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 July 1, 2012 to June 30, 2013

1. Name of Labor Compliance Program (LCP) : Reclamation District No. 2030	
2. LCP I.D. Number (assigned by DIR): 2011.0685	3. Date of Initial Approval: 09/01/11

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

George Hartman or John Meek

1440 Arundel Court

Lodi, CA 95242

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) Create consistency in the field of Labor Compliance by providing seminars and training.

SUBMITTED BY:

Signature | Consultant Name and Title | 8/16/13 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
Levee Road Reconstruction Phase II	4/28/13	AM Stephens	$406,179.00
Total			$406,179.00

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
None to Report				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ 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 to Report			

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 to Report										
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 to Report				

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)? NO

Please check one: ☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

Ethics Training H

Internet Course Certificate of Completion

ETHICS ORIENTATION
FOR
STATE OFFICIALS

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in this accessible, non-interactive Internet course.

Name
Laura L. Devany

Agency
North Valley Labor Compliance Services

Date course completed
02/21/13

Position
Labor Compliance Consultant

Carolyn Fay
Signature

Date
2/21/13

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

Print