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: 07/01/17 — 06/30/18

1. Name of Labor Compliance Program (LCP):
   OXNARD UNIFIED HIGH SCHOOL DISTRICT

2. LCP I.D. Number (assigned by DIR):
   2003.00155

3. Date of Initial Approval:
   April 25, 2003

4. Contact Person
   Name: Penelope DeLeon | Superintendent
   Address: 309 SOUTH K STREET, OXNARD, CA 93030
   Phone: (805) 385-2500
   Fax: (805) 483-3069
   Email: penelope.deleon@ouhsd.k12.ca.us

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
   Yes ____ If yes, proceed to item 6 on the next page
   No ___X__ If No, complete the information below, sign the form and submit to:
   Reports must be emailed in .PDF form to dirlcpr@dir.ca.gov or mailed to:
   Department of Industrial Relations
   Office of the Director - Attn: Special Assistant to the Director
   1515 Clay Street, 17th Floor
   Oakland, CA 94612
   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 / Title
   Jeffrey Woodroffe / Asst. Sup. Business Services
   Date
   7/1