

LCP-AR2

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))

Report for the reporting period 07/01/2022 to 06/30/2023
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Department of Transportation		
2. LCP I.D. Number (assigned by DIR): 010	3. Date of Initial Approval: 12/01/1990	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Lindsey Woolsey Labor Compliance Program Chief(A) Lindsey.Woolsey@dot.ca.gov Ph: 530-204-7745		
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, <p style="text-align: right;">1515 Clay Street, 17th Floor, Oakland CA 94612</p>		
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	_____ Name and Title	_____ Date

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C. 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 Attachment #2 & #3				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Assessed/Recovered				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Wages				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total		\$906,747.82	\$807,678.86		

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

Project Name	Amount Assessed	Amount Recovered	Explanation
Attachment #2			Restitution collected and confirmed for underpayments no RAF requested.
Total	\$795,603.88	\$795,603.88	

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E. For any amount identified in item C 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 Attachment #3										
Total	\$0.00	\$90,565.00	\$0.00	\$20,578.94	\$111,143.94	\$0.00	\$0.00	\$0.00	\$12,074.98	\$12,074.98

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
See Attachment #4				

G. 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: _____

H. 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: _____
