

# LABOR COMPLIANCE PROGRAM ANNUAL REPORT

*Suggested Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))*

Report for the reporting period 07/01/2013 to 06/30/2014  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : **Riverside County Office of Education**

3. Date of Initial Approval: **May 27, 2003**

2. LCP I.D. Number (assigned by DIR): **2003.00228**

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

**Matt Snellings, Facility Project Manager**

**3939 Thirteenth Street**

**Riverside, CA 92502-0868**

**(951) 826-4219 Office (951) 826-6437 Fax**

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) Please make this form **INTERACTIVE** like the DAS-140 form so it will be easier to use. Thank you.

SUBMITTED BY:



Signature

Matt Snellings, Facility Project Manager

Name and Title

8/27/14

Date



<b>Total</b>										

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

<b>Project Name</b>	<b>Contractor</b>	<b>Nature of Violation</b>	<b>ODL Case #</b>	<b>Current Status</b>
N/A				

G. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:  YES  NO

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

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

Please check one:  YES  NO

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