1. Name of Labor Compliance Program (LCP): **Watershed Research and Training Center Labor Compliance Program**

2. LCP I.D. Number (assigned by DIR): 2017.00427

3. Date of Initial Approval: 5-2-18

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Ms. Katie Van Pelt
   P.O. Box 356
   Hayfork, CA 96041

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
   Please check one:  
   - [ ] Yes  
   - [x] No  
   If Yes, proceed to item 6 on the next page
   If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,
   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) Create consistency in the field of Labor Compliance by providing seminars and training.

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**SUBMITTED BY:**

**Katie Van Pelt**  
Signature:  
Name and Title: Grants Specialist

7/10/2018  
Date