

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2021-22  
Workforce Innovation and Opportunity Act (WIOA) Rapid Response & Layoff Aversion Programs**

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

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

Company Information	
<b>Company Name</b> (include DBA)	Both System and Paper File Match: <input type="checkbox"/> Yes <input type="checkbox"/> No  Notes:
<b>Street Address</b>	
<b>City</b>	
<b>Zip Code</b>	
<b>Assignment ID#</b>	

WARN/Non-WARN Information (if applicable)		
<input type="checkbox"/> N/A <b>WARN</b>	<input type="checkbox"/> N/A <b>Non-WARN</b>	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Notes:
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	
CalJOBS WARN #		
Date Assigned:	Date Approved:	
# Of Affected Employees:	# Of Affected Employees:	

Rapid Response Process									
<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 2. If direct contact not made, was attempt made within 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No  Date Contacted:	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Notes:							
<b>Countywide Weekly Virtual Orientation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Red Team and Planning Meeting sections can be skipped								
<b>Red Team</b> <input type="checkbox"/> N/A	<b>Planning      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 3. Did local AJCC attend? <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"/> <b>Virtual</b> <input type="checkbox"/>								
<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> <input type="checkbox"/>    <b>Virtual</b> <input type="checkbox"/></td> <td></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"/> <b>Virtual</b> <input type="checkbox"/>
<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"/> <b>Virtual</b> <input type="checkbox"/>									

Event Report Form Submission		
<b>Filled out completely:</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>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 Event Report</b> <i>(Within 5 days of activity)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Submitted Orientation Event Report</b> <i>(Within 5 days of activity)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Attached the Delinquent Event Form Approval Request</b> <i>(If the event form was reported past 5 days of Date of Visit)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Does Not Apply
<b>Comments match information:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Layoff Aversion Process**

<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	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  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%;"> <tr> <td style="text-align: center;"><b>Date of Visit:</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>Number of At-Risk Jobs:</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><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 At-Risk Jobs:</b>		<b>On-site:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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>Layoff Aversion Final Meeting</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><b>Number of Jobs Saved:</b></td> <td></td> </tr> </table>	<b>Number of Jobs Saved:</b>						
<b>Number of Jobs Saved:</b>									

**AJCC File**

		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No  Notes:
		<b>Comments</b>
<input type="checkbox"/>	Copy of WARN or Email of Non-WARN	
<input type="checkbox"/>	Approval/Assignment Email	
<input type="checkbox"/>	Case Notes	
<input type="checkbox"/>	Confirmation of Event Report Form submitted	
<input type="checkbox"/>	Sign-in Sheet(s)/ Call List	
<input type="checkbox"/>	Employee Surveys/Registration Page	
<input type="checkbox"/>	Other	

**Systemic Issues**

<b>Comments:</b>	All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>AJCC REPRESENTATIVE PRINT NAME</b>	<b>WDACS REPRESENTATIVE PRINT NAME</b>
<b>SIGNATURE</b>	<b>SIGNATURE</b>
<b>DATE:</b>	<b>DATE:</b>