



# DCM Group

2386 Fair Oaks Blvd. ♦ Sacramento, CA 95825  
 916-971-4929 ♦ 916-371-5446 (fax)

## TRANSMITTAL

To: DIR

Date: August 30, 2011  
 Project: \_\_\_\_\_  
 Job No. \_\_\_\_\_

Attn: Christine Baker /  
 Phone: ATTN: VICTOR OSANLO  
 Fax: \_\_\_\_\_

Transmittal #: 101-LCP-2004-000441  
 Ref: \_\_\_\_\_

**We are sending you:**

- \_\_\_ Contracts
- \_\_\_ Under separate cover
- \_\_\_ Schedule
- \_\_\_ Reports
- \_\_\_ RFI
- \_\_\_ Letter / Memo
- \_\_\_ Change Order

**For:**

- Review
- Approval
- Pricing
- \_\_\_ Correction & Re-Submit
- \_\_\_ Signature & Return
- Your Compliance
- \_\_\_ Your Use

**By:**

- \_\_\_ Regular Mail (Original)
- \_\_\_ Messenger
- \_\_\_ Overnight Courier
- \_\_\_ Golden State Overnight
- \_\_\_ Hand Deliver
- \_\_\_ Pick-Up
- Fax - Page 5-8
- \_\_\_ Sub Box

| Quantity | Description                          |
|----------|--------------------------------------|
| 1        | Dem Annual Report - 7/1/10 - 6/30/11 |
|          |                                      |
|          |                                      |
|          |                                      |
|          |                                      |
|          |                                      |
|          |                                      |

General Remarks: Good evening - please see attached.

CC:

By: Victoria Costanzo



Main 916.971.4929 ■ Fax 916.443.2130 ■ www.dcmgrp.com

August 30, 2011

Ms. Christine Baker  
Acting Director of Industrial Relations  
State of California  
455 Golden Gate Avenue, 10<sup>th</sup> Floor  
San Francisco, CA 94102

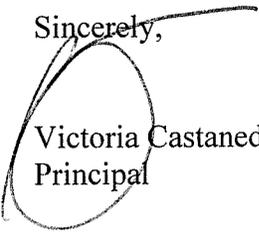
RE: DCM Group Labor Compliance Program Annual Report 2010-11  
LCP I.D. 2004.000441

Dear Ms. Baker:

Enclosed is the Annual Labor Compliance Report for DCM Group. The Report is submitted in compliance with California Code of Regulations Chapter 8, Subchapter 4, Article 3, Section 16431(a), which reads, in part as follows: "The Labor Compliance Program shall submit to the Director an annual report on its operation within 60 days after the close of its annual reporting period, as defined in subpart (c). DCM Group did not provide labor compliance as a Third Party Labor Compliance Administrator during the reporting period.

Should you have any questions, I can be reached at (916) 837.8111.

Sincerely,

  
Victoria Castaneda  
Principal

Attachments:

Labor Compliance Program Annual Report  
Certificate of Compliance/Conflict of Interest Disclosure

2386 Fair Oaks Blvd ■ Sacramento, CA 95825

**LABOR COMPLIANCE PROGRAM ANNUAL REPORT**

*Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement*

Report for the reporting period July 1, 2010 to June 30, 2011  
(mm/dd/yyyy) (mm/dd/yyyy)

|  |   |
|--|---|
| 1. Name of Labor Compliance Program (LCP) : DCM Group  |   |
| 2. LCP I.D. Number (assigned by DIR): 2004-00441   | 3. Date of Initial Approval: October 14, 2004 |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):<br>Victoria Castaneda, Principal<br>2386 Fair Oaks Blvd.<br>Sacramento, CA 95825<br>Ph: 916.971-4929<br>Fax: 916.973-0723<br>Cell: 916.837-8111<br>Email: Victoria@dcmgrp.com  |   |
| 5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If <i>none</i> , please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant 455 Golden Gate Avenue, 10 <sup>th</sup> Floor, San Francisco, CA 94102.<br><br>None. |   |

**LCP-AR3**

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): Provide training and outreach services to LCP's.

**SUBMITTED BY:**

Signature

Name and Title

Date

**LCP-AR3**

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and *please complete separate forms for each Awarding Body covered in this report*).

Awarding Body: None.

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

| Project Name | Bid Advertisement Date | Prime Contractor | Contract Amount |
|--------------|------------------------|------------------|-----------------|
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
| Total        |                        |                  |                 |

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

| Project Name | Affected Contractor<br>(who directly employed the worker) | Amount Assessed | Amount Recovered | Approval of Forfeiture Requested from Labor Commissioner? | Description of Violation |
|--------------|---|-----------------|------------------|---|--------------------------|
|              |   |                 |                  | <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        |   |                 |                  |   |                          |

**LCP-AR3**

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 |
|--------------|-----------------|------------------|-------------|
|              |                 |                  |             |
|              |                 |                  |             |
|              |                 |                  |             |
| 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 |
|              |                 |           |           |       |       |                  |           |           |       |       |
|              |                 |           |           |       |       |                  |           |           |       |       |
|              |                 |           |           |       |       |                  |           |           |       |       |
| Total        |                 |           |           |       |       |                  |           |           |       |       |

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

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

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: \_\_\_\_\_ None. \_\_\_\_\_

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: \_\_\_\_\_ None. \_\_\_\_\_

**LCP-AR3**

7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed. Attached.

8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.

A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

Northern and Southern California

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B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

None.

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C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

Law Office of Douglas Nareau, 4076 Garden Highway, Nicolaus, CA 95659

Ph: 916.718-3684

**Attachment 1 – Certificate of Compliance/Conflict of Interest Disclosure Requirements in accordance with CCR 18701**

This is to certify that DCM Group has no reportable interests on any schedule and complies with Title 8, California Code of Regulations Section 16431, 18701 and 16426.

In accordance with 16426 (3) The DCM Group shares no personnel, management, ownership or other close affiliation with any contractor, subcontractor within the preceding five years; DCM Group shares no interest with any persons or entity who has been the surety on a contract; DCM Group shares no interest with any joint labor- management committee or any other interest groups identified in this section.

DCM Group LCP Personnel:

Vicky Castaneda  
Lindsey Kerfeld  
Carlos Azcona  
Ellen Kerfeld  
Sara Dela Fuente  
Art Chacon

Submitted by DCM Group

By: Victoria Castaneda  
Title: Principal  
Date: 8/30/2011