

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 07/01/2014 to 06/30/2015 (mm/dd/yyyy) (mm/dd/yyyy)

RECEIVED AUG 14 2015 Department of Industrial Relations Office of the Director

1. Name of Labor Compliance Program (LCP): Ducks Unlimited
2. LCP I.D. Number (assigned by DIR): 2012.01127
3. Date of Initial Approval: 09/20/2012
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Cathy Conrad, Administered by: Contractor Compliance and Monitoring, Inc.
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? [X] Yes
What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year?
SUBMITTED BY: Cathy Conrad, PROJECT COORDINATOR 8/10/15

**LCP-ARI**

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 |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
|              |                        |                  |                 |
| <b>Total</b> |                        |                  |                 |

B. Summary of all wages and penalties assessed and/or recovered.

| Project Name | Affected Contractor<br>(who directly employed the worker) | Amount Assessed | Amount Recovered | Approval of Forfeiture Requested from Labor Commissioner? | Description of Violation |
|--------------|---|-----------------|------------------|---|--------------------------|
| See attached |   |                 |                  | <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  |                          |
|              |   |                 |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |
| <b>Total</b> |   |                 |                  |   |                          |

**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 |
|--------------|-----------------|------------------|-------------|
| 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 \_\_\_\_\_



LETTER OF TRANSMITTAL



Western Regional Office  
3074 Gold Canal Drive  
Rancho Cordova, CA 95670  
(916) 852-2000  
(916) 852-2200 fax

TO: Department of Industrial Relations  
Office of the Director  
455 Golden Gate Ave., 10<sup>th</sup> Floor  
San Francisco, CA 94102

DATE: August 11, 2015  
JOB No.: N/A  
RE: Labor Compliance Program Annual  
Report

ATTN: LCP Special Assistant

Transmitted:  Herewith  US Mail/certified & return receipt  
 Pick Up  Hand Deliver  2<sup>nd</sup> Day

| DATE      | COPIES | DESCRIPTION                                 |
|-----------|--------|---|
| 8/11/2015 | 1 orig | Labor Compliance Program 2015 Annual Report |
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|           |        |   |
|           |        |   |
|           |        |   |

These as transmitted (as checked below)

For your use/information/files  For Approval  
 As required  Other (See Remarks)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: *Cathy Conrad*

Copy to: CCMI / Katherine Martins