iStar Instructions

Log into iStar by typing in the url address: http://istar.lausd.net .

After clicking "Next" on the welcome screen, input your SSO username and password.

How are not to be a set of the se	Contactors your account?	Construction of the second of
Next	Enter your full LAUSD email address and password to Log in. e.g. (msmith@lausd.net, mary.smith@lausd.net)	Enter your full LAUSD email address and password to Log in. e.g. (msmith@lausd.net, mary.cmith@lausd.net)

After logging on, you will arrive at the Dashboard of the home screen. To submit a new incident, select the "New Incident' button.

G ISTAR-Incident System Tracking Accountability Report	Welcome ANTHONY	Site: FOOD	SVCS DIV Role: LIMIT	ED a month 1	More than a month 15			[] A. ≡	
♣ Dashboard								New Incident	
🕒 Incident								_	
🗎 Heip & FAQ	6 New Incidents Created but not submitted	59	Incidents Opened Submitted	Ð	O Incidents with Tasks Open incidents with workflow Initiated	Ŷ	My Bookmarks Personal watch list	ŝ	
Principal's									
Misis	≔ All Tasks								
	O Tasks Waiting to be Accepted	59	O Tasks To Do	Ŷ	O Tasks on Hold	€			
	≔ My Tasks 0								
		ccept or	∽ª To Do		() On Hold		மீ Done		

The New Incident screen will have various sections to complete. Start at the top of the list and select the drop down arrow for "Basic Information" to begin.



BASIC INFORMATION

The contact information will be filled out based on your SSO login. Scroll down to fill in other relevant information.

he Incident occurred at FOOD SVCS DIV (LD:ZA) ease complete the Basic Information Additional Form ease provide the location where the incident occurre	n. d.
Please enter incident information especially loc	cation. You can enter an address to find it on map. Please be as specific as possible.
A Reporter Info	€ ² Change Reporter
FIRST NAME	LAST NAME
ANTHONY	URIBE
PHONE NUMBER	FAX NUMBER
E-MAIL	TITLE
anthony.uribe@lausd.net	FOOD SERVICE TRAINING SPECIALIST
	CONTACT PHONE
CONTACT NAME	

Complete this section as accurately as possible.



ISSUE TYPE

When selecting the issue type, use the information icon (i) to provide more information about each issue type. If the incident is an "Accident" select what type of accident in the sub menu.

sue Type* ease provide the Issue Type.		
This is very important informa	tion. Please click on the $\widehat{{}_{\!$	
Selected	SEARCH	
	All Facility	
	> ABDUCTION () BUL-6364	Î
	✓ ACCIDENT ()	
	Accident With Injuries	
	Accident-Near Miss	
	Vehicular Crash-Medical Transport	
	🗌 Vehicular Crash-No Medical Transport	
	> ALTERCATION (VERBAL)	
	> ARREST (j)	
	> BULLYING () BUL-5212	
	> BURGLARY	

PERSONS INVOLVED

Add all persons involved in the incident by selecting the "Add New Person Involved" button.



If incident is for an employee, type Employee ID in Student ID box. This section cannot be left blank.

If a student is involved and you do not have the Student ID, you can "Look Up" to find ID.

If there is more than 1 person involved in the incident, select "Save" and then "Add New Person Involved." Repeat the process until all parties have been entered.

se till in the informa	tion of the persons involved in	the incident.			
PERSON INVOLVE	D: Student	~	STUDENT ID: *		
FIRST NAME: *			LAST NAME: *		
SEARCH SITES	FOOD SVCS DIV	~		C'Reset	Q Look Up
TYPE: *	○ VICTIM ○ SUSPECT (WITNESS	UNKNOWN 🔿 NOT A	PPLICABLE	
TYPE: *	VICTIM SUSPECT) WITNESS ()	UNKNOWN ONOT A	O SCHOOL O DISTRICT	DFFICE
TYPE: • Gender: • Additional info:	VICTIM SUSPECT	WITNESS .	UNKNOWN ONOT A	O SCHOOL O DISTRICT	DFFICE
TYPE: • Gender: •	VICTIM SUSPECT	WITNESS O	UNKNOWN O NOT A LOCATION TYPE: LOCATION NAME: LOCATION CODE:	APPLICABLE	DFFICE
TYPE: • GENDER: • ADDITIONAL INFO: GRADE:	VICTIM SUSPECT	WITNESS	UNKNOWN O NOT A LOCATION TYPE: LOCATION NAME: LOCATION CODE: OTHER LOCATION:	APPLICABLE O SCHOOL O DISTRICT	

DESCRIPTION

In this section it is vital that there is as much detail necessary to the incident. Describe incident using specific date, time of day, location, actions, items, body parts, etc.

If date is unknown select the "Unknown" button.

Do not use general statements. For example, instead of, "they hurt themselves during work," be more specific and write: "(Name of person) injured their right shoulder during lunch after lifting a box of apples to restock lunch line."

The description field must be Please put information as tho	filled in order to be able to submit. This is record that cannot modified. rough as possible.	
Description		
Occurred At Dat	te & Time *	
MM/DD/YYYY	HH : MM M UNKNOWN	
cident Descript	tion *	
Incident-based Syste	em Form	
Incident-based Syste	tion Additional Form	
Incident-based Systen Incident Descrip	em Form tion Additional Form warrant a suspected child abuse report? *	

If the incident does warrant a suspected child abuse report, after selecting "Yes," you will have the opportunity to complete the form before continuing.

Incident De	escription Additional Form
1. Does this ir	ncident warrant a suspected child abuse report? *
⊚ Yes	○ N o
	If YES, complete the Child Abuse Form For law enforcement contact information click here

NOTIFICATIONS

** This section can be left blank**

otificatio	ns						
🖒 Ema	il Notification						
Subject		From	То	Date			
Bust	firsting Charlelist						
🗅 Noti	fication Checklist						+ Add New
D Noti Notified	fication Checklist	Actions Taken (e.g., Voice	email, Phone Call, Tex	t, Email.)	Date/Time	Action	+ Add New
Notified	fication Checklist Department Name Ed Equity Compliance	Actions Taken (e.g., Voice	email, Phone Call, Tex	t, Email.)	Date/Time	Action	+ Add New
Notified	fication Checklist Department Name Ed Equity Compliance Nearby Schools	Actions Taken (e.g., Voice	email, Phone Call, Tex	t, Email.)	Date/Time	Action	+ Add New
Noti Notified	fication Checklist Department Name Ed Equity Compliance Nearby Schools Operations Coordinator	Actions Taken (e.g., Voice	email, Phone Gall, Tex	t, Email.)	Date/Time	Action	+ Add New

ADDITIONAL FORMS

If there are supporting forms to the incident such as head injury and injury/illness forms, attach here. All other forms should be included under "Attachments."

u can edit the following	sections after saving the	incident draft				
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SAVE AND SUBMIT

Before saving, review the information for accuracy. Once complete, select the "Save Draft Only" button.



After you have saved you will receive this message:



After selecting OK, it now time to submit for approval. Until submitted, it is only a draft in the system. Find the "Request for Approval" button and select.



After selecting "Request for Approval" button, your incident report has been submitted and needs to be approved.

