTHF  <br> To 10 YRS <br> To 1800 |
| Accepts | ild Care Subsidy through DHHS? Accredited? |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0700 | Days of Week Open: MTWTHF <br> To 13 YRS <br> To 1730 |
| Accepts | d Care Subsidy through DHHS? Y <br> Accredited? |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0000 | Days of Week Open: MTWTHF <br> To 13YRS <br> To 2400 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 50 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To | 13 YRS |
| Hours: 1300 | To | 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 12$ YRS |
| Hours: 0500 | To $\quad 1900$ |

Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 70 | Days of Week Open: MTWTF |  |  |
| :--- | :---: | :--- | :---: |
| Ages: 3 YRS | To 13 YRS |  |  |
| Hours: 0600 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  | Accredited? Y |  |  |
| Capacity: 100 | Days of Week Open: MTWTHF |  |  |
| Ages: 5 YRS | To 12 YRS |  |  |
| Hours: 0630 | To 1800 |  |  |

Accepts Child Care Subsidy through DHHS? Y

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS
YOUNG ONES
JOLENE YOUNG
(402) 564-3099
$\overline{\text { Total }} \overline{\text { Number } \overline{\text { in Zip }} \overline{\text { Code: }} \overline{73}}$.

| 68620 |  | Boone |  |  |
| :---: | :---: | :---: | :---: | :---: |
| BADER, KELLY | FI5537 | 728 W MARENGO | Capacity: 10 | Days of Week Open: MTWTF |
| KELLY BADER(402) 395-5186 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 10/03/1996 | ALBION NE 68620 | Hours: 0600 | To 1900 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{B C H C T I N Y T R E A S U R E S}$ <br> DAYCARE <br> BOONE COUNTY HEALTH CENTER | FII6702 | PO BOX 151 | Capacity: 12 | Days of Week Open: MTWTHF |
|  | Family Child Care Home II 11/29/2002 | 639 W Fuller St | Ages: 6 WKS | To 12 YRS |
|  |  | ALBION NE 68620 | Hours: 0500 | To 1900 |
| (402) 395-6225 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\mathrm{BCH}} \overline{\mathrm{C}}$ TINY TREASURES | FII9126 | 629 W FULLER | Capacity: 12 | Days of Week Open: MTWTHF |
| DAYCARE 2 <br> BOONE COUNTY HEALTH CENTER | Family Child Care Home II |  | Ages: 6 WKS | To 12 YRS |
| (402) 395-1675 | 11/30/2009 | Albion NE 68620 | Hours: 0500 | To 1900 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N |  |
| $\overline{B U N C H E S ~ O F ~ H U G S ~ O W N E D ~ B Y ~}$ | FI12004 | 944 S 11TH ST | Capacity: 10 | Days of Week Open: MTWTHF |
| PEGGY NELSON PEGGY NELSON | Provisional Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
| (402) 741-1729 | 10/21/2016 | ALBION NE 68620 | Hours: 0700 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| BUSY BEE DAYCARE | FII8911 | 926 W MARKET ST | Capacity: 12 | Days of Week Open: MTWTFSS |
| Vivian R Frerichs | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 05/09/2006 | Albion NE 68620 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { FREY, ANGIE }}$ S | FI9800 | 644 W. Marengo St. | Capacity: 10 | Days of Week Open: MTWTHF |
| ANGIE S. FREY | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 08/31/2008 | Albion NE 68620 | Hours: 0700 | To 1800 |
| (402) 395-6132 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? |  |
| $\overline{H A P P Y}$ HEART $\bar{S}$ DAYCARE OWNED BY SHEENA M. SHEENA M PREDMORE(402) 741-1746 | FII9521 | 516 SOUTH 2ND ST | Capacity: 12 Days of Week Open: MTWTHF | Days of Week Open: MTWTHF |
|  | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 08/31/2016 | Albion NE 68620 | Hours: 0500 | To 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? |  |
|  | FII8992 | 529 SOUTH 7TH | Capacity: 12 | Days of Week Open: MTWTHF |
| KENDRA'S CARE FOR KIDS, LLC(402) 395-6328 | Family Child Care Home II | Albion NE 68620 | Ages: 6 WKS | To 12 YRS |
|  | 05/14/2008 |  | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{L O E F F L E R, ~ M A R L A ~}$ | FI5546 | 948 SOUTH 3RD ST | Capacity: 10 | Days of Week Open: MTWTHF |
| MARLA LOEFFLER | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 05/28/1997 | ALBION NE 68620 | Hours: 0600 | To 1800 |
| (402) $395-2702$ | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? |  |

ZIP CODE PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| MESCHER'S DAY CARE |
| :--- |
| ALICE MESCHER |
| (402) $395-6498$ |

Total Number in Zip Code: 14


## Total Number in Zip Code: 2


$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

TINY TYKES PRESCHOOL
KELLY URKOSKI
PRE8999 205 WEST PEARL

Preschool
02/28/2010

205 WEST PEARL

Clarks NE 68628

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 5$ YRS |  |
| Hours: 0815 | To $\quad 1600$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 2$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 4$


## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

KACI'S KIDDIE KARE OWNED BY

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

KACI WEYERS
WEYERS, KACI
(402) 202-0029
$\overline{\mathrm{KIR}} \mathrm{B} \overline{\mathrm{Y}, \mathrm{TINA}}$
TINA KIRBY
(402) 367-3918
$\overline{\text { KOBBA }} \overline{\text { MICHELLE }} \overline{-}-$
MICHELLE S KOBZA
(402) 910-2683
$\overline{\mathrm{KRENK}}, \mathrm{RENA} \overline{\mathrm{E}}--$
RENAE KRENK
(402) 658-6174
$\overline{\text { LIN }} \overline{D A ' S} \overline{D A Y C} \overline{C A R E} \overline{O W} N \overline{B D} B$

## LINDA JEAN VANDENBERG

 (402) 367-3699$\overline{\text { LINDDSEY'S LIL }} \overline{\text { LOVVEBUGS }}$ DAYCARE OWNED BY LINDSEY LINDSEY N. PALENSKY (402) 367-7748

## $\overline{\text { MA }} \overline{\mathrm{GUIR}} \overline{\mathrm{E}, \mathrm{JUL}} \overline{\mathrm{IE}}--$

JULIE MAGUIRE
(402) 367-4325
FI11929
Provisional Family Child Care Home I
158 S. 6TH ST


| $10 / 31 / 2014$ | David City NE 68632 |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| FI11996 <br> Provisional Family Child Care Home I <br> $09 / 30 / 2016$ | 1398 NORTH 11TH ST |
| DAVID CITY NE 68632 |  |


| FI11996 | 1398 NORTH 11TH ST |
| :---: | :---: |
| Provisional Family Child Care Home I |  |
| 09/30/2016 | DAVID CITY NE 68632 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  |
| FI12001 | 1152 N 8TH ST |
| Provisional Family Child Care Home I |  |
| 10/12/2016 | David City NE 68632 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |



Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :--- | :---: |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWTHFS
Ages: 6 WKS $\quad$ To 12 YRS
Hours: $0600 \quad$ To 1800

| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :---: |
| Accredited? |  |
| Capacity: 12 |  |
| Ages: 6 WKS |  |
| Hours: 0000 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hous: 0700 |  |

Hours: $0700 \quad$ To 1730
Accepts Child Care Subsidy through DHHS? N $\overline{R E D E E M E R ~ L U T H E R A N}$ PRESCHOOL REDEEMER EVANGELICAL LUTHER Child Care Center
(402) 367-3859

CENTER
DIANA WORM
(402) 367-6215

| (402) 367-6215 <br> $\overline{T H E} \overline{G E}, \mathrm{D} \overline{\mathrm{ARC}} \overline{\mathrm{Y}}$ | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: | :---: |
|  | FI11306 | 565 COTTONWOOD |
| DARCY A THEGE | Family Child Care Home I |  |
|  | 03/31/2013 | David City NE 68632 |

(402) 216-2577 If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

Accredited?

| Capacity: 30 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 13$ YRS |
| Hours: 0800 | To $\quad 1800$ |



Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS

Hours: 0600 To 1800
Accepts Child Care Subsidy through DHHS? N Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 15$


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \overline{8}$


ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

| GROVIJOHN, LINDA | FI4720 | 514 CENTER | Capacity: 10 | Days | Week Open | MTWTF |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| (402) 986-1768 | 08/10/1999 | HOWELLS NE 68641 | Hours: 0700 | To | 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
|  | CCC9503 | 123 SOUTH 4TH STREET | Capacity: 15 | Days of Week Open: MTWTHF |  |  |
| , | Child Care Center |  | Ages: 6 WKS | To | 10 YRS |  |
|  | 08/04/2016 | Howells NE 68641 | Hours: 0700 | To | 1800 |  |
| (402) 649-21 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| $\overline{\mathrm{KREPEL}}, \overline{\mathrm{ILA}}$ | FI5233 | 512 SOUTH 4TH | Capacity: 10 | Days of Week Open: MTWTFS |  |  |
| ILA KREPEL | Family Child Care Home I 08/25/1997 | HOWELLS NE 68641 | Ages: 6 WKS | To | $13 \text { YRS }$ |  |

(402) 986-1122
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 4$


Total Number in Zip Code: 4

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 2$

## ZIP CODE

PROVIDER NAME
OWNER NAME
PHONE NUMBER
HOLY FAMILY DAYCARE
HOLY FAMILY CHURCH OF LIN
(402) $428-9070$
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{1}$


Total Number in Zip Code: 5


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
PLATTE CENTER ELEMENTARY
LAKEVIEW COMMUNITY SCHO
(402) $246-3465$
$\overline{\text { Total }} \overline{\text { Number } \overline{\text { in Zip }} \overline{\text { Code: } 1}} \mathbf{l}$

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

| 155 PLATTE STREET | Capacity: 29 | Days of Week Open: MTWTHF |
| :--- | :--- | :--- |
|  | Ages: 5 YRS | To 13 YRS |
| Platte Center NE 68653 | Hours: 1100 | To 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| 68654 |  | Polk |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| LU ANN NORQUEST | FI6489 | 510 PAWNEE ST | Capacity: 12 | Days of Week Open: | MTWTHFS |
| U ANN NORQUEST | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |  |
| (402) 765-2951 | 04/03/2012 | POLK NE 68654 | Hours: 0700 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |  |

Total Number in Zip Code: 1

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

| PETERSEN, NATALIE | FI4426 | 1906 E STREET | Capacity: 10 | Days | eek Open: MTWTF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| NATALIE PETERSEN(402) 352-3106 | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 05/21/2001 | SCHUYLER NE 68661 | Hours: 0700 | To | 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |  |
| $\overline{\text { SWA }} \overline{N D A}$, JANIS | FI5260 | 503 EAST 15TH | Capacity: 10 | Days of | eek Open: MTWTHF |
| JANIS SWANDA | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
| (402) 352-3228 | 02/02/1997 | SCHUYLER NE 68661 | Hours: 0600 | To | 1700 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |  |
| $\overline{\text { WHISENANT, }}$, S $\overline{\text { HELLY }}$ | FI5219 | 317 COLFAX ST | Capacity: 10 | Days of Week Open: MTWTHF |  |
| SHELLY WHISENANT | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 02/13/1997 | SCHUYLER NE 68661 | Hours: 0545 | To | 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |

## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 9$



Total Number in Zip Code: 2


## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 1$


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 2

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} \mathbf{4}$

| 68701 | Madison |  |  |
| :---: | :---: | :---: | :---: |
| AMANDA'S DAYCARE | F19399 406 RIDGE WAY | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| AMANDA SCHMIT(402) 371-6795 | Family Child Care Home II | Ages: 6 WKS | To 12 YRS |
|  | 04/07/2008 Norfolk NE 68701 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| $\overline{\text { AMEN } 4} \mathrm{KIDS}$ | CCC9567 201 EAST PROSPECT | Capacity: 50 | Days of Week Open: MTWTHF |
| AMEN 4 KIDS, LLC <br> (402) 379-6777 | Provisional Child Care Center | Ages: 6 WKS | To 13 YRS |
|  | 06/21/2016 Norfolk NE 68701 | Hours: 0600 | To 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { AND }} \overline{\text { ERS }}$ ON, CAROL | FI6566 1104 TERRACE RD | Capacity: 10 | Days of Week Open: MTWTF |
| CAROL ANDERSON <br> (402) 379-0165 | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |
|  | 09/05/1999 NORFOLK NE 68701 | Hours: 0600 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| BARNES, IRENE | FI6552 2221 MADISON AV | Capacity: 10 | Days of Week Open: MTWTF |
| IRENE BARNES379-9130 (402) | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |
|  | 05/14/1997 NORFOLK NE 68701 | Hours: 0530 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\mathrm{BEU}} \overline{\mathrm{TLER}}, \overline{\text { DEBOR}} \mathrm{A}$ H | FI6575 210 SOUTH 17TH ST | Capacity: 10 | Days of Week Open: MTWTF |
| DEBORAH BEUTLER(402) 371-2658 | Family Child Care Home I | Ages: 6 WKS | To 13 YRS |
|  | 05/04/1997 NORFOLK NE 68701 | Hours: 0430 | To 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
|  | FII9115 214 SOUTH 12TH | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| HEIDI BELTZ(402) 379-9163 | Family Child Care Home II | Ages: 6 WKS | To 13 YRS |
|  | 06/30/2009 NORFOLK NE 68701 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

| 1013 N STATE HWY 35 | Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- | :--- |
|  | Ages: 6 WKS | To 13 YRS |
| Norfolk NE 68701 | Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |  |
| Hours: 0600 | To $\quad 1800$ |  |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
|  | Accredited? |  |  |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |  |
| Ages: 3 MOS | To 12 YRS |  |  |
| Hours: 0000 | To 2400 |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 6 YRS |
| Hours: 0630 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1800 |

Hours: $0630 \quad$ To
Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :---: |
| Capacity: 10 | Days of Week Open: MTWTFS |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0001 | To 0001 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 12$ YRS |  |
| Hours: 0500 | To $\quad 2300$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0630 | To 1800 |


| Hours: 0630 | To |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? N |  |
|  | Accredited? |
| Capacity: 12 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0001 | To 0001 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0730 | To 1730 |  |

Accepts Child Care Subsidy through DHHS? N

ZIP CODE PROVIDER NAME OWNER NAME Phone number

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| GUBBELS, LAVONNE | FI6556 | 924 SOUTH 1ST ST | Capacity: 10 | Days | Neek Ope | MTWTFSS |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| VONNE GUBBELS | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| (402) 379-3438 | 10/24/1996 | NORFOLK NE 68701 | Hours: 0001 | To | 0001 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { HAPPY KIDS }} \overline{\text { DAYCARE }} \overline{\text { OWNED }}$ | FII9456 | 1711 E SYCAMORE AVE | Capacity: 12 | Days | eek Ope | MTWTHF |
| BY AMALIA KASSMEIER AMALIA M. KASSMEIER | Family Child Care Home II $09 / 29 / 2015$ | Norfolk NE 68701 | Ages: 6 WKS <br> Hours: 0600 | To To | 13 YRS <br> 1800 |  |
| (402) 992-5616 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { HELPING }} \overline{\text { HAN }} \overline{\mathrm{DS} \mathrm{C}} \mathrm{C} \overline{\mathrm{HIL}} \overline{\mathrm{CA}} \overline{\mathrm{E}}$ | CCC7790 | 400 PASEWALK AV | Capacity: 35 | Days | ek Ope | MTWTF |
| Christ Lutheran Church of Norfolk, | Child Care Center 09/29/1997 | NORFOLK NE 68701 | Ages: 18 MOS Hours: 0530 | To To | $\begin{aligned} & 13 \text { YRS } \\ & 1830 \end{aligned}$ |  |

(402) 379-3275
$\overline{\text { HELPING }} \overline{\text { HAN }} \overline{\mathrm{DS}} \mathrm{CHILD} \overline{\mathrm{CA}} \overline{\mathrm{E}} \overline{ }$

| NORFOLK NE 68701 |
| ---: | ---: |
| If a "N" appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |


|  | Child Care Center |  |
| :--- | :--- | :--- |
| CHRIST LUTHERAN CHURCH OF NORFOL |  |  |
| (402) $379-3275$ |  | NORFOLK NE 68701 |

 PAULSEN, NICOLE
(402) 750-8731
$\overline{\mathrm{JOH}} \mathrm{NSO} \mathrm{N}, \overline{\text { DEBOR }} \overline{\bar{H} \mathrm{~A}}$
DEBORAH A JOHNSON
(402) 371-0573


If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
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ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| MORNING STAR PRESCHOOL <br> FIRST CHRISTIAN CHURCH OF (402) 371-5734 | PRE8066 | 1408 E BENJAMIN AVE | Capacity: 30 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Preschool |  | Ages: 3 YRS |  |  |
|  | 08/26/1997 | Norfolk NE 68701 | Hours: 0800 |  |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { NEITZKE }}$, $\overline{\mathrm{CH}} \mathrm{A} \overline{\mathrm{RLO}} \overline{\text { TTE }}$ | FI6329 | 616 W WALNUT AVE | Capacity: 10 | Days | eek Open: MTWTFSSU |
| CHARLOTTE NEITZKE379-3073 (402) | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 09/15/1996 | NORFOLK NE 68701 | Hours: 0001 | To | 0001 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { NORFOLK }} \bar{K} \overline{\text { CATHOLIC }} \overline{\mathrm{CHILD}}$ CARE <br> Sacred Heart Church of Norfolk (402) 371-4584 | CCC8798 | 2301 MADISON AVE | Capacity: 150 Days of Week Open: MTWTHF |  |  |
|  | Child Care Center |  | Ages: 3 YRS |  | 13 YRS |
|  | 08/18/2006 | Norfolk NE 68701 | Hours: 0730 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accredited? |  |  |
| $\overline{\text { NOR }} \overline{F O L} \bar{K} \overline{\text { FA }} \overline{M I L Y} \overline{\mathrm{YMC}} \overline{\mathrm{A}}$ | CCC8708 | 301 WEST BENJAMIN AVE | Capacity: 75 | Days of Week Open: MTWTF |  |
| Young Men's Christian Association(402) 371-9770 | Child Care Center folk, | Norfolk NE 68701 | Ages: 5 YRS | To | 12 YRS |
|  | $06 / 01 / 2005$ |  | Hours: 0600 | To | 1800 |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| NORTHEAST NEBRASKA CCC7873 <br> COMMUNITY ACTION Child Care Center <br> NORTHEAST NEBRASKA COMMUNITY A  <br> $09 / 12 / 2002$  |  | 301 E OMAHA AVE | Capacity: 80 Days of Week Open: MTWTF |  |  |
|  |  | Norfolk NE 68701 | Ages: 3 YRS <br> Hours: 0600 |  | 5 YRS |
|  |  | To |  | 1800 |
| (402) 371-8030 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| NORTHERN HILLS CHILDCARE, | CCC9355 |  | 600 NORTH 12TH STREET | Capacity: 200 Days of Week Open: MTWTHF |  |  |
| LLC <br> NORTHERN HILLS CHILDCARE | Child Care Center | Norfolk NE 68701 | Ages: 6 WKS | To | 13 YRS |
|  | 09/30/2013 |  | Hours: 0530 | To | 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { O'CONNELL }}$ ( PAMELA | FI6390 | 104 LINWOOD LN | Capacity: 8 | Days of Week Open: MTWTF |  |
| PAMELAO'CONNELL | Family Child Care Home I | NORFOLK NE 68701 | Ages: 6 WKS | To | 13 YRS |
|  | 05/11/1997 |  | Hours: 0630 | To | 1900 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { OETKEN }}$, $\overline{\mathrm{BAR}} \overline{\mathrm{BARA}}$ | FI6563 | 2810 PINNACLE DR | Capacity: 10 Days of Week Open: MTWThF | Days of Week Open: MTWThF |  |
| BARBARA J OETKEN(402) 371-5024 | Family Child Care Home I | NORFOLK NE 68701 | Ages: 6 WKS | To | 13 YRS |
|  | 11/09/1998 |  | Hours: 0630 | To | 1830 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { OPEN AR }} \overline{M S}$ D $\overline{A Y C A R E}$ | CCC8785 | 922 S 4TH | Capacity: 70 Days of Week Open: MTWTF | Days of Week Open: MTWTF |  |
| JFT, Inc(402) 37 | Child Care Center | Norfolk NE 68701 | Ages: 6 WKS | To | 12 YRS |
|  | 05/26/2006 |  | Hours: 0530 | To | 1800 |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { OSB }} \overline{O R N E, ~ K A T H Y ~} \overline{\text { A. }}$ | FI6389 | 1113 TERRACE RD | Capacity: 10 | Days of Week Open: MTWTF |  |
| KATHY A. OSBORNE (402) 371-6693 | Family Child Care Home I | NORFOLK NE 68701 | Ages: 6 WKS <br> Hours: 0700 | To 13 YRS |  |
|  | 04/18/1998 |  |  | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { OUR }} \overline{\text { SAV }}$ I $\overline{O R}$ 'S $\overline{\text { KING'S KIDS }}$ | CCC9199 | 2500 WEST NORFOLK AVENUE | Capacity: 99 | Days of Week Open: MTWTHF |  |
| KING'S KIDS | Child Care Center | Norfolk NE 68701 | Ages: 6 WKS | To | 12 YRS |
|  | 06/30/2011 |  | Hours: 0600 To 1830 |  |  |
| (402) 371-7292 | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

PAMPERED BOTTOMS OWNED PAINTER, ELIZABETH A (402) 750-8692
$\overline{\text { POTTS, JOY }} \overline{-}-$
JOY POTTS
(402) 371-5955
$\overline{\text { PRECIOUS LIt }} \overline{T L E} \overline{\text { ANG }} E \overline{L S}$
DANITA M. BRODERS
(402) 379-1525
$\overline{\text { ROBBERTS }} \overline{\text { TER }} \overline{\mathrm{I}}--$
TERI A. ROBERTS
(402) 371-3675
$\overline{\text { ROBINETTE, MARIBETH }} \overline{\mathrm{C}} \overline{\text {. }}$
MARIBETH C. ROBINETTE (402) 379-1061
$\overline{\text { SHE PPAR }} \overline{D, D} E \overline{B O R} \overline{A H}$ DEBORAH SHEPPARD (402) 379-2851
$\overline{\text { SHERRY'S HOUSE OWNE }} \overline{\text { O }} \overline{\mathrm{D}} \overline{\mathrm{Y}}$ SHERRY KRAEMER SHERRY KRAEMER
(402) 379-0134
$\overline{\text { SHE }} \overline{R R Y}$ 'S $\overline{\text { HOU }} \overline{\text { SE }} \overline{\text { TOO }}$
SHERRY KRAEMER
(402) 379-0134
$\overline{\text { SIMONSEN, LAUREL }}$
LAUREL SIMONSEN (402) 379-1559
$\overline{\text { SPIERING }} \overline{,} \overline{\text { KRI }} \overline{\overline{S T I N}}$
KRISTIN SPIERING
(402) 750-4398
$\overline{\text { STU }} \overline{M P T} \overline{U B I O}, \overline{M E R} \overline{R Y} A \overline{N N}$
MERRY ANN TUBIO STUMP (402) 316-8392

FII9590
Provisional Family Child Care Home II 08/22/2016

1312 TAYLOR AV

Norfolk NE 68701

| If a "N" appears or the space is blank after the question, the 68701 |
| :---: |
| licensee does not have a contract, or is not accredited. |


| FI6387 |
| :---: |
| Family Child Care Home I |
| $03 / 13 / 1998$ |


| If a "N" appears or the space is blank after the question, the |
| :---: |
| licensee does not have a contract, or is not accredited. |


| FI9314 AV |
| :---: |
| Family Child Care Home II |
| $07 / 15 / 2011$ |


| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: $10 \quad$ Days of Week Open: MTWTF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0600 \quad$ To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1730 |

Accepts Child Care Subsidy through DHHS? Y

|  | Capacity: 10 |  | Days of Week Open: MTWTHF |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To $\quad 12$ YRS |  |  |
| Hours: 0530 | To $\quad 2400$ |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: 0001 To 0001
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 8 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 1900$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 55 Days of Week Open: MTWTFS
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0001 To 0001
Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 22 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0530 | To 1900 |


| Hours: 0530 | To 1900 |  |
| :--- | :---: | :--- |
| Accepts Child Care Subsidy through DHHS? |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 2200 |  |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 10 Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: 0530 To 1800

| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y

## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


SHERMAN, JESSICA
(402) 640-6134
$\overline{\mathrm{THO}} \overline{\mathrm{MS}}, \mathrm{KIMB} \overline{\mathrm{ERL}} \overline{\mathrm{J}}-$

## KIMBERLY J THOMS

 (402) 860-1812$\overline{\text { TIMP }} \overline{E R L} \overline{E Y}$, JEANN $\overline{E A}$.
JEANNE A. TIMPERLEY
(402) 565-4490
$\overline{\text { WAR }} \overline{\text { REN }}, \overline{\text { HELEN }}$
HELEN J WARREN
(402) 379-4339
$\overline{\text { WELLS }} \overline{L S}$, $\overline{\text { ARI }} \overline{\text { LYNN }}$
KARI LYNN WELLS
(402) 379-3502
$\overline{\text { Y KII }} \overline{\mathrm{DS}} \mathrm{C} \overline{\mathrm{LUB}} \overline{\mathrm{ATB}} \mathrm{B} \overline{\mathrm{L}-\mathrm{A}} \mathrm{I} \overline{\mathrm{R}}$
Young Men's Christian Association of Norfolk,


ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS


## Total Number in Zip Code: 1


$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} \overline{2}$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| WENDY KRAMERS DAYCARE | F19838 | 404 EAST 4TH STREET | Capacity: 10 | Days | Week Open: MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| OWNED BY WENDY KRAMER KRAMER, WENDY L(402) 925-2483 | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 12/27/2011 | Atkinson NE 68713 | Hours: 0730 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |  |
| $\overline{\text { WEN }}$ / $\overline{N E R}, \overline{\text { RHONDA }}$ | FI5729 | 1010 E STATE ST | Capacity: 10 | Days of | Week Open: MTWTF |
| RHONDA WENNER(402) 925-5980 | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 01/01/2003 | ATKINSON NE 68713 | Hours: 0700 | To | 1800 |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N Accredited? |  |  |

Total Number in Zip Code: 7

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 5$


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 3

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 2$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \overline{7}$
68720

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE COUNTY

EFFECTIVE DATE

## ADDRESS

52510 860TH RD

| Capacity: 12 | Days of Week Open: MTWTHFS |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0500 | To $\quad 2200$ |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} 1$


## Total Number in Zip Code: 1



## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 3$



## Total Number in Zip Code: 1

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER



Total Number in Zip Code: 7


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{6}$

| 68731 |  | Dakota |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| BEYOND THE BELL - DAKOTA CITY <br> SIOUXLAND HUMAN INVESTM <br> (712) 522-0286 | SAOC8775 | 1801 LOCUST STREET | Capacity: 148 | Days of Week Open: MTWTHF |  |
|  | ${ }^{\text {Provisional School-Age-Onl }}$ |  | Ages: 5 YRS | To 13 YRS |  |
|  | 08/03/2016 |  | Hours: 1200 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { DAWN LIKES }} \overline{\text { DAY }}$ C $\overline{A R E}$ | FI5263 | 617 SOUTH 21ST STREET | Capacity: 12 | Days of Week Open: MTWTHF |  |
| DAWN LIKES(712) 898-4022) | Family Child Care Home II$02 / 02 / 2012$ | DAKOTA CITY NE 68731 | Ages: 6 WKS | To 13 YRS |  |
|  |  |  | Hours: 0530 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |
| $\overline{\text { KRUUEM }} \overline{\operatorname{SRK}}, \overline{\text { CAR }} \overline{M E N}$ <br> CARMEN M KRUSEMARK <br> (712) 251-8273 | FI11519 | 119 NORTH 12TH ST | Capacity: 10 | Days of Week Open: MTWTHF |  |
|  | Family Child Care Home I |  | Ages: 6WKS | To |  |
|  | 02/28/2014 | Dakota City NE 68731 | Hours: 6:30 AM | To 17:00 PM |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { NORTHEAST }} \overline{\text { NEBRASKA }}$ | CCC8715 | 1401 Pine | Capacity: 125 Days of Week Open: MTWTHF |  |  |
| COMMUNITY ACTION <br> NORTHEAST NEBRASKA COMMUNITY AC Care Center <br> 09/08/2004 |  |  | Ages: 6 WKS | To 5 YR |  |
|  |  | Dakota City NE 68731 | Hours: 0700 | To 1800 |  |
| (402) 494-6878 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |  |
|  <br> BY TAMI ODELL <br> TAMI L. ODELL <br> (712) 490-5700 | FII9508Family Child Care Home II10/18/2016 | PO BOX 158 | Capacity: 12 Days of Week Open: MTWTHF <br> Ages: 3 YRS To 4 YRS |  |  |
|  |  | 1523 LOCUST ST |  |  |  |
|  |  | Dakota City NE 68731 | Hours: 0730 | To 1600 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { SCOM }} \overline{\mathrm{VILL}} \overline{\mathrm{E}, \mathrm{JA}} \overline{\mathrm{NELL}} \overline{\mathrm{E}}$ <br> JANELLE L SCOVILLE <br> (712) 259-5838 | FI11058 | 1611 MYRTLE ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
|  | Family Child Care Home I$05 / 31 / 2012$ |  | Ages: 6 WKS | To 12 YRS |  |
|  |  | Dakota City NE 68731 | Hours: 0000 | To 2400 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |  |
| $\overline{\text { TRUUDI ESTOCHEN }}$ <br> TRUDI ESTOCHEN <br> (402) 987-3887 | FI5267 | 2002 HICKORY ST | Capacity: 12 | Days of Week Open: MTWTHF |  |
|  | Family Child Care Home II 09/17/2008 |  | Ages: 6 WKS <br> Hours: 0530 | To 8 YR |  |
|  |  | DAKOTA CITY NE 68731 |  | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |

$\overline{\text { Total Number in Zip Code: }} 7$

## ZIP CODE

## PROVIDER NAME

 OWNER NAME PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS
 licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} 5$


Total Number in Zip Code: 2


Total Number in Zip Code: 1

| 68739 |  | Cedar |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DONNER, VICTORIA | FI11619 | 302 EA | Capacity: 10 | Days of Week Open: | MTWTHF |
| VICTORIA DONNER | Family Child Care Home |  | Ages: 6 WKS | To 13 YRS |  |
|  | 01/14/2015 | HARTI | Hours: 0800 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

## ZIP CODE

PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
HOLY TRINITY PRESCHOOL
HOLY TRINITY CHURCH
(402) 254-9333
$\overline{K I D} \overline{K K O}_{\mathrm{KE}}-\quad-\quad-$
$\overline{\mathrm{KID}} \overline{\mathrm{KO}} \overline{\mathrm{RNE}} \overline{\mathrm{R}}$
Stacey M Sudbeck
(402) 254-2234
$\overline{\text { TINY }} \overline{\text { TOES DAYCARE OWN }} \overline{\mathrm{WN}} \overline{\mathrm{D}}$
BY HOLLY HOEPPNER
HOLLY HOEPPNER
(402) 360-0318
PRE8983 203 S. CAPITOL AVENUE

|  | Capacity: 29 | Days of Week Open: MTWTHF |
| :---: | :---: | :---: |
|  | Ages: 3 YRS | To $\quad$ Y YRS |
| Hours: 0730 | To 1600 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 4$


Total Number in Zip Code: 3

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

TEAM LEARNING TREE, LLC DBA LEARNING TREE TEAM LEARNING TREE, LLC (402) 256-3313

| PRE7964 <br> Preschool <br> $11 / 06 / 1997$ |
| :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| FI11152 <br> Family Child Care Home I <br> $08 / 31 / 2012$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| Lis |


| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :--- | :---: |
| Ages: 3 YRS | To $\quad 5$ YRS |  |
| Hours: 0830 | To $\quad 1530$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 10 Days of Week Open: MTWTHF Ages: $6 \mathrm{WKS} \quad$ To 12 YRS Hours: 0700 To 1730

Accepts Child Care Subsidy through DHHS?
Accredited?

## Total Number in Zip Code: 3



Total Number in Zip Code: 5


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


Total Number in Zip Code: 7

$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{2}$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 4


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
LEAP AT CHRIST LUTHERAN
CHURCH

CHURCH
CHURCH

PRE8990
Preschool
(402) 336-1775
$\overline{\text { LITTTE DISCIPLES }} \overline{\text { CHRISTIAN }} \overline{\text { D }}$
CHILDCARE, INC
CHILDCARE, INC
LITTLE DISCIPLES CHRISTIAN CHILDCAI
LITTLE DISCIP
(402) 336-5415
(402) $336-5415$
$\overline{\text { LTTT }} \overline{L E} T \overline{O T S} \overline{\text { PRESCHOOLA }} \overline{N D}$

DAYCARE CENTER STACY VANDERSNICK (402) 336-1414

## $\overline{\text { MISTY'S }} \overline{\text { LITTLL }} \overline{\mathrm{E} \text { O}} \overline{N E S}$

Misty Ollendick
(402) 340-1963
$\overline{\text { NEUMILLER, }} \overline{\mathrm{ER}} \overline{\mathrm{ANE}} \overline{\mathrm{T}}-$
JANET A. NEUMILLER
(402) 336-4531
$\overline{\text { PITTER PATTE }} \overline{\operatorname{RPL}} \overline{\text { PYHOUSE }}$
OWNED BY WHITNEY WILLIAMSON, WHITNEY K. (402) 336-6450
$\overline{\text { SCHLUNS }} \bar{S}, \overline{\text { CAT }} \overline{\mathrm{HY}} \overline{\mathrm{M}}-$
CATHY M SCHLUNS
(402) 336-3628
$\overline{\mathrm{THO}} \overline{\mathrm{MAS}} \overline{\mathrm{LOR}} \overline{\mathrm{IA}}-\quad-$
LORI A. THOMAS
(402) 336-2075
$\overline{\mathrm{TIN}} \overline{\mathrm{TO}} \overline{\mathrm{S}} \overline{\mathrm{D}} A \overline{Y C A} \overline{R E} \overline{\mathrm{WN}} \overline{\mathrm{D}}$ BY JENNA MONTGOMERY JENNA MONTGOMERY (402) 394-1348
$\overline{\text { VIC }} \overline{O R I A} \overline{\text { YATES D }} \overline{\text { AYC ARE }}$ OWNED BY VICTORIA YATES YATES, VICTORIA C.
(402) 336-6202
$\overline{\text { WAT }} \overline{\text { SON }}, \overline{\text { DIA }} \overline{N E}$
DIANE WATSON
(402) 336-4897
$\overline{\text { NEUMILLER, }} \overline{\mathrm{JANET}} \overline{-}$
(402) 336-4531


| Oneill NE 68763 |
| :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| FI11945 |


| Oneill NE 68763 |
| ---: |
| If a " N " appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |


| FI9272 | 1232 LAWNDALE AVE |
| :---: | :---: |
| Family Child Care Home I |  |
| $02 / 21 / 2007$ | Oneill NE 68763 |


| FII9429 | 408 NORTH 6TH STREET |
| :---: | :---: |
| Family Child Care Home II |  |
| 06/30/2015 | Oneill NE 68763 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI11244 | 525 E BENTON |
| Family Child Care Home I |  |
| 12/31/2012 | Oneill NE 68763 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI6270 | 405 HOLT BLVD |
| Family Child Care Home I |  |
| 08/15/1996 | Oneill NE 68763 |

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 5$ YRS |  |
| Hours: 0800 | To | 1530 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 50 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0530 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0400 | To $\quad 1730$ |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1830 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWThF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 8 YRS
Hours: 0600 To 1800
Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0630 To 1800

| Accepts Child Care Subsidy through DHHS? Y |
| :--- |
| Accredited? |
| Capacity: 10 |
| Ages: 6 WKS |
| Hours: 0001 |

Accepts Child Care Subsidy through DHHS? Y
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 21$

ZIP CODE
PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE EFFECTIVE DATE

COUNTY ADDRESS


Total Number in Zip Code: 2


Total Number in Zip Code: 3


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
CHILDREN'S WORLD OWNED BY
FII8529
Family Child Care Home II 05/04/2005 PIERCE NE 68767
(402) 329-4309
$\overline{\mathrm{CHIL}} \overline{\mathrm{DR}} \overline{\mathrm{EN'S}}$ WORL$\overline{\mathrm{D} \mathrm{O}} \overline{\mathrm{WNED}} \frac{\text { BY }}{\text { B }}$ If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
$\overline{\mathrm{CHIL}} \mathrm{L} \overline{\mathrm{DREN}} \overline{\mathrm{S}}$ WORLD OWNED BY
LORI DAVIS
LORI DAVIS
(402) 329-4306
$\overline{\text { HAMILTO }} \overline{\mathrm{N}, \mathrm{LAACEY}} \overline{-}-$ LACEY M HAMILTON (402) 750-1097
$\overline{\mathrm{JONS}} \overline{\mathrm{ON}}, \overline{\mathrm{JULIE}}-\quad-\quad$

| $\overline{\mathrm{JONSON}}$, $\overline{\mathrm{JULI}}$ ( | FI6349 | 528 E NEBRASKA |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { JULIE JONSON } \\ & \text { (402) 329-4641 } \end{aligned}$ | Family Child Care Home I |  |
|  | 04/13/1998 | PIERCE NE 68767 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { KAREN K }} \overline{\text { OEH }}$ N | FI8647 | 303 S MASON |
| KAREN K KOEHN Family Child Care Home II |  |  |
|  | 11/09/2006 | Pierce NE 68767 |

(402) 329-4311
$\overline{\text { MER }} \overline{L E N} \overline{B A C} \bar{H} \overline{\text { JES }} \overline{\operatorname{SICA}}-$
JESSICA R MERLENBACH
(402) 860-2674
$\overline{\text { RAC }} \overline{\mathrm{HEL}} \overline{\mathrm{DA}} \overline{\mathrm{CCAR}} \overline{\mathrm{EOWNED}} \overline{\mathrm{BY}}$ RACHEL WILLARD WILLARD, RACHEL
(402) 649-1109
$\overline{\text { REDING }} \overline{\text { JULIE }} \overline{\mathrm{L}}$
JULIE L REDING (402) 841-7273
$\overline{\text { REN }} \overline{A E} H \overline{A R T} \overline{M A N} \overline{\text { DAY }} \overline{\text { CARE }}$
RENAE L HARTMAN
(402) 329-4540
$\overline{\text { SHA }} \overline{R L E N} \bar{E} \bar{D} V \overline{O R} A \bar{K}$
SHARLENE F DVORAK
(402) 329-4752
$\overline{\text { TRA }} \overline{C Y}$ RONSPIES
TRACY RONSPIES
(402) 329-4091

| $11 / 09 / 2006$ |
| :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| FI11182 421 SOUTH 6TH ST |

Family Child Care Home I 09/30/2012 Pierce NE 68767


| If a " N " appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |


|  | Capacity: 12 <br> Ages: 6 WKS <br> Hours: 0500 |  |
| :---: | :---: | :---: |
| the | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
|  | Capacity: 29 <br> Ages: 6 WKS <br> Hours: 0500 |  |
| the | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0700 |  |
| the | Accepts Child Care Subsidy through DHHS? N Accredited? |  |
|  | Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0001 | $\qquad$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0500 | To 1900 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0530 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 12 YRS
Hours: $0700 \quad$ To 1830

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 2100 |


| Hours: 0600 | To 2100 |
| :--- | :---: | :--- |
| Accepts Child Care Subsidy through DHHS? N |  |
| Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 8 WKS | To $\quad 13$ YRS |
| Hours: 0530 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 15$

ZIP CODE
PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

| LICENSE TYPE | COUNTY |
| :--- | :--- |
| EFFECTIVE DATE | ADDRESS |


$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$
68771

CALDER CHILD CARE OWNED BY MEGAN GRELL GRELL, MEGAN


| Capacity: 10 |
| :--- |
|  |
| Ages: 6 WKS |
| Days of Week Open: MTWTHF |
| Hours: 0600 |
|  |
| To $\quad$ To $\quad 13$ YRS |


$\overline{\text { JERI }} \overline{\text { GUB }} \overline{B E L} S \overline{\text { DAPY }} \overline{\mathrm{CAR}} \bar{E}$
JERI JOY GUBBELS
(402) 337-1108
(402) 337-1108
$\overline{\text { LEA }} \overline{\text { RN A }} \overline{\text { ND PLAY }} \overline{\text { PRES }} \overline{\mathrm{CHO}} \overline{\mathrm{OL}}$

## JOYCE FINK

| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI9907 | 502 E JACKSON |
| Family Child Care Home I |  |
| 11/30/2008 | Randolph NE 68771 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS



## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

KEMPERS, CASSIE
CASSIE J KEMPERS EFFECTIVE DATE

COUNTY ADDRESS
FII9032
Family Child Care Home I (712) 389-1609

## $\overline{\text { KERKAERTM }} \overline{\mathrm{T}} \overline{\mathrm{HEAT}} \overline{\mathrm{HER}}$

HEATHER L KERKAERT
(712) 333-6584
$\overline{\mathrm{KIDL}} \overline{\mathrm{OG}} \overline{\mathrm{C}} \overline{\mathrm{CHILD}} \overline{\mathrm{CARE}} \overline{\&}$ PRESCHOOL, INC KIDLOGIC CHILDCARE \& PRESCHOOL, ID (402) 404-2533

## $\overline{\text { LAC }} \overline{R O I X}, \overline{\text { CA }} \bar{R} \overline{\text { RIE }}$

CARRIE LACROIX
(402) 494-5912
$\overline{\text { LITTTLE }} \overline{\text { DUCKLING }} \overline{\text { DAYCAR }} \bar{R} \overline{\mathrm{E}}$ OWNED BY LORENA NUNO Lorena Nuno
(847) 954-9347
$\overline{\text { LITTLE }} \overline{\text { HUSK }} \overline{E R S} C \overline{C I L} \overline{D C A R} \bar{E}$
TERRY SUE CASKEY (712) 301-1378
$\overline{\text { LUV }} \overline{\mathrm{BU}} \bar{Z} \overline{\mathrm{D}} A \overline{Y C A} \overline{R E} \overline{\mathrm{WN}} \overline{\mathrm{D}}$ by Sue hansen and nicole SUE E. HANSEN AND NICOLE M. WAL FER (712) 899-2725
$\overline{\text { MILLER }} \overline{\mathrm{DAY}} \overline{\mathrm{ARE}}-\square$
MILLER, JEAN K.
(402) 494-3146
$\overline{\text { MUNNOFFEN, SHER }} \overline{\mathrm{RY}}-$
SHERRY MUNHOFEN
(402) 494-5398
$-\quad . \quad$
$\overline{\text { NIKKI'S }} \overline{\text { DAYC }} \overline{A R E} \overline{\text { OWNED B }} \bar{Y}$
NIKKI ALBERTSON
ALBERTSON, NIKKI
(402) 241-7820
$\overline{\text { NORTHEAST }} \overline{\text { NEBR }} \overline{A S K A}$
COMMUNITY ACTION (402) 494-6755

E

| If a "N" appears or the space is blank after the question, the |
| :---: | :---: |
| licensee does not have a contract, or is not accredited. |



| FI5272 | 1922 MISSOURI VIEW LN |
| :---: | :---: |
| Family Child Care Home I |  |
| $05 / 14 / 2000$ | SOUTH SIOUX CITY NE 68776 |


| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :--- | :--- |
| FII1061 <br> Family Child Care Home II <br> $06 / 14 / 2012$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| South Sioux City NE 68776 |



| FI5306 | 425 EAST 33RD ST |
| :---: | :---: |
| Family Child Care Home I |  |
| 10/15/1997 | SOUTH SIOUX CITY NE 68776 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI5318 | 113 SIVILL CT |
| Family Child Care Home I |  |
| 10/08/1996 | SOUTH SIOUX CITY NE 68776 |


| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |


| FI11880 | 517 E 33RD ST |
| :---: | :--- |
| Family Child Care Home I |  |
| $11 / 30 / 2016$ | South Sioux City NE 68776 |

South Sioux City NE 68776 licensee does not have a contract, or is not accredited.
CCC7627
2120 DAKOTA AVE
Child Care Center
(402) 494-6755

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0500 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 55 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1830 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1730$ |  |


| Accepts Child Care Subsidy through DHHS? N |  |
| :--- | :---: |
| Accredited? |  |
| Capacity: 12 |  |
| Ages: 6 WKS |  |
| Hours: 0000 |  |
| Days of Week Open: MTWTHFSSU |  |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  |  |
| To Accredited? |  |
| Capacity: 12 |  |
| Ages: 6 WKS |  |
| Hours: 0000 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS To 12 YRS
Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0500 | To 2000 |


| Hours: 0500 | To |  |
| :--- | :---: | :--- |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
| Accredited? |  |  |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHFSSU
Ages: 6 WKS To 13 YRS
Hours: 0000 To 2400

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 50 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 5$ YRS |  |
| Hours: 0600 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

PATTY STORK DAYCARE
PATRICIA STORK
(402) $241-0452$
$\overline{\text { SMA }} \overline{\text { LL BUT MIGHTY KIDZ }} \bar{I} \bar{\square}$
DAYCARE OWNED BY KELSEY
BARNER, KELSEY
(712) 259-5981
$\overline{\text { ST MICHAEL'S } \overline{\text { EAR }} \overline{L Y}-1 .] ~}$

## LICENSE NUMBER

## LICENSE TYPE <br> COUNTY <br> EFFECTIVE DATE <br> ADDRESS

| FI5317 | 433 EAST 27TH ST | Capacity: 12 | Days of Week Open: MTWTFSSU |
| :---: | :--- | :--- | :--- |
| Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
| $06 / 23 / 2005$ | SOUTH SIOUX CITY NE 68776 | Hours: 0500 | To 2000 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 10$ YRS |
| Hours: 0500 | To 2300 |

Accepts Child Care Subsidy through DHHS?
Accredited?
ST MICHAEL'S EARLY
CHILDHOOD EDUCATION
 If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

ST MICHAEL'S CHURCH OF SOUTH SIOUY
(402) 494-2827

THE HAPPY BUMBLEBEE
DAYCARE OWNED BY IVONET
TORRES DEALBA, IVONET
(515) 520-5085
(515) 520-5085
$\overline{\text { THO }} \overline{R N T} \overline{O N}, \overline{B A R B} \overline{A R A}$
BARBARA THORNTON
(402) 494-5601
$\overline{\text { TOD }} \overline{\bar{D} \text { 'S TOTS }}$
RITA TODD
(402) 494-2968
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 30$

| South Sioux City NE 68776 |
| ---: |
| If a " N " appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |


| 68778 |  |  |  |
| :--- | :--- | :--- | :--- |

Total Number in Zip Code: 1


## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| NORTHEAST NEBRASKA | CCC7169 | 507 7TH ST | Capacity: 20 | Days | Week Open: MTWTF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| COMMUNITY ACTION NORTHEAST NEBRASKA <br> (402) 439-2255 | Child Care Center |  | Ages: 3 YRS | To | 5 YRS |
|  | Y A( ${ }_{10 / 28 / 1998}$ | Stanton NE 68779 | Hours: 0800 | To |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { WATTS, }} \overline{\text { DELORES }} \overline{-}$ | FI4623 | 1600 ELM | Capacity: 10 | Days of Week Open: MTWTF |  |
| DELORES WATTS | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | If a " N " appears or the space is blank after the questio |  | Hours: 0530 | To | 1730 |
| 439-2087 (402) |  |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 5$


## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 4$


(402) 368-2234
$-\quad-\quad-\quad-\quad-\quad-\quad-\quad . \quad$
$\overline{\text { MELISSA'S CHILDCARE }} \overline{\text { OWN }} \overline{-}$ BY MELISSA RAUTENBERG RAUTENBERG, MELISSA
(402) 316-6769
If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.

$$
\begin{array}{lll}
\text { Ages: } 6 \text { WKS } & \text { To } & 13 \text { YRS } \\
\text { Hours: } 0600 & \text { To } & 1800 \\
\hline
\end{array}
$$

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \overline{2}$

| $11 / 28 / 2016$ |
| ---: |
| If a "N" appears or the space is blank after the question, the 68781 |
| licensee does not have a contract, or is not accredited. |

Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0700 To 1800
Accepts Child Care Subsidy through DHHS?
Accredited?
Total Number in Zip Code. 2


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
KID'S CORNER PRESCHOOL
PEGGY LISKA AND SHELLY HA
(402) 668-2275
$\overline{\text { Total }} \overline{\text { Number } \overline{\text { in Zip }} \overline{\text { Code: }} \overline{2}}$

| 68784 |
| :--- | :--- |
| HUMPTY DUMPTY DAYCARE |

HUMPTY DUMPTY DAYCARE
HUMPTY DUMPTY DAYCARE, INCORPOR Child Care Center
f a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

COUNTY
LICENSE TYPE
EFFECTIVE DATE
ADDRESS
201 SOUTH 3RD STREET

| Capacity: 12 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 3 YRS | To $\quad 6$ YRS |  |
| Hours: 0830 | To $\quad 1500$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
(402) 287-1006
$\overline{\text { NICOLE'S }} \overline{\mathrm{DA}} \overline{\mathrm{CAR}} \overline{\mathrm{CAW}} \overline{\mathrm{NED}} \overline{\mathrm{BY}}$
NICOLE JONES
JONES, NICOLE
(402) 860-6931
$\overline{T o t a l} \overline{\text { Number in Zip Code: } 2}$

$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{3}$


ZIP CODE PROVIDER NAME OWNER NAME PHoNE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

| GUILL, CANDY | FI4527 | 107 CITYSIDE DR | Capacity: 10 | Days | Neek Ope | MTWTFSS |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| CANDY GUILL | Family Child Care Home I |  | Ages: 6 WKS | To |  |  |
| (402) 375-4373 | 07/17/1999 | WAYNE NE 68787 | Hours: 0001 | To | 0001 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { HENDER }} \overline{\text { SON }}, \overline{\text { PAM }}$ ( $\overline{\text { LA }}$ | FI4531 | 112 CITYSIDE DR | Capacity: 10 | Days of Week Open: MTWTFSS |  |  |
| PAMELA HENDERSON | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| (402) 369-0512 | 06/29/1997 | WAYNE NE 68787 | Hours: 0001 | To | 0001 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { JOHNSON }} \overline{\text {, }} \overline{\text { SHELIA }}$ | FI10400 | 1011 SUNNYVIEW DR | Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| SHELIA J JOHNSON | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
|  | 07/15/2010 | Wayne NE 68787 | Hours: 0600 | To | 1800 |  |
| (402) 833-0961 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| $\overline{\text { LUETH, }}$ JESSICA | FI11979 | 1031 POPLAR ST | Capacity: 10 Days of Week Open: MTWTHF | Days of Week Open: MTWTHF |  |  |
| JETH, JESSICA | Provisional Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
|  | 08/24/2016 | Wayne NE 68787 | Hours: 0700 |  |  |  |


| (402) $841-8420$ |
| ---: |
| If a " N " appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |

Accepts Child Care Subsidy through DHHS?
Accredited?

| $\overline{M U R} \overline{R A Y}, \overline{L I N} \overline{D A J}$. | FI4540 | 306 OAK DR |
| :---: | :---: | :---: |
| LINDA J MURRAY | Family Child Care Home I |  |
| LI | 07/29/1996 | WAYNE NE 687 |


| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To | 1830 |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  |  |  |
| Capacity: 12 | Days of Week Open: MTWTF |  |
| Ages: 3 YRS | To | 6 YRS |
| Hours: 0730 | To | 1600 | PRESCHOOL DIANE KAY GENTRUP


 $\overline{\text { PIPPITT, }} \overline{\mathrm{BREN}} \overline{\mathrm{DA}}-$
BRENDA PIPPITT
(402) $375-3062$
$\overline{\text { PJS }} \overline{\mathrm{CHIL}} \overline{\mathrm{DCA}} \overline{\mathrm{RE}} \overline{\text { CENTE}} \bar{R}$

| Peggy A. Schaffer <br> (402) 375-3784 | Child Care Center |  |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { RAINBOW }}$ W $\overline{\text { W }} \overline{\text { RLD }} \overline{\text { CCC }}$ | CCC7124 | 1110 EAST 14TH |
| RAINBOW WORLD CHILD CARE CENTER 11/14/1997 |  |  |
| (402) | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { SAN }} \overline{\overline{D O Z}}, \overline{\mathrm{GIN}} \mathrm{A}$ | FI5242 | 419 OAK DR |
| GINA SANDOZ | Family Child Car | Wa 686787 | licensee does not have a contract, or is not accredited.


| Date of Printina: 12/2 |
| :---: |
| ZIP CODE |
| PROVIDER NAME |
| OWNER NAME |
| PHONE NUMBER |
| SWANSON, BRENDA |
| BRENDA SWANSON |
| (402) 375-5499 |
| $\overline{\text { TENTING }} \overline{\overline{E R}, ~ A} \overline{N N} \overline{M A R I E}$ |
| ANN MARIE T TENTINGER |
| (402) 518-1085 |
| Total Number in Zip Code: 16 |


| 68788 |  | Cuming |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| BECKY LUEBBE <br> BECKY LUEBBE <br> (402) 372-2884 | FII6764Family Child Care Home II09/18/1997 | 209 S KLOKE <br> WEST POINT NE 68788 | Capacity: 10Days of Week Open: MTWTFAges: 6 WKSHours: 0700 |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? Accredited? |  |  |
| $\overline{\mathrm{CRY}} \overline{\mathrm{STAL}} \overline{\mathrm{S}} \mathrm{D} A \overline{\mathrm{YC}} \mathrm{A} \overline{\mathrm{RE}} \mathrm{O} \overline{\mathrm{WN}} \overline{\mathrm{D}}$ BY CRYSTAL TENEYCK TENEYCK, CRYSTAL (402) 870-2433 | FI11756 | 531 E 13 TH | Capacity: 10 | Days of Week Open: M | MTWTHF |
|  | Family Child Care Home I$10 / 31 / 2015$ |  | Ages: 6 WKS | To 13 YRS |  |
|  |  |  | Hours: 0000 | To 2400 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { GER }} \overline{\text { KEN }}$, $\overline{\text { SARAH }}$ | F110743 | 309 E WEILER | Capacity: $10 \quad$ Daccredited? |  |  |
| SARAH E. GERKEN(402) 372-4989) | Family Child Care Home I$05 / 31 / 2011$ |  | Ages: 6 WKS | To |  |
|  |  | West Point NE 68788 | Hours: 0400 | To 2330 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { HAASE, LISA }}$ | FI5275 | 1421 WHITETAIL DR | Capacity: 10 | Days of Week Open: M | MTWTF |
| LISA HAASE | Family Child Care Home I11/29/1996 | WEST POINT NE 68788 | Ages: 6 WKS | To 13 YRS |  |
| (402) 372-5074 |  |  | Hours: 0730 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\mathrm{HIN}} \overline{\mathrm{EL}}, \overline{\mathrm{CAN}}$ DYCE K | FI10160 | 621 S BRUNER ST | Capacity: 10 | Days of Week Open: MTWThF |  |
| CANDYCE K HINKEL | Family Child Care Home I 08/31/2009 | West Point NE 68788 | Ages: 6 WKS <br> Hours: 0700 | To 13 YRS |  |
| (402) 380-2647 |  |  |  | To 1700 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |
| $\overline{\text { HOWARD }}$, MARY | FI5319 | 107 S MONITOR | Capacity: 10 | Days of Week Open: MTWTF |  |
| MARY HOWARD | Family Child Care Home I | WEST POINT NE 68788 | Ages: 6 WKS <br> Hours: 0700 | To 13 Y |  |
| (402) 372-2042 |  |  |  | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |
| $\overline{\text { KAUP, STACY }}$ | F110316 | 628 E SHERIDAN | Capacity: 10 | Days of Week Open: MTWTHF |  |
| TACY K. KAUP | Family Child Care Home I | West Point NE 68788 | Ages: 6 WKS <br> Hours: 0630 | To 13 Y |  |
| (402) 372-5583 |  |  |  | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\mathrm{KID}} \overline{\mathrm{DIE}} \mathrm{K} \overline{O R R} \overline{\text { AL L L }}$ L.C.C. | CCC9545 | 218 S RIVER STREET | Capacity: 44 | Days of Week Open: MTWTHF |  |
|  | Provisional Child Care Center | West Point NE 68788 | Ages: 6 WKS | To 13 YR |  |
|  | 01/27/2016 |  | Hours: 0530 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS 600 E LOGAN
Family Child Care Home I 02/19/1997 WEST POINT NE 68788
(402) 372-2245
$-\quad-\quad-\quad-\quad-\quad-\quad$
$\overline{\text { NORTHEAST }} \overline{\text { NEBRASKA }} \overline{\mathrm{ASK}}$
COMMUNITY ACTION NORTHEAST NEBRASKA Child Care Center
NORTHEAST
(402) 372-2863
(402) 372-2863
$\overline{\text { PLA }} \overline{G G E}, \overline{\text { JODI }}----\quad$

JODI PLAGGE
(402) 372-2170
$\overline{\text { RAS }} \overline{M U S S E N}, \overline{\text { DIANE }}$
DIANE RASMUSSEN
(402) 372-2296


(402) 372-3172 | If a " N " appears or the space is blank after the question, the |
| :---: | licensee does not have a contract, or is not accredited.

| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 20 | Days of Week Open: MTWTF |  |  |
| Ages: 3 YRS | To | 5 YRS |  |
| Hours: 0600 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0730 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0700 | To | 1730 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1700 |

Accepts Child Care Subsidy through DHHS? N Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \overline{13}$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \overline{5}$

ZIP CODE PROVIDER NAME owner name PHoNE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


Hours: $0000 \quad$ To 24000
Accepts Child Care Subsidy through DHHS? Y

\left.| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :---: |
| Accredited? |  |$\right]$


| Accepts Child Care Subsidy through DHHS? Y |  |  |
| :---: | :---: | :---: |
|  |  | Accredited? |
| apacity: 12 | Days of Week Open: | MTWTHFSSU |
| ges: 6 WKS | To 13 YRS |  |
| ours: 0000 | To 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  |  | Accredited? |
| apacity: 10 | Days of Week Open: | MTWTHFSSU |
| ges: 6 wks | To 13 yrs |  |
| ours: 0000 | 2400 |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
Page 249 of 324

| Provider name | LICENSE NUMBER |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| OWNER NAME | LICENSE TYPE | COUNTY |  |  |
| PHONE NUMBER | EFFECTIVE DATE | ADDRESS |  |  |
| KIDS COME FIRST DAYCARE | CCC7714 | 1719 ASPEN CIRCLE STE \#8 | Capacity: 95 | Days of Week Open: MTWTFSSU |
| AND LEARNING CENTER, LLC Child Care Center KIDS COME FIRST DAYCARE AND LEARI$\qquad$ |  |  | Ages: 6 WKS | To 13 YRS |
|  |  | GRAND ISLAND NE 68801 | Hours: 0000 | To 2400 |
| (308) 384-1699 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y |  |
|  | FII9206 | 1020 S PLUM | Capacity: 10 | Days of Week Open: MTWTHF |
| Deborah A Schleicher (308) 379-9656 | Family Child Care Home I | Grand Island NE 68801 | Ages: 6 WKS | To 13 YRS |
|  | 05/20/2015 |  | Hours: 0500 | To 2000 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N |  |
| $\overline{\text { MAIRE, BEV }}$ | FI6094 | 2403 N LOCUST | Capacity: 8 | Days of Week Open: MTWTF |
| BEV MAIRE <br> (308) 381-7518 | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 10/31/1996 | GRAND ISLAND NE 68801 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? |  |
| $\overline{\text { MAR }} \bar{Y} \overline{\text { 'S }} \overline{D A Y C} \overline{A R E} \overline{O W} N \overline{E D} B \bar{Y}$ MARY BOERSEN BOERSEN, MARY B. <br> (308) 382-5117 | FI6148 | 923 WEST 12TH ST | Capacity: 10 Days of Week Open: MTWTF |  |
|  | Family Child Care Home I |  | Ages: 6 WKS | To 13 YR |
|  | 04/14/2000 | GRAND ISLAND NE 68801 | Hours: 0600 | To 1900 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y |  |
| $\overline{\text { MCBRID }} \overline{\mathrm{DA}} \overline{\mathrm{CA}} \overline{\mathrm{CA}} \overline{\mathrm{EO}} \mathrm{WNED} \overline{\mathrm{BY}}$ MARY MCBRIDE <br> MCBRIDE, MARY P. <br> (308) 385-2899 | FI11944 | 208 WEST 18TH ST | Capacity: 10 Days of Week Open: MTWTHF |  |
|  | Provisional Family Child Care Home I |  | Ages: 6 WKS | To |
|  |  |  | Hours: 0600 | To 1800 |
|  | a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS?Accredited? |  |
| $\overline{M O N T O Y A, ~ C A} \overline{R O L} \overline{I N E} \overline{M .}$ <br> CAROLINE M. MONTOYA (308) 390-0103 | F18733 | 1210 W DIVISION ST | Capacity: 10 Days of Week Open: MTWTF |  |
|  | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 07/22/2005 | Grand Island NE 68801 | Hours: 0700 | To 1700 |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| $\overline{\text { NICOLE'S }} \overline{\text { CHIL }} \overline{\mathrm{DC}} \mathrm{A} \overline{\mathrm{RE}}$ OWNED BY NICOLE HICKEN HICKEN NICOLE L. <br> (308) 390-3430 | $\qquad$ | 903 WEST 16TH | Capacity: 10 Days of Week Open: MTWTHF |  |
|  |  |  | Ages: 6 WKS | To 10 YRS |
|  |  | Grand Island NE 68801 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |
| $\overline{\text { NIED }} \overline{F E L} \overline{\text { J JESSICA }}$ <br> JESSICA R. NIEDFELT <br> (308) 391-0023 | FI10419Family Child Care Home I$06 / 30 / 2010$ | 418 EAST 1ST ST | Capacity: 10 Days of Week Open: MTWTHFSSU |  |
|  |  |  | Ages: 6 WKS | To 13 YRS |
|  |  | Grand Island NE 68801 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { NOA }} \overline{H^{\prime} S}$ ARK CHILD $\overline{\text { CARE \& }}$ PRESCHOOL, TRINITY UNITED TRINITY UNITED METHODIST C (308) 382-1752 | CCC7138Child Care Center04/23/2003 | 511 N ELM ST | Capacity: 100 Days of Week Open: MTWTHF |  |
|  |  |  | Ages: 6 WKS | To 13 YRS |
|  |  | GRAND ISLAND NE 68801 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { PATT }} \bar{Y} \bar{S} \overline{C H I L} \overline{C A} \bar{E} \bar{O} \overline{W N E D} \overline{\text { BY }}$ patricia barribo BARRIBO, PATRICIA S. <br> (308) 379-5511 | FI11040Family Child Care Home I04/30/2012 | 618 E ASHTON AV | Capacity: 10 Days of Week Open: MTWTHF |  |
|  |  |  | Ages: 6 WKS | To 13 YRS |
|  |  | Grand Island NE 68801 | Hours: 0600 | To 1730 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { PLATEE }} \overline{\text { VALLEY CHILD }} \overline{R E N S}$ACADEMY, LLCPLATTE VALLEY CHILDRENS ACADEMY, CCC9324(308) $384-2861$ |  | 2820 EAST HWY 34Grand Island NE 68801 | Capacity: 68 Days of Week Open: MTWTHF |  |
|  |  | Ages: 6 WKS | To 11 YRS |
|  |  | Hours: 0530 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS
$\overline{\text { STACY'S }} \overline{\text { LITTLE }} \overline{\text { OWLS }} \overline{\text { OWNED }}$
BY STACY SULLWOLD SULLWOLD, STACY A.
(308) 708-0110
$\overline{\text { STOLTEN }} \overline{\operatorname{BER} G} \overline{\mathrm{G}, \mathrm{JO}} \overline{\mathrm{ANN}} \overline{-}$
JOANNA STOLTENBERG
(308) 381-7933
$\overline{\text { SVOBOD }} \overline{\mathrm{AO}, \text { PAM R }}$
PAM R SVOBODA
(308) 850-9442
$\overline{\text { TEDD }} \overline{D I E S}$ \& TOTS
Kim Aden
(308) 382-8124
$\overline{\text { THE }} \overline{\text { LITTLE }} \overline{L E} \overline{O P L} \overline{E P L} \overline{A C E}$
OWNED BY ANGELA
CASTANEDA, ANGELA M.
(308) 379-0668
$\overline{T W I S T E R S} \overline{S R} \overline{\text { PSCH }} \overline{O O L}$
ACADEMY
GRAND ISLAND TWISTERS, INC
(308) 381-0217
$\overline{\text { WAT }} \overline{I E R}, \overline{\mathrm{CH}} \mathrm{BISTA}--\longrightarrow$
CHRISTA C. WATTIER
(308) 384-4291
$\overline{\text { YW }} C \overline{\mathrm{CA}} \overline{\mathrm{GR}} \overline{\mathrm{GR}} \overline{\mathrm{ND}}$ ISLAND GRAND ISLAND YOUNG WOMAN'S CHRIS (308) 384-9922
FI11975
Provisional Family Child Care Home I

2755 ST PATRICK AVE

Grand Island NE 68801


Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: $50 \quad$ Days of Week Open: MTWTF



Accepts Child Care Subsidy through DHHS? Y Accredited?


Accepts Child Care Subsidy through DHHS? Y Accredited?

| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Accredited? |  |  |
| Capacity: 10 | Days | eek Open: | MTWTF |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0730 | To | 1730 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To $\quad 1900$ |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 12 Days of Week Open: MTWTF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0700 \quad$ To 1800

| Accepts Child Care Subsidy through DHHS? N |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y

| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 155 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

LICENSE NUMBER $\begin{array}{ll}\text { LICENSE TYPE } & \text { COUNTY } \\ \text { EFFECTIVE DATE } & \text { ADDRESS }\end{array}$


ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

COLLINS' CORNER OWNED BY
JASEY KLEIN
KLEIN, JASEY L.
(402) 309-0825
$\overline{\text { CRIBS \& }} \overline{\text { CRAY }} \overline{O N S} \overline{O W} \bar{O} \overline{B D} \overline{B Y}$
$\overline{\mathrm{CRI}} \overline{\mathrm{BS}} \& \overline{\mathrm{CRA}} \mathrm{YONS} \overline{\mathrm{OW}} \mathrm{NED}$ BY SYDNEY COBLE
COBLE, SYDNEY L.
(308) 389-1356
$\overline{\text { DENEA'S }} \overline{\text { DAY }} \overline{C A R E} \overline{ }$
DENEA JENNEMAN
(308) $381-0469$
(308) 381-0469
$\overline{\text { DEXTER, }} \overline{\text { JoLY }} \overline{\mathrm{NN}}$
JoLYNN DEXTER
(308) 382-1754
$\overline{\mathrm{DUK}} \overline{\mathrm{E}, \mathrm{T}} \overline{\mathrm{MM}} \overline{\mathrm{Y}}$ dba TAMMY $\overline{\mathrm{M}} \overline{\mathrm{T}}$
DUKE'S CHILDCARE
TAMMY J. DUKE
(308) 382-0662
$\overline{\text { ERIC }} \overline{\text { SON }}, \overline{\text { CHRISTIE }}$
CHRISTIE ERICSON
(308) 381-1808
$\overline{\text { FAR }} \overline{R E L L}, \overline{\text { MELISSA }}$
MELISSA A FARRELL
(308) 384-0249


ZIP CODE
PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER


## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS


RICHARD A. CASH, LLC (308) 381-5732

| CCC9557 <br> Provisional Child Care Center <br> $04 / 08 / 2016$ | 3704 WEST 13TH STREET |
| :---: | :---: |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| FI8221 <br> Family Child Care Home I <br> $05 / 02 / 2004$ | 4314 Marian Road |


| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To | 1730 |
| Accepts Child Care Subsidy through DHHS? |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1700 |  |

(308) 384-2492

NANCY SLIVA
(308) 389-2353
$\overline{\text { LITZ }} \overline{\text { DAY }} \overline{\text { CAR }} \overline{\text { OWNED }} \overline{\text { BY }}$
ALYCIA LITZ
LITZ, ALYCIA
(308) 380-0314
$\overline{\text { LONOWSKI, }} \overline{\mathrm{V}} \overline{\mathrm{CKI}} \overline{\mathrm{D}} \overline{\mathrm{D}}$
VICKIE D. LONOWSKI (308) 389-4772


| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :--- | :--- |
|  |  |
| Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHFS
Ages: 6 WKS To 13 YRS

Hours: 0600 To 2100

| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y licensee does not have a contract, or is not accredited.

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER
MARY'S CHILD CARE
MARY THOMPSON
(308) $379-2789$
$\overline{\text { MIS }} \overline{\bar{\prime}} \overline{\mathrm{DAY}} \frac{\overline{\text { ARE }} \overline{\mathrm{OW}} \sqrt{\mathrm{ED}} \overline{\mathrm{BY}}}{}$

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

MELISSA NELSON
NELSON, MELISSA D.
(308) 930-0520
FII6763
Family Child Care Home II

1721 N HOUSTON ST

Grand Island NE 68803 07/30/2003

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
FI11925 4168 NEW MEXICO AV
Provisional Family Child Care Home I 04/15/2016 Grand Island NE 68803
$\overline{\mathrm{MO}} \mathrm{R} \overline{\mathrm{GAN}}, \overline{\mathrm{FAE}}-\quad-\quad \begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$
FAE MORGAN
(308) 382-2179
(308) 382-2179
$\overline{M U} N \overline{\mathrm{OZ}}, \overline{\mathrm{NOR}} \mathrm{I} \overline{\mathrm{NE}}--\quad$
NORINE MUNOZ
(308) 381-8675
$\overline{\text { NICOLE'S }} \overline{\text { CHIL }} \overline{\mathrm{DC}} \mathrm{A} \overline{\mathrm{RE}} \mathrm{OWNE} \overline{\mathrm{D}}$
BY NICOLE DRAMSE

| If a "N" appears or the space is blank after the question, the |
| :---: |
| licensee does not have a contract, or is not accredited. |

DRAMSE NICOL
(308) 383-5421
$\overline{\text { NOR }} \overline{\text { GAA }} \overline{\text { RD ERIN }}$
ERIN L NORGAARD
$E \square$

| $11 / 29 / 1997$ | GRAND ISLAND NE 68803 |
| ---: | ---: |
|  | If a "N" appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |  |


| $11 / 29 / 2001$ |
| :---: |
| $\begin{array}{c}\text { GR a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ |
| $\begin{array}{c}\text { FI6098 } \\ \text { Family Child Care Home I } \\ \text { 11/29/1997 }\end{array}$ |
| 4223 PENNSYLVANIA AV |
| GRAND ISLAND NE 68803 |

(308) 379-2984
$\square$

| FI11926 | 2728 N WEBB RD |
| :---: | :--- |
| Provisional Family Child Care Home I |  |
| $04 / 18 / 2016$ | Grand Island NE 68803 |

        \(\begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}\)
    FI11443 $\quad 1822$ W ANNA ST
SUZANNE PALU
(308) 382-0335
$\overline{\text { PEA }} \overline{C E}$ L $\overline{U T H E} \overline{R A N} \overline{\text { PRES }} \overline{C H O} O \overline{O L}$

| GRAND ISLAND NE 68803 |
| ---: |
| $\begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ |

PEACE LUTHERAN CHURCH OF GRAND I Child Care Center
(308) 850-2146


| Capacity: 12 | Days of Week Open: MTWTFS |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts | d Care Subsidy through DHHS? Y Accredited? |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0000 | Days of Week Open: MTWTHFSSU <br> To 12 YRS <br> To 2400 |
| Accepts Child Care Subsidy through DHHS? |  |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0001 | Days of Week Open: MTWTFSS <br> To 13 YRS <br> To 0001 |


| Capacity: 12 | Days of Week Open: MTWTFS |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts | d Care Subsidy through DHHS? Y Accredited? |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0000 | Days of Week Open: MTWTHFSSU <br> To 12 YRS <br> To 2400 |
| Accepts Child Care Subsidy through DHHS? |  |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0001 | Days of Week Open: MTWTFSS <br> To 13 YRS <br> To 0001 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?
Accepts Child Care Subsidy through DHHS?
Accredited?
the

| Capacity: 12 | Days of Week Open: MTWTFS |
| :---: | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts | d Care Subsidy through DHHS? Y Accredited? |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0000 | Days of Week Open: MTWTHFSSU <br> To 12 YRS <br> To 2400 |
| Accepts Child Care Subsidy through DHHS? |  |
| Capacity: 10 <br> Ages: 6 WKS <br> Hours: 0001 | Days of Week Open: MTWTFSS <br> To 13 YRS <br> To 0001 |


| Accepts Child Care Subsidy through DHHS? N |
| :--- |
| Accredited? |
| Capacity: 10 |
| Ages: 6 WKS |
| Hours: 0001 | To | To Week Open: MTWTF |
| :--- |


| Accepts Child Care Subsidy through DHHS? N |
| :---: |
| Accredited? |


| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 12$ YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? N

Accepts Child Care Subsidy through DHHS? N

| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :---: | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWThFSSu |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |


| Ages: 6 WKS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0500 | To | 2200 |

Hours: $0500 \quad$ To 2200
Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1830 |

Hours: $0700 \quad$ To 1830
Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 110 | Days of Week Open: MTWTHF |  |
| Ages: 3 YRS | To 8 YRS |  |
| Hours: 0700 | To | 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWThFSSu |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 2200 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 50 | Days of Week Open: MTWTH |  |
| Ages: 3 YRS | To 6 YRS |  |
| Hours: 0730 | To 1530 |  |

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS

(308) 380-2739
-

## $\overline{\text { SHEILA }} \overline{\text { OBBORND }} \overline{\mathrm{D}} \overline{\mathrm{AYCA}} \overline{\mathrm{RE}}$ <br> OWNED BY SHEILA OSBORN

OSBORN, SHEILA M.
(308) 381-6189

a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
Hours: $0530 \quad$ To 2100
Accepts Child Care Subsidy through DHHS? Y
Accepts Child Care Subsidy through DHHS? Y
Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS $\quad$ To 13 YRS
Hours: 0500 To 1800

Accepts Child Care Subsidy through DHHS? N

|  | Capacity: 10 |
| :--- | :---: |
| Days of Week Open: MTWTFSS |  |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0001 | To 0001 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 150 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To 1730 |  |


| Hours: 0630 |  |  |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? |  |  |
| Accredited? |  |  |


| Accepts Child Care Subsidy through DHHS? Y |
| :--- |
| Accredited? |
| Capacity: $10 \quad$ Days of Week Open: MTWTFSS |
| Ages: 6 WKS |
| Hours: 0001 |
| Accepts Child Care Subsidy through DHHS? Y |
| To $\quad$ To $\quad 0001$ |
| Accredited? |

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{5 3}$
688032225

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
LITTLE WONDERS DAYCARE
OWNED BY SHAYLA TRENTM
TRENTMAN, SHAYLA M.
(252) 412-6608
$\overline{\text { Total }} \overline{\text { Number } \overline{\text { in Zip }} \overline{\text { Code: }} \overline{\mathbf{1}}}$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} \overline{1}$

| 68812 |  | Buffalo |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| AMHERST PUBLIC SCHOOLS | CCC9146 | 100 N SYCAMORE | Capacity: 20 | Days | Neek Open: MTWTHF |
| AMHERST PUBLIC SCHOOLS(308) 826-3131 | Child Care Center |  | Ages: 4 YRS | To | 12 YRS |
|  | 09/30/2010 | Amherst NE 68812 | Hours: 0800 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 1$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{3}$



ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

HEATHER SCHMIDT
HEATHER SCHMIDT
(308) 872-5034
$\overline{\text { HOUSE OF HUGS CHILD }} \overline{\text { CARE }} \overline{\mathrm{E}}$
OWNED BY TAMMI CAMPBELL
TAMMI J. CAMPBELL
(308) 872-6154
$\overline{\text { KATRINA }} \overline{\mathrm{GRIF}} \overline{\mathrm{FIT}} \mathrm{H} \overline{\mathrm{S}}-$
KATRINA GRIFFITHS
(308) 870-1328
$\overline{\text { LITT }} \overline{\text { LE BLESSING }} \overline{\mathrm{CH}} \overline{\mathrm{CH}} \overline{\mathrm{DC}} \overline{\mathrm{RE}}$ OWNED BY LINDSEY TAYLOR LINDSEY TAYLOR (402) 525-1504
$\overline{\text { PRECIOU }} \bar{S} \overline{A N G E L} \overline{\text { DAY }} \overline{C A R E}$
CENTER I
MARY A SHAW
(308) 872-3474
$\overline{\text { PRECIOU }} \bar{S} \overline{A N} \overline{\text { GEL }} \overline{\text { DAY }} \overline{C A R E}$ CENTER II MARY A SHAW
(308) 872-6474
$\overline{\text { SHA }} \overline{\text { FER'S }}$ ' $\overline{\text { DA }} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$
PRISCILLA SHAFER
(308) 872-6103
$\overline{\text { STEPPING }} \overline{\text { STO }} \overline{\text { NES }} \overline{\text { LEAR }} \overline{-} \bar{N} \bar{G}$ CENTER OWNED BY JANET JANET KATHERINE NEATEROUS
(308) 870-2997
$\overline{\text { SUPER KIDS CLUB }} \overline{\text { AFTE }} \bar{R}$
SCHOOL PROGRAM

| $10 / 31 / 2014$ |
| ---: |
| If a " N " appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |


| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 2400$ |  |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |


| $04 / 08 / 2016$ |
| ---: |
| If a " N " appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited |

Accepts Child Care Subsidy through DHHS?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? N


| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 2100$ |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 45 | Days | Neek Open | MTWTHF |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0000 | To | 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |  |
| Capacity: 32 | Days | Neek Open | MTWTF |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To |  |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1800$ |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0600 | To 2100 |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 75 | Days of Week Open: MTWTHF |  |
| Ages: 5 YRS | To $\quad 13$ YRS |  |
| Hours: 0745 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0000 To 2400
Accepts Child Care Subsidy through DHHS? N Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 15$

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
LITTLE BUDDIES DAYCARE
MARLENE FREEMAN
(308) 346-4240
_- $-\quad-\quad-\quad-\quad-\quad$ $\overline{\text { NOA }} \overline{H^{\prime} \mathrm{S}} \mathrm{ARK} \overline{\mathrm{CHRISTIA}} \overline{\mathrm{N}}$
PRESCHOOL
ST. JOHN'S EVANGELICAL LUTHERAN CC
(308) 346-5060
$\overline{\text { PRE }} \overline{\text { CIOUS GEMS P }} \overline{\text { RESC }} \overline{\mathrm{HOOL}}$
KAREN R. ANDERSON
(308) 346-5185
$\overline{\text { ROBERTA }} \overline{\text { STOUT D }} \overline{\text { AYC }} \overline{A R E}$
ROBERTA D STOUT
(308) 346-4949

Total Number in Zip Code: 4


## (308) 485-4876

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{2}$


ZIP CODE PROVIDER NAME

## OWNER NAME

 PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 1$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{1}$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{4}$


## Total Number in Zip Code: 1

68836


| Date of Printing: 12/2 |
| :--- |
| ZIP CODE |
| PROVIDER NAME |
| OWNER NAME |
| PHONE NUMBER |
| SNELL, MELISSA |
| MELISSA SNELL |
| (308) $379-5260$ |
| $\overline{\text { Total }} \overline{\text { Number in }} \overline{\text { Zip }} \overline{\text { Code: }} \mathbf{4}$ |


| 68841 |  |  |  |
| :--- | :--- | :--- | :--- |

Total Number in Zip Code: 1


## Total Number in Zip Code: 3


$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \overline{1}$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(308) 201-0105
$\overline{\mathrm{DE}} \mathrm{V} \overline{\mathrm{ELOP}} \overline{\mathrm{ME}} \overline{\mathrm{T}} \overline{\mathrm{U}} \mathrm{LIMITED}$
OWNED BY LARAE
LARAE L. STEFFEN FLOOD
(308) 234-4356
$\overline{\text { DOODLES AND }} \bar{D} \overline{\text { DOLLIES }} \overline{\text { OWNED }}$
BY LISA MAY
LISA MAY
(308) 236-5932
$\overline{\text { FIRST BAPTIST }} \overline{\text { CH }} \overline{\text { CHRISTIAN }} \overline{\text { A }}$ PRESCHL THE FIRST BAPTIST CHURC OF KEARNE Presc


## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

J.B. JUNCTION CHILDCARE INC OWNED BY JILL BATES J.B. JUNCTION CHILDCARE INC (308) 234-4099
$\overline{\mathrm{JEN}} \mathrm{NIFER} \overline{\mathrm{RE} \text { IMERS }} \overline{\mathrm{DA}} \overline{\mathrm{CA}} \mathrm{R} \overline{\mathrm{E}}$
OWNED BY JENNIFER REIMERS REIMERS, JENNIFER L.
(308) 224-7409
$\overline{\mathrm{KAR}} \overline{\mathrm{SA}}$ PROVINCE $\overline{\mathrm{DA}} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$ OWNED BY KARISA PROVINCE PROVINCE, KARISA K.
(308) 870-3496

## $\overline{\mathrm{KEA}} \overline{\mathrm{RNE}} \overline{\mathrm{CO}} \overline{M M U N I T Y}$

LEARNING CENTER - BUFFALO KEARNEY PUBLIC SCHOOLS (308) 698-8053
$\overline{\text { KEARNE }} \overline{\operatorname{CO}} \overline{M M U N I T Y}$
LEARNING CENTER - CENTRAL KEARNEY PUBLIC SCHOOLS (308) 698-8053
$\overline{\text { KEARNE }} \overline{\text { COMMUNITY }}$ LEARNING CENTER - KENWOOD KEARNEY PUBLIC SCHOOLS (308) 698-8053
$\overline{\text { KEARNEY COMMUNITY }} \overline{-}$ LEARNING CENTER - PARK KEARNEY PUBLIC SCHOOLS (308) 698-8053
$\overline{\text { KEA }} \overline{R N E} \overline{\text { COMMUNITY }} \overline{-}$ LEARNING CENTER - WINDY KEARNEY PUBLIC SCHOOLS (308) 698-8053
$\overline{\text { KEA }} \overline{\text { NNE }} \overline{\text { FAA }} \overline{M I L Y} \overline{\text { YMC }} \bar{A}$
KEARNEY FAMILY YMCA (308) 237-9622
$\overline{\text { KEA }} \overline{R N E} \overline{\text { FA }} \overline{M I L Y} \overline{\text { YMC }} \bar{A}$
KEARNEY FAMILY YMCA (308) 237-9622
$\overline{\text { KOVARIK }} \overline{,} \overline{\text { DA }} \overline{W N M}$
DAWN M. KOVARIK (308) 440-3874
FII6676
Family Child Care Home II 10/11/2011

511 WEST 26TH ST

Kearney NE 68845

## $\square$

 If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.| RERFI11472 <br> Family Child Care Home I <br> $11 / 30 / 2013$ |
| :--- |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. | N " appears or the space is blank after the question, the

licensee does not have a contract, or is not accredited.
$\square$

| If a "N" appears or the space is blank after the question, the |
| :---: |
| licensee does not have a contract, or is not accredited. |


|  | 10/23/2013 | Kearney NE 68845 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
|  | SAOC8614 | 915 16th AVENUE |
| $\begin{aligned} & \text { NOOD } \\ & \text { LS } \end{aligned}$ | School Age Only Child Care Center |  |
|  | 10/23/2013 | Kearney NE 68845 |


| Capacity: 135 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 13 YRS |
| Hours: 0745 | To 1800 |

Accepts Child Care Subsidy through DHHS?

| Capacity: 135 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 5 YRS | To 13 YRS |
| Hours: 0745 | To 1730 |

Accepts Child Care Subsidy through DHHS? Accredited?

Capacity: 135 Days of Week Open: MTWTHF Hours: 0745 To 1800

| Capacity: 135 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 13 YRS |
| Hours: 0745 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 135 Days of Week Open: MTWTHF

| Ages: 5 YRS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 1500 | To | 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 135 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 5 YRS | To 13 YRS |
| Hours: 0745 | To 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?

## Accepts Child Care Subsidy through DHHS? Y

Accredited? N
Capacity: 32 Days of Week Open: MTWTH
Ages: 3 YRS To 5 YRS
Hours: 0900 To 1130
Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS? Y Accredited?

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

KPS BRIGHT FUTURES TODDLER PRESCHOOL KEARNEY PUBLIC SCHOOLS (308) 69-88050
$\overline{\text { LEARNING TREE CHILD }} \overline{\text { CARR }} \overline{\mathrm{E}}$ OWNED BY LAURIE ZIEMS
LAURIE A ZIEMS
(308) 440-3242
CCC9471 15115 TH AVENUE

Child Care Center
12/31/2015
1511 5TH AVENUE

Kearney NE 68845 If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited. If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.

FII9229

| Family Child Care Home II |
| :---: |
| $04 / 30 / 2011$ |


| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |


| Kearner |
| :--- |

$\overline{\text { LIGHTHOUSE }} \overline{\mathrm{ACA}} \overline{\mathrm{EM}} \overline{\mathrm{Y}} \overline{\mathrm{CH}} \overline{\mathrm{LD}}$ DEVELOPMENT CENTER
LIGHTHOUSE ACADEMY CHILD DEVELO
(308) 455-1198

## $\overline{\text { LITTLE }} \overline{\operatorname{BEGI}} \overline{\overline{N I N G}} \bar{S}$


$\square$
1930 WEST 40TH STREET PRESCHOOL Berean Fundamental Church of Kearney, Ne

Berean Fundamental Church of Kearney, Ne 08/08/2006 | (308) 237-3628 a " N " appears or the space is blank after the question, the |
| :--- |
| licensee does not have a contract, or is not accredited. |

| $\overline{\text { LITTLE }}$ S $\overline{H E P} H \overline{E R D} \bar{S}$ KID $\bar{Z}$ PLACE | FII9039 | 412 WEST 18TH ST |
| :---: | :---: | :---: |
| CORPUS CHRISTI CARMELITES,INC | Family Child Care Home II |  |


| Capacity: 30 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 18 MOS | To | 3 YRS |
| Hours: 0800 | To | 1600 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1725 |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |


| Capacity: 90 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0530 | To | 1830 |


| Accepts Child Care Subsidy through DHHS? Y |
| ---: |
| Accredited? |


| Capacity: 29 | Days of Week Open: TWTH |
| :--- | :---: |
| Ages: 3 YRS | To $\quad 5$ YRS |
| Hours: 0830 | To $\quad 1430$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 10$ YRS |  |
| Hours: 0515 | To $\quad 2330$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 29 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0515 | To $\quad 2330$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 60 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |


| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 2100$ |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWTHF

| Ages: 6 WKS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0600 | To 2030 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
|  | Accredited? |  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0600 | To 1730 |  |  |

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS

MIZNER, NICOLE
NICOLE MIZNER
(308) 233-5906

TINA NEWTON
NEWTON, TINA L.
(308) 870-0692
$\overline{\text { OLSON, TIFFANI }} \overline{-}-$
TIFFANI OLSON
(308) 440-0935
$\overline{\text { PAM }} \overline{S A} \overline{\text { DCA }} \overline{R E} \overline{O W N E D ~ B Y}$
PAMELA KARSCHNER KARSCHNER, PAMELA K.
(308) 234-4804

POLHEMUS, VICKI $\overline{\mathrm{dba}}$
CREATIVE PLAY DAY CARE VICKI POLHEMUS
(308) 237-5573

## $\overline{\mathrm{RET}} \overline{\mathrm{HOR}} \overline{\mathrm{T}, \mathrm{N}} \overline{\mathrm{ATAS}} \overline{\mathrm{HA}}$

NATASHA R. RETHORST
(785) 410-5587
$\overline{\text { SCHE }} \overline{E E R}, \overline{\text { KIRS }} \overline{T E N}$
KIRSTEN R SCHEER
(308) 224-3180
$\overline{\text { SHELLY }} \overline{\text { WHIT }} \overline{\mathrm{E}}$
SHELLY M. WHITE
(308) 233-2019
$\overline{\text { SMILING }} \overline{\text { FACES ACAD }} \overline{\mathrm{CAD}}$ -
NORTH
SMILING FACES ACADEMY, INC
(308) 627-7658
$\overline{\text { SMILING }} \overline{\text { FAC }} \overline{\mathrm{S}} \overline{\mathrm{A}} \overline{\mathrm{ADEMY}}$ -
SOUTH
SMILING FACES ACADEMY, INC
(308) 234-1585

| FI8473 | 1323 WEST 21 ST |
| :---: | :---: |
| Family Child Care Home I |  |
| $03 / 21 / 2004$ | KEARNEY NE 68845 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

FI9673

| Family Child Care Home II |
| :---: |
| $10 / 31 / 2008$ |


| If a "N" appears or the space is blank after the question, the |
| ---: |
| licensee does not have a contract, or is not accredited. |


| Kearney NE 68845 |
| :--- |


| FI11474 | 1815 WEST 42ND STREET |
| :---: | :---: |
| Family Child Care Home I |  |
| 12/23/2013 | Kearney NE 68845 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| FI4830 | 32119 TH AV |
| Family Child Care Home I |  |
| 07/17/2003 | KEARNEY NE 68845 |


| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To $\quad 0600$ |  |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0600 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |


| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0500 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS $\quad$ To 13 YRS
Hours: $0600 \quad$ To 1800

| Accepts Child Care Subsidy through DHHS? |  |  |
| :--- | :---: | :--- |
| Accredited? |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |

Hours: $0600 \quad$ To 1800
Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0645 | To $\quad 1730$ |


| Hours: 0645 | To $\quad 1730$ |
| :--- | :---: | :--- |
| Accepts Child Care Subsidy through DHHS? N |  |
| Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0000 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 120 Days of Week Open: MTWTHFSSU
Ages: 6 WKS To 13 YRS

Hours: 0400 To 2400
Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 75 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0445 | To 1945 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?


ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER
ANDREA LEE
ANDREA J. LEE
(308) 455-3292
$\overline{\mathrm{BON}} \overline{\mathrm{CZY}} \overline{\mathrm{NSKI}}, \overline{\mathrm{DEB}}$ - -
DEB BONCZYNSKI
(308) 236-5852
$\overline{\mathrm{BON}} \overline{\overline{I I E} \text { 'S }} \overline{\mathrm{BA}} \mathrm{B} \overline{\overline{E S}} \operatorname{OWNE} \overline{\mathrm{D}} \overline{\mathrm{B}} \mathrm{Y}$
BONNIE FULMER
FULMER, BONNIE D.
(308) 440-3482
$\overline{\text { BRUSH, }} \overline{\text { ERRRI }}-\cdots$
TERRI J BRUSH
(308) $440-7818$
$\overline{\mathrm{CHI}} \overline{\mathrm{HEA}} \overline{\mathrm{TH}} \overline{\mathrm{GOOD}} \overline{\text { SAM }} \overline{\mathrm{MARITAN}} \overline{\text { I }}$

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 12 YRS |  |
| Hours: 0730 | To $\quad 1745$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: $10 \quad$ Days of Week Open: MTWTF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1800

| Accepts Child Care Subsidy through DHHS? N |
| :--- |
| Accredited? |
| Capacity: 10 |
| Ages: 6 WKS |
| Hours: 0700 |

Accepts Child Care Subsidy through DHHS? N

|  | Accredited? |  |
| :--- | :---: | :---: |
| Capacity: 10 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 120 | Days of Week Open: MTWTF |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0530 | To 1900 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Capacity: 12 | Days | eek Open | MTWTHFSSU |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1730 |


| Accepts Child Care Subsidy through DHHS? N |  |
| :--- | :---: | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? N Accredited? Y

| Capacity: 29 | Days | eek Open | MTWTHF |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0700 | To | 1730 |  |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

DRAKE, JOLINDA
JOLINDA DRAKE
(308) 237-5505
FI5445
Family Child Care Home I 06/01/1999 KEARNEY NE 68847
$\overline{\text { FIRS }} \bar{T} \overline{L U} \overline{T H E R A N} \overline{C H}$ PRESCHOOL
First Evangelical Lutheran Church Kearney, Neschool
(308) 237-5544
$\overline{\mathrm{FOX}}-\overline{\mathrm{DEEN}, \mathrm{R}} \overline{\mathrm{CH}} \overline{\mathrm{L}}-$
RACHEL N. FOX-DEEN (308) 440-1607
$\overline{\text { GIF }}$ STAD,$\overline{\text { TRICIA }}$
TRICIA A. GIFSTAD
(308) 293-1550
 OWNED BY HEATHER JANSSEN JANSSEN, HEATHER N.
(402) 389-1324
$\overline{\text { HEID }} \overline{\operatorname{BRE} E} \overline{D E R}, \overline{\mathrm{IMO}} \overline{\mathrm{GENE}} \bar{K}$.
IMOGENE K. HEIDBREDER (308) 233-1078
$\overline{\mathrm{JENNY}} \overline{\mathrm{DAMY}} \overline{\mathrm{ARE}} \overline{\mathrm{OW}} \overline{\mathrm{NED}} \overline{\mathrm{BY}}$
JENNY HORNER
JENNY HORNER
(308) 440-6633


If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |
| Capacity: 27 | Days of Week Open: MTWT |
| Ages: 3 YRS | To 6 YRS |
| Hours: 0830 | To 1530 |
| Accepts Child Care Subsidy through DHHS? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To $1730 \quad$ Accredited? |
| Accepts Child Care Subsidy through DHHS? Y |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0530 | To $\quad 2200$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To | 13 YRS |
| Hours: 0600 | To | 1900 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 10 Days of Week Open: MTWThF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1800

| Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |
| :--- | :--- |
| Capacity: 12 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 135 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 5 YRS | To |
| Hours: 13 YRS |  |
| Hon | To |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 135 | Days of Week Open: MTWTHF |
| :--- | :--- |
| Ages: 5 YRS | To $\quad 13$ YRS |
| Hours: 1500 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER
KEARNEY COMMUNITY LEARNING CENTER KEARNEY PUBLIC SCHOOLS (308) 698-8053
$\overline{\text { KEARNEY COMMUNITY }} \overline{-}$ LEARNING CENTER KEARNEY PUBLIC SCHOOLS (308) 698-8053

## $\overline{\mathrm{KE}} \overline{\mathrm{RNE}} \overline{\mathrm{CO}} \overline{\mathrm{MM}} \overline{\mathrm{N}} \overline{\mathrm{NITY}} \overline{-}$

LEARNING CENTER - SUNRISE KEARNEY PUBLIC SCHOOLS (308) 698-8053
$\overline{\mathrm{KID}} \overline{\mathrm{TOPI}} \mathrm{A} \overline{\mathrm{CH}} \mathrm{I} \overline{\mathrm{LDC}} \overline{\mathrm{ARE}}, \overline{\mathrm{INC}}$

## KIDTOPIA CHILDCARE, INC

 (308) 237-3907$\overline{\text { KLA }} \overline{\mathrm{US}}$, JULIE $\overline{\mathrm{K} .}--\quad-$


| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| :---: |
| CCC8988 <br> Child Care Center <br> $11 / 30 / 2008$ |
| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |
| Kearney NE 68847 |

JULIE K. KLAUS (308) 234-6006 $\overline{\mathrm{LEFFLER}}, \overline{\mathrm{DE} A} \overline{\mathrm{NNE}}$ DEANNE L LEFFLER (308) 293-0091
$\overline{\text { LISA'S LITTLE }} \overline{\text { BLESSINGS }}$
LISA A. COONS
(308) 293-4860
$\overline{\mathrm{LIT}} \mathrm{T} \overline{\mathrm{LE}} \mathrm{FI} \overline{\mathrm{SH}} \mathrm{P} \overline{\mathrm{RES}} \overline{\mathrm{CHO}} \overline{\mathrm{L}} \overline{\mathrm{L}}$
CRYSTAL VANDERBEEK (308) 224-6507
$\overline{\text { LITTLE GOONIES }} \overline{\text { DAYCARE }}$ OWNED BY SANDRA CAMPA SANDRA R. CAMPA
(308) 293-3501
$\overline{\text { LORI TAC }} \overline{\operatorname{HA}} \overline{\mathrm{DAYC}} \overline{\mathrm{ARE}}$
TACHA, LORI R
(308) 237-3742
$\overline{\text { LOVE LEARN }} \overline{\text { LEAP }} \overline{\text { TOGETHER }} \bar{R}$
CHILDCARE OWNED BY LISA M LISA M. MILLER (308) 627-4648

LICENSE NUMBER

## LICENSE TYPE COUNTY EFFECTIVE DATE ADDRESS

| Capacity: 135 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To 13 YRS |  |
| Hours: 0745 | To | 1730 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 135 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 5 YRS | To $\quad 13$ YRS |
| Hours: 0745 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 75 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 11 YRS | To 13 YRS |
| Hours: 0745 | To 1800 |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 120 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0000 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |  |
| Hours: 0600 | To $\quad 1800$ |  |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
|  | Accredited? |  |  |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |  |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0000 | To 2400 |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 20 | Days of Week Open: MTWTHF |
| Ages: 3 YRS | To 5 YRS |
| Hours: 0800 | To 1500 |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :---: |
| Capacity: 12 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0745 | To $\quad 1715$ |  |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTHF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1730 |  |

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(308) 234-4794
$\overline{\text { PAULA'S }} \overline{\mathrm{DAY}} \overline{\mathrm{CAR}}-\quad-\quad$

| KEARNEY NE 68847 |
| :---: |
| If a "N" appears or the space is blank after the question, the |
| licensee does not have a contract, or is not accredited. |

Accepts Child Care Subsidy through DHHS?

|  | Capacity: 12 |  |
| :--- | :---: | :--- |
| Days of Week Open: MTWTF |  |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0530 | To $\quad 1930$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1900

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To 1700 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 120 | Days of Week Open: MTWTF |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0500 | To 1900 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTHF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0000 | To | 2400 |  |

Accepts Child Care Subsidy through DHHS?

| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 12 Days of Week Open: MTWTF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME owner name PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{54}$



ZIP CODE
PROVIDER NAME
OWNER NAME
PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 1 | $\mathbf{6 8 8 4 9}$ |
| :--- |
| UNK CHILD DEVELOPMENT |
| CENTER |
| UNIVERSITY OF NEBRASKA AT |
| (308) 865-1576 |
| $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in } \overline{\text { Zip }} \overline{\text { Code: }} \mathbf{1}}$ |



ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

HINRICH, CAROL
CAROL HINRICH
LICENSE TYPE
COUNTY
EFFECTIVE DATE
ADDRESS

CAROL HINRIC
(308) 324-2001
FI5228
Family Child Care Home I


JESSICA VEGA
VEGA, JESSICA
(308) 746-0435
$\overline{\mathrm{JOH}} \overline{\mathrm{SOO}} \mathrm{N}, \overline{\mathrm{RH}} \overline{\mathrm{OND}} \overline{\mathrm{A}}-$

| LEXINGTON NE 68850 |
| ---: |
| $\begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ | RHONDA JOHNSON


| JESSICA'S $\overline{\text { DAY }} \overline{C A R E} \overline{O W N E D} \overline{B Y}$ | FI11960 | 1006 S MADISON |
| :---: | :---: | :---: |
| JESSICA VEGA | Provisional Family Child Care Home I |  |
| VEGA, JESSICA | 07/26/2016 | Lexington NE 68850 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\mathrm{JOH}} \mathrm{NSO} \mathrm{N}, \mathrm{RH} \overline{O N D} \overline{ }$ | FI5226 | 1708 N LAKE ST |
| RHONDA JOHNSON | Family Child Care Home I |  |
|  | 07/13/1996 | LEXINGTON NE 68850 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { KAYLA'S }} \overline{\text { FAM }} \overline{\text { ILY }}$ D $\overline{A Y C} \overline{A R E}$ | FI11556 | 908 REAGAN DR |
| OWNED BY KAYLA HARDIMAN HARDIMAN, KAYLA L. | Family Child Care Home I |  |
|  | 04/30/2014 | Lexington NE 68850 |

(308) 631-1179
$\overline{\text { KRISTEN'S LITTLE }} \overline{\text { ONES OWNED }} \bar{\square}$ BY KRISTEN NIETO
NIETO, KRISTEN M.

|  |  |
| :--- | :--- |
| FI11738 | 30m APACHE DRIVE |
|  |  |
|  |  |
|  | Lexington NE 68850 |

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

## LICENSE NUMBER



Total Number in Zip Code: 27


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 1


ZIP CODE
PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER

| LICENSE TYPE | COUNTY |
| :--- | :--- |
| EFFECTIVE DATE | ADDRESS |
| FI4610 | 2315 L ST |


| FI4610 | 2315 L ST |
| :---: | :--- |
| Family Child Care Home I |  |
| $03 / 17 / 1997$ | ORD NE 68862 |

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0730 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} \overline{11}$


## Total Number in Zip Code: 1


$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{2}$


## Total Number in Zip Code: 1

## ZIP CODE

## PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS

| COMMUNITY ACTION | CCC7338 | 41760 CARTHAGE RD | Capacity: 21 | Days | Week Open: MTWTF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| PARTNERSHIP OF COMMUNITY ACTION PARTNER(308) 452-3764 | Child Care Center OF I |  | Ages: 3 YRS | To | 6 YRS |
|  | 03/15/1998 | Ravenna NE 68869 | Hours: 0700 | To | 1500 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| JESSIE'S JUNGLE GYM OWNED <br> BY JESSICA O'BRIEN <br> O'BRIEN, JESSICA <br> (308) 212-0116 | FI11954 | 210 MILAN AV | Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
|  | Provisional Family Child Care Home I 07/11/2016 Ravenna NE 68869 |  | Ages: 6 WKS <br> Hours: 0530 | To To | $\begin{aligned} & 13 \text { YRS } \\ & 2200 \\ & \hline \end{aligned}$ |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { LITTLE ANGELS CHILD }} \overline{\mathrm{CARE}}$ | CCC8751 | 520 MILLER AVE | Capacity: 58 | Days of Week Open: MTWTHFSSU |  |
| CENTER <br> THE EVANGELICAL LUTHERAN | $\begin{gathered} \text { Child Care Center } \\ \text { D SA } 10 / 18 / 2005 \\ \hline \end{gathered}$ | Ravenna NE 68869 | Ages: 6 WKS <br> Hours: 0000 | To 13 YRS |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| $\overline{\text { SARAH CHILD }} \overline{\text { CARE OWNED BY }}$ | FI11492 | 324 PADUA AV | Capacity: 10 Days of Week Open: MTWTHF | Days of Week Open: MTWTHF |  |
| SARAH BIRKBY BIRKBY, SARAH E. | Family Child Care Home I |  | Ages: 6 WKS | To | $13 \text { YRS }$ |
| (402) 430-7899 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { STITTLE }}, \overline{\mathrm{CYN}}$ DY | FI11969 | 401 KUFUS AVE | Capacity: 10 Days of Week Open: MTWTHF | Days of Week Open: MTWTHF |  |
| CYNTHIA L. STITTLE | Provisional Family Child Care Home I |  | Ages: 6 WKS <br> Hours: 0730 |  | $\begin{aligned} & 8 \text { YRS } \\ & 1700 \\ & \hline \end{aligned}$ |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? |  |  |

$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} 5$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{8}$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip Code: }} 1$

| 68875 | - |  |  |
| :--- | :--- | :--- | :--- |

Total Number in Zip Code: 1


ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER
KIDS IN THE COUNTRY OWNED
BY KENT AND JODY FLETCHER KENT \& JODY FLETCHER
(308) 647-5332
$\overline{\text { MOLLY'S }} \overline{\text { DAY }} \overline{\text { CARE }} \overline{\text { OWNED }} \overline{\text { BY }}$
MOLLY WEBBEN
WEBBEN, MOLLY J.
(308) 380-7318

## Total Number in Zip Code: 3




| $\mathbf{6 8 8 7 8}$ |
| :--- |
| WEE CARE DAYCARE OWNED |
| BY MISTY FREEMAN |
| MISTY FREEMAN |
| (308) $750-1415$ |
| $\overline{\text { Total }} \overline{\text { Number } \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{1}}$ |
| $\mathbf{6 8 8 8 2}$ |
| TAMI'S TOTS OWNED BY TAMI |

 SCHUMACHER TAMI S. SCHUMACHER (308) 246-5612
Family Child Care Home II

| FII/24/2007 |
| :--- |$\quad$ Wolbach NE 68882

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 12 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0630 | To $\quad 1830$ |  |

Accepts Child Care Subsidy through DHHS? Y
Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0730 To 1730
Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 2$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS
BOGAN, ALAYNA J
ALAYNA J. BOGAN
(402) 463-1752
$\overline{\text { BUIL }} \overline{D I N} \overline{\text { BL }} \overline{O C K} S \overline{\mathrm{DA}} \overline{\mathrm{CA}} \mathrm{R} \overline{\mathrm{E}}$
LYNDSEY'S BUILDING BLOCKS, LLC Chi
(402) 834-0503

| FI5458 | 1115 WEST 6TH ST |
| :---: | :---: |
| Family Child Care Home I |  |
| $04 / 22 / 2003$ | HASTINGS NE 68901 |



| Accepts Child Care Subsidy through DHHS? Y |  |
| :--- | :--- |
| Accredited? |  |
| Capacity: 12 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |


| Accepts Child Care Subsidy through DHHS? N |  |  |  |
| :---: | :---: | :---: | :---: |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0630 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |

Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWThF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 75 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0530 | To 1800 |  |


| Hours: 0530 | To 1800 |
| :--- | :---: | :--- |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To $\quad 0800$ |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0630 | To 1800 |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |
|  | Accredited? |  |
| Capacity: 15 | Days of Week Open: MTWTHF |  |
| Ages: 3 YRS | To 6 YRS |  |
| Hours: 0730 | To 1545 |  |

Accepts Child Care Subsidy through DHHS?

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS
FI5446
Family Child Care Home I

1017 N WASHINGTON 08/19/1996

HASTINGS NE 68901

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

## $\overline{\text { HAS }} \overline{\operatorname{IING}} \overline{S \mathrm{SA}} \overline{\mathrm{MILY}} \overline{\mathrm{YM}} C \overline{\mathrm{~A}}$



The Young Men's Christian Assocati
(402) 463-3139
$\overline{\text { HAW }} \overline{\overline{E S}, ~ A \overline{B B I E}}-\quad-\quad$
ABBIE L HAWES
(402) 469-6864
(402) 469-6864

## RHONDA HOSELTON

(402) 463-8627
105 EAST 12TH ST
Hastings NE 68901


Accepts Child Care Subsidy through DHHS? Y Accredited?

(402) 984-8912
$\overline{\mathrm{KIM}} \overline{\mathrm{BIN}} \overline{\mathrm{ERD}} \overline{\mathrm{DA}} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$
 KIRSTEN L LEONARD
(785) 819-0760
$\overline{\text { LYONS, JARIL }} \overline{\text { YN }}$
JARILYN LYONS
(402) 469-1136

(402) 460-8241

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 10 Days of Week Open: MTWTHF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0530 To 1800

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? Y |  | Accredited? |  |
| :--- | :--- | :--- |
| Capacity: 10 | Days of Week Open: MTWTFSS |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0001 | To 0001 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTFSS |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To 2400 |  |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0600 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER
PAC 2 CENTER
PAC 2 CENTER
(402) $462-5333$

| (402) 462-5333 |
| :--- |
| (100 |

$\overline{\mathrm{POO}} \overline{\mathrm{H}} \mathrm{CO} \overline{\mathrm{RNE}} \overline{\mathrm{NO}} \overline{\mathrm{RTH}}$

CHILD DEVELOPMENT COUNCIL OF ADA Child Care Center

| (402) 463-2666 | If a "N" appears or the space is blank after the question, the |
| :--- | :--- |
| licensee does not have a contract, or is not accredited. |  | $\overline{\operatorname{POOH}} \overline{\mathrm{CORNER}} \overline{\mathrm{WEST}} \overline{\quad \text { licensee does not have a contract, or is not accredited. }}$ CHILD DEVELOPMENT COUNCIL OF ADA Care Center (402) 463-4635

## $\overline{\text { ROLLINS }}, \overline{\text { RAE }} \overline{\text { NAE }}$

RAENAE S ROLLINS
(402) 463-7419
$\overline{\text { SAD }} \overline{\bar{D}, \mathrm{SHELLY}} \overline{-}-\cdots-$
SHELLY SADD
(402) $463-8144$
PATRICIA SIEMERS
(402) 463-0354
$\overline{\text { ST }} \overline{\text { ICH }} \overline{\text { AL'S }} \overline{\text { PRE }} \overline{\operatorname{SCH}} \overline{O L} \overline{\text { PD }}$

## $\overline{\text { ST MICHAEL'S }} \overline{\text { PRESCHOOLAND }} \bar{\square}$

 CHILD CAREHASTINGS CATHOLIC SCHOOLS
(402) 462-6310
$\overline{\text { STEP }} \overline{\text { BY }} \overline{\text { STEP }} \overline{\text { CHIL }} \bar{D} \overline{\text { CARE }} \overline{\text { RE }}$ CENTER LLC STEP BY STEP CHILD CARE CE
(402) 519-3729 $\overline{\text { STONEY'S HOME D }} \overline{\text { AYCAARE }}$ OWNED BY STONEY STRAATMANN, STONEY E. (402) 462-8455

## $\overline{\text { TEN }} \overline{D E R} \overline{\text { HEA }} \overline{R T} \bar{D} A \overline{Y C A} \overline{R E}$

THURESA HOAGLAND
(402) 462-5102
$\overline{T O M} \overline{C A K}, \overline{M A} \overline{R Y M}$.
MARY M. TOMCAK (402) 462-5037

## LICENSE NUMBER

## COUNTY ADDRESS <br> LICENSE TYPE <br> EFFECTIVE DATE

| 711 N COLORADO | Capacity: 196 | Days of Week Open: MTWTHFS |
| :--- | :---: | :---: |
|  | Ages: 6 WKS | To 13 YRS |
| HASTINGS NE 68901 | Hours: 0600 | To 2000 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 96 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To $\quad 1800$ |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |
|  | Accredited? |  |
| Capacity: 54 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0000 | To 2400 |  |

Hours: $0000 \quad$ To 2400
Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 10 | Days of Week Open: MTWTFSS |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |  |  |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To 1800 |  |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWThFSSu |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0000 | To |  |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 60 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To 12 YRS |  |
| Hours: 0800 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 29 Days of Week Open: MTWTHF

Ages: 6 WEEKS To 13 YEARS
Hours: $0600 \quad$ To 1800

| Hours: 0600 | To 1800 |
| :--- | :---: | :--- |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |
| Capacity: 10 | Days of Week Open: MTWTHF |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 139 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0530 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 1800$ |

Accepts Child Care Subsidy through DHHS? N

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

(402) 462-5012 If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code }} \overline{39}$



## Total Number in Zip Code: 2



ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| MODLIN, CARA | FI11489 | 620 WEST 3RD ST | Capacity: 10 | Days | Neek Ope | MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| RA N MODLIN | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
|  | 12/31/2013 | Axtell NE 68924 | Hours: 0600 | To | 1800 |  |
|  | If a "N" appea license | is blank after the question, the a contract, or is not accredited. | Accept | $\text { iild } \mathrm{C}$ | Subsidy | rough DHHS? <br> Accredited? |
| $\overline{\text { WE }} \mathrm{H} \overline{\mathrm{RER}}, \overline{\mathrm{KR}}$ ISTEN $\overline{\mathrm{L}}$. | FI9524 | 402 A Avenue | Capacity: 10 | Days of Week Open: MTWThF |  |  |
| KRISTEN L. WEHRER | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |  |
| (308) 743-2362 | 11/14/2007 | Axtell NE 68924 | Hours: 0700 | To | 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 4$


## $\overline{T o t a l} \overline{N u m b e r} \overline{\text { in Zip Code: }} \mathbf{3}$


$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{4}$

ZIP CODE PROVIDER NAME

## OWNER NAME

 PHONE NUMBERLICENSE NUMBER

## LICENSE TYPE COUNTY EFFECTIVE DATE ADDRESS

MEGAN'S KIDS CORNER LLC
OWNED BY MEGAN SCHAEFER
MEGAN J. SCHAEFER
(402) $224-1101$
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: } 1}$


## Total Number in Zip Code: 4



## $\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 1$

68939

GINA'S DAYCARE OWNED BY
GINA PRITCHARD
GINA R PRITCHARD

$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{3}$

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## Total Number in Zip Code: 1


$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} \overline{2}$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER
KIDS JUST WANNA HAVE FUN
OWNED BY LINDSAY JOHNSON
JOHNSON, LINDSAY KAY
(308) 991-5446


LITTLE LEARNERS $\overline{\text { CHIL }} \overline{D R E N} \bar{S}$ ACADEMY CYNTHIA WILSON (308) 991-3227
$\overline{\text { LOVING }} \overline{\operatorname{CAR}} \overline{\text { DAY }} \overline{\mathrm{CAR}} \overline{\mathrm{E}}$

## $\square$ $\square$ $\square$

$\overline{\text { MAR }} \bar{Y} \bar{S} U \bar{E} \bar{S} D \overline{D A Y C} \overline{A R E} \overline{\text { OWNED }}$

## BY MARY NEWTH

(308) 995-8865
(308) 995-8865
$\overline{\text { MILLER }} \overline{, ~} \overline{\operatorname{LIND}} \overline{\mathrm{~A}}-\ldots$

| (3) ${ }^{\text {a }}$ | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| :---: | :---: | :---: |
| $\overline{\text { MILLER }}$, $\overline{\text { LIND }} \overline{\mathrm{A}}$ | FI6304 | 11383 STATE HWY 4 |
| ND MILIER | Family Child Care Home I |  |
| NAMILER | 04/13/1998 | Holdrege NE 68949 |




(308) 567-2420
$\overline{\text { ROSS, CONNIE }} \overline{-}-$
CONNIE ROSS
(308) 995-9396
$\overline{\text { STA }} \overline{\text { AND }} \overline{\text { PLAY }} \overline{\mathrm{D}} \overline{\mathrm{YCCA}} \overline{\mathrm{RE}}$
SARAH TUTTLE
(308) 293-5093
$\overline{\text { STR }} \overline{\mathrm{AAT}} \overline{\mathrm{AAN}} \overline{\mathrm{N}} \overline{\mathrm{BA}} \overline{\mathrm{RBA}} \mathrm{RA} \overline{\mathrm{A}}$ BARBARA STRAATMANN
(308) 991-6644


| $\overline{T E R E S A ' S ~} \overline{\text { DAY }}$ CARE OWNED BY | FII7019 | 117 WEST 3RD AVENUE |
| :---: | :---: | :---: |
| TERESA OLSON TERESA L OLSON | Family Child Care Home II |  |
|  | 10/20/2010 | HOLDREGE NE 68949 |
| (308) 991-1700 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| $\overline{\text { TRINITY }} \overline{\text { CHIL }} \overline{\mathrm{DCA}} \overline{\mathrm{RE}}$ | CCC7807 | 613 18TH AV |
| Child Care Center <br> TRINITY EVANGELICAL FREE CHURCH |  |  |
|  |  |  |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | OWNED BY JESSICA RUSSELL JESSICA A. RUSSELL (308) 991-0150

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS


$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{2 0}$


Total Number in Zip Code: 3


ZIP CODE
PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 3


SACRED HEART CHILD CARE CENTER SACRED HEART CATHOLIC CHURCH OF I

## (402) 756-7167 <br> $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 1$

| If a " N " appears or the space is blank after the question, the |
| :---: | licensee does not have a contract, or is not accredited.



Accredited?


Total Number in Zip Code: 1


## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

FIRST CHRISTIAN PRESCHOOL

LICENSE TYPE
EFFECTIVE DATE

COUNTY
ADDRESS

| ACADEMY | Preschool |
| :--- | :--- |
| FIRST CHRISTIAN CHURCH(DISCIPLES Ol |  |
| $10 / 08 / 2008$ |  |
| $(308)$ | $832-2693$ |

(308) 832-2693

If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.
$\overline{\text { KID }} \overline{D I E}$ GARDEN D $\overline{A Y C} \overline{\text { ARE }}$
OWNED BY CHERITY KINGSTON KINGSTON, CHERITY A.
(308) 830-2041
$\overline{\text { LISA }} \overline{\text { T'S }} \overline{\text { DAY }} \overline{\mathrm{CARE}}$
LISA THAUT
(308) 832-2286

## $\overline{\text { REBECC }} \bar{A} \overline{\text { TRENT }}$

REBECCA TRENT
(308) 832-0376

Total Number in Zip Code: 11

(308) 824-3717

02/28/2009
Oxford NE 68967

$\overline{\text { SUE'S DAYCA }} \overline{R E}-\quad-$
SUSAN KESLAR
(308) 824-3719

| $\begin{array}{r}\text { If a "N" appears or the space is blank after the question, the } \\ \text { licensee does not have a contract, or is not accredited. }\end{array}$ |
| :---: |
| FII6629 |


| FII6629 | 205 EAST ST | Capacity: 12 | Days | Week Open: MTWTF |
| :---: | :---: | :---: | :---: | :---: |
| Family Child Care Home II |  | Ages: 6 WKS | To | 13 YRS |
| 08/13/2002 | OXFORD NE 68967 | Hours: 0600 | To | 1800 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |
| FI11521 | 906 HOWELL | Capacity: 10 | Days | eek Open: MTWTHF |
| Family Child Care Home I | PO BOX 342 | Ages: 6 WKS | To | 13 YRS |
| 02/28/2014 | Oxford NE 68967 | Hours: 0600 | To | 1800 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 4$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| Capacity: 10 | Days of Week Open: MTWThF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0700 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 1$

| 68977 |  | Harlan |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| RUSSELL, AMY | FI5436 | 70987 A R | Capacity: 10 | Days of Week Open: | MTWTHF |
| MY R. RUSSELL | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |  |
| (308) 868-2304 | 02/03/2002 | STAMFOR | Hours: 0730 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? N <br> Accredited? |  |  |

$\overline{\text { Total Number in Zip Code: } 1}$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \mathbf{4}$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

Total Number in Zip Code: 5


ZIP CODE PROVIDER NAME OWNER NAME Phone number

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| Capacity: 12 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 24 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To 5 YRS |  |
| Hours: 0800 | To $\quad 1600$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWThFSSu |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 24 | Days of Week Open: MTWTH |  |
| Ages: 3 YRS | To $\quad 6$ YRS |  |
| Hours: 0900 | To $\quad 1515$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 45 Days of Week Open: MTWTHFSSU
Ages: 6 WKS To 13 YRS

Hours: 0530 To 1830
Accepts Child Care Subsidy through DHHS? Y
Accredited?

| Capacity: 125 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 5 YRS | To 13 YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: $40 \quad$ Days of Week Open: MTWTF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS

Hours: 0700 To 1730
Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y |  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0500 | To $\quad 1800$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { PEA }} \overline{C E}$ L $\overline{U T H E R A N} \overline{\text { CREATIVE }} \overline{ }$
PRESCHOOL


MTWT

| Capacity: 18 | Days of Week Open: MTWT |  |
| :--- | :---: | :--- |
| Ages: 3 YRS | To $\quad 6$ YRS |  |
| Hours: 0900 | To | 1530 |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1800 |

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

| PO BOX 348 | Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :--- | :---: |
| 710 ORD ST | Ages: 6 WKS | To 13 YRS |
| CURTIS NE 69025 | Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y
Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} \overline{3}$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 2$

| 69032 |  | Hayes |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| LITTLE BLESSINGS DAYCARE | FII9604 | 107 DYER ST | Capacity: 12 | Days of Week Open: | MTWTHF |
| OWNED BY GINA STINSON GINA R. STINSON | Provisional Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |  |
|  | 11/07/2016 | Hayes Center NE 69032 | Hours: 0700 | To 1800 |  |
| (308) $520-429$ | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 1$


## ZIP CODE

 PROVIDER NAME
## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| MUNGER, JEANETTE | FI5362 | 1308 DOUGLAS | Capacity: 10 | Days | Week Open: MTWTF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| JEANETTE MUNGER(308) 882-5485 | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 07/27/1996 | IMPERIAL NE 69033 | Hours: 0730 | To | 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { RAI }}$ NBOW PROMISEPR $\overline{\text { PRSCHOOL }}$ | PRE7953 | 420 HOLLAND | Capacity: 29 | Days o | Week Open: MTWTHF |
| FIRST UNITED METHODIST CHUR | Preschool OF I |  | Ages: 3 YRS | To | 6 YRS |
| (308) 882-4916 | 08/29/1997 | IMPERIAL NE 69033 | Hours: 0800 | To | 1530 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

Total Number in Zip Code: 7


## Total Number in Zip Code: 1



Total Number in Zip Code: 1


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE EFFECTIVE DATE <br> COUNTY ADDRESS



|  | If a "N" appears or the space is blank after the question, the |
| :--- | :--- |
| licensee does not have a contract, or is not accredited. |  |

## $\overline{\text { BUFFALO }} \overline{\text { ELEMENTAR }} \overline{\mathrm{KI}} \overline{\mathrm{KID}} \overline{\mathrm{S}}$

## KLUB

NORTH PLATTE PUBLIC SCHOOLS
SAOC8625
School Age Only Child Care Center
1600 N BUFFALO BILL AVENUE
North Platte NE 69101
(308) 535-7130

## $\overline{\text { COD }} \bar{Y}$ ELEMENTAR $\bar{Y} \overline{\text { KIDS KLU }} \overline{-}$

## NORTH PLATTE PUBLIC SCHOOLS

| $10 / 30 / 2013$ |
| ---: | North Platte NE 69101 (308) 535-7132


| SAOC8626 | 2000 WEST 2ND STREET |
| :---: | :---: |
| School Age Only Child Care Center |  |
| $10 / 30 / 2013$ | North Platte NE 69101 |

EET
$\overline{\text { COMMUNNITY }} \overline{A C T I O N}$

|  | 10/30/2013 | North Platte NE 69101 |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| ON | CCC8557 | 920 EAST 11TH STREET |
| Child Care Center <br> ON PARTNERSHIP $\mathrm{OFI}$ |  |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
| ON | CCC7654 | 200 W 10TH ST |
| Child Care CenterON PARTNERSHIP OF I11/10/1997 |  | North Platte NE 69101 |

COMMUNITY
(308) 534-2800
$\overline{\mathrm{COMMUNITY}} \overline{\mathrm{ACTION}}-$
PARTNERSHIP OF
COMMUNITY ACTION PARTNE
(308) 534-0115
$\overline{\text { DEW }} \overline{\mathrm{OLF}}, \overline{\mathrm{CAR}} \overline{\mathrm{OL}}--$
CAROL DEWOLF
(308) 532-2015
$\overline{\text { EIS }} \overline{\mathrm{NHO}} \overline{\mathrm{WER}} \overline{\mathrm{ELE}} \overline{-} \overline{\mathrm{ENNT}} \overline{\mathrm{ARY}}$

## KIDS KLUB

NORTH PLATTE PUBLIC SCHOOL
(308) 535-7134
$\overline{\text { FIRST LUTHERAN }} \overline{\mathrm{CHUR}} \overline{\mathrm{CH}}$ PRESCHOOL

| 11/10/1997 North Platte NE 69101 |  |  |
| :---: | :---: | :---: |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |
|  | FI5947 | 1712 N SHERIDAN |
| Family Child Care Home I |  |  |
|  | 07/12/1997 | NORTH PLATTE NE 69101 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |
|  | SAOC8627 | 3900 WEST A STREET |
| OOL School Age Only Child Care Center |  |  |
|  | 10/30/2013 | North Platte NE 69101 |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |
|  | PRE9032 | 305 WEST 5TH STREET |
| Preschool RAN CHURC |  |  |
| If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |  |

ZIP CODE
PROVIDER NAME OWNER NAME
PHONE NUMBER
GIBBS, DEBRA L
DEBRA L. GIBBS
(308) 532-6937
$\overline{\text { HARTS }} \overline{N D} \overline{B O W S} \overline{O W} N E D B$
HEIDI HART
HART, HEIDI S.
(308) 737-7885
$\overline{\mathrm{HED}} \overline{\mathrm{GEC}} \overline{O C K}, \overline{\mathrm{JALE}} \overline{\mathrm{A}}-$
JALEA HEDGECOCK
(308) 532-8557
$\overline{\text { HOLLY CLOUS }} \overline{\mathrm{ED}} \overline{\mathrm{D}} \overline{\mathrm{YCA}} \overline{\mathrm{RE}}$
CLOUSE, HOLLY A
(402) 957-5855
$\overline{\text { INFINITY }} \overline{\text { CHILDCAR }} \overline{\text { ARE }}$
SEADA HAYES
(308) 539-0850

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS
$\overline{\text { JACK AND JILL }} \overline{\text { DAYCARR }} \bar{E}$ JACK AND JIL DAYCARE
CENTER AND PRESCHOOL, INC CENTER AND PRESCHOOL, INC Child Care Center JACK AND JILL DAYCARE CENTER AND F


If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0600 | To 1800 |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 10
Ages: 6 WKS

Hours: 0600 To | To $\quad 13$ YRS |  |
| :--- | :---: |
| Accepts Child Care Subsidy through DHHS? Y |  |
| Accredited? |  |
| Capacity: 10 |  |
| Ages: 6 WKS |  |
| Days of Week Open: MTWTF |  |
| Hours: 0700 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0400 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 21 | Days of Week Open: MTWTHFSSU |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0500 | To $\quad 2300$ |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 55 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0500 | To $\quad 2200$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTHF Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0600 \quad$ To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 160 | Days of Week Open: MTWTHF |  |
| :--- | :---: | :--- |
| Ages: 5 YRS | To | 13 YRS |
| Hours: 0700 | To 1900 |  |


| Hours: 0700 | To 1900 |  |
| :--- | :--- | :--- |
| Accepts Child Care Subsidy through DHHS? |  |  |
|  |  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTHFS |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To $\quad 1730$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Y

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
Page 300 of 324


## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS


ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


## $\overline{\text { Total }} \overline{\text { Number in Zip Code: }} \overline{1}$



ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 2$


## Total Number in Zip Code: 2




ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


Total Number in Zip Code: 11


ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| Capacity: 12 | Days of Week Open: MTWTHF |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0700 | To $\quad 1730$ |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 10 Days of Week Open: MTWTHF Ages: 6 WKS To 13 YRS Hours: 0600 To 1730

Accepts Child Care Subsidy through DHHS? Y Accredited?
$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} 5$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


Total Number in Zip Code: 4


## ZIP CODE

## PROVIDER NAME

## owner name

PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

| CHILDREN'S HOUSE | CCC9522 | 717 EAST 1ST STREET | Capacity: 27 | Days | Neek Ope | : MTWTHF |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| MONTESSORI CHILDREN'S HOUSE MONTESSO | Child Care Center LC |  |  |  |  |  |
|  | 10/03/2016 | Ogallala NE 69153 | Hours: 0600 | To | 1830 |  |
| 4-7464 | If a "N | is blank after the question, the a contract, or is not accredited. | Accepts | ild Ca | Subsidy | rough DH <br> Accredite |
|  | CCC7868 | 2606 SPRUCE ACRES | Capacity: 20 | Days | ek Op | MTWT |
| PARTNERSHIP OF COMMUNITY ACTION PARTNER | Child Care Center |  | Ages: 3 YRS | To | 5 YRS |  |
| (308) 284-3503 | 11/20/2001 | OGALLALA NE 69153 | Hours: 0800 | To | 1200 |  |
| (308) 284-3503 | If a "N | is blank after the question, the a contract, or is not accredited. | Accepts | ild Ca | Subsidy th | rough DH <br> Accredite |
| $\overline{\text { GROWING MINDS }} \overline{\text { CHIL }} \overline{D C A}$ R $\bar{E}$ | FII9548 | 120 WEST 8TH ST | Capacity: 12 | Days of Week Open: MTWTHF |  |  |
| OWNED BY KAYLA SCHMITTLER KAYLA G. SCHMITTLER | Provisional Family Child Care Home II |  | Ages: 6 WKS Hours: 0700 | To | 13 YRS <br> 1830 |  |

(308) 289-4549
$\overline{\text { HALL }} \bar{L}, \operatorname{LINDA} \overline{-}--$

| $\begin{aligned} & \text { LINDA S HALL } \\ & \text { (308) 284-1098 } \end{aligned}$ | Family Child Care Home I $01 / 31 / 2013$ | Family Child Care Home I |
| :---: | :---: | :---: |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  |
|  | FI5591 | 309 WEST 4TH ST |
| BRIDGETT HARTMAN | Family Child Care Home 12/20/2001 | OGALLALA NE 69153 |


|  | If a " N " appears or the space is blank after the question, the |
| :--- | :--- |
| licensee does not have a contract, or is not accredited. |  |

$\bar{J}$ MOM'S $\overline{\text { DAY }} \overline{A R E} \overline{\text { OW }} \overline{N E D}$ BY
JULIE HUGHES HUGHES, JULIE K.

FI11885
Provisional Family Child Care Home I
(308) 289-0360

12/03/2015
Ogallala NE 69153
$\overline{\mathrm{JEA}} \sqrt{\mathrm{NETT}} \overline{\mathrm{LE}} \overline{\mathrm{HL}}-$
JEANETTE LEHL
(308) 284-4681
$\overline{\text { KID }} \overline{\mathrm{ZO}} \mathrm{N} \overline{\mathrm{E}} \mathrm{D} A \overline{Y C} A \overline{R E}-$
ALBERT \& AMANDA BREWSTE
(308) 284-9823
$\overline{\text { KID }} \bar{Z} \overline{C O} \overline{S T R U C T I O N}$
 PRESCHOOL \& LEARNING RUSSCHELLE \& TROY DEHNING (308) 284-4236
$\overline{\text { KRISTINA'S }} \overline{\text { D }} \overline{\text { AYC }}$ A $\overline{R E}$ OWNE $\bar{D}$ BY KRISTINA HUGHES KRISTINA J HUGHES (308) 289-4416
$\overline{\text { NORMAN, }} \overline{\text { SUSAN }}$ SUSAN NORMAN
 licensee does not have a contract, or is not accredited.

## ZIP CODE

PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS
ROSNO, KARMEN
KARMEN K. ROSNO
(308) 289-3769
$\overline{\text { SALLY'S }} \overline{\text { DAY }} \overline{\mathrm{CARE}} \overline{\mathrm{OW}} \overline{\mathrm{OWD}} \overline{\mathrm{BY}} \bar{\square}$

SALLY PANKONIN
PANKONIN, SALLY
PANKONIN, SALLY J.
(308) 284-6153
FI6233
Family Child Care Home
405 WEST O



ST PAUL'S LU
(308) 284-294
$\overline{\mathrm{THO}} \overline{\mathrm{DE}}, \mathrm{JULIE}-\quad-\quad-$

| If a "N" appears or the space is blank after the question, the <br> licensee does not have a contract, or is not accredited. |  |
| :---: | :---: |
| FI4473 <br> Family Child Care Home I <br> $05 / 20 / 2003$ | 1105 HIGHLAND DR |
| OGALLALA NE 69153 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?

JULIE THODE

| If a "N" appears or the space is blank after the question, the |
| :--- | :--- |
| licensee does not have a contract, or is not accredited. |

Capacity: $10 \quad$ Days of Week Open: MTWThF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: $0430 \quad$ To 2300

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 17$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 3$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$

ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS


(308) 254-6123

04/06/2012
Sidney NE 69162
Accepts Child Care Subsidy through DHHS?

|  | Accredited? |  |
| :--- | :--- | :---: |
| Capacity: 104 | Days of Week Open: MTWTF |  |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0530 | To 1830 |  |


| Accepts Child Care Subsidy through DHHS? Y |
| :--- |
| Accredited? |
| Capacity: 11 |

Accepts Child Care Subsidy through DHHS?

| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS? N Accredited?
Capacity: 10 Days of Week Open: MTWThFSSu
Ages: 6 WKS To 13 YRS
Hours: 0000 To 2400
Accepts Child Care Subsidy through DHHS? N Accredited?

## ZIP CODE

 PROVIDER NAME
## OWNER NAME

PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 15$ 69165

RENEE A FOSTER
(308) 386-4684
$\overline{\text { KAN }} \overline{D I ' S} \overline{\text { DAY }} \overline{C A R E} \overline{O W} \overline{N E D} \overline{B Y}$ KANDI SCHRADER SCHRADER, KANDI M.
(308) 240-9831
$\overline{\text { RONGIS }} \overline{\mathrm{H}, \mathrm{MELO}} \overline{\mathrm{YM}}$ MELONY M. RONGISCH (308) 530-4854
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \overline{3}$
Total Number in Zip Code: 3


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

Total Number in Zip Code: 1

| 69169 |  | Lincoln |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DOTS PRESCHOOL | PRE9053 | 205 S COMMERCIAL AVENUE | Capacity: 12 | Days of Week Open: M | MTWTH |
| CODI O'BRIEN | Preschool |  | Ages: 3 YRS | To 5 YRS |  |
| (308) 660-1731 | 12/27/2013 | Wallace NE 69169 | Hours: 0900 | To 1200 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\mathrm{MC}} \mathrm{CONNELL}, \overline{\mathrm{HEID}} \overline{\mathrm{I}}$ | FI5951 | PO BOX 175 | Capacity: 10 | Days of Week Open: MTWTF |  |
|  | Family Child Care Home I | 314 W ALICE ST | Ages: 6 WKS | To 13 YRS |  |
|  | 07/08/2002 | WALLACE NE 69169 | Hours: 0600 | To 1800 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

Total Number in Zip Code: 2


ZIP CODE PROVIDER NAME OWNER NAME
PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| OSNES, LETHA | FI5338 | 541 N GREEN ST | Capacity: 10 | Days | Week Open: MTWTF |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Family Child Care Home I |  | Ages: 6 WKS | To | 13 YRS |
|  | 05/13/1997 | VALENTINE NE 69201 | Hours: 0800 | To | 1800 |
| (402) 376-2047 | If a "N" appea license | is blank after the question, the a contract, or is not accredited. | Accepts | ild Car | Subsidy through DHHS? Accredited? |
| $\overline{\text { SMALL }}$ W $\overline{O N D} \overline{\text { ERS }}$ PRESCHOOL | PRE9049 | 810 WEST 3RD STREET | Capacity: 29 | Days o | Week Open: MTWTHF |
| Preschool <br> GRACE EVANGELICAL LUTHERAN CHUR $\qquad$ |  |  | Ages: 3 YRS | To | 5 YRS |
|  |  | Valentine NE 69201 | Hours: 0800 | To | 1530 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{1 0}$

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{8}$

## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE EFFECTIVE DATE

COUNTY ADDRESS
PO BOX 115
380 W 5TH ST
CODY NE 6921

If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited.

| Capacity: 12 | Days of Week Open: MTWTF |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0700 | To 1800 |  |

Accepts Child Care Subsidy through DHHS? N Accredited?
$\overline{\text { Total }} \overline{\text { Number }} \overline{\mathrm{in} \text { Zip }} \overline{\text { Code: }} 1$


## Total Number in Zip Code: 1



## ZIP CODE

PROVIDER NAME

## OWNER NAME <br> PHONE NUMBER

LICENSE NUMBER
LICENSE TYPE
EFFECTIVE DATE

COUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 13$

| 69334 |  |  |  |
| :--- | :--- | :--- | :--- |

$\overline{\text { Total }} \overline{\text { Number in Zip Code: }} 1$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| FII9445 | 532 CEDAR | Capacity: 8 | Days of Week Open: MTWTHF |
| :---: | :--- | :--- | :--- |
| Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
| $08 / 01 / 2015$ | Chadron NE 69337 | Hours: 0700 | To 1800 |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 12 Days of Week Open: MTWTHFSSU
Ages: 6 WKS To 13 YRS
Hours: $0000 \quad$ To 2400

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 47 | Days of Week Open: MTWTFSS |
| :--- | :---: | :--- |
| Ages: 2 YRS | To $\quad 12$ YRS |
| Hours: 0700 | To 2200 |

Accepts Child Care Subsidy through DHHS? Y Accredited? Y

| Capacity: 12 | Days of Week Open: MTWTHFSSU |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 8$ YRS |
| Hours: 0630 | To 0600 |

Accepts Child Care Subsidy through DHHS? Accredited?

| Capacity: 10 | Days of Week Open: MTWTHF |
| :---: | :---: |
| Ages: 6 WKS | To 8 YRS |
| Hours: 0600 | To 1800 |
| Accepts Child Care Subsidy through DHHS? N |  |
|  | Accredited? |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 12 Days of Week Open: MTWTFSS
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0001 To 0001

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTFSS |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0600 | To $\quad 2400$ |

Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 12 | Days of Week Open: MTWTFSS |  |
| Ages: 6 WKS | To $\quad 13$ YRS |  |
| Hours: 0001 | To | 0001 |

Accepts Child Care Subsidy through DHHS? Y
Accredited? N
Capacity: 12 Days of Week Open: MTWTHFSSU
Ages: 6 WKS To 13 YRS

Hours: 0000 To 2400

| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :--- | :--- |
| Accredited? |  |

Accepts Child Care Subsidy through DHHS?

CHILD CARE LICENSING ROSTER
Date of Printing: 12/23/2016
Page 316 of 324

| ZIP CODE |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| PROVIDER NAME | LICENSE NUMBER |  |  |  |
| owner name | LICENSE TYPE | COUNTY |  |  |
| PHoNe Number | EFFECTIVE DATE | ADDRESS |  |  |
| LORI'S DAYCARE | F19607 | 23 MCHENRY | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| LORI A. RETZLAFF(308) $430-4987$ | Family Child Care Home II |  | Ages: 6 WKS | To 12 YRS |
|  | 10/22/2010 | Chadron NE 69337 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y |  |
|  | CCC9251 | 125 PINE STREET | Capacity: 20 | Days of Week Open: MTWTHF |
| MELISSA WEBSTER (308) 430-2043 | Child Care Center |  | Ages: 6 WKS | To 13 YRS |
|  | 01/31/2012 | Chadron NE 69337 | Hours: 0700 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{M O M M A} \overline{B E A R} \overline{\text { DAYCARE }}$ OWNED BY TRACY STEWART STEWART, TRACY L. <br> (308) 430-4513 | FI11445 | 123 MEARS ST | Capacity: 10 | Days of Week Open: MTWTHFSSU |
|  | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
|  | 09/30/2013 | Chadron NE 69337 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| MOMMY AND ME'S JOURNEY OWNED BY MELODY TRENT MELODY ANN TRENT <br> (308) 430-8358 | FI9427 | 402 BORDEAUX STREET | Capacity: 8 | Days of Week Open: MTWTHFSSU |
|  | Family Child Care Home II 04/01/2015 |  | Ages: 6 WKS | To 6 YRS |
|  |  | CHADRON NE 69337 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { PAIGE'S }} \overline{\mathrm{AY}} \overline{\mathrm{CARE}} \overline{\mathrm{OW}} \overline{\mathrm{NED}} \overline{B Y}$ paige west <br> PAIGE L WEST <br> (308) 432-8149 | FII9539 <br> Family Child Care Home II 10/31/2016 | 153 LAKE ST | Capacity: 12 Days of Week Open: MTWTHFSSU |  |
|  |  |  | Ages: 6 WKS | To 13 YRS |
|  |  | Chadron NE 69337 | Hours: 0600 | To 2300 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { SCRIBBLES CHILD }} \overline{\operatorname{RENS}} \overline{\mathrm{S}}$ academy LISA JO TIENSVOLD(308) 430-4580 | PRE8980 | 503 MAIN STREET | Capacity: 20 Days of Week Open: MTWTHF |  |
|  | Preschool |  | Ages: 3 YRS | To 6 YRS |
|  | 02/11/2009 | Chadron NE 69337 | Hours: 0800 | To 1700 |
|  | If a "N" appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? |  |
| $\overline{\text { SUNSHINE DAY CARE OWNED }} \overline{\text { D }}$ <br> by Millie wild <br> MILLIE WILD <br> (308) 432-3811 | FII6811Family Child Care Home II09/07/1996 | 1840 S MAPLE | Capacity: 12 Days of Week Open: MTWTFSS |  |
|  |  |  | Ages: 6 WKS | To 13 YRS |
|  |  | CHADRON NE 69337 | Hours: 0001 | To 0001 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
|  owned by tara craig CRAIG, TARA (308) 430-3342 | FI11959Provisional Family Child Care Home I$07 / 15 / 2016$ | 421 EAST 4TH ST | Capacity: 10 Days of Week Open: MTWTHFSSU |  |
|  |  |  | Ages: 6 WKS | To 10 YRS |
|  |  | Chadron NE 69337 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |
| $\overline{\text { WIL }} \overline{\mathrm{D}, \mathrm{D}} \mathrm{A} \overline{\mathrm{WN}}$ | FI4669 | 885 WEST 16TH ST | Capacity: 10 Days of Week Open: MTWTFSS |  |
| DAWN WILD(308) 432-2532 | Family Child Care Home I | CHADRON NE 69337 | Ages: 6 WKS | To 13 YRS |
|  | 10/19/2000 |  | Hours: 0001 | To 0001 |
| (308) 432-2532 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |
| $\overline{\text { Total }} \overline{\text { Number in }} \overline{\text { Zip }} \overline{\text { Code: }} \mathbf{2 0}$ |  |  |  |  |
| 69339 |  | Dawes |  |  |
| JODY RUDLOFF DAY CARE | FII6699 | 227 REED ST |  |  |
|  | Family Child Care Home II01/01/2003 | CRAWFORD NE 69339 | Ages: 6 WKS Hours: 0001 | To 13 YRS |
| (308) 665-1414 |  |  |  | To 0001 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |

ZIP CODE
PROVIDER NAME

## OWNER NAME

PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS

| LITTLE HOOTS DAYCARE | FII9486 | 318 LINN STREET | Capacity: 12 | Days of Week Open: MTWTHFSSU |
| :---: | :---: | :---: | :---: | :---: |
| OWNED BY SHAUNA GORTSEMA SHAUNA L. GORTSEMA(308) 430-0161 | Family Child Care Home II |  | Ages: 6 WKS | To 13 YRS |
|  | 05/23/2016 | Crawford NE 69339 | Hours: 0000 | To 2400 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 2$


ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE

 EFFECTIVE DATECOUNTY ADDRESS

$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 16$

| 69343 |  | Sheridan |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| ALLISON, CANDANCE | F14693 | $\overline{308} \overline{\text { N CORNELL }}$ S | Capacity: 10 Days of Week Open: MTWTF <br> Ages: 6 WKS To 13 YRS |  |  |
| CANDANCE ALLISON(308) 282-1230 | Family Child Care Home I |  |  |  |  |
|  | 05/26/2000 | GORDON NE 69343 | Hours: 0600 | To 1900 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y Accredited? |  |  |
| $\overline{\text { HATHORN, NICOLE }}$ | FI11854 | 304 WEST 10TH STREET | Capacity: 10 | Days of Week Open: M | MTWTHF |
| NICOLE R. HATHORN <br> (308) 282-0109 | Family Child Care Home I |  | Ages: 6 WKS | To 12 YRS |  |
|  | 08/31/2016 | Gordon NE 69343 | Hours: 0700 | To 1730 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |
| $\overline{\text { LEMBURG, REGINA }}$ | FI10759 | 917 N MAPLE ST | Capacity: 10 | Days of Week Open: M | MTWTHF |
| EGINA K LEMBURG | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |  |
|  | 06/30/2011 | Gordon NE 69343 | Hours: 0700 | To 2000 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |  |

## ZIP CODE

PROVIDER NAME

## OWNER NAME

PHONE NUMBER
LITTLE LAMBS PRESCHOOL

## GRACE EVANGELICAL LUTHERAN CHUR

 (308) 282-0584If a "N" appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited

DEBRA SANDERS
(308) 282-0132

## $\overline{\text { Total }} \overline{\text { Number in Zip Code: }} 5$

## 69347

NOAH'S ARK PRESCHOOL

## LICENSE NUMBER

## LICENSE TYPE <br> EFFECTIVE DATE <br> COUNTY ADDRESS



If a " N " appears or the space is blank after the question, the
licensee does not have a contract, or is not accredited.
801 N ELM
tion, the

| Capacity: 12 |  | Days of Week Open: | MTWTH |
| :--- | :--- | :--- | :--- |
| Ages: 3 YRS | To | 6 YRS |  |
| Hours: 0800 | To | 1200 |  |


|  | Capacity: 12 | Days of Week Open: MTWTHF |
| :---: | :---: | :---: |
| Ages: 3 YRS | To $\quad 6$ YRS |  |
| Hours: 0830 | To 1600 |  |

## THE METHODIST CHURCH OF HAY Preschool <br> (308) 638-7515 <br> $\overline{\text { PIO }}$ NEER $\overline{\text { MAA }} \overline{\mathrm{OR}} \overline{\mathrm{DAYC}} \overline{\mathrm{ARE}}$

PIONEER MANOR NURSING HOME
(308) 63-84630
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 2$

| 69348 |  | Box Butte |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SUPER KIDZ OWNED BY TAMI | FII9248 | 704 BOX BUTTE | Capacity: 12 | Days | eek Open | MTWTHFSSU |
| MILNE <br> TAMI MILNE | Family Child Care Home II |  | Ages: 6 WKS | To | 13 YRS |  |
|  | 01/31/2012 | Hemingford NE 69348 | Hours: 0000 | To | 2400 |  |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |
| $\overline{\text { TAMMY'S }} \overline{\text { PLA }} \overline{C E}$ | FII6773 | 602 BOX BUTTE | Capacity: 12 | Days of Week Open: MTWTF |  |  |
| MMY CURTIS | Family Child Care Home II |  | Ages: 6 WKS | To | 13 YRS |  |
| 08) 783-800 | 03/09/1998 | HEMINGFORD NE 69348 | Hours: 0800 | To | 1700 |  |
| 783-80 | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? <br> Accredited? |  |  |  |

## $\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: } 2}$

NOAH'S ARK PRESCHOOL

ZIP CODE PROVIDER NAME

## OWNER NAME

PHONE NUMBER
GOLDEN CHILD DEVELOPMENT CENTER
JOANN GOLDEN
(308) 623-2999
$\overline{\text { RED }} \overline{\mathrm{BAR}} \overline{\mathrm{N} 24} / \overline{7 \mathrm{IN}} \overline{\mathrm{HOM}}$ DAYCARE
HENRY D MAGDALENO
(308) 424-1027
$\overline{\mathrm{TRA}} \overline{\mathrm{CI} \text { 'S }} \overline{\mathrm{DAY}} \overline{\mathrm{CARE}}--$
TRACI ANN BRUNZ
(308) 623-1319

LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY
ADDRESS

| Capacity: 50 | Days of Week Open: MTWTF |  |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To 1830 |  |

Accepts Child Care Subsidy through DHHS? Y
Accredited?
Capacity: $12 \quad$ Days of Week Open: MTWTHFSSU

| Ages: 6 WKS | To | 13 YRS |
| :--- | :--- | :--- |
| Hours: 0000 | To | 2400 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 12 | Days of Week Open: MTWTF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0700 | To 1900 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

## $\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} 5$


$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip Code: }} 2$

$\overline{\text { Total }} \overline{\text { Number }} \overline{\text { in Zip }} \overline{\text { Code: }} 1$


Total Number in Zip Code: 2


## ZIP CODE

PROVIDER NAME OWNER NAME PHONE NUMBER

## LICENSE NUMBER

## LICENSE TYPE COUNTY <br> EFFECTIVE DATE ADDRESS



## ZIP CODE

## PROVIDER NAME

 owner name PHONE NUMBER
## LICENSE NUMBER

## LICENSE TYPE

EFFECTIVE DATE

COUNTY ADDRESS PO BOX 1003 1018 16TH AVENUE \#9 Scottsbluff NE 69361 05/31/2016

| Capacity: 12 | Days of Week Open: MTWTHFS |  |
| :--- | :---: | :---: |
| Ages: 6 WKS | To $\quad 12$ YRS |  |
| Hours: 0600 | To 2000 |  |

Accepts Child Care Subsidy through DHHS?
Accredited?
Capacity: 100 Days of Week Open: MTWTF
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 92 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0500 | To 2000 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| :--- | :--- | :--- |
| Ages: 6 WKS | To 13 YRS |  |
| Hours: 0600 | To $\quad 1900$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 30 | Days of | Week Open | MTWTHFS |
| :---: | :---: | :---: | :---: |
| Ages: 18 MOS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 29 | Days of Week Open: MTWTHFS |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0530 | To | 2130 |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?
Capacity: 12 Days of Week Open: MTWTHFS
Ages: $6 \mathrm{WKS} \quad$ To 13 YRS
Hours: 0530 To 2130

Accepts Child Care Subsidy through DHHS?
Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :--- | :---: | :--- |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0000 | To 2400 |

Accepts Child Care Subsidy through DHHS? Accredited?
Capacity: 12 Days of Week Open: MTWTHF
Ages: 6 WKS To 13 YRS
Hours: 0600 To 1800

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 53 | Days of | Week Open | MTWTF |
| :---: | :---: | :---: | :---: |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0001 | To | 0001 |  |
| Accepts Child Care Subsidy through DHHS? Y |  |  |  |
| Accredited? |  |  |  |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |  |
| Ages: 6 WKS | To | 13 YRS |  |
| Hours: 0600 | To | 1800 |  |

Accepts Child Care Subsidy through DHHS? Y

ZIP CODE PROVIDER NAME OWNER NAME PHONE NUMBER

LICENSE NUMBER

## LICENSE TYPE COUNTY EFFECTIVE DATE ADDRESS

| FII6833 | 518 S BROADWAY | Capacity: 12 | Days of Week Open: MTWTFS |
| :---: | :--- | :--- | :--- |
| Family Child Care Home II |  | Ages: 18 MOS | To 13 YRS |
| $08 / 07 / 2002$ | SCOTTSBLUFF NE 69361 | Hours: 0500 | To 1900 |

Accepts Child Care Subsidy through DHHS? Y Accredited?


Accepts Child Care Subsidy through DHHS? Y

|  | Accredited? |  |
| :--- | :---: | :--- |
| Capacity: 10 | Days of Week Open: MTWTHFSSU |  |
| Ages: 6 WKS | To $\quad 12$ YRS |  |
| Hours: 0000 | To $\quad 2400$ |  |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWThF |
| :--- | :---: | :--- |
| Ages: 6 WKS | To 13 YRS |
| Hours: 0630 | To 1730 |

Accepts Child Care Subsidy through DHHS? N Accredited?

| Capacity: 9 | Days of Week Open: MTWTFSS |
| :--- | :---: |
| Ages: 6 WKS | To $\quad 13$ YRS |
| Hours: 0001 | To 0001 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 10 | Days of Week Open: MTWTHFSSU |
| :---: | :---: |
| Ages: 6 WKS | To 12 YRS |
| Hours: 0000 | To 2400 |
| Accepts Child Care Subsidy through DHHS? Y |  |
|  | Accredited? |
| Capacity: 45 | Days of Week Open: MTWTHF |
| Ages: 5 YRS | To 13 YRS |
| ou | 1800 |

Accepts Child Care Subsidy through DHHS?

| Accepts Child Care Subsidy through DHHS? |  |
| :--- | :--- |
| Accredited? |  |
| Capacity: 75 | Days of Week Open: MTWTHF |
| Ages: 5 YRS | To 13 YRS |
| Hours: 1530 | To 1800 |

Accepts Child Care Subsidy through DHHS? Y Accredited?

| Capacity: 114 | Days of Week Open: MTWTF |  |  |
| :--- | :---: | :---: | :---: |
| Ages: 6 WKS | To 13 YRS |  |  |
| Hours: 0600 | To 2200 |  |  |
| Accepts Child Care Subsidy through DHHS? N |  |  |  |
|  | Accredited? Y |  |  |
| Capacity: 27 | Days of Week Open: MTWTF |  |  |
| Ages: 3 YRS | To 6 YRS |  |  |
| Hours: 0830 | To 1530 |  |  |

Accepts Child Care Subsidy through DHHS? N
$\overline{\text { Total }} \overline{\text { Number in Zip }} \overline{\text { Code: }} \mathbf{3 4}$

ZIP CODE

| PROVIDER NAME | LICENSE NUMBER |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| OWNER NAME | LICENSE TYPE | COUNTY |  |  |
| PHONE NUMBER | EFFECTIVE DATE | ADDRESS |  |  |
| 693613246 |  | Scotts Bluff |  |  |
| 5TH AVENUE ABC ACADEMY | FI11753 | 1424 5TH AVE | Capacity: 10 | Days of Week Open: MTWTHF |
| OWNED BY CINDIA CANDELARIA, CINDIA | Family Child Care Home I |  | Ages: 6 WKS | To 13 YRS |
| (308) 765-9310 | 10/31/2015 | Scottsbluff NE 69361-3246 | Hours: 0600 | To 1800 |
|  | If a " N " appears or the space is blank after the question, the licensee does not have a contract, or is not accredited. |  | Accepts Child Care Subsidy through DHHS? Y <br> Accredited? |  |

$\overline{T o t a l}$ Number in Zip Code: 1

