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__ (mm/dd/yyyy) to __06/30/2015__ (mm/dd/yyyy)

RECEIVED
AUG 03 2015
Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP) :

Stanislaus County Office of Education

2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval:
2011.01059	**09/01/2011**

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

Kathy Lasiter – Director of Operations
1100 H Street, Modesto, CA 95354
(209) 238-1916

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
Kathy Lasiter	**Kathy Lasiter, Director of Operations**	7-28-15