

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**

(mm/dd/yyyy)

(mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : <b>Brea-Olinda Unified School District</b>		5. Date of Initial Approval: <b>9/1/2011</b>
2. LCP I.D. Number (assigned by DIR): <b>2011.01009</b>		
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): <b>Jean Aldrete</b> <b>Assistant Superintendent, Business Services</b> <b>1 Civic Center Circle, Level II</b> <b>Brea, CA 92821</b> <b>Phone: 714-990-7827</b> <b>Fax : 714-529-2137</b> <b>Email: <a href="mailto:jaldrete@bousd.us">jaldrete@bousd.us</a></b>		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input checked="" type="checkbox"/> <b>Yes</b> If Yes, proceed to item 6 on the next page <input type="checkbox"/> <b>No</b> 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)		
<b>SUBMITTED BY:</b>		
	<b>Jean Aldrete - Assistant Superintendent, Business Services</b>	<b>8/4/15</b>
Signature	Name and Title	Date