

---

## *Approved Entities*

---

**Waiver Number**                    **73**

**Primary Entity Name**            **KidsKare, LLC**

**Primary Address**                *511 Hempstead Avenue*

**Primary Phone Number**        *(516) 565-0388*

*Hempstead*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*11552-*

**Current Waiver Ending Period**

**County**

*Nassau*

*6/30/2019*

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**

- -