



**Division of Child Care & Early Childhood Education**

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

## 521 Visit Compliance Report

**Licensee:** Neurorestorative Timber Ridge

**Facility Number:** 102

**Licensee Address:** 15000 TIMBERIDGE LN  
BENTON AR 72019-9636

**Licensing Specialist:** Clayton DeBoer

**Person In Charge:**

**Record Visit Date:** 1/28/2025

**Home Visit Date:** 1/28/2025

**Purpose of Visit:** Subsequent Building and Grounds

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

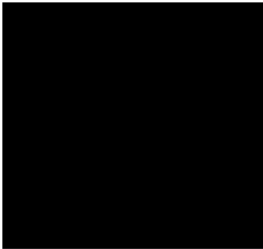
**Regulations Not Correctable:**

**Narrative:**

Buildings & Grounds conducted for PRTF House and Americana Residential Building. PRTF Census: 12, Americana Census: 3.

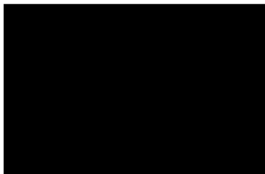
PRTF Building staff/client ratio: 3:3, staffed 6:12. Some clients at school and cafeteria. Buildings clean, safe, and in good repair. Bathrooms clean and sanitary with functioning sinks, showers and toilets. Emergency diagrams, fire extinguisher and client rights posted. Grounds clean and free of safety hazards.

MAR checked for:



Americana staffed 4:3. Clients at school and cafeteria. Buildings clean, safe, and in good repair. Bathrooms clean and sanitary with functioning sinks, showers and toilets. Emergency diagrams and fire extinguisher observed. Grounds clean and free of safety hazards.

MAR checked for:



**\*\*\*\*\* Pursuant to A.C.A. § 9-24-406(e)(3-4): If you believe that the Department's notice of noncompliance is in error, you may ask for reconsideration. The request for reconsideration must be in writing and delivered to the Department by certified mail within twenty (20) business days of receipt of the notice of noncompliance. The request must specify the parts of the notice that are alleged to be in error, explain why you believe those parts are in error, and include documentation to support the allegation of error. Once received the Department shall issue a decision on your request within twenty (20) days after receipt of the request.**

**Provider Comments:**

CCL Staff Signature :

Date: 1/28/2025

A handwritten signature in black ink, appearing to be a stylized 'M' or 'W' followed by a flourish.

Provider Signature :

Date: 1/28/2025

A handwritten signature in black ink, appearing to be a stylized 'A' followed by a flourish.