

JUL 08 2014

DEPT. OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

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 07/01/2013 to 06/30/2014
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Capistrano Unified School District		
2. LCP I.D. Number (assigned by DIR): 2011.00931	3. Date of Initial Approval: 9/1/2011	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Terry Fluent, Director, Purchasing 33122 Valle Road, San Juan Capistrano, CA 92675 Office: 949/ 234-9436 Fax: 949/ 493-4083 e-mail: tfluent@capousd.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		
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:		
<u>Terry Fluent</u> Signature	<u>Terry Fluent, Director, Purchasing</u> Name and Title	<u>6/30/14</u> 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
Capistrano Valley HS Performing Arts Theater	4/18/2011	S.J. Amoroso Const. / Liberty Mutual Ins. Co.	\$12,000,000.00
Total			\$12,000,000.00

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
Capo Valley HS Performing Arts Theater	Sunland Fire Protection	\$52,781.53	\$0.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Underpayment of proper prevailing wages
				<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		\$52,781.53	\$0.00		

LCP-AR1

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			

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
Capo Valley HS		\$8,250.00		\$44,531.53	\$52,781.53		\$0.00 (pending)		\$0.00 (Pending)	\$0.00
Total		\$8,250.00		\$44,531.53	\$52,781.53		\$0.00		\$0.00	\$0.00

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
Capo Valley HS - Performing Arts theater	S.J. Amoroso Const. / Liberty Mutual Ins. Co.	Underpayment of proper prevailing wages	14-0210-PWH - 14-0212-PWH	Pending

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: _____