

Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2020-21  
 Workforce Innovation and Opportunity Act (WIOA) Rapid Response & Layoff Aversion Programs

AJCC Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Company Information		Comments																
<table border="1"> <tr> <td><b>Company Name</b> (include DBA)</td> <td></td> </tr> <tr> <td><b>Street Address</b></td> <td></td> </tr> <tr> <td><b>City</b></td> <td></td> </tr> <tr> <td><b>Zip Code</b></td> <td></td> </tr> </table>	<b>Company Name</b> (include DBA)		<b>Street Address</b>		<b>City</b>		<b>Zip Code</b>		Both System and Paper File Match: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:									
<b>Company Name</b> (include DBA)																		
<b>Street Address</b>																		
<b>City</b>																		
<b>Zip Code</b>																		
<b>WARN/Non-WARN Information (if applicable)</b>																		
<table border="1"> <tr> <td><input type="checkbox"/> N/A      <b>WARN</b></td> <td><input type="checkbox"/> N/A      <b>Non-WARN</b></td> </tr> <tr> <td>Layoff Date:</td> <td>Layoff Date:</td> </tr> <tr> <td>WARN Letter on file: <input type="checkbox"/> Yes      <input type="checkbox"/> No</td> <td>Approval from WDACS on file: <input type="checkbox"/> Yes      <input type="checkbox"/> No</td> </tr> <tr> <td>WARN #</td> <td></td> </tr> <tr> <td>Date Assigned:</td> <td>Date Approved:</td> </tr> <tr> <td># of Affected Employees:</td> <td># of Affected Employees:</td> </tr> </table>	<input type="checkbox"/> N/A <b>WARN</b>	<input type="checkbox"/> N/A <b>Non-WARN</b>	Layoff Date:	Layoff Date:	WARN Letter on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval from WDACS on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	WARN #		Date Assigned:	Date Approved:	# of Affected Employees:	# of Affected Employees:	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes:					
<input type="checkbox"/> N/A <b>WARN</b>	<input type="checkbox"/> N/A <b>Non-WARN</b>																	
Layoff Date:	Layoff Date:																	
WARN Letter on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval from WDACS on file: <input type="checkbox"/> Yes <input type="checkbox"/> No																	
WARN #																		
Date Assigned:	Date Approved:																	
# of Affected Employees:	# of Affected Employees:																	
<b>Rapid Response Process</b>																		
<table border="1"> <tr> <td><b>Notification</b> <input type="checkbox"/> N/A</td> <td>1. Agency responded to WARN/ Non-WARN approval &amp; contacted correct company representative within 24 hours: <input type="checkbox"/> Yes      <input type="checkbox"/> No Date Contacted:</td> </tr> <tr> <td><b>Red Team</b> <input type="checkbox"/> N/A</td> <td><b>Planning</b>      <b>OR</b> 1. Confirmation of invitation to RR Red Team: <input type="checkbox"/> Yes      <input type="checkbox"/> Yes 2. RR Red Team Members Attended?      <input type="checkbox"/> Yes      <input type="checkbox"/> Yes</td> </tr> <tr> <td><b>Planning Meeting</b> <input type="checkbox"/> N/A</td> <td>Date of Meeting: <b>On-site:</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No</td> </tr> <tr> <td><b>Orientation</b> <input type="checkbox"/> N/A</td> <td> <table border="1"> <tr> <td><b>Date of Visit:</b></td> <td></td> </tr> <tr> <td><b>Number of Affected Local Employees:</b></td> <td></td> </tr> <tr> <td><b>Number of Affected Employees Attending:</b></td> <td></td> </tr> <tr> <td><b>On-site:</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No</td> </tr> </table> </td> </tr> </table>	<b>Notification</b> <input type="checkbox"/> N/A	1. Agency responded to WARN/ Non-WARN approval & contacted correct company representative within 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Contacted:	<b>Red Team</b> <input type="checkbox"/> N/A	<b>Planning</b> <b>OR</b> 1. Confirmation of invitation to RR Red Team: <input type="checkbox"/> Yes <input type="checkbox"/> Yes 2. RR Red Team Members Attended? <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<b>Planning Meeting</b> <input type="checkbox"/> N/A	Date of Meeting: <b>On-site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Orientation</b> <input type="checkbox"/> N/A	<table border="1"> <tr> <td><b>Date of Visit:</b></td> <td></td> </tr> <tr> <td><b>Number of Affected Local Employees:</b></td> <td></td> </tr> <tr> <td><b>Number of Affected Employees Attending:</b></td> <td></td> </tr> <tr> <td><b>On-site:</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No</td> </tr> </table>	<b>Date of Visit:</b>		<b>Number of Affected Local Employees:</b>		<b>Number of Affected Employees Attending:</b>		<b>On-site:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes:	
<b>Notification</b> <input type="checkbox"/> N/A	1. Agency responded to WARN/ Non-WARN approval & contacted correct company representative within 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Contacted:																	
<b>Red Team</b> <input type="checkbox"/> N/A	<b>Planning</b> <b>OR</b> 1. Confirmation of invitation to RR Red Team: <input type="checkbox"/> Yes <input type="checkbox"/> Yes 2. RR Red Team Members Attended? <input type="checkbox"/> Yes <input type="checkbox"/> Yes																	
<b>Planning Meeting</b> <input type="checkbox"/> N/A	Date of Meeting: <b>On-site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>Orientation</b> <input type="checkbox"/> N/A	<table border="1"> <tr> <td><b>Date of Visit:</b></td> <td></td> </tr> <tr> <td><b>Number of Affected Local Employees:</b></td> <td></td> </tr> <tr> <td><b>Number of Affected Employees Attending:</b></td> <td></td> </tr> <tr> <td><b>On-site:</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No</td> </tr> </table>	<b>Date of Visit:</b>		<b>Number of Affected Local Employees:</b>		<b>Number of Affected Employees Attending:</b>		<b>On-site:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Date of Visit:</b>																		
<b>Number of Affected Local Employees:</b>																		
<b>Number of Affected Employees Attending:</b>																		
<b>On-site:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>121/122 Forms</b>																		
<table border="1"> <tr> <td><b>Filled out completely:</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No</td> </tr> <tr> <td><b>Name of company matches the WARN/Non-WARN:</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</td> </tr> <tr> <td><b>Number of Affected Local Employees match the WARN:</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</td> </tr> <tr> <td><b>Submitted Planning Meeting 121 (within 7 days of activity)</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</td> </tr> <tr> <td><b>Submitted Orientation 121 (within 7 days of activity)</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</td> </tr> <tr> <td><b>Comments match information:</b></td> <td><input type="checkbox"/> Yes      <input type="checkbox"/> No</td> </tr> </table>	<b>Filled out completely:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of company matches the WARN/Non-WARN:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Number of Affected Local Employees match the WARN:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Submitted Planning Meeting 121 (within 7 days of activity)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Submitted Orientation 121 (within 7 days of activity)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Comments match information:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes:					
<b>Filled out completely:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>Name of company matches the WARN/Non-WARN:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																	
<b>Number of Affected Local Employees match the WARN:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																	
<b>Submitted Planning Meeting 121 (within 7 days of activity)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																	
<b>Submitted Orientation 121 (within 7 days of activity)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																	
<b>Comments match information:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																	

<b>Layoff Aversion Process</b>		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
<b>Notification</b>	1. Agency notified WDACS within 24 hours of initial assessment by email: <input type="checkbox"/> Yes <input type="checkbox"/> No  Initial assessment prior to approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:								
<b>Initial Assessment</b>	1. Confirmation of invitation to RR Red Team: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Did all RR Red Team Members Attend? <input type="checkbox"/> Yes <input type="checkbox"/> No  <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="text-align: center; padding: 2px;"><b>Date of Visit:</b></td> <td style="width: 150px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;"><b>Number of At-Risk Jobs:</b></td> <td></td> </tr> <tr> <td style="text-align: center; padding: 2px;"><b>On-site:</b></td> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;"><b>Number of Jobs Saved:</b></td> <td></td> </tr> </table>	<b>Date of Visit:</b>		<b>Number of At-Risk Jobs:</b>		<b>On-site:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Jobs Saved:</b>		
<b>Date of Visit:</b>										
<b>Number of At-Risk Jobs:</b>										
<b>On-site:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Number of Jobs Saved:</b>										
<b>Layoff Aversion Final Meeting</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>AJCC File</b>		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No								
<input type="checkbox"/>	<b>Copy of WARN or Email of Non-WARN</b>	<b>Comments</b>								
<input type="checkbox"/>	<b>Approval/Assignment Email</b>									
<input type="checkbox"/>	<b>Case Notes</b>									
<input type="checkbox"/>	<b>Copy of 121 Form(s)</b>									
<input type="checkbox"/>	<b>Sign-in Sheet(s)</b>									
<input type="checkbox"/>	<b>Employee Surveys</b>									
<input type="checkbox"/>	<b>Other</b>									
		Notes:								
<b>Systemic Issues</b>		All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Comments:</b>										
<i>AJCC REPRESENTATIVE PRINT NAME</i>	<i>WDACS REPRESENTATIVE PRINT NAME</i>									
<i>SIGNATURE</i>	<i>SIGNATURE</i>									
<i>DATE:</i>	<i>DATE:</i>									