

ADCC Name: Live Well at Iwilei ADCC
Compliance Manager Name: [redacted]

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

| Date of Review: 7/12/16 | | Last Date items below must be submitted to CTA: 2/18/15 7/12/16 | |
|----------------------------|--------------------------|--|-------------------------------------|
| 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:

LYNN WONG

SIGNATURE:

Lynn Wong

Date: 7/12/16

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