**State of California**

**California Department of Technology**

**Office of Information Security**

**Information Security and**

**Privacy Program Compliance Certification**

**SIMM 5330-B**

**January 2018**

**REVISION HISTORY**

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| **REVISION** | **DATE OF RELEASE** | **OWNER** | **SUMMARY OF CHANGES** |
| **Initial Release** | **December 2012** | **California Office of Information Security** |  |
| **Minor Update** | **September 2013** | **California Information Security Office (CISO)** | **SIMM number change, change “agency” to “state entity”, and change references to other related SIMM documents** |
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| **Minor Update** | **August 2015** | **CISO** | **Changed reference to “remediation plan” to Plan of Action and Milestone (POAM).** |
| **Update** | **January 2018** | **Office of Information Security (OIS)** | **Form name change; office name/address change**; **modified for alignment with Cal-CSIRS online compliance reporting launch; addition of acknowledgment responsibilities; addition of SAFE submission instructions; removal of designee signing authorization; inclusion of Government Code 6254.19.** |

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| **DATE:** | | |  | | | |  |  | | | | |  |
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| **TO:** | | | Office of Information Security, California Department of Technology  Attn: Security Compliance Reporting  P.O. Box 1810, Mail Stop Y- 01  Rancho Cordova, CA 95741 | | | | |  | | | | |  |
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| **FROM:** | | |  | | | |  |  | | | | |  |
|  | | | Org Code – As identified in the [Uniform Codes Manual](http://www.dof.ca.gov/accounting/policies_and_procedures/Uniform_Codes_Manual/Organization_Codes/documents/4orgalph.pdf) | | | |  | Name of State Entity | | | | |  |
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| **SUBJECT:** Information Security and Privacy Program Compliance Certification | | | | | | | | | | | | | |
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| As specified in [Government Code Section 11549.3](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11549.3.&lawCode=GOV) and [State Administrative Manual (SAM) Section 5300.2](https://www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/sam_master_File/chap5300/5300.2.pdf), "the state entity shall comply with the information security and privacy policies, standards and procedures issued by the Office of Information Security (OIS) and ensure compliance with all security and privacy laws, regulations, rules and standards specific to and governing the administration of its programs and ensure implementation of the requisite entity specific policy, procedures, practices and controls.”  As the state entity head or the acting state entity head, I certify that I have directed the completion of the required information security and privacy program compliance reporting and associated risk response activities for each of our state and mission critical information technology systems.  I further certify, as follows:   * I have ensured a standing governance body has been established to direct the development and ongoing maintenance of the entity’s information security and privacy programs and address identified risk. * I acknowledge that our state entity must be compliant in association with [SAM 5300.2](https://www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/sam_master_File/chap5300/5300.2.pdf) and recognize that all deficiencies and/or high risk areas that must be addressed are identified in the enclosed copy of the confidential[[1]](#footnote-1) High Risk Findings Report[[2]](#footnote-2).      * I have met with and been fully briefed by our entity’s standing governance body on the status of our entity’s information security and privacy program compliance, including but not limited to all findings as represented in our entity’s Plan of Action and Milestones (POAM) (SIMM 5305-C) and the confidential High Risk Findings Report. * I fully understand the potential impacts of all risk findings not being addressed in an appropriate and timely manner. | | | | | | | | | | | | | |
| For questions or additional information about this submission please contact: | | | | | | | | | | | | | |
|  | | | | at |  | | | | or |  | | | |
| Name | | | | | Telephone Number | | | |  | Email | | | |
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| Signature of the Secretary/Director (*or equivalent head of the state entity*): | | | | | | | | | | | | | |
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| Printed Name of Entity Head | | | | |  | Signature of Entity Head | | | | |  | Date | |
|  | | | | | | | | | | | | | |
| Enclosure: Confidential High Risk Findings Report and/or POAM | | | | | | | | | | | | | |
| **Securely send this entire form and all enclosures to the OIS using the Secure Automated File Exchange (SAFE) system.** **Contact OIS for assistance and/or instructions on access to the SAFE system at (916) 445-5239 or at** [**Security@state.ca.gov**](mailto:Security@state.ca.gov)**.** | | | | | | | | | | | | | |

1. Pursuant to [Government Code 6254.19](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=GOV&sectionNum=6254.19.), this information security record is confidential and is exempt from

   public disclosure. Securely send the entire form and all enclosures to the OIS using the Secure Automated File Exchange (SAFE) system. [↑](#footnote-ref-1)
2. High Risk Findings Report must include **ALL** High Risk and Very High Risk findings. [↑](#footnote-ref-2)