

# 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: 07/01/13 06/30/14

1. Name of Labor Compliance Program (LCP): <b>POINT ARENA HIGH SCHOOL DISTRICT</b>			
2. LCP I.D. Number (assigned by DIR): <b>2011.00852</b>			
3. Date of Initial Approval: <b>September 1, 2011</b>			
4. Contact Person Name: Colleen Cross or Meg Kailikole Address: PO Box 87   45 Lake Street   Point Arena CA 95468 Phone: 707.882.2803 Fax: 707-882-2848 Email: ccross@mcn.org or megk@mcn.org			
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Yes <input type="checkbox"/> If yes, proceed to item 6 on the next page No <input checked="" type="checkbox"/> If No, complete the information below, sign the form and submit to: <b>DIR, Office of the Director Attn: LCP Special Assistant 455 Golden Gate Avenue, 10th Floor San Francisco CA 94102</b>			
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>  <table border="0"><tr><td><u>Colleen Cross</u> Signature</td><td><u>Colleen Cross, Superintendent</u> Name / Title</td><td><u>8-6-14</u> Date</td></tr></table>	<u>Colleen Cross</u> Signature	<u>Colleen Cross, Superintendent</u> Name / Title	<u>8-6-14</u> Date
<u>Colleen Cross</u> Signature	<u>Colleen Cross, Superintendent</u> Name / Title	<u>8-6-14</u> Date	





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C. For any Amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

<i>Project Name</i>	<i>Amount Assessed</i>	<i>Amount Recovered</i>	<i>Explanation</i>
N/A			CONTRACTORS IMMEDIATELY AND VOLUNTARILY MADE RESTITUTION TO THE AFFECTED WORKERS
			CONTRACTORS IMMEDIATELY AND VOLUNTARILY MADE RESTITUTION TO THE AFFECTED WORKERS
			CONTRACTORS IMMEDIATELY AND VOLUNTARILY MADE RESTITUTION TO THE AFFECTED WORKERS
			CONTRACTORS IMMEDIATELY AND VOLUNTARILY MADE RESTITUTION TO THE AFFECTED WORKERS
<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

<i>Project Name</i>	<i>Amount Assessed</i>					<i>Amount Recovered</i>				
	<i>LC § 1776</i>	<i>LC § 1775</i>	<i>LC § 1813</i>	<i>Wages</i>	<i>Total</i>	<i>LC § 1776(g)</i>	<i>LC § 1775</i>	<i>LC § 1813</i>	<i>Wages</i>	<i>Total</i>
N/A										
					\$ -					\$ -
					\$ -					\$ -
					\$ -					\$ -

E. Identify cases that are or were the subject of LC § 1742 proceedings.

<i>Project Name</i>	<i>Contractors</i>	<i>Nature of Violation</i>	<i>ODL Case #</i>	<i>Current Status</i>
N/A				

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.17?

Please check one:  Yes

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral.

No

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standard (DAS)?

Please check one:  Yes

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:

No