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## *Approved Entities*

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**Waiver Number**                    **17**

**Primary Entity Name**            **East River Child Development Center**

**Primary Address**                *570 Grand Street*

**Primary Phone Number**        *(212) 254-7301*

*New York*

*NY*

*10002-*

**Current Waiver Issued Beginning Period**

*7/1/2016*

**Current Waiver Ending Period**

*6/30/2019*

**County**

*New York*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

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

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**Certificate Number**

**JT - 17 - 10**

**East River Child Development Center**