

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 7/1/2014 to 6/30/2015
(mm/dd/yyyy) (mm/dd/yyyy)

RECEIVED
JUL 21 2015
Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP) : CITY OF LAGUNA BEACH		
2. LCP I.D. Number (assigned by DIR): LCP ID: 2011.01091	3. Date of Initial Approval: 9/1/2011	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): WADE BROWN PROJECT DIRECTOR 505 FOREST AVE., LAGUNA BEACH, CA 92651 PHONE: (949) 497-0360 EMAIL: wbrown@lagunabeachcity.net		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" 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		
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: Wade Brown Signature		
Wade Brown, Project Director Name and Title		July 14, 2015 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
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? __ Yes __ No	Description of Violation [LC CODE]; Description
Total		\$0	\$0		

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
Total	\$0	\$0	

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										

LCP-AR1

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: _____



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Department of Industrial Relations
Office of the Director

July 17, 2015

Department of Industrial Relations
Office of the Director, Attn: LCP Special Assistant
455 Golden Gate Avenue, 10th Floor
San Francisco, CA 94102

Dear Special Assistant:

Enclosed is the LCP Annual Report for the 7/1/14 through 6/30/15 period for the City of Laguna Beach LCP ID 2011.01091. This annual report is submitted in accordance with California Code Regulations 16431 for all of the City of Laguna Beach's projects subject to the monitoring of an LCP.

Please contact me with any questions at (949) 497-0360 or wbrown@lagunabeachcity.net.

Sincerely,

A handwritten signature in black ink that reads "Wade Brown". The signature is written in a cursive, flowing style.

Wade Brown,
Project Director