
Approved Entities

Waiver Number **57**

Primary Entity Name **Story Place Preschool, Inc.**

Primary Address *1477 South Schodack Road*

Primary Phone Number *(518) 477-6072*

Castleton

Current Waiver Issued Beginning Period

NY

5/1/2016

12033-

Current Waiver Ending Period

County

Rensselaer

4/30/2019

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

Certificate Number

JT - 57 - 36

Story Place Preschool Inc.

Certificate Number

JT - 57 - 37

Story Place Preschool Inc.

Certificate Number

JT - 57 - 38

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