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 07/01/2015 to 06/30/2016

1. Name of Labor Compliance Program (LCP): Discovery Science Center

2. LCP I.D. Number (assigned by DIR): 2013.01173

3. Date of Initial Approval: 10/9/2013

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Kellee Preston
   Vice President of Operations
   Discovery Science Center
   2500 North Main Street
   Santa Ana, CA 92705
   Phone: 714-913-5033
   Fax: 714-263-3838
   Email: kpreston@discoverycube.org

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)

6. SUBMITTED BY:
   Kellee Preston, Vice President of Operations
   Signature

   Name and Title
   Date
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.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Bid Advertisement Date</th>
<th>Prime Contractor</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery Science Center</td>
<td>12/17/2013</td>
<td>Driver SPG</td>
<td>$18,500,000</td>
</tr>
</tbody>
</table>

Total $18,500,000

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Affected Contractor  (who directly employed the worker)</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Approval of Forfeiture Requested from Labor Commissioner?</th>
<th>Description of Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td>Radio Yes</td>
<td></td>
</tr>
</tbody>
</table>

Total

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Contractor</th>
<th>Nature of Violation</th>
<th>ODL Case #</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?  
Please check one:  
- [Y] 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:  
- [Y] Yes  
- [ ] No  
If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: ____________________________