

TITLE:	Incident System Tracking Accountability Report (ISTAR)	ROUTING All Employees
NUMBER:	BUL-5269.2	All Locations
ISSUER:	Michelle King, Senior Deputy Superintendent School Operations	
	Earl R. Perkins, Assistant Superintendent School Operations	
DATE:	July 10, 2013	

- **POLICY:** The Los Angeles Unified School District (District) is committed to supporting schools and offices as they work to create and maintain safe and caring learning and working environments for all students and staff. The District's Incident System Tracking Accountability Report (ISTAR) is the District-wide electronic tool to report and document incidents involving students, employees, or the school community which occur on or near District schools and sites. Accurate reporting enables the Educational Service Center (ESC), Central Office and other responders to mobilize efficiently and effectively and allocate appropriate resources to address incidents and provide support to schools, offices, and those affected. The system is also intended to reduce potential miscommunication. ISTAR will capture more specific incident information and produce more accurate and meaningful data to find similarities in incidents so that divisions can develop solutions and strategies to address these incidents and improve the response process(es).
- MAJORThis bulletin replaces Bulletin No. BUL-5269.1 "Incident System Tracking
Accountability Report," dated August 13, 2012, issued by the Office of the
Superintendent. It provides updates in the procedures and guidelines in using the
upgraded ISTAR system.

GUIDELINES: I. ACCESSING AND USING ISTAR

- A. Principals and division heads have automatic access to ISTAR and are able to complete, submit and view all reports associated with their school/ office. These reports can be filtered, searched and sorted to assist users. These users have "Level 1" access to ISTAR.
- B. Nurses, cafeteria managers and plant managers also have automatic access to ISTAR and can complete, submit and view reports that they have generated. These users have "Level 2" access to ISTAR.
- C. Principals can grant ISTAR access to three additional staff, referred to as "designees". Designees should be out-of-classroom personnel or have supervisorial responsibility, i.e., assistant principal or the school administrative assistant. When adding a designee, principals need to determine what access level will be granted, 1 or 2.
- D. The report form is divided into four main tabs and two conditional tabs.



Users should enter all information requested into all tabs:

- 1. **Incident** This includes important information regarding the reporter of the incident, contact information, location, time of incident and if the incident is centered around or involves a District school/facility.
- 2. **Persons Involved** To ensure that the District has accurate information regarding the person(s) involved in an incident, whether it be a victim(s), suspect(s), or witness(es), it is important that the reporter provide the following important information as applicable: name, grade, date of birth, gender, school of attendance, student identification number, employee number, site or office name, position classification, job title, home address. In order to successfully track these incidents, the user should enter the student identification number when applicable.
- 3. **Issue Type** Staff should select the issue type that best describes the incident. Although there is an option for users to select "other", every effort should be made to select within the issue types provided. See Attachment B for a list of issue types with definitions.
- 4. **Incident Summary** Staff should be concise and succinct in summarizing the incident. The pertinent events of the incident should be documented so that key responders can ascertain the details of the incident. In addition, staff should enter updates in a timely manner to ensure key responders, divisions and offices are apprised of important developments regarding the incident. This tab also allows users to document who they directly notified of the incident.
- 5. Injury/ Illness Report (CONDITIONAL TAB) This tab appears if the incident involves an injury. If the incident involves an injury to a student, employee, or visitor, an Injury/Accident Investigation Report must be completed within 24 hours. A separate Injury/Accident Investigation Report must be completed for each injured person. This form is also required for incidents such as accident, death, medical treatment, transport by ambulance, and emergency room treatment or hospitalization. ISTAR will automatically route the reporter to the Injury/Accident Investigation Report Form once one of these issue types, noted in red, is selected.
- 6. **Risk Assessment Referral Data (RARD)** (CONDITIONAL TAB) This tab appears if an incident involves a student(s) who requires psychiatric hospitalization or is exhibiting suicidal behaviors, ideations, or self-injury. The administrator or designee shall maintain records and documentation of actions taken at the school for each case by completing an incident report and a RARD in ISTAR. In order to successfully track these incidents, the user should enter the student identification number in the Person's Involved tab. For complete guidelines regarding the RARD, please refer to BUL-2637.1, "Suicide Prevention, Intervention and Postvention (Students)", Section IV.H.



E. It is important to know that all District employees shall report instances of suspected child abuse or neglect by telephone immediately, or as soon as practically possible, to an appropriate child protective agency and shall prepare and send a written report to the **same** child protective agency within 36 hours of receiving the information concerning the incident. Suspected child abuse reports must not be made to Los Angeles School Police Department (LASPD) Officers or Safety Officers.

Making a report of suspected child abuse does not relieve staff of its responsibility to take administrative action to protect any alleged target/victim and/or initiate disciplinary proceedings or appropriate action against the perpetrator(s)/suspect(s). An ISTAR relating to the incident only and not the details of the suspected child abuse information must be completed and submitted so divisions, the ESC, unit/division head, or employee performance accountability field/ labor relations representatives, can take appropriate actions for both the victim and the suspect.

NOTE: The Suspected Child Abuse Report is confidential and should not be discussed with anyone other than a child protective agency representative, unless the employee/mandated reporter voluntarily waives his/her right to confidentiality as outlined in Bulletin No. BUL- 1347.2, "Child Abuse and Neglect Reporting Requirements", (Section XIV-Confidentiality). If employee misconduct is involved, users should select the issue type "Inappropriate Conduct" and report the misconduct directly to Employee Accountability Performance. If student misconduct is involved, appropriate student discipline should be considered separate from suspected child abuse reporting.

- F. Campuses with Beyond the Bell and other after-school programs are to ensure that the reporting procedures are in alignment with those during the school day. Beyond the Bell and after-school staff will work with the school site administrator and develop a communication protocol to properly report an incident that occurs after school. If access to ISTAR is not immediately available, because of the timing of the incident, a written Incident Report Form will be submitted to the school administration the next school day by appropriate Beyond the Bell staff. (See Attachment C) Incidents involving students that occur during Beyond the Bell weekend activities will be reported to the home school(s) on the following work day.
- G. Schools are required to report in ISTAR specific incidents that require student disciplinary action. A message reminder will be prompted if the user select an incident type that is in this category "Please note that the student related incident you have selected is subject to possible disciplinary action, suspension or expulsion."



II. ADMINISTRATOR/ SUPERVISOR RESPONSIBILITIES

- A. Incidents must be reported immediately by telephone to the appropriate ESC Operations Coordinator or Division Head.
- B. Incidents of a critical or serious nature that impact the school operations must be completed and electronically submitted as soon as possible the same day that the incident occurred. Less serious incidents should be completed and electronically submitted within 24 hours. Each incident created and submitted will be assigned a unique incident number. ISTAR can be accessed via the Office of School Operations' website (http://schooloperations.lausd.net) or by typing the internet address: http://istar.lausd.net.
- C. Principals and office administrators must also review all reports submitted by their designee or staff or submitted by the Los Angeles School Police Department (LASPD) for accuracy and completeness of information.
- D. Principals and office administrators must consistently update unresolved incidents with the steps taken to ensure that appropriate actions or interventions are implemented and documented in a timely manner.
- E. Principals should ensure that employees no longer assigned to their school do not have access to ISTAR and should delete them as designees. (See Attachment A)

III. EDUCATIONAL SERVICE CENTER ADMINISTRATOR OF OPERATIONS RESPONSIBILITIES

- A. Review incident reports submitted online for completeness and determine whether any additional action is required in accordance with District policy, procedures, or other mandated reporting procedures such as suspected child abuse or police reports.
- B. Determine whether additional ESC or central office resources or assistance might be required, suggested or offered to support the school.
- C. Develop a communication protocol for significant incidents between the ESC and the Office of School Operations.

IV. AUTOMATIC E-MAIL NOTIFICATIONS VIA ISTAR

- A. Through this electronic process, the appropriate ESC, District divisions, and the Office of School Operations are automatically notified of an incident once the user clicks "Submit".
- B. Notifications of all school and District office incidents reported in ISTAR are automatically sent to the following offices: Chief Operating Officer, Communications, General Counsel, School Operations, and the Los Angeles School Police Department (LASPD).
- C. Notifications of all school site incidents reported in ISTAR are automatically sent to the respective Board Member or representative, Administrator of Operations and the Operations Coordinator(s).



- D. Additional notifications, based on the incident submitted, are also sent to the following division heads/office administrators:
 - 1. Division of Risk Management and Insurance Services accident, death, injury, medical, theft
 - 2. Employee Relations employee death and incidents reported to law enforcement agency(ies) such as inappropriate conduct, abduction, arrest, assault/battery, fighting/physical aggression, fraud allegation, missing/runaway, possession of illegal substance or weapon, robbery, shooting, sexual behavior-inappropriate, theft, and threat
 - Facilities Division all facilities issues that impact instruction and school operations such as: air conditioning problem, bells out of order, burglary, environmental hazard/odor, fire, fire alarm system, fire sprinkler broken, gas leak, heating system problem, lost school keys, rodent/insect problem, sewer problem, theft, trespass, utility failure, vandalism/property damage
 - 4. Office of Environmental Health and Safety accident, death, injury, medical, all facility related incidents requiring action such as air conditioning problem, burglary, environmental hazard/odor, fire, fire sprinkler broken, gas leak, heating system problem, rodent/insect problem, sewer problem, vandalism, utility failure
 - 5. Employee Performance Accountability employee related incidents requiring disciplinary proceedings/action such as act of violence, arrest, assault/battery, disruptive behavior/annoyance, fighting /physical aggression, fraud allegation, harassment, hazing, possession of illegal substance, possession of weapons, sexual behavior, suicidal behavior, theft, threat
 - 6. Student Health and Human Services (District Nursing/Pupil Services) – incidents such as death, injury, medical, suicidal behavior, all incidents requiring crisis team response, all incidents requiring suspension or expulsion such as altercation, arrest, assault/battery, fighting/physical aggression, possession of illegal substance or weapon, shooting
 - 7. Transportation Branch incidents that occurred on a District school bus or vehicle, walkout/demonstration
- E. Depending on the incident type, schools and offices are still required to contact appropriate agencies, additional District division(s) or office(s) for notification, intervention, and resolution. The ISTAR reporting system does not substitute or replace other specific forms required to comply with legal requirements or other District mandates, including but not limited to filing suspected child abuse and neglect reports, or notifying law enforcement of criminal activity or filing police reports.
- **AUTHORITY:** This is a policy of the Office of the Superintendent and under the authority of School Operations.



ATTACHMENTS:	Attachment A – Procedure to A Attachment B – Issue Type De		eporting System
	Attachment C – Incident Repo		
	Attachment D – Injury/Accide		
	Attachment E – Steps and Gui		
	Form		ig the incluent report
	Attachment F – Notification and	nd Communication of School	Incident
	Attachment G – Notification a		
RELATED RESOURCES:	and Insurance ServicesBullying and Hazing Polic	047.1, issued by the Divisio y (Student-to-Student and Stu	_
	5212.1, issued by the Offic	-	1
		Reporting Requirements Bul	letin 1347.2, issued by
	the Office of the General C		
	• Expulsion of Students – Student Health and Human	Policy and Procedures Bull	etin 4655.1, issued by
		ting Hate-Motivated Incident	ts and Crimes Dullatin
	• <i>Responding to and Report</i> 2047.0, issued by the Offic		is and Crimes Bulletin
	•	(Student-to-Student, Adult-to	o-Student and Student-
		issued by the Office of Gener	
		ention and Postvention (Stud	
	issued by Student Health and		
	2	Management (Student-to-Sti	ident, Student-to-Adult
		Student Health and Human Se	
	• Title IX Policy/Complaint	Procedures Bulletin 2521.1,	issued by the Office of
	the General Counsel		
	-	ying and Threats (Adult-to-	Adult) Bulletin 5798.0
	issued by Student Health a	nd Human Services	
ASSISTANCE:	For assistance or further inform	nation, please contact the foll	owing:
	Office of School Operations	(213) 241-5337	
	Educational	Service Center - Operations	s Office
	ESC	Phone Number	Fax Number
	North	818-654-3600	818-881-6728
	South	310-354-3400	310-532-4674
	East	323-224-3100	323-222-5702
	West	310-914-2100	310-445-4785

213-241-0100

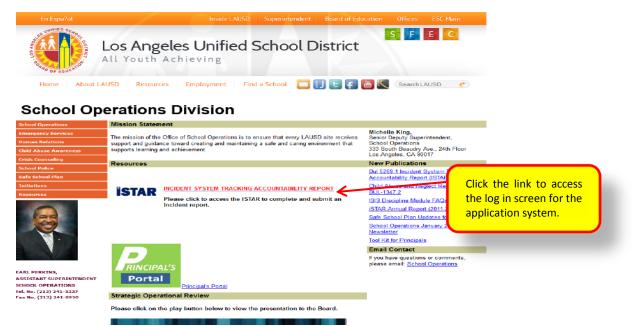
ISIC

213-241-3350

LOS ANGELES UNIFIED SCHOOL DISTRICT OFFICE OF THE SUPERINTENDENT • OFFICE OF SCHOOL OPERATIONS

INCIDENT SYSTEM TRACKING ACCOUNTABILITY REPORT (ISTAR) USAGE GUIDELINES

1. The reporting system can be accessed through <u>www.lausd.net</u> under the Office of School Operations or by typing the internet address: <u>http://istar.lausd.net</u>.



2. To access the application system, log in by using your **single SIGN-ON** information (USER NAME: name.lastname; PASSWORD: same password for e-mail Outlook or turning on your computer)

	Incident/Injury Form <u>Click to access the Incident Report System to complete and submit an Incident Report</u>	Click to access login screen.
	iSTAR (Incident Reporting) - Login Screen	
User Name:	←	Type in your
Password:	Login e	USERNAME and PASSWORD

3. You will be prompted to the "HOME" display screen below.

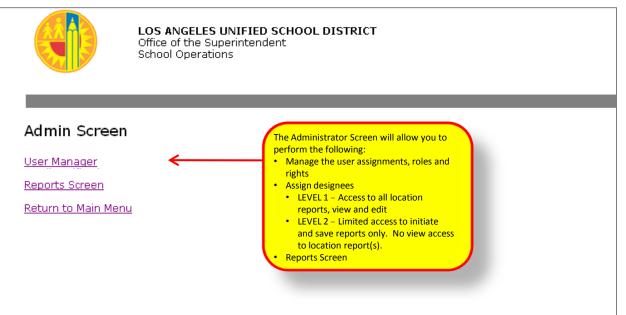


Select the appropriate action for your incident entry: Begin by clicking either "Begin Incident Report" or "Child Abuse Report."



		INCI	DENT REPORT	ING LIST						
Id	Location Name	Report Date	Report Title	Incident Type	Create Date	Created By	Update Date	Status	Option	
<u>11183</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/2/2009	PRIN ADMINISTRATIVE ASSISTANT	Accident	11/23/2010	jasmin.malinao	11/23/2010	OPEN	ē	←
<u>11182</u>	1056001 OFF OF CHIEF OPR OFC Incident Form	11/24/2009	PRIN ADMINISTRATIVE ASSISTANT	Incest	11/23/2010	jasmin.malinao	11/24/2010	OPEN	ē	
<u>11181</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/24/2009	PRIN ADMINISTRATIVE ASSISTANT	Injury	11/23/2010	jasmin.malinao	11/23/2010	OPEN	ē	
<u>11180</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/23/2009	PRIN ADMINISTRATIVE ASSISTANT	Intoxication	11/22/2010	jasmin.malinao	11/22/2010		ē	
<u>11179</u>	1007001 SCHOOL OPERATIONS Injury Form	11/2/2009	ADVSR, TEMP,	Bullying, Injury, Social	11/19/2010	bob.spears	11/23/2010		ē	
<u>11178</u>	1007001 SCHOOL OPERATIONS Injury Form	11/2/2009	Administrative Secretary	Accident	11/19/2010	janet.moore	11/19/2010	CLOSED	ē	
<u>11177</u>	1007001 SCHOOL OPERATIONS Injury Form	11/2/2009	ADMIN SECRETARY I	Accident	11/19/2010	artis.norton	11/19/2010	CLOSED	ē	
<u>11175</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/2/2009	PRIN ADMINISTRATIVE ASSISTANT	Accident	11/19/2010	jasmin.malinao	11/19/2010		ē	
<u>11176</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/2/2009	PRIN ADMINISTRATIVE ASSISTANT	Accident	11/19/2010	jasmin.malinao	11/19/2010		ē	~
<u>11174</u>	1007001 SCHOOL OPERATIONS Injury Form	11/18/2010	ASST SUPT, SCHOOL OPERATIONS	Accident, Altercation	11/18/2010	earl.perkins	11/22/2010	CL 03		eports for ation only.

- 4. Principals and Supervisors at each school and office sites are automatically given access to the Incident Reporting System. He/she will be authorized to:
 - assign up to 3 designees to access the site
 - manage the user assignments, roles and rights



5. To enter an incident report, select "BEGIN INCIDENT REPORT" from the Main Menu Page.

Incid	lent Report	e Repo		ct " Begin In <mark>r incident i</mark>					
		INCI	DENT REPORT	ING LIST					
Id	Location Name	Report Date	Report Title	Incident Type	Create Date	Created By	Update Date	Status	Option
<u>11183</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/2/2009	PRIN ADMINISTRATIVE ASSISTANT	Accident	11/23/2010	jasmin.malinao	11/23/2010	OPEN	ē
<u>11182</u>	1056001 OFF OF CHIEF OPR OFC Incident Form	11/24/2009	PRIN ADMINISTRATIVE ASSISTANT	Incest	11/23/2010	jasmin.malinao	11/24/2010	OPEN	ē
11181	1056001 OFF OF CHIEF OPR OFC Injury Form	11/24/2009	PRIN ADMINISTRATIVE ASSISTANT	Injury	11/23/2010	jasmin.malinao	11/23/2010	OPEN	ē
<u>11180</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/23/2009	PRIN ADMINISTRATIVE ASSISTANT	Intoxication	11/22/2010	jasmin.malinao	11/22/2010		ā
<u>11179</u>	1007001 SCHOOL OPERATIONS Injury Form	11/2/2009	ADVSR, TEMP,	Bullying, Injury, Social	11/19/2010	bob.spears	11/23/2010		ē
<u>11178</u>	1007001 SCHOOL OPERATIONS Injury Form	11/2/2009	Administrative Secretary	Accident	11/19/2010	janet.moore	11/19/2010	CLOSED	ē
11177	1007001 SCHOOL OPERATIONS Injury Form	11/2/2009	ADMIN SECRETARY I	Accident	11/19/2010	artis.norton	11/19/2010	CLOSED	ē
<u>11175</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/2/2009	PRIN ADMINISTRATIVE ASSISTANT	Accident	11/19/2010	jasmin.malinao	11/19/2010		ē
<u>11176</u>	1056001 OFF OF CHIEF OPR OFC Injury Form	11/2/2009	PRIN ADMINISTRATIVE ASSISTANT	Accident	11/19/2010	jasmin.malinao	11/19/2010		ē
<u>11174</u>	1007001 SCHOOL OPERATIONS Injury Form	11/18/2010	ASST SUPT, SCHOOL OPERATIONS	Accident, Altercation	11/18/2010	earl.perkins	11/22/2010	CLOSED	ē
Page 1 d	of 588 (5871 items) 🔇 [1] 2 3 4 5 6 7	<u>586</u> <u>58</u>	7 588 🕥						

- 6. The ISTAR Application is divided into six tabs:
 - I. Incident Tab
 - II. Persons Involved Tab
 - III. Issue Types Tab
- IV. Incident Summary Tab
- V. Incident/Injury Report Tab*
- VI. RARD (Risk Assessment Referral Data) Tab*

* Conditional Tabs

You can navigate or view each tab by:

ista	AR - INCIDENT SYS	тем ті 🗙 🦲				
← ⇒	C 🗋 dev	con1/iStar/Pages/App.asp	x?ID=12334			
	ISTAR - INC	ES UNIFIED SCHOOL DI LIDENT SYSTEM TRACKI IDUCATIONAL SERVICE CENTER	NG ACCOUNTABIL	INATOR (ES	ck on each tab to open	the screen
must be co	ompled within 24	CPORT for use of Los Angeles hours of an avident involving a files. Do not keep copies of stude	n injur students, emp	lovees or community nember/visito	nal be furnished to anyone including t r. Do not use the form for contractors r location. Attach additional documents	. If this an employee
Incid	ent #12334	Persons Involved	Issue Types	Incident Summary	Injury/Illness Report	RARD

I. INCIDENT TAB

The Incident Tab screen will reflect the following:

- Reporter Information The reporter information is **auto populated** based on your SINGLE SIGN ON information but can also be manually corrected in the event that some of the information is incorrect. Reporter information includes:
 - Cost Center
- Telephone Number
- Employee Number
- Fax NumberE-mail
- TitleFirst and Last Name
- Contact Information for Additional Updates
- Location of Incident
- Date of Incident
- Time of Incident

I. INCIDENT TAB cont.

LOS ANGELES UNIFIED SCHOOL DISTRICT

ISTAR - INCIDENT SYSTEM TRACKING ACCOUNTABILITY REPORT

NOTIFY YOUR EDUCATIONAL SERVICE CENTER OPERATIONS COORDINATOR (ESCOC) BY TELEPHONE IMMEDIATELY

LoginUser

合/高♀

THIS IS A CONFIDENTIAL REPORT for use of Los Angeles Unifed School District attorneys. No copies of this report shall be furnished to anyone including employees, students, parents without permission from the Office of the General Counsel. This report must be completed within 24 hours of an accident involving an injury to students, employees or community member/visitor. Do not use this form for contractors. If this is an employee injury report, keep a copy of this investigation at your location in a confidential file separate from personnel files. Do not keep copies of student or community member/visitor injury investigations at your location. Attach additional documents, photos, etc., as necessary.

Incident #12334	Persons Involved	Issue Types	Incident Summary	Injury/Illness Report	RARD
Cost Center	1007001 - SCHOOL OPER		v		
ncident Tab			er school 🔲 District Office 📄		
	Cafeteria During				
Exact Location	abc (Building #, Room, Address)				
Incident Date	5/30/2013 🗡		Incident Time	5:04 PM	
Reporter Employee No).		Y		_
First Name*	,		Last Name*	r	
Phone No.	(213)241-5337		Fax No.	(213)241-8950	
Email*			Title		-
Contact Name	Contact for Additional Updates	5	Contact Phone	(<u>)</u> -	
flood, fire)?	red around or involve an is	sue with District Sch	ool/Facilities (i.e. lost keys,	C Yes © No	
* Required Field					
groups.	Save Only Diffic Report <u>win</u> send a notified as successfully upd		•	The response to this qu will be shown on the Iss If <u>"YES"</u> is selected - shown. If <u>"NO"</u> is selected - employee, parent/c	sue Type - List of - List of i

II. PERSONS INVOLVED

The Persons Involved Tab will allow you to add information regarding the

- Suspect
- Victim
- Witness

It will also require the reporter to provide appropriate information such as:

- Student Number
- Name
- Grade
- Date of Birth
- Gender

- School of Attendance
- Employee Number
- Site or Office Name
- Position Classification
- Job Title
- Home Address
- Parent/Guardian of a student attending which school and grade level

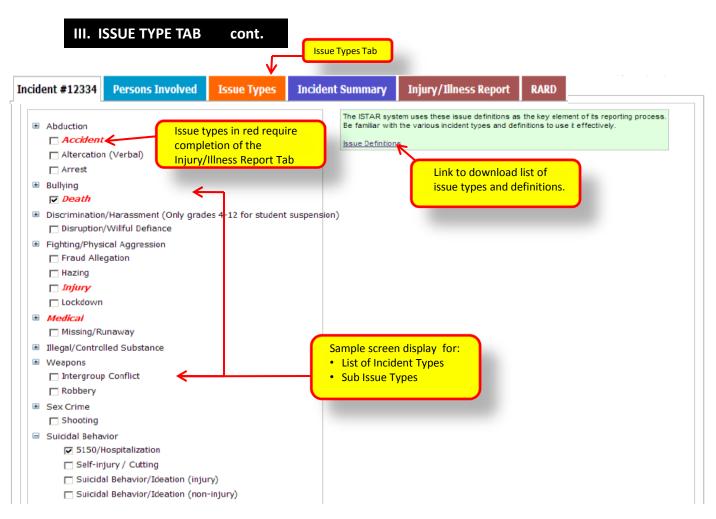
	R - INCIDENT S	IED SCHOOL DIST YSTEM TRACKING AL SERVICE CENTER O	ACCOUNTABIL			EDIATELY	The person(s) that initiated the incident should be checked
nust be completed	l within 24 hours of ar personnel files. Do not	n accident involving an ir	njury to students, emplo or community member.	oyees or community	ity member/visitor. Do	not use this form ion. Attach additi	yone including employees, students, parents without permission from the Office of the General Counsel. This report for contractors. If this is an employee injury report, keep a copy of this investigation at your location in a confidential onal documents, obtoos, etc., as necessary. ry/Illness Report RARD
🗌 Studer	nt 🔽 Employee	d or involve the action Parent/Com cted child abuse report?	munity Member				If this warrants a child abuse incident, report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone. Los Angeles Police Department (LAPD): 213-485-4700
Туре	User Type	First Name	Last Name	Gender	View/Edit	Delete	LA County Sheriff's Department
Witness	employee	asdf	ZXCV	M	2	3	(LASD): 323-267-4800 LA County Dept. of Children and Family Services
Add New	informat If <u>" YE</u> suspo If <u>" N</u> e	onse to this q ion that will t <u>ES</u> " is selected ected child ab <u>O</u> " is selected mation will be	be shown on I – The inforr Suse reportin – Only the P	this scree mation rea g will be s	n: garding shown.	ŀ	(DCFS): 800-540-4000 or send a written report thereof within 36 hours of receiving the information concerning the incident. Child Abuse Report Making a report of suspected child abuse does not relieve the school/District of its responsibility to take administrative action to protect any alleged target/victim, support the needs of the child, and/or initiate disciplinary proceedings or appropriate action against the perpetrator(s)/suspect(s). Complete an Incident Report relating to the incident only and not the details of the suspected child abuse information. This moortant information will be sent to Educational Service Center Directors, Unt/Division Head, or the Staff Relations/HR Labor Representatives, to take appropriate actions for both the victim and the suspect as necessary.

In order to successfully track incidents and produce accurate reports, the user should enter the student identification number and employee number in the Person's Involved Tab. It is important to note that entering the student identification number will allow the user to view previous RARD reports for issue types related to suicidal behavior.

III. ISSUE TYPE TAB

The Issue Type Tab screen contains a listing of various incidents occurring on or near schools and offices. Users should avoid using "other" issue type if at all possible.

A link to definitions of incident types is also accessible from this screen.



ISIS incident types and system access:

LOS ANGELES UNIFIED SCHOOL DISTRICT ISTAR - INCIDENT SYSTEM TRACKING ACCOUNTABILITY REPORT

NOTIFY YOUR EDUCATIONAL SERVICE CENTER OPERATIONS COORDINATOR (ESCOC) BY TELEPHONE IMMEDIATELY

THIS IS A CONFIDENTIAL REPORT for use of Los Angeles United School District attorneys. No copies of this report shall be furnished to anyone including employees, students, parents without permission from the C must be completed within 24 hours of an accident involving an injury to students, employees or community member/visitor. Do not use this form for contractors, if this is an employee injury report, keep a copy i confidential file separate from personnel files. Do not keep copies of student or community member/visitor injury investigations at your location. Attach additional documents, photos, etc., as necessary.

Incident #12335	Persons Involved	Issue Types	Incident Summary	Injury/Illness Report	RARD	Message reminder
Abduction Accident Attercation Arrest Bullying	(Verbal)			se issue definitions as the key elemen incident types and definitions to use it		will show when you select an incident that require s ISIS entry.
Discrimination/	Haras	nt suspensio	D)	K		
	Willful Defiance	in suspensio	The page at devcon1	says:	<u> </u>	
 Fighting/Physic Fraud Alleg 			subject to possible disc	tudent related incident you have select iplinary action, suspension or expulsio complete student information is entere	Π.	
☐ Hazing			the PERSONS INVOLVE if necessary.	D Ti ie ISIS sy	stem	
🗆 Injury						
Lockdown				OK		
Medical						
Missing/Run	naway					
Illegal/Controll	ed Substance					
Alcohol						
Control	ed substance except first offe	ense of marijuana of less	s than1 oz			
🕞 Drug pa	raphemalia					
Ecstasy						
🗖 Marijua	na					
Save Only				1SLS	Submit R	eport



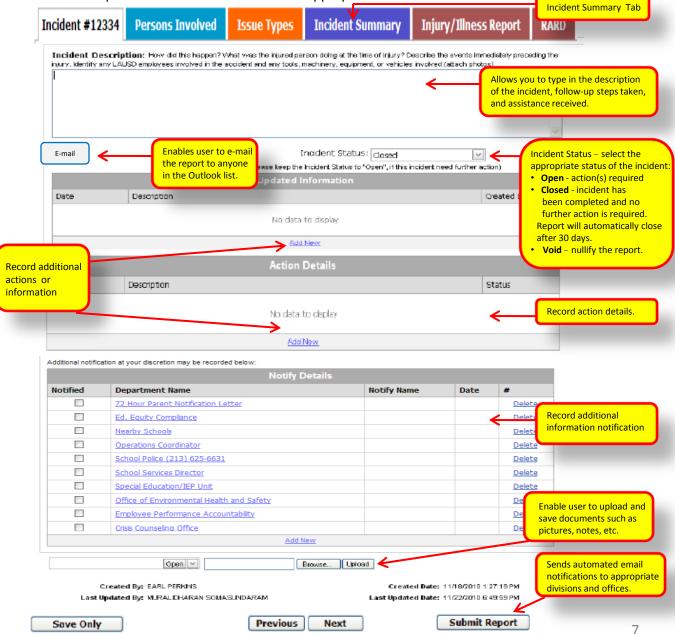
IV. INCIDENT SUMMARY TAB

The Action Tab will allow you to:

- Record Incident Description
- Record Updates
- · Record and track necessary actions required to resolve the incident
- Record user log Name of who created and updated the report
 - Date when the report was created and updated

- Time when the report was created and updated

- Record Additional Notification
- Select and save status of the incident (open, pending, or closed)
- Attach and save documents such as pictures, notes, etc.
- E-mail the report to another person
- Revise and only save the document without submitting the report (note: system will save but will send automatic reminder to limited staff from the Office of School Operations)
- Submit report for automatic distribution to appropriate District staff



V. INJURY/ACCIDENT REPORT TAB

As part of the system upgrade, the OEHS Injury/Accident Investigation Report Form has been consolidated with the Incident Report Form and will be reflected under the Injury/Accident Report Tab. This tab will only show if the following incidents are selected:

- Accident
- Death
- Injury
- Medical



Los Angeles Unified School District ISTAR Application

THIS IS A CONFIDENTIAL REPORT for use of Los Angeles Unified School District attorneys. No copies of this report shall be furnished to anyone including employees, students, parents without permission from the Office of the General Counsel.

This report must be completed within 24 hours of an accident involving an injury to students, employees or community member/visitor. Do not use this form for contractors. If this is an employee injury report, keep a copy of this investigation at your location in a confidential file seperate from personnel files. Do not keep copies of student or community member/visitor injury investigations at your location. Attach additional documents, photos, etc., as necessary.

Incident #12334 Persons Involved Is	sue Types	Incident Summary	Injury/Illness Report	RARD
What Injury resulted? (Type of injuries and	body part(s) injuri	ed. Example:sprained arm, s	evere cut)	~
Did anyone see the Injury happen? (attach statement of each witness)		o (if yes, complete witness	Injury/Illness Report Tab – Tl Investigation Report Form with the Incident Report Fo questions and information re	has been consolidated orm. This tab include quired for the followin
Did anyone cause this Injury?	OYes ON	o (if yes, complete suspect	information section.)	
Was an arrest made?	OYes ON			
Was medical treatment needed?	OYes ON			
Was first aid administered?	OYes ON	o (if yes, who did it?)		
Name:			Note: The default respo	nses are "no".
Title/Occupation:				
Did Injured party go to a hospital or clinic?	OYes ON	o (if yes, describe medical t	reated received?)	
Did a supervisor accompany injured person? Name:	OYes ON	o (if yes, who was it?)		
Title/Occupation:				
Doctors Recommendation?	Unknown	*		
Doctor's Name:				~
Required Field				
Save Only			Submit Report	

Please note that clicking "Submit" will send a message to school principal or site administrator and various offices for review.

As part of the system upgrade, Student Health and Human Services included the on-line form of the Risk Assessment Referral Data (RARD) in iSTAR. The RARD Tab will appear if the following STUDENT incident types are selected:

Suicidal Behavior

5150/Hospitalization Self-Injury/Cutting Suicidal Behavior/Ideation (injury) Suicidal Behavior/Ideation (non-injury)

For complete information, please refer to Bul-2637.1 – Suicide Prevention and Postvention (Students)

	ns for Referra	l: (Check one	e or more)								information required to r
	urrent Attempt		Sude	len changes in behavi	ior	Frequent con	nplaints of illness/boo	ty aches			actions for ea suicidal or se
Di	rect Threat		Drug	or alcohol abuse		Psychologica	l stressors				injurious stud
In	direct Threat		Self	injury		Previous atte	mpt(s)				
Gi	iving away prized	possession	Moo	d Swings		Other					
_ si	gns of depression	n	Trua	ncy or running away							
Se		: (Check one	Adminis	trator		SA Counselor			*		
	arent		Teacher		1 A	sychologist					
st	udent/Friend		Psychia	tric/Social Worker		urse					
] K:	12 Counselor		Other								
/as a	previous RARD	submitted for th	nis student?	O Yes) No (Unknown					
icide #	nt District ID	Studen	t Name	Student Sch	lool		Notes	D	late		
60 ⁰	122798F021	Katheleen Ag	puirre	1825901 Mulholland	i Mis	Self Injury:		10/1	0/2011		
	122798F021	Katheleen Ag	juirre	1825901 Mulholland	1 MS		Suddent Changes in Threat; Self Injury; oout dieting	12/5	/2011		
	122798F021	Katheleen Ag	juirre	1825901 Mulholland	t MS				2012		
	122798F021	ff ff		1956601 36TH ST I	EEC	Test report only.		6/28	/2012		
<u>692</u>		n, please check	with the so	hool or you may co	ontact Scho	ool Mental Health	at (213)241-3841.				
1000	nore information										
1000				llowing action iten						\leftarrow	
1000		L-2637.1 Su		llowing action iten ention, Interventio			delines and attach	ments.			
For n	Refer to BU	IL-2637.1 Su									
For n		L-2637.1 Su						ments. Report			
For n	Refer to BU	IL-2637.1 Su									
For n	Refer to Bli e Only		icide Prev								_
Save	Refer to BU	tion only fo	r					Report			mail



LOS ANGELES UNIFIED SCHOOL DISTRICT

OFFICE OF THE SUPERINTENDENT

OFFICE OF SCHOOL OPERATIONS

INCIDENT SYSTEM TRACKING ACCOUNTABILITY REPORT (iSTAR) ISSUE TYPES DEFINITIONS

Abduction/Kidnapping - Every person who forcibly, or by any other means of instilling fear, steals or takes, or holds, detains, or arrests any person in this state, and carries the person into another country, state, or county, or into another part of the same county, is guilty of kidnapping.

Accident - An unforeseen and unplanned event or circumstance.

Altercation - Angry or heated argument or quarrel (not physical).

Arrest - Taking a person into custody, in a case and in the manner authorized by law. An arrest may be made by a peace officer or by a private person.

Assault/Battery - An unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another. A battery is any willful and unlawful use of force or violence upon the person of another.

Bullying – Any severe or pervasive physical or verbal act or conduct, including electronic communications, and including one or more acts committed by a pupil or group of pupils, directed toward one or more pupils that has or can be reasonably predicted to have one or more of the following effects on a reasonable pupil:

- (1) Reasonable fear of harm to person or property of pupil(s)
- (2) Substantially detrimental effect on physical or mental health of pupil(s)
- (3) Substantial interference with academic performance
- (4) Substantial interference with ability to participate in or benefit from school services, activities, or privileges

Cyberbullying - Is bullying by electronic act, which includes transmission of a communication by text, sound, social network activity, image, video, message, post on a web site, or other form of communication sent by an electronic device. See impact criteria under Bullying definition.

Indirect - The use of intimidation or peer pressure to cause harm to a third party(ies). See impact criteria under Bullying definition.

Nonverbal - The use of threatening gestures, staring, stalking, graffiti or graphic images, or destruction of property to cause distress, intimidation, discomfort, pain, or humiliation See impact criteria under Bullying definition.

Physical - The intentional, unwelcome act of beating, biting, fighting, hitting, kicking, poking, punching, pushing, shoving, spitting, or tripping. See impact criteria under Bullying definition.

Social - Spreading rumors, manipulating relationships, exclusion, blackmailing, isolation, rejecting, using peer pressure, or ranking personal characteristics See impact criteria under Bullying definition.

Verbal - Hurtful gossiping, making rude noises, name-calling, spreading rumors, or teasing. See impact criteria under Bullying definition.

Burglary - Any entry of a building with the intent to commit a theft or felony.

Child Annoyance - An act of irritating or distracting. It is a source of vexation or nuisance by an adult toward a minor.

Custody Issue - The right of guardianship, care, control, and maintenance of a child especially such a right granted by a court.

Death - The permanent cessation of all vital bodily functions.

Discrimination/Harassment - Discrimination is different treatment on the basis of a protected category in the context of an educational program or activity, without a legitimate nondiscriminatory reason, that interferes with or limits the ability to participate in or benefit from the services, activities or privileges provided by the District.

Discriminatory Harassment is (1) target subjected to unwelcome conduct related to a protected category; (2) the harassment was both subjectively offensive to the target and would be offensive to a reasonable person of the same age and characteristics in the same circumstances; and (3) harassment was sufficiently severe, pervasive, or persistent so as to interfere with or limit a student's ability to participate in or benefit from the services, activities or opportunities offered by the school.

Disability - (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.

Gender/Gender Expression/Gender Identity - includes a person's gender identity and gender expression; a person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth; a person's innate, deeply felt psychological identification as male or female, which may or may not correspond to individual's biological condition of being male or female

Race/Ethnicity/Nationality - Includes ancestry, color, ethnic group identification, ethnic background, citizenship, country of origin, and national origin. (EC sections 212, 212.1)

Religion - Includes all aspects of religious belief, observance and practice and includes agnosticism and atheism.

Sexual Harassment - Unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature. Both males and females can be targets and perpetrators of sexual harassment.

Sex Orientation - Sexual orientation is a person's emotional and sexual attraction to another person based on the gender of the other person. Common terms used to describe sexual orientation include, but are not limited to heterosexual, lesbian, gay, and bisexual. Sexual behavior may not necessarily align with sexual orientation.

Disruption - Egregious disorderly conduct or act of troubling or annoying someone or disrupting school-side/ District programs or activities.

Fighting - (1) Any person who unlawfully fights in a public place or challenges another person in a public place to fight. (2) Any person who maliciously and willfully disturbs another person by loud and unreasonable noise. (3) Any person who uses offensive words in a public place which are inherently likely to provoke an immediate violent reaction.

Fraud Allegation - Is an intentional <u>deception</u> made for personal gain or to damage another individual, District property or activity.

Hate Violence - A criminal act (threat, injury, use of force, damage or destruction of property) committed in whole or in part, because of one or more actual or perceived characteristics of the victim: Disability; gender, nationality; race or ethnicity; religion; sexual orientation; association with a person or group with one or more of these actual or perceived characteristics.

Hazing - A method of initiation or pre-initiation into a pupil organization or body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury or personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. For purposes of this subdivision, "hazing" does not include athletic events or school-sanctioned events.

Illegal/Controlled Substance - Possession or use of illegal drugs including alcohol, tobacco, and other intoxicants on campus and at school activities.

Inappropriate Conduct - Inappropriate sexual or non-sexual incidents involving an employee; employee-to-student misconduct.

Intergroup Conflict - A conflict that occurs between two or more persons representing different groups. Group identity may be defined a source of pride, self-esteem and belonging based on shared traits such as race, ethnicity, culture, gang/crew association, religion, political ideology, or other socially defined commonality.

Lockdown - To keep students indoors in order to provide a greater level of protection or as a security measure

Loitering - To stand idly about; linger aimlessly.

Medical - Event requiring treatment or medical attention such as asthma, faint, chest pain, intoxication, illness, diabetes, seizure, shock, etc.

Missing/Runaway - A disappearance of a person which is possibly not voluntary, or a person whose whereabouts are unknown

Possession of Illegal Weapons - Any person, except a duly appointed peace officer as defined in Penal Code 626.10, who brings or possesses any dirk, dagger, ice pick, knife having a blade longer than 2 1/2 inches, folding knife with a blade that locks into place, razor with an unguarded blade, taser, or stun gun.

Robbery - Felonious taking of personal property in the possession of another, from his person or immediate presence, and against his will, accomplished by means of force or fear (different than burglary).

Sex Crime/ Sexual Behavior-Inappropriate - Inappropriate sexual behavior or sexual practices or sexual activities refers to the manner in which humans experience and express their sexuality.

Physical - Includes <u>rape</u>, <u>incest</u>, sexual relations with children (<u>pedophilia</u>), possession of child pornography, <u>voyeurism</u> (Peeping Tom), <u>exhibitionism</u> and other inappropriate physical sexual behavior.

Verbal - Obscene phone calls, explicit sexual propositions, sexual innuendos and other verbal behavior of a sexual nature.

Shelter In Place - Staying indoors to avoid hazardous material/ elements.

Shooting - Any discharge of a firearm.

Suicidal Behavior

5150/Hospitalization - Involuntary/voluntary psychiatric hold of an individual who is assessed to pose a risk to self or others. A Risk Assessment Referral Data (RARD) report must be completed if the incident is centered around or involves the behavior of a student.

Self-Injury/Cutting - Indicators include frequent or unexplained bruises, scars, cuts or burns; bruises on the neck, headaches, red eyes, ropes/ties/belts as a sign of the "Choking Game;" possession of sharp implements; evidence of self-injury in work samples; and risk taking behaviors, such as substance use or sexual acting out. A Risk Assessment Referral Data (RARD) report must be completed if the incident is centered around or involves the behavior of a student.

Suicidal Behavior/Ideation (non-injury) - Any observable behavior or statement (verbal, written, drawing) that may signal the presence of suicidal thinking, including previous suicidal behaviors; the behavior/ideation does not result in physical injury to the student. A Risk Assessment Referral Data (RARD) report must be completed if the incident is centered around or involves the behavior of a student.

Suicidal Behavior/Ideation (resulting in injury) - Any observable behavior or statement (verbal, written, drawing) that may signal the presence of suicidal thinking, including previous suicidal behaviors; the behavior/ideation results in physical injury to the student. A Risk Assessment Referral Data (RARD) report must be completed if the incident is centered around or involves the behavior of a student.

Theft - Every person who shall feloniously steal, take, carry, lead, or drive away the personal property of another, or who shall fraudulently appropriate property which has been entrusted to him or her, or who shall knowingly and designedly, by any false or fraudulent representation or pretense, defraud any other person of money, labor or real or personal

property, or who causes or procures others to report falsely of his or her wealth or mercantile character and by thus imposing upon any person, obtains credit and thereby fraudulently gets or obtains possession of money, or property or obtains the labor or service of another, is guilty of theft.

Threat - Any person who willfully threatens to commit a crime which will result in death or great bodily injury to another person, with the specific intent that the statement, made verbally, in writing, or by means of an electronic communication device, is to be taken as a threat, even if there is no intent of actually carrying it out, which, on its face and under the circumstances in which it is made, is so unequivocal, unconditional, immediate, and specific as to convey to the person threatened, a gravity of purpose and an immediate prospect of execution of the threat, and thereby causes that person reasonably to be in sustained fear for his or her own safety or for his or her immediate family's safety.

Trespass – An unlawful intrusion.

Trauma/Violence Exposure – Traumatic events are experiences that threaten life or physical integrity that overwhelm one's capacity to cope, tending to evoke feelings of fear and helplessness.

Community Violence- Includes witnessing or experiencing severe violence, experiencing a severe motor vehicle accident or house fire, or being physically injured

Familial Violence - Includes witnessing or experiencing domestic disputes and/or violence that occurs in the home between family members.

Grief/Loss/Death - Includes the sudden loss of a loved one, generally as a result of sudden onset illness, violence, or suicide. This also includes sudden severe illness of self or loved one.

Natural/Man-made Disasters - Includes earthquakes, severe weather events, fires, or terrorist acts.

Walkout/Demonstration - The action of leaving campus or office without administrative consent in order to express disapproval.

Weapon - Any instrument which is used in a threatening manner against another person with the intent and the ability to cause great bodily injury. Such objects may include, but are not limited to, guns, knives (having a blade longer than 2 ¹/₂ inches), rocks, screwdrivers, or scissors.

LOS ANGELES UNIFIED SCHOOL DISTRICT ATTACHMENT C

- Disrupted School-Wide Activities
- □ Fighting/Physical Aggression

Air Conditioning Problem

Environmental Hazard/Odor

Alarm Activation

Investigation

Bells out of order

Burglary

- Aided or abetted the infliction of physical injury to other □ Assaulted/battered school employee
- □ Serious physical injury/not self-defense
- □ Threatened/caused/attempted physical injury
- □ Willful use of force/violence-not self-defense
- Fire

Missing/Runaway

Robbery

Incest

Other

- Fire Alarm System

□ Sex Crime/Sexual Behavior-Inappropriate

Pornography

FACILITIES ISSUE TYPES (ONLY REPORT INCIDENTS WITH IMPACT ON INSTRUCTION AND OPERATION)

Exhibitionism (Indecent Exposure)

Rape

- Rodent/Insect Problems

Sexual relationship

with children

- Theft
- Trespass

Shock

- Unsecured Access to School Site
- Utility Failure
- Water supply problem
- Vandalism

Possession of a dangerous object

Dessession of explosive (M80 or greater)

Imitation weapon

Possession of Firearm

Other Issue Type

Possession of firecracker

Knife

Other

- Color
- Gender Race

- Anthrax Asbestos Bomb/Explosive material
- Floods
- Lead in paint Mold
 - Noise Pollution Toxic Waste
- - Fire Sprinkler Broken
 - Heating System
 - Problem
- Lost Keys

□ Sexual Assault/Battery □ Voyeurism

- Sewer Problem
 - **Technology Failure**
- Power outage

 - Disability Sex Religion
 - Sex Orientation

- - Gas Leak/Odor

OFFICE OF THE CHIEF OF STAFF • OFFICE OF SCHOOL OPERAT					
INCIDENT REPORT FORM	CONFIDENTIAL				
SCHOOL/OFFICE NAME:	PAGE 2				
VICTIM INFORMATION SECTION					
Is this person a: STUDENT EMPLOYEE PARENT/COMMUNITY MEMBER/VISITOR STUDENT NO.					
FIRST NAME: LAST NAME:					
GRADE: DOB:/					
Employee or Parent/Comm. Member/Visitor CERTIFICATED CLASSIFIED SITE/LOCATION NAME:					
HOME ADDRESSS: TEL. NO. () _					
Is this a parent of a student at the school? \Box yes \Box NO					
If yes, name of child attending the school:	Grade:				
Was parent/guardian or spouse/relative notified? Yes No Name	Relationship				
WITNESS INFORMATION SECTION					
Is this person a: STUDENT EMPLOYEE PARENT/COMMUNITY MEMBER/VISITOR STUDENT NO FIRST NAME: LAST NAME:					
GRADE: DOB:/					
Employee or Parent/Comm. Member/Visitor CERTIFICATED CLASSIFIED SITE/LOCATION NAME: EMPLOYEE NUMBER:					
HOME ADDRESSS: TEL. NO. () _					
Is this a parent of a student at the school? \Box YES \Box NO					
If yes, name of child attending the school:	Grade:				
Was parent/guardian or spouse/relative notified? Yes No Name	Relationship				
SUSPECT INFORMATION SECTION					
Is this person a: STUDENT EMPLOYEE PARENT/COMMUNITY MEMBER/VISITOR STUDENT NO FIRST NAME: LAST NAME:					
GRADE: DOB:/					
Employee or Parent/Comm. Member/Visitor CERTIFICATED CLASSIFIED SITE/LOCATION NAME: EMPLOYEE NUMBER: HOME ADDRESSS: TEL. NO. ()					
Is this a parent of a student at the school? \Box yes \Box NO					
If yes, name of child attending the school:	Grade:				
Was parent/guardian or spouse/relative notified? Yes No Nome Name	Relationship				



LOS ANGELES UNIFIED SCHOOL DISTRICT

OFFICE OF THE SUPERINTENDENT • OFFICE OF SCHOOL OPERATIONS

INCIDENT REPORT FORM

CONFIDENTIAL

CHOOL/	OFFICE	NAME:	
'			_

PAGE 3

Brief description of incident:

Brief description of school actions taken/administrative follow-through:

Did th	e school utilize the Educational Service Center Crisis Team?	YES 🗌 NO
Incide	ent reported to:	
	Operations Coordinator	Nearby Schools
	School Operations	School Police (213) 625-6631 Time:
	School Services Director	Municipal Police Dept.
	Administrator of Operations	Risk Management
	Nursing Coordinator	Facilities Director
	SPECIAL EDUCATION/IEP Support Unit	Educational Equity Compliance
	Autism Program Support (213) 241-8051 Behavior Support (213) 241-8051	
	Deaf and Hard of Hearing Program (213) 241-8053 (TTY available) Inclusion Support Office (213) 241-8051 LRE Counselors /Orthopedically Impaired Program (213) 241-8051	
	Moderate-Severe Disabilities Support (213) 241-8051 Visually Impaired Program (323) 962-9560	

Attach additional pages if necessary.

ATTACHMENT D

LOS ANGELES UNIFIED SCHOOL DISTRICT

Office of Environmental Health and Safety

INJURY/ACCIDENT INVESTIGATION REPORT

This is a CONFIDENTIAL REPORT for use by Los Angeles Unified School district attorneys. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.

an employee injury report keep a copy of this investigation on at your location	y to students, employees, or visitors. Do not use this form for contractors. If this is in a confidential file separate from personnel files. Do not keep copies of student or
visitor injury investigations at your location. Attach additional documents, phot	os, etc., as necessary. ISTAR Number:
For assistance in completing this form, please contact the Office of Environment	al Health and Safety at (213) 241-3199. DATE:
INCIDENT LOCATION OR	INCIDENT OCCURRED:
COST CENTER NAME:	ON CAMPUS OFF CAMPUS DISTRICT FACILITY DISTRICT SCHOOL
NAME OF REPORTER:	EXACT LOCATION OF INCIDENT:
REPORTER CONTACT NUMBER: ()	EDUCATIONAL SERVICE CENTER:
DATE OF INCIDENT://	REPORTER FAX NUMBER: ()
TIME OF INCIDENT:	REPORTER E-MAIL ADDRESS:
TYPE OF INCIDENT: O ACCIDENT O DEATH O	INJURY O MEDICAL a sthma intoxication a chest pain medical transport diabetes seizure faint shock illness other
	stigation Report must be completed for each injured person. All employee t aid must also be reported to Sedgwick CMS at (800) 528-7392 within 24 hours.
	COMMUNITY MEMBER/VISITOR
FIRST NAME: LAST NAM	ME:
GRADE: DOB:/	MALE EMPLOYEE NUMBER:
SCHOOL OF ATTENDANCE:	ASSIGNED SITE/LOCATION NAME:
Employee or Parent/Comm. Member/Visitor HOME ADDRESSS:	CERTIFICATED CLASSIFIED
Is this a parent of a student at the school? \Box YES \Box NC	
If yes, name of child attending the school:	Grade:
WITNESS INFOR	RMATION SECTION
Is this person a: STUDENT EMPLOYEE PARENT	COMMUNITY MEMBER/VISITOR
FIRST NAME: LAST NAM	ME:
GRADE: DOB:/	EMALE EMPLOYEE NUMBER:
SCHOOL OF ATTENDANCE:	ASSIGNED SITE/LOCATION NAME:
Employee or Parent/Comm. Member/Visitor HOME ADDRESSS:	CERTIFICATED CLASSIFIED
Is this a parent of a student at the school? \Box YES \Box NC	
If yes, name of child attending the school:	Grade:



INJURY/ACCIDENT INVESTIGATION REPORT

SCHOOL/OFFICE NAME:				PAG	E 2
PERSON WHO	CAUSED T	HE INJURY OF	R SUSPECT INFORMA	TION SECTION	
Is this person a: STUDENT		PARENT/CO	MMUNITY MEMBER/VISITOR		
FIRST NAME:		LAST NAME:			
GRADE: DOB://	N	IALE 🗌 FEMAL	E EMPLOYEE NUMB	ER:	
SCHOOL OF ATTENDANCE:			ASSIGNED SITE/LC	CATION NAME: _	
Employee or Parent/Comm. Member/Visitor HOME ADDRESSS:					
Is this a parent of a student at the sch	hool? 🗆 Yes	5 🗆 NO			
If yes, name of child attending the scl	hool:			Grade	:
Brief desemption of meldent.	LAUSD employees in	• •	ing at the time of the injury? Descri and any tools, machinery, equipmer		
What injuries resulted? Type of injur	ries and body part(s)	injured. Example: spr	ained arm, severe cut in the leg, etc	<u>.</u>	
Did anyone see the injury happen? (Attach statement of each witness.)	□ Yes □	No Did a	nyone else cause this injury?	🗌 Yes 🗌	No
Was medical treatment needed?	□ Yes □	No Was	an arrest made?	🗌 Yes 🗌	No
Was first aid administered?	□ Yes □	No If yes, who	did it? Name	Title	e/Occupation
Did the injured party go to a hospital/clinic?	🗌 Yes 🗌	No If yes, descr	ibe medical treatment received	1	
Did a supervisor accompany injured person?	🗌 Yes 🗌	No If yes, who	was it?Name	Title	e/Occupation
Doctor's Recommendation: 🗌 Unknown 🗋 Temporary Disability 🗌 Return to Full Duty 🗌 Restricted Duty					
Doctor's Name:	Nan	ne of Medical Facility	:	Tel. No.(_)
Workers' Compensation Claim No.					
Was parent/guardian or spouse/relative notifi	ied? 🗌 Yes	□ No	Name	Rela	tionship



Office of Environmental Health and Safety

INJURY/ACCIDENT INVESTIGATION REPORT

SCHOOL/OFFICE NAME:						PAGE 3	
HOW COULD THIS ACCIDENT BE PREVEN KEY FINDINGS:	ITED?						
This section must be completed by the employee's	supervi	sor as	requir	ed by C	al/OSH	Α.	
Were there factors that contributed to the injury?		Yes		No		what?	
were there factors that contributed to the injury.		163		NO			
Was employee trained to perform this task safely?		Yes		No	If yes,	describe training provided:	
Did employee violate a safety rule?		Yes		No	If yes,	describe rule:	
CONCLUSIONS: Please state reason(s) why the key finding(s) existe	d. (Exam	ple: "Tł	ne emplo	oyee did nc	ot follow p	proper work practices." or "The supervisor did not train employees on this safety p	procedure."
What actions did you take to prevent a recurrence	of this i	njury/	accide	nt?			
What do you recommend to prevent similar injurie	s?						
Has this been implemented? Yes No. <u>REQUIRED REFERRALS</u>)					Check i	f contacted:
Was this a "serious injury" to employee? 1	□ Ye:	s	□No	□Un	known	If yes, call Cal/OSHA office closest to your location.	
Was DWC-1 Form provided to employee?	□Ye	s	□No	□Un	known	If yes, call Sedgwick CMS at (800) LAUSDWC (528-7392)	
Does the employee have a temporary work restrictions?	□ Ye:	s	□No	□Un	known	If yes, contact Stay-At-Work coordinator (213) 241-7630	
						If yes, call School Police at (213) 625-6631 and ORMIS	
Was this a "serious injury" to a non-employee or visitor?	² □ Ye		□No		known	at (213) 241-3139.	
Were injured parties hospitalized?	□Ye:	S	□No	□Un	iknown	If yes, call ORMIS at (213) 241-3139	
Is this an itinerant employee who also reports to another supervisor? (i.e., Related Services, Team Cleaning Crew, etc.)	□Ye	s	□No	□Un	known	If yes, contact the appropriate Supervisor.	
· · · · · · · · · · · · · · · · · · ·						If yes, call School Police at (213) 625-6631 and ORMIS	
Did this involve a possible act of violence? ³	□Ye:	S	□No	□Un	known	at (213) 241-3139.	
Is employee discipline under consideration?	□Ye	c	□No	DUn	ıknown	If yes, contact Employee Performance Accountability at (213) 241-6056	
Did this involve evidence of child abuse?					known	If yes, contact Child Protective Services at (800) 540-4000.	
		5				If yes, contact Site Crisis Team at each school Educational	-
Were there students or staff traumatized?	□Ye:	s	□No	□Un	known	Service Center.	
Did an unsafe condition contribute to this accident?	□ Ye:	s	□No	□Un	known	If yes, place a "Trouble Call" to M&O at (213) 745-1600.	
Did this accident involve hazardous substance release?	□Ye:	S	□No	□Un	known	If yes, call OEHS at (213) 241-3199.	
Did this accident involve vandalism?	□ Ye:	S	□No	□Un	known	If yes, refer to School Police at (213) 625-6631.	
						If yes, call Sedgwick CMS Fraud Unit at (866) 247-2287 x79271	2)
Does this appear to be a fraudulent claim?	□Ye	s	□No	□Un	known	for employee injuries, or the Office of Inspector General at (21 241-7778 for other suspected fraud cases.	3)
IMPORTANT INFORMATION AND REMINDER:						the appropriate office for notification and additional in	
requiring hospitalization. You are required to notify Cal C Nuys (818) 901-5403. 2. All injuries requiring medical treatment, transport by amb 3. An act of violence may involve student vs. student or si violence must be referred to School Police at (213) 625-66 CERTIFICATIONS By checking the certification box below, the Supervisor and person investigated this accident or injury, and the Site Ad	ion, perma DSHA withi ulance, em tudent vs. 31. 1 Site Adn ministrat	anent d n 8 hou ergency teacher ninistra	isfiguren rs at one r room tr t, the Sch ator agr	ent, hosp of the fol reatment c nool Site C ee to pro	italization llowing n pr hospita crisis Tean tect this	n for more than 24 hours for other than observation, or an incident resulting in umbers: West Covina (626)472-046; Los Angeles (213) 576-7451; Torrance (310)	multiple injuries 516-3734; or Van g possible acts of or of the injured
Supervisor's Certification							DATE
NAME OF SUPERVISOR EMPLOY	YEE NO.		DATE			NAME OF ADMINISTRATOR EMPLOYEE NO.	DATE

ADDRESSES AND	CONTACT	INFORMATIO
---------------	---------	------------

Office of Risk Management & Insurance Services 333 South Beaudry Avenue, 28th Floor Los Angeles, CA 90017 Tel. No. (213) 241-3139 Fax No. (213) 241-8993

Los Angeles, CA 90017 Tel. No. (213) 241-3199

Office of Environmental Health & Safety

333 South Beaudry Avenue, 28th Floor

COPIES: To your Office File (EMPLOYEE INJUREIS ONLY) Do not keep copies of student or visitor injury investigations at your location. ATTACH ADDITIONAL PAGES IF NECESSARY. LOS ANGELES UNIFIED SCHOOL DISTRICT ATTACHMENT E

STEPS AND GUIDING QUESTIONS FOR COMPLETING THE INCIDENT REPORT

- 1. Did you contact the Educational Service Center Operations Coordinator or Division Head to notify of the incident?
- 2. Determine the type of incident and make sure you have the appropriate report form ready to complete.
 - a. Suspected child abuse Child Abuse Form
 - b. Accident, Death, Injury, Medical OEHS Injury/Accident Investigation Report Form
 - c. Other types of incidents Incident Report Form
- 3. Where did the incident occur and its exact location?
 - a. On Campus (e.g., G building in Room 123, girl's bathroom at the gym, football field, etc.)
 - b. Off Campus (e.g., across from the school at a store 234 North Adams St., Los Angeles)
 - c. District Facility (e.g., Beaudry Bldg. 1st floor lobby, PCSB room 123)
 - d. District School Bus/Vehicle (e.g., Bus 12345 drop off route to ABC School)
- 4. When did the incident happen? What time?
- 5. Know the correct type of incident(s) to be reported. Is the incident centered around or initiated by the actions of a:
 - a. Student
 - b. Employee
 - c. Parent/Guardian/Community Member
 - d. Facility
- 6. Include all detailed information related to the incident such as:
 - Harassment physical or verbal
 - Medical asthma, chest pain, faint, heat stress, intoxication, illness, diabetes, seizure, etc.
 - Possession of illegal substance alcohol, cigarette, drugs, ecstasy, marijuana, etc.
 - Possession of weapon bomb, firecracker, gun, imitation weapon, knife, etc.
- 7. Who was involved in the incident? List all persons involved. If the suspect or victim is unknown, enter "unknown" in the fields for first and last names.
 - a. Victim
 - b. Suspect
 - c. Witness
- 8. Is the person involved in the incident a/an
 - a. Student student number, name, DOB, gender, grade, school of attendance
 - Employee name, employee number, site/location name, classification (certificated or classified), job title
 - c. Parent/community member/visitor name, home address, information of the child attending LAUSD school

LOS ANGELES UNIFIED SCHOOL DISTRICT

OFFICE OF THE SUPERINTENDENT

OFFICE OF SCHOOL OPERATIONS

STEPS AND GUIDING QUESTIONS FOR COMPLETING THE INCIDENT REPORT

- 9. Brief summary of the incident How did the incident occur? Include all important information and activities related to the incident such as:
 - Burglary What is the estimated cost of the property damage? Was the intrusion alarm activated?
 - Abduction/Kidnapping Was law enforcement contacted? If yes, which one? ٠
 - Inappropriate conduct- If this incident is between an employee to student and warrants a ٠ child abuse incident, was it reported?
 - Bullying Does this incident require suspension? •
- 10. Brief description of school actions taken or administrative follow-through What was done to address the incident? Include all important information and activities related to the incident such as:
 - Arrest of an employee Contacted Staff Relations and Employee Relations for notification • and information.
 - Assault/Battery The school utilized the District Crisis Team.
 - Bullying Requested training and intervention from the Office of School Operations, Human ٠ Relations, Diversity and Equity
 - Possession of weapon Parent of the student was notified and expulsion proceedings will be ٠ followed.
- 11. Please note that once a report is submitted, automatic e-mail notifications of the incident will be forwarded to the following: g. General Counsel
 - a. Educational Service Center Administrator of Operations
 - b. Educational Service Center Operations Coordinator
 - c. Board Member or representative
 - d. Deputy Superintendent
 - e. Chief of Staff
 - f. Asst. Superintendent of School Operations

- h. School Police
- i. OEHS
- j. Risk Management
- k. Facilities
- I. Staff Relations
- m. Employee Relations



LOS ANGELES UNIFIED SCHOOL DISTRICT Office of School Operations SCHOOL INCIDENT

ATTACHMENT F

CONCLUDES

