

ADCC Name: Na Puuwai ADCC
 Compliance Manager Name:

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

Date of Review: 5/19/15 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	Protective Services 346-335 - Staff needs APS/CAN. See list.
OK	13	Admissions	12(b)(4) - Staff needs current clearance. See list
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: Jesselle Mlaave Motlenn

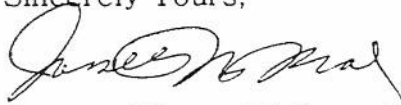
SIGNATURE: [Signature] Date: 5/19/15

12 (6) (4) – Staff needs current TB Clearance: Sent CTA current TB clearance for staff on 6/3/2015.

345-335 – Staff needs current APS/CAN: Sent CTA current APS/CAN for all staff on 6/3/2015.

Have placed all items on our computer calendar as a reminder.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Jossette Mollena". The signature is fluid and cursive, with the first name being more prominent.

Jossette Mawae Mollena, Program Director
Na Pu'uwai Senior Enrichment Center
P.O. Box 130
Kaunakakai, Hawaii 96748