LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Suggested format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))

Report for the reporting period 07/01/2013 (mm/dd/yyyy) to 06/30/2014 (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP): **Ducor Community Services District**

3. Date of Initial Approval: 02/24/2013

2. LCP I.D. Number (assigned by DIR): 2012.01130

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

Ducor Community Services District

Stanley Carter , President

Ducor Community Services District P.O. Box 187

Ducor, CA 93218

(559) 534-2318 Office **N/A Fax**

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) Please make this form **INTERACTIVE** like the DAS-140 form so it will be easier to use. Thank you.

SUBMITTED BY:

Signature

Stanley Carter , President
Name and Title

8-31-2014
Date

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*).

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

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Water Supply-Municipal Water Well and Conveyance Piping	01/18/2012	Dee Jasper & Associates, Inc.	$113,756.00
Total			$113,756.00

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
N/A					
Total					

C. For any amount identified in item B for which approval of forfeiture was 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:

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: