**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 **07/01/2015** to **06/30/2016**

| 1. Name of Labor Compliance Program (LCP): | **Alta Vista Elementary School District** |
| 2. LCP I.D. Number (assigned by DIR): | 2011.00749 |
| 3. Date of Initial Approval: | |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | **Teresa Orth, Administrative Assistant**
2293 E. Crabtree Ave.
Porterville, CA 93257
559-782-5700 (Fax) 559-782-5715
loaston@altavistaed.org |
| | or
| | **Lora Haston, Superintendent**
2293 E. Crabtree Ave.
Porterville, CA 93257
559-782-5700 (Fax) 559-782-5715
lhaston@altavistaed.org |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? |
| Please check one: |  
☑ 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**

**Teresa Orth, Administrative Assistant**

**Date**

4/27/17