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## *Approved Entities*

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**Waiver Number**                    **410**

**Primary Entity Name**            **Stepping Stones Learning Center**

**Primary Address**                *41 Colebrook Drive*

**Primary Phone Number**        *(585) 467-4657*

*Rochester*

**Current Waiver Issued Beginning Period**  
*5/10/2012*

*NY*

*14617-*

**Current Waiver Ending Period**  
*5/9/2015*

**County**                            *Monroe*

**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 checked="" type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" 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**

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