

ADCC Name: Furrkawa ADCC - Palolo
 Compliance Manager Name: David Ayling, RN
 Phone: (808) 295-8376 Fax: 877-576-0711

Community Ties of America, Inc
 45-955 Kamehameha Highway, Suite 300
 Kaneohe, HI 96744

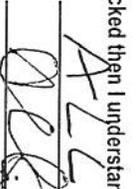
Date of Review: 1/28/15 Last Date Items below must be submitted to CTA:

Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Item(s) Required To Meet Compliance
<input checked="" type="checkbox"/>	3	Application for Certificate of Approval	
<input checked="" type="checkbox"/>	11	Administration	
<input checked="" type="checkbox"/>	12	Personnel and Staffing	
<input checked="" type="checkbox"/>	13	Admissions	
<input checked="" type="checkbox"/>	14	Participant Fees	
<input checked="" type="checkbox"/>	15	Transportation	
<input checked="" type="checkbox"/>	16	Services for Center Participants	
<input checked="" type="checkbox"/>	17	Physical Location	
<input checked="" type="checkbox"/>	18	Fire Protection	
<input checked="" type="checkbox"/>	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide proof of same to CTA within the timeframe stated above.
 I understand that all items should be submitted to CTA all at one time before the due date.

If this box is checked then I understand that I met all requirements and no corrective action is required.

PRINT NAME: ALEXSSON FURUKAWA

SIGNATURE: 

I can fax, email or mail the items to the CTA compliance manager using contact information given to me.

Date: 1/28/15