How to submit an Incident Report on Ideal-Logic.

Effective 6/10/2024



• Log onto the UTRGV Ideal-Logic Compliance Portal using the link listed below.

https://apps.ideal-logic.com/utrgvypp



• Select the "Incident Report Form" on the Home tab.

UTRGV Youth Program Prot	ection			
1 Action Required For	Hide	CBC Updates!		
Youth Program Training Youth Program Training	Continue	Dismiss		
Click to start a report form	Resource Center			
	Your Compliance			
	Test Camp - YPP Jun 3-Aug 30, 2024			
	Youth Program Training 🛛 🗙			
	Background Check X			
	View All Requirements			
	Other Actions			
	Letit Your Profile Update your contact information			

 Include the Involved Parties for this incident. For staff member reporting please include yourself as a "reporter" and the youth as a "victim".

New Report	t		
1. Involved Parties	Involved Parties For staff member reporting please include yourself as a 'reporter' and the youth as a 'victim'.		
2. Questions	No Involved Parties have been added.		
3. Review	+ Add Party		
	Full Name* Gender Male Female Other: Role* Notim Youth's DOB (YYYY-MM-DD) Cancel Add Party		
	Cancel Report Save for Later Next >		

- Add the Youth Program Director (Camp Director).
- Input the information applicable to your program and details of the incident.

New Report					
	Questions				
1. Involved Parties					
2. Questions*	This form is to be used by staff and to report all incidents of illness, medical treatment, accident and/or Youth Program violations.				
3. Review					
	Background Information				
	Youth Program Director				
	Sarahi Cardoza Remove				
	Add New Person				
	Youth Program				
	TEST - Youth Program Protection Remove				
	Select				
	Youth Program Phone Number				
	956-665-2522				
	Nature of this report*				
	O Abuse/Neglect (Call DFPS 1-800-252-5400 or https://txabusehotline.org/Login/Default.aspx)				
	Medical Rehavioral (fighting, bullying, property damage, theft, substance, drugs, alcohol abuse)				
	 Denariosa (ngnang, banying, property damage, arere, substance, arags, aconor abase) Travel 				
	O Other:				
	Urgency of this report*				
	Normal				
	🔿 Urgent				
	Date of incident*				
	6/10/2024				
	More Below - Scroll Down 1				
	Cancel Report Save for Later Next >				

- Complete the following requirements.
- Provide a <u>Detailed</u>
 <u>Description</u> of the incident.

New Report	t
	Time of incident
1. Involved Parties	8 🗸 00 🗸 am 🗸
2. Questions*	Location of incident*
3. Review	 On campus Off campus Residence Halls Other:
	Questions
	Detailed Description of Incident*
	Was medical treatment provided?*
	● Yes ○ No
	If yes, where was treatment provided?*
	 Youth Program (Staff) Student Health Services ER
	Were there any witnesses to the incident?*
	● Yes ○ No
	Witness contact information:*
	Was this incident reported to PD?
	More Below - Scroll Down J
	Cancel Report < Previous Save for Later Next >

- Complete the following requirements.
- Provide in <u>**DETAIL</u>** how you handled the incident.</u>

New Report	t
1. Involved Parties	Was this incident reported to PD?
2. Questions	○ Yes
3. Review	Were Parents or Legal Guardians Notified?*
	● Yes ○ No
	If yes, when?
	How was the inicident handled?* Be as detailed as possible.
	Additional Comments*
	Youth Participant Emergency Contact Name & Phone Number*
	Supporting Documentation
	Supporting Documentation Photos, video, email, and other supporting documents may be attached below. 5GB maximum total size.
	Select Files to Upload or Drop Files Here
	Cancel Report < Previous Save for Later Next >

- Review all the information provided. Confirm that the Reporter and Victim's information is correct.
- Select "Submit Report".

ew Repor	t				
	Detailed Description	on of Incident			
volved Parties	Was medical treat	ment provide	d?		
lestions	Yes				
view	If yes, where was treatment provided? Student Health Services				
	Were there any w Yes	itnesses to the	e incident?		
	Witness contact in	nformation:			
	Was this incident reported to PD?				
	Were Parents or L	egal Guardian	s Notified?		
	Yes				
	If yes, when? Jun 10, 2024				
	How was the inici	dent handled?	?		
	Additional Comments Youth Participant Emergency Contact Name & Phone Number				
	Involved Parties				
	Full Name	Gender	Role	Youth's DOB (YYYY-MM-DD)	
		Male	Reporter	Empty	
	Test Child2	Male	Victim	01/01/2008	
	Cancel Report			Previous Save for Later Submit Report	

2. C

- You will receive an email copy of this page after submitting the incident report.
- Our office will then review this report, reach out to you if we have any question, and provide guidance regarding the matter.

