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 ____07/01/2012__ to ____06/30/2013___
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :
Santa Cruz County

2. LCP I.D. Number (assigned by DIR):
2011.01056

3. Date of Initial Approval:
09/01/2011

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

Chris Coburn- Water Resource Analyst
701 Ocean Street, Room 312
Santa Cruz, CA 95060

Administered by: Contractor Compliance and Monitoring, Inc.
635 Mariners Island Blvd. #200 San Mateo, CA 94404
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?

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)

SUBMITTED BY:

Signature

CARISA R. DURAN - CIVIL ENGINEER
Name and Title

8/30/13
Date

RECEIVED
AUG 12 2013
ENVIRONMENTAL HEALTH SERVICES

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 (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
See attached				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
Total					

RECEIVED
AUG 12 2013
ENVIRONMENTAL
HEALTH SERVICES

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
See attached			
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
See attached										
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

RECEIVED AUG 12 2013 ENVIRONMENTAL HEALTH SERVICES

Public Agency	Project	Bid Advertisement Date	Prime Contractor	Affected Contractor	Total Construction Cost	Amount Assessed					Amount Recovered				
						Wages	1775	1776	1813	Total	Wages	1775	1776	1813	Total
Santa Cruz County	Pajaro River Bench Excavation Phase II	3/22/2013	Pavex		5,352,000.00	Still Open									
				Public Agency Totals:	5,352,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00