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 07/01/2014 to 06/30/2015

RECEIVED
SEP 02 2015
Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP) :
Atwater Elementary School District

2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval:
2011.00983	9/1/2011

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

Carol Longobardi
1401 Broadway Ave
Atwater, CA 95301

Phone: 209-357-6100

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:

Signature	Name and Title	Date
[signature]	Kate Kurey, Owner	8/28/15