

ADCC Name: Windward Senior Day Care  
 Compliance Manager Name:

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

Date of Review: 7/10/15 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	Protective Services 346-335 - Staff need current APS/CAN. See list.
OK	13	Admissions	13 (b) - Participants need current P. E. and TB clearance. See list. <i>OK 8/14/15</i>
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: *Kathleen Carrara*

SIGNATURE: *[Signature]* Date: *July 10, 2015*

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

346-335 - Sent CTA current APS/CAN checks for staff on 8/14/15.

13 (b) - Sent CTA current P.E. and TB clearance for participants on 8/14/15.

Will place APS/CAN, P.E. & TB expiration dates on computer calendar.

Sign Viollet Takatani Date 8/14/15  
For Kathleen Camara