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## Approved Entities

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**Waiver Number**                      **194**

**Primary Entity Name**                **Society for the Protection and Care of Children**

**Primary Address**                    *148 S Fitzhugh St*

**Primary Phone Number**            *(585) 325-6101*

*Rochester*

**Current Waiver Issued Beginning Period**

*NY*

*9/15/2015*

*14608-*

**Current Waiver Ending Period**

**County**

*Monroe*

*9/14/2018*

**Professional Services to be Offered by Qualified Individuals:**

<input checked="" type="checkbox"/> Licensed Master Social Work	<input checked="" type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling	<input type="checkbox"/> Licensed Behavior Analyst	<input type="checkbox"/> Certified Behavior Analyst Assistant

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

**Certificate Number**

**CW - 194 - 6280**

**Therapeutic Visitation Program**