State of California

Office of Information Security

California Department of Technology

Risk Register and Plan of Action and Milestones Certification

SIMM 5305-C

October 2022

REVISION HISTORY

REVISION	DATE OF RELEASE	OWNER	SUMMARY OF CHANGES
Initial Release	**October 2022**	**California Office of Information Security**	**New**

DATE: _____

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

FROM: _____ _____
Org Code – As identified in the Uniform Codes Manual | Name of State Entity

SUBJECT: Risk Register and Plan of Action and Milestones Certification

As specified in The State Leadership Accountability Act (SLAA) (GC 13405), the state entity head is required to identify and report all inadequacies or weaknesses in a state agency's systems of internal control. Each Agency/state entity director must be knowledgeable about the information requirements and information management practices of the Agency/state entity and must provide active leadership in the exploration of new opportunities to use IT. (SAM 4800, 5300.3, 20070)

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:

- During the current quarter I have met with and been fully briefed by our entity's standing governance body on the status of our entity's findings as represented in our entity's Risk Register and Plan of Action and Milestones (RRPOAM) (SIMM 5305-C).
- I acknowledge that our state entity must be compliant in association with SAM 5300.2 and recognize that all deficiencies and/or high risk areas that must be addressed.
- I fully understand the potential impacts of all risk findings not being addressed in an appropriate and timely manner.

Signature of the Information Security Officer (ISO) (*or acting equivalent of the state entity*):

Printed Name of ISO	Signature of ISO	Date

Signature of the Chief Information Officer (CIO) (*or acting equivalent of the state entity*):

Printed Name of CIO	Signature of CIO	Date

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

Printed Name of Entity Head	Signature of Entity Head	Date

Enclosure: Confidential RRPOAM

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 Security@state.ca.gov.