



Innovative Workforce Solutions

Pinal County Local Workforce Development Board

Pinal County Local Workforce Development Board Monitoring Corrective Action Plan

NAME OF ORGANIZATION:		PROGRAM NAME:		
Finding/Observation #1 (Identify the Finding/Observation to be addressed)				
Action Steps (Identify the specific action steps that will be implemented to address the stated Finding/Observation)	Responsible Lead Name of individual responsible for each action step	Start Date	Target Completion Date	Status (date): enter the status of each action step until completed. On a monthly basis until the entire plan is completed and accepted by the PCLWDB.
Finding/Observation #2 (Identify the Finding/Observation to be addressed)				
NOTE: Add additional sheets if needed				