

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 07/01/2012 to 06/30/2013
(mm/dd/yyyy) (mm/dd/yyyy)

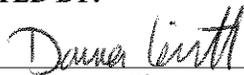
1. Name of Labor Compliance Program (LCP) : San Francisco Office of Labor Standards Enforcement	
2. LCP I.D. Number (assigned by DIR): 2012.01135	3. Date of Initial Approval: 12/21/12
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Donna Levitt, Manager Office of Labor Standards Enforcement City Hall, Room 430 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102 Ph: (415) 554-6239; Fax: (415) 554-6291; Email: donna.levitt@sfgov.org	
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input checked="" type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <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, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102	

LCP-AR1

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)

We would like to have a contact person who could provide technical assistance regarding LCP procedures. We recently issued our first Notice of Temporary Withholding and our first Request for Approval of Forfeiture and we could have been much more efficient if we had been able to get a few questions answered regarding the regulations and DIR procedures.

SUBMITTED BY:


Signature

Donna Levitt, Manager
Name and Title

10/07/2015
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
Cayuga Clubhouse and Playground Renovation	8/1/11	CDX Builders, Inc.	\$5,452,800
Boedekker Park and Clubhouse	7/23/12	CLW Builders, Inc.	\$5,360,000
Marina Green Bicycle Trail	6/12/12	Interstate Grading & Paving	\$ 946,751
Cesar Chavez Streetscape Improvements	9/23/12	NTK Construction, Inc.	\$8,115,742
High Efficiency Direct Toilet Installation Program	8/27/08	Southwest Environmental	\$5,300,000
Total			\$25,175,293

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
				<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		\$			

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

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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: _____

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: _____