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 **07/01/2010** to **06/30/2011**

1. Name of Labor Compliance Program (LCP) : **Amador County School District—District LCP**

Administered by: RGM and Associates—Third Party Labor Compliance Program Provider

2. LCP I.D. Number (assigned by DIR): **2003.00043**

3. Date of Initial Approval: **April 28, 2003**

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Ralph J. Caputo, President, CEO, RGM and Associates, 3230 Monument Way, Concord, CA 94518

Phone—(925) 671-7717 – Fax—(925) 671-7788 – E-mail—rgm@rgmassociates.com

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, 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): **NONE**

SUBMITTED BY:

T. Zearley
Signature

Tim Zearley—Assistant Superintendent of Business
Name and Title

8/25/11
Date

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
NONE			
TOTAL			

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
NONE				☐Yes ☐ No	
TOTAL					

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
NONE			
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
NONE										
TOTAL										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
NONE				

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: _____