



Department of Justice - 2018 School Safety Initiative

Round 1 Grant Close-Out Certification

School District/Name: _____

School/District City: _____ **Grant ID Number:** _____

1. I certify that this school district or private school has provided all full-time teachers, aides, counselors, administrators, and any other personnel deemed appropriate by the applicant with a minimum of 3 hours combined training in Adverse Childhood Experiences (ACE) and Trauma Informed Care/Trauma Sensitive Schools (TIC/TSS); or demonstrated that staff has already received such training. Date Completed: _____

2. I certify that both of the below security practices are met: Yes No
 - a. All entrances to every school building are locked during the school day.
 - b. A designated staff member is present to visually screen everyone entering each school through an unlocked point of access whenever an exterior entrance is unlocked prior to, during, or immediately after the regular school day.

3. I certify that each school has a written visitor protocol. Yes No

4. I certify that each school coordinated with local law enforcement agencies to ensure that entry door security practices were reviewed, approved, and, if possible, improved immediately. Date Reviewed: _____

5. I certify that all funded Primary and Advanced security projects are completed, installed, operational, and in use. Yes No

6. I certify that the last reporting period's Final Program Report and the Final Fiscal Report have been completed in Egrants. Yes No

7. I certify that this school district or private school understands and agrees to the terms and conditions of the Wisconsin Department of Justice Office of School Safety School Safety Initiative Grant, and is subject to audit and, in the case of noncompliance, revocation of funds. Yes No

Financial Officer Signature

Signing Official Signature

Financial Officer Printed Name

Signing Official Printed Name