ADCC Name: Kuakini ADCC - Pali
Compliance Manager Name:
Phone:

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

Date of Review: 4/21/15		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**
OK	3	Application for Certificate of Approval	
OK	11	Administration	
OK	12	Personnel and Staffing	
OK	13	Admissions	
OK	14	Participant Fees	
OK	15	Transportation	
OK	16	Services for Center Participants	
OK	17	Physical Location	
OK	18	Fire Protection	
OK	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: [redacted]

SIGNATURE: _____

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