

ADCC Name: Maui ADCC - Oceanview  
 Compliance Manager Name:

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

| Date of Review:<br>6/10/15 |                          | 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: Margie Dela Cruz

SIGNATURE: Margie Dela Cruz

Date: 6/10/15

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