

**Department of Economic Opportunity (DEO) Technical Assistance Checklist PY 2022-23
Workforce Innovation and Opportunity Act (WIOA) Rapid Response & Layoff Aversion Programs**

AJCC Name: _____

Date of Visit: _____

Company Information		Comments							
Company Name (include DBA)		Both System and Paper File Match: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:							
Street Address									
City									
Zip Code									
Assignment ID#									
WARN/Non-WARN Information (if applicable)									
<input type="checkbox"/> N/A WARN	<input type="checkbox"/> N/A Non-WARN	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 DEO 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									
<input type="checkbox"/> N/A	1. Agency responded to WARN/ Non-WARN approval & made contact with 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:							
Countywide Weekly Zoom Orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Red Team and Planning Meeting sections can be skipped								
<input type="checkbox"/> N/A	Red Team 1. Confirmation of invitation to RR Red Team: Planning <input type="checkbox"/> Yes <input type="checkbox"/> No OR <input type="checkbox"/> Yes 2. RR Red Team Members Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Did local AJCC attend? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes								
Planning Meeting	Date of Meeting: <input type="checkbox"/> N/A On-site <input type="checkbox"/> Virtual <input type="checkbox"/>								
<input type="checkbox"/> N/A	<table border="1"> <tr> <td>Date of Visit:</td> <td></td> </tr> <tr> <td>Number of Affected Local Employees:</td> <td></td> </tr> <tr> <td>Number of Affected Employees Attending:</td> <td></td> </tr> <tr> <td>On-site <input type="checkbox"/> Virtual <input type="checkbox"/></td> <td></td> </tr> </table>		Date of Visit:		Number of Affected Local Employees:		Number of Affected Employees Attending:		On-site <input type="checkbox"/> Virtual <input type="checkbox"/>
Date of Visit:									
Number of Affected Local Employees:									
Number of Affected Employees Attending:									
On-site <input type="checkbox"/> Virtual <input type="checkbox"/>									
Event Report Form Submission									
Filled out completely:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes:							
Name of company matches the WARN/Non-WARN:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
Number of Affected Local Employees match the WARN:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
Submitted Planning Meeting Event Report (within 5 days of activity)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								

Submitted Orientation Event Report <i>(within 5 days of activity)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments match information:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Layoff Aversion Process		
Notification	1. Agency notified DEO 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
Initial Assessment	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	Notes:
	Date of Visit: _____	
	Number of At-Risk Jobs: _____	
Layoff Aversion Final Meeting <input type="checkbox"/> Yes <input type="checkbox"/> No	On-site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Number of Jobs Saved: _____	
AJCC File		
<input type="checkbox"/>	Copy of WARN or Email of Non-WARN	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
<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)/Zoom Call List	
<input type="checkbox"/>	Employee Surveys/Registration Page	
<input type="checkbox"/>	Other	
Systemic Issues		
Comments:		All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
AJCC REPRESENTATIVE PRINT NAME	DEO REPRESENTATIVE PRINT NAME	
SIGNATURE	SIGNATURE	
DATE:	DATE:	