LCP-AR1

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period July 1, 2013 (mm/dd/yyyy) to June 30, 2014 (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :

Carpinteria Unified School District

2. LCP I.D. Number (assigned by DIR):

2011.01010

3. Date of Initial Approval: 9/1/11

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AUG 28 2014

DEPT. OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Lucinda L. Abbott, Assistant Superintendent Business Services
1400 Linden Ave.
Carpinteria, CA 93013
Phone 805-684-4511
Fax 805-684-0218
cabbott@cusd.net

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one: ☐ Yes If Yes, proceed to item 6 on the next page

☑ No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

SUBMITTED BY:

Lucinda L. Abbott
Signature

Lucinda L. Abbott, Assistant Superintendent, Business Services
Name and Title

August 25, 2014
Date