

# **Charles County (MD) Cloud Services Provider – Questionnaire**

## **Purpose**

The purpose of this questionnaire is to provide Charles County Government (CCG) information about how your organization will store, safeguard and provide access to our sensitive data. This is not used as an ultimate decision guide, but a means to understand any potential security controls the County may need to consider before moving forward.

## **Data Management**

1. Charles County Government (CCG) shall own all rights, title, and interest in its information and data regardless of where it is stored. **(Y/N)**
2. Will all CCG data transferred to the hosting environment, or data extracted or created from CCG's data be returned to CCG upon the termination of activities? **(Y/N)**
3. Will all CCG data transferred to the hosting environment, or data extracted or created from CCG's data be securely destroyed within 30 days upon the termination of activities? **(Y/N)**
4. Will a certificate of destruction for CCG's data be provided to CCG once the data destruction process is complete? **(Y/N)**
5. Is the hosting and processing of all data in the contiguous United States? **(Y/N)**
6. Is there any additional software needed for the application/hosting environment to function? **(Y/N)**
7. What security controls does your organization use to prevent tenant data leaks to other tenants?
8. Do you employ or contract personnel with the following certifications to securely configure your cloud service: AWS Certified Security – Specialty Certification **(Y/N)**, Azure Security Engineer Associate **(Y/N)**, Google Professional Cloud Security Engineer **(Y/N)**

## **Breach Notification**

9. Does the Vendor agree to follow Maryland Statute §14-3504, otherwise known as the Maryland Personal Information Protection Act? **(Y/N)**
10. Will the Vendor's agreement to follow Maryland Statute §14-3504 be written into the service contract? **(Y/N)**
11. Will CCG be directly notified of any data breaches affecting the hosting environment within 48 hours of confirmation? **(Y/N)**
12. List the primary and secondary notification methods that will be used to inform CCG of a data breach.
13. Have you experienced a data breach since completion of last questionnaire? **(Y/N)**  
If yes, please explain?

## **Resiliency**

14. Will the Vendor provide a copy of the SOC-2 report concerning the hosting environment? If the SOC-2 report is not available, describe the security program as it relates to the protection of CCG's data within the hosting environment. Can CCG be provided with SOC-2 compatible documentation that can meet Governance, Risk Management and Compliance (GRC) requirements? **(Y/N)**
15. Does hosting environment utilizes a DDoS attack mitigation solution, capable of detecting and reducing the impact of a DDoS attack? **(Y/N)**
16. List the locations or addresses of your data centers that are hosting data or providing services for CCG.
17. Provide the physical location of your customer support service?
18. Do data centers which serve the hosting environment qualify as Tier II (or higher) certified as defined by the Uptime Institute? **(Y/N)**
19. If the data centers are not Tier II (or higher) certified, describe how data replication and service failover processes function within and between the data centers.
20. List the Recovery Time Objective, Recovery Point Objective, and the backup image retention schedule for data within the hosting environment.

21. Are multiple copies of backup images stored in geographically distant locations?  
(Y/N)

22. Do you require customers to establish additional backups to augment your  
backups of their cloud data? (Y/N)

23. Are backups regularly restored to test for data integrity and completeness? (Y/N)

### **Data Request for eDiscovery and Public Information Act (Md-PIA)**

24. What procedures do you provided in the event of an eDiscovery/PIA request?

25. How long does the process take for CCG to receive the requested data?

26. Can CCG test this process annually as part of our disaster recovery/business  
continuity testing? (Y/N)

Approving Authority:

Company:\_\_\_\_\_

Name:\_\_\_\_\_

Date:\_\_\_\_\_

Signature:\_\_\_\_\_