Approved Entities

Waiver Number	**294**		
Primary Entity Name	**Omni Childhood Center, Inc.**		
Primary Address	*1651 Coney Island Avenue*	***Primary Phone Number***	*(718) 998-1415*
	Brooklyn		
	New York	***Current Waiver Issued Beginning Period***	
	11210-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Kings*	*6/30/2016*	

☑ LMSW	☐ CAT	☑ Physical Therapy	☐ Nursing (RN or Nurse Practitioner)
☑ LCSW	☑ Psychology	☑ Occupational Therapy	☑ Medicine (Physician, Physician Asst., Specialist Asst.)
☑ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 294 - 368** **Omni Childhood Center, Inc.**