

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
INFORMATION SECURITY CORRECTIVE ACTION PLAN
 CDA 1025C (NEW 12/2019)



CA Department of Aging (CDA) Corrective Action Plan (CAP)

Reporting Agency _____

CDA Incident Number _____

Root Cause(s)	Corrective Action(s)	Due Date	CAP Cost(s) Actual or Anticipated	Date Completed (for CDA)

I, the undersigned, hereby certify that I am the Secretary/Director (or equivalent head of the entity) or the Secretary/Director's designee for the above referenced state entity. I certify that the security incident has been investigated and the corrective actions will be completed by the due date. I have answered and addressed the issues per the security incident or security breach that occurred at our entity.

 Print Name – Secretary/Director

 Signature

 Date