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## *Approved Entities*

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**Waiver Number**                    **252**

**Primary Entity Name**            **Steppingstone Day School Inc**

**Primary Address**                *77-40 Vleigh Place*

**Primary Phone**                *(718) 591-9093*  
**Number**

*Kew Garden Hills*

*NY*

*11367-*

**Current Waiver Issued Beginning Period**  
*6/1/2012*

**Current Waiver Ending Period**  
*5/31/2015*

**County**                            *Queens*

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

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

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

**Certificate Number**

**CW - 252 - 390**

**Steppingstone Day School Inc.**