
Approved Entities

Waiver Number **545**

Primary Entity Name **Angelic Childcare Services, LLC**

Primary Address *22 Youmans Drive*

Primary Phone Number *(845) 538-6051*

Spring Valley

Current Waiver Issued Beginning Period

NY

8/22/2016

10977-

Current Waiver Ending Period

County

Rockland

8/31/2019

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> LMSW | <input checked="" type="checkbox"/> CAT | <input checked="" type="checkbox"/> Physical Therapy | <input checked="" 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 checked="" type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input checked="" type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input checked="" type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Other: <input type="text"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

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