

**Arkansas Department of Human Services
Division of Child Care & Early Childhood Education
Placement & Residential Licensing Unit**

Licensing Compliance Record

Agency Name: Timberidge Neurorestorative Person In Charge: Rob McDaniel
 Address: 11400 Wabasha Lane, Benton, AR Phone: _____
 Licensing Specialist: Patricia Stepp
 Date of Visit: 9/25/19 Purpose of Visit: Building and Grounds

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<p><u>Building and Grounds</u></p> <hr/> <p><u>Viewed Cabins 4 and 6 and all areas used by children with no safety concerns viewed at visit.</u></p>		
	<p><u>TA:</u> <u>Agency plans to rebuild cabins for adolescent program for the DUAL diagnosis program that should begin in October.</u></p>		

COMMENTS of Person receiving form: _____

Nileen Butts 9-25-19
 PERSON SIGNING AS RECEIVING DATE

Patricia Stepp 9/25/19
 LICENSING SPECIALIST DATE

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Licensing Compliance Record

Agency Name: Timberidge Neurorestorative Person In Charge: Rob McDaniel
 Address: Timberidge Lane, Benton, AR Phone: _____
 Licensing Specialist: Janice [Signature]
 Date of Visit: 9/24/19 Purpose of Visit: Children's Records

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	Reviewed 10 children's Records.		
	[Redacted] - No deficiencies noted.	—	—
	[Redacted] - No deficiencies noted.	—	—
	[Redacted] - No deficiencies noted.	—	—
	[Redacted] - No deficiencies noted.	—	—
	[Redacted] - No deficiencies noted.	—	—
	[Redacted] - No deficiencies noted.	—	—
	[Redacted] - No deficiencies noted.	—	—
	[Redacted] - No deficiencies noted.	—	—
	[Redacted] - No deficiencies noted.	—	—

COMMENTS of Person receiving form: _____

Kurt [Signature] 9/24/19
 PERSON SIGNING AS RECEIVING DATE
 DCECE 521 PR

Janice [Signature] 9/25/19
 LICENSING SPECIALIST DATE