CLOSING REPORT

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 ______7/1/2017 ______ to ______6/30/2018 ______

1. Name of Labor Compliance Program (LCP):
   West Contra Costa Unified School District

2. LCP I.D. Number (assigned by DIR):
   2011.00758

3. Date of Initial Approval:
   09/01/2011

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Lisa LeBlanc, Associate Superintendent
   Operations & Bond Program
   West Contra Costa Unified School District
   1400 Marina Way S
   Richmond, CA 94804
   510-307-4540

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,
   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)