
State of California
California Department of Technology
Office of Information Security
Information Security and
Privacy Program Compliance Certification
SIMM 5330-B
March 2023

REVISION HISTORY

| 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. |
| 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. |
| Minor Update | July 2018 | OIS | Corrected “and/or” to “and” in enclosure statement. |
| Minor Update | March 2019 | OIS | Added Confidential Statement. |
| Minor Update | January 2020 | OIS | Added High Risk Findings Report reporting options. |
| Minor Update | March 2023 | OIS | Added separate compliance forms requirement for all state entities. |

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

DATE: _____

ENTITY NAME: _____

ORG CODE: _____ (As identified in the [Uniform Codes Manual](#))

Separate compliance forms are required for ALL state entities regardless if they meet the criteria for a Host/Hosted relationship.

SUBJECT: Information Security and Privacy Program Compliance Certification

As specified in [Government Code Section 11549.3](#) and [State Administrative Manual \(SAM\) Section 5300.2](#), "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:

- I have ensured a standing governance body has been established to direct the development and ongoing maintenance of my entity's information security and privacy programs, and the management of identified risks.
- I meet with and am fully briefed by our entity's standing governance body on the status of the entity's information security and privacy programs compliance, including all entity risks identified through:
 - Information Security Audits,
 - Information Security Assessments,
 - California Compliance and Security Incident Reporting System (Cal-CSIRS) reporting processes,
 - Plan of Action and Milestones (POAM) (SIMM 5305-C) reporting, and
 - Any other enterprise risk assessment or privacy impact assessment processes conducted by or for my entity.
- I have directed the completion of the required Cal-CSIRS information security and privacy program compliance reporting and associated risk response activities for each of our entity's critical information technology systems.
- Our state entity is compliant with SAM Chapter 5300 and that I and other senior management recognize all deficiencies that must be addressed.

- I fully understand the potential impacts of all risk findings not being addressed in an appropriate and timely manner.

Attached as required is our entity's (select one):

- Confidential POAM and Cal-CSIRS confidential High Risk Findings Report; or
- Confidential POAM only, as a Cal-CSIRS confidential High Risk Findings Report was not generated based on our responses.

For additional information about this submission, please contact:

| | | |
|------|------------------|-------|
| Name | Telephone Number | Email |
|------|------------------|-------|

Signature of the Secretary/Director (or equivalent entity head):

| | | |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|

Enclosure(s): Confidential High Risk Findings Report (if applicable) and 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.