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## Approved Entities

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**Waiver Number**                    **107**

**Primary Entity Name**            **The Children's Center for Early Learning, Inc.**

**Primary Address**                *83 Marlborough Rd.*

**Primary Phone Number**        *(718) 284-3110*

*Brooklyn*

**Current Waiver Issued Beginning Period**

*New York*

*7/1/2013*

*11226-*

**Current Waiver Ending Period**

**County**

*Kings*

*6/30/2016*

<input checked="" type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input type="text"/>

**Additional Sites if any - with Certificate Number**

**Certificate Number**

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