

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 07/01/2011 to 06/30/2012  
(mm/dd/yyyy) (mm/dd/yyyy)

|   |  |                          |
|---|--|--------------------------|
| 1. Name of Labor Compliance Program (LCP) :<br>Ventura County RCD   |  |                          |
| 2. LCP I.D. Number (assigned by DIR):<br>2011.01065   | 3. Date of Initial Approval:<br>09/01/2011 |                          |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):<br>Marty Melvin<br>3380 Somis Road<br>Somis, CA 93066<br>Phone: 805-672-2106<br>Administered by: Contractor Compliance and Monitoring, Inc.<br>635 Mariners Island Blvd. #200 San Mateo, CA 94404<br>Phone: (650) 522-4403 Fax: (650) 522-4402  |  |                          |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?<br>Please check one: <input checked="" type="checkbox"/> Yes If Yes, proceed to item 6 on the next page<br><input type="checkbox"/> No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,<br>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)  |  |                          |
| SUBMITTED BY:<br><u>Debra Gillis</u><br>Signature   |  |                          |
| <u>DEBRA GILLIS, Finance Director</u><br>Name and Title   |  | <u>8-20-2012</u><br>Date |

**LCP-AR1**

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 |
|--------------|------------------------|------------------|-----------------|
| See attached |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
| 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 |
|--------------|---|-----------------|------------------|---|--------------------------|
| See attached |   |                 |                  | <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  |                          |
|              |   |                 |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |
|              |   |                 |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |
| Total        |   |                 |                  |   |                          |

**LCP-AR1**

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          |                 |                  |             |
|              |                 |                  |             |
|              |                 |                  |             |
| 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          |                 |           |           |       |       |                  |           |           |       |       |
|              |                 |           |           |       |       |                  |           |           |       |       |
|              |                 |           |           |       |       |                  |           |           |       |       |
| 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          |            |                     |            |                |
|              |            |                     |            |                |
|              |            |                     |            |                |

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: \_\_\_\_\_ N/A \_\_\_\_\_

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: \_\_\_\_\_ N/A \_\_\_\_\_

