

LCP-AR1

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 10/1/2009 to 06/30/2010
(mm/dd/yyyy) (mm/dd/yyyy)

| | |
|---|---|
| 1. Name of Labor Compliance Program (LCP): West Covina Unified School District | |
| 2. LCP I.D. Number (assigned by DIR): 2003.00278 | 3. Date of Initial Approval: 10/29/2003 |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Michael Seaman Assistant Superintendent of Human Resources 1717 West Merced Avenue West Covina, CA 91790 Phone: 626-939-4600 ext. 4671 Fax: 626-337-4318 | |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> 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) N/A | |

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SUBMITTED BY:

Michael F. Seaman

Signature

Michael F. Seaman - Assistant Superintendent

Name and Title

11/9/10

Date

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6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

| Project Name | Bid Advertisement Date | Prime Contractor | Contract Amount |
|--|-------------------------|-----------------------|------------------------|
| Modernization of West Covina High School | 12/15/2005 & 12/22/2005 | USS Cal Builders Inc. | \$11,286,000.00 |
| Modernization of Edgewood Middle School | 12/15/2005 & 12/22/2005 | M.C.B.C. | \$6,897,000.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | \$18,183,000.00 |

B. Summary of all wages and penalties assessed and/or recovered.

| Project Name | Affected Contractor (who directly employed the worker) | Amount Assessed | Amount Recovered | Approval of Forfeiture Requested from Labor Commissioner? | Description of Violation |
|--------------|--|-----------------|------------------|---|--------------------------|
| N/A | N/A | N/A | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total | | N/A | N/A | | |

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C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

| Project Name | Amount Assessed | Amount Recovered | Explanation |
|--------------|-----------------|------------------|-------------|
| N/A | N/A | N/A | N/A |
| | | | |
| Total | | | |

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

| Project Name | Amount Assessed | | | | | Amount Recovered | | | | |
|--------------|-----------------|-----------|-----------|-------|-------|------------------|-----------|-----------|-------|-------|
| | LC § 1776(g) | LC § 1775 | LC § 1813 | Wages | Total | LC § 1776(g) | LC § 1775 | LC § 1813 | Wages | Total |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

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

| Project Name | Contractor | Nature of Violation | ODL Case # | Current Status |
|--------------|------------|---------------------|------------|----------------|
| N/A | N/A | N/A | N/A | N/A |
| | | | | |
| | | | | |

F. 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: _____

G. 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: _____