

ADCC NAME: REDDAN ADULT DAY CARE
 COMPLIANCE MGR:



CTA, INC
 45-955 KAM HWY, SUITE 300
 KANSAS, HI 66744

Date of Review: 1/12/15
 Last Date items below must be submitted to CTA:

Check Item	H.A.R. Chapter #	Chapter Heading	Item(s) Required To Meet Compliance
✓	3	Application for Certificate of Approval	
✓	11	Administration	
✓	12	Personnel and Staffing	
✓	13	Admissions	
✓	14	Participant Fees	
✓	15	Transportation	
✓	16	Services for Center Participants	
✓	17	Physical Location	
✓	18	Fire Protection	
✓	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: RYLAND REDDAN

SIGNATURE: *Ryland Reddan* Date: 1/12/15

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