COUNTY OF ORANGE
OCPW/OC CONSTRUCTION
1152 E. FRUIT STREET
SANTA ANA, CA 92701

DIR, Office of the Director
Attn: LCP Special Assistant
455 Golden Gate Avenue, 10th floor
San Francisco, CA 94102
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 7/1/2016 to 6/30/2017

1. Name of Labor Compliance Program (LCP):
   Orange County Public Works

2. LCP I.D. Number (assigned by DIR):
   2013.01193

3. Date of Initial Approval:
   3/21/2014

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Edward Frondoso, PE, Manager
   Orange County Public Works, OC Construction
   1152 E. Fruit Street
   Santa Ana, CA 92701
   Email: Edward.Frondoso@ocpw.oegov.com

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. Signature
   Edward Frondoso, P.E., Manager
   Date 8/1/17

SUBMITTED BY:
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>Glassell Yard LID Retrofit</td>
<td>3/24/2015</td>
<td>Tobo Construction Inc.</td>
<td>3,980,474.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>3,980,474.00</td>
</tr>
</tbody>
</table>

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>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
<tr>
<td>Total</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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>
<th>Wages Total</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Wages Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
**LCP-AR1**

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: [ ] 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**