



LOUISIANA DEPARTMENT OF
EDUCATION

Early Childhood Complaints and Incidents Submission User Guide

2024-2025



December 2023

TABLE OF CONTENTS

Complaint/Incident Submission Options and Requirements.....	3
Existing Providers.....	
New Providers.....	
Parents, Staff and General Public.....	
Edit, Return To Complete And/Or Delet Complaints And Incidents.....	4
Resources.....	
Reporting Options.....	6
Reporter Information.....	7
Provider Information.....	
Complaint Information.....	8
Facility Details.....	10
Email Notifications.....	
Complaints “Under Review”.....	11
Existing Provider Dashboard (Pending Applications Section).....	
Incident Submission Options and Requirements.....	12
Incident Submission.....	13
Existing Provider Dashboard.....	
Entity Management.....	
Health & Safety.....	
Critical Incident Link (Resources).....	
Critical Incident Reporting Form.....	14
Children Involved.....	
Staff Involved.....	15
Incident Description.....	
Parental Notifications.....	15
Personnel Notifications.....	17
State of Louisianan Notifications.....	
Corrective Action.....	18
Certification Statement.....	
Incidents “Under Review”.....	19
Email Notifications.....	20

COMPLAINT/INCIDENT SUBMISSION OPTIONS AND REQUIREMENTS

Sign into your [Edlink](https://ldoe.edlink.la.gov/#) account at <https://ldoe.edlink.la.gov/#>

*If your Dashboard is still in a New User status, as shown below, or you have not yet created an Edlink account, follow these instructions for requesting access to your Entity are located on [Louisiana Believes' Edlink Training page](#). Select the Accessing Edlink User Guide. Follow the detailed instructions, wait for approval (24hrs), log out and log back into Edlink. You should now see your Entity Dashboard.

If you are Staff Member (all roles) within a center or caregiver, you should establish an Edlink account, so that you will have access to the Complaint submission function.

If you are not affiliated with a caregiver or center (parent, former employee or general public) and have no need to establish an Edlink account, please see the reporting option on Page 6 or contact LDELicensing@la.gov or 225.342.9905 for assistance.

EXISTING PROVIDERS WITH ENTITY ACCESS APPROVAL

Welcome Back, Pamela Mertens
Welcome to your Entity Management Dashboard. Here you can review and make changes to your entity.

Renew License ✎

Click the "Start Renewal" button to begin a Renewal Application for your entity. If you have multiple entities, select the appropriate entity. A LDOE Licensing Consultant will need to review and approve your submission to receive a new license.

Entity
K test 9692
9876 Perkins rd
Baton Rouge, Louisiana, 70301

License Details

License Type	License Number
Type III	87983359
License Status	Expires
Open	01/16/2024

Helpful links

- EdLink Support
- Child Care Health Consultants
- CCCBC
- Office of Public Health
- Publicly-Funded Provider Programs
- CPR and First Aid Vendors
- Emergency Preparedness
- Fire Marshal Inspection
- Quality Providers Library
- Child Care Resource & Referral Agencies

Incidents are voluntarily submitted by the center's authorized representative. Access to entity must be approved to submit an Incident.

Start Renewal ✎

NEW PROVIDERS (WITHOUT ENTITY)

My Dashboard
Thank you for creating a new account. Get started below with a new application or request access to an existing organization.

Welcome, Pamela Mertens

How to use the EdLink Entity Portal? | Why am I here?

Get Started

Ready to start with a new application?
We'll ask questions about your business and guide you.
[Find the Right Program](#)

Already a member of an existing entity?
Find your entity's site and request access to be added.
[Request Access to an Entity](#)

Complaints may be submitted by a parent, Staff Member or the general public.

EDIT, RETURN TO COMPLETE AND/OR DELETE COMPLAINTS AND INCIDENTS

To leave the Complaint/Incident and return later to complete, select, **Submit Complaint**. A Warning box is displayed alerting you that not all required information has been provided yet. Select, OK. When you're ready to complete the Complaint/Incident, locate the incomplete submission on the Dashboard in the Pending Applications section, labeled as "Incomplete." Select, Edit to continue its completion, as shown below.

Section 4: Facility Details

*Does the Facility have cameras?
 Yes No Unsure
Facility have cameras is required

*Has the facility owner and/or director been contacted regarding this complaint?
 Yes No Unsure
Facility Contacted is required

*Have you notified any other agencies regarding your complaint?
 Yes No Unsure
Other Agencies Notified is required

You may return later to edit, complete or delete the Complaint/Incident. Your Information will be saved.

The screenshot shows the 'edlink' interface for a 'Child Care Provider Complaint Form'. A 'Warning' dialog box is overlaid on the form, stating: 'You are about to exit the complaint page, click 'Cancel' to continue submitting the complaint, click 'OK' to exit and you should be able to retrieve the same complaint from pending applicaiton section.' A red arrow points to the 'Ok' button in the dialog. The background form shows 'Section 1: Reporter Information' with fields for 'First Name' (Betty) and 'Last Name' (Brown). A 'Return to Dashboard' button is visible at the top left of the form area. The left sidebar contains navigation options like 'My Dashboard', 'Entity Management', 'Staff Management', 'Financial Management', 'Messages', 'Account Settings', and 'Help'.

To Cancel/Delete Complaint/Incident, locate the incomplete submission on the Dashboard in the Pending Applications section, labeled as "Incomplete." Select, Cancel. A Delete Application message will appear asking if you're sure you want to delete the Complaint/Incident. Select, Yes. A receipt of the attempt will remain in the Pending Application section but will no longer be in progress, as shown below.

edlink Entity Dashboard

Welcome Back, Pamela Mertens

Welcome to your Entity Management Dashboard. Here you can review and make changes to your entity.

Entity

Zaviyar Care
2334 East west st
Glen Allen, Louisiana, 70301

License Details

Licenses Type	License Number
Type III	87982902
License Status	Expires
Initial	12/12/2024

Helpful links

- EdLink Support
- Child Care Health Consultants
- CCCBC
- Office of Public Health
- Publicly-Funded Provider Programs
- CPR and First Aid Vendors
- Emergency Preparedness
- Fire Marshal Inspection
- Quality Providers Library
- Child Care Resource & Referral Agencies

Pending Application and Actions

N/A	Incomplete	Zaviyar Care - Type 3	Withdrawn	
Complaint ID	Last Update	Application ID	Category	Last Update
805	12/12/2023	118807	Entity	12/12/2023
Edit	Cancel			Expires on 01/10/2024

Zaviyar Care - Type 3 **Under Review**

Incident ID: 534 | Last Update: 12/11/2023

[View](#) [Withdraw Application](#)

Zaviyar Care - Type 3 **Incomplete**

Incident ID: 548 | Last Update: 12/11/2023

[Edit](#) [Cancel](#)

Delete Application

Are you sure you want to delete Application ID: 548?

[Yes](#) [No](#)

Providers do not have the ability to Withdraw a submitted Complaint/Incident.

COMPLAINT SUBMISSION

To begin the Complaint submission, select Help (using either Dashboard), as shown below. Remember, if you wish to submit a Complaint outside of the Edlink System, see the box in the center of the page. The information box for Complaints is an active link. Click and you'll be navigated to the State Complaint website.

edlink Entity Dashboard

Home / Dashboard

Welcome Back, Pamela Mertens

Welcome to your Entity Management Dashboard. Here you can review and make changes to your entity.

Renew License

Click the "Start Renewal" button to begin a Renewal Application for your entity. If you have multiple entities, select the appropriate site in the left side navigation. Note: An LDOE Licensing Consultant will need to review and approve your submission to receive a new license.

[Start Renewal](#)

Entity

Zaviyar Care
1334 East west st
Glen Allen, Louisiana, 70301

License Details

Licenses Type	License Number
Type III	87982902
License Status	Expires
Initial	01/16/2024

Helpful links

- EdLink Support
- Child Care Health Consultants
- CCCBC
- Office of Public Health
- Publicly-Funded Provider Programs
- CPR and First Aid Vendors
- Emergency Preparedness
- Fire Marshal Inspection
- Quality Providers Library
- Child Care Resource & Referral Agencies

Select, Submit a Complaint.

edlink Resources

Home / Help / Resources

Resources

Helpful Links

The links below are for common, frequently-used resources

- State Fire Marshal
- PreService Orientation
- Medication Administration Training
- LDOE Key Orientation Modules (1, 2, 3)
- CPR and Pediatric First Aid Training
- Mandated Reporter Training
- Direct Deposit Form
- W9
- Emergency Preparedness

Reporting Child Abuse/Neglect

Support

VIA LINK Louisiana Parent Line

- Phone: 833-LA-CHILD (833-522-4453)
- Text: (225) 424-1533

VIA LINK offers the **Louisiana Parent Line**. Specialists offer emotional support, de-escalation, crisis intervention, and plans for coping. Follow-up calls can be arranged to increase parents' circle of support.

Report

DCFS Child Abuse/Neglect Hotline

- 855-4LA-KIDS (855-452-5437)

If you know a Louisiana child is being abused or neglected, or is a victim of juvenile sex trafficking, call toll-free, 24 hours a day, 365 days a year. **All calls are confidential.** Trained social workers determine if the reported information constitutes a report of child abuse and/or neglect or juvenile sex trafficking.

In Section 1, provide your information, completing all text boxes containing a red asterik. In Section 2, enter the Provider information. If you know the Provider is licensed and you have the license number, enter the information in the Entity Search box.

edlink SubmitComplaint

Child Care Provider Complaint Form

Return to Dashboard

All Approved Entities
(Latest Version of Entities Only)
113447 - Type 3
*Temporary Feature

Entity

My Dashboard
Entity Management
Staff Management
Financial Management
Messages
Account Settings
Help
Resources
Find the Right Program
Report Child Abuse
Submit a Complaint

Section 1: Reporter Information

Please enter your contact information. All of your information will remain anonymous during the investigation and will not be shared with the Entity. Your contact information is needed should more details are needed by our Complaint Intake Specialist. If an intake specialist is not able to verify the details the complaint may be closed without action.

*First Name: Betty
*Primary Phone Number: 654-654-6546
*Last Name: Brown
*Email Address: BB@gmail.com

Section 2: Provider Information

* Does the facility in question have a valid license or registration with the State? Search below. If no Center is found, select "No" and enter the facility details

Yes

*Entity Search: 87982902

If you do not know the license number of the Provider, enter the address or Center name. If you believe that the Provider is not licensed, select No from the toggle button above and complete the section on Page 6. As shown below, indicate your role or relationship within the Complaint.

Section 2: Provider Information

* Does the facility in question have a valid license or registration with the State? Search below. If no Center is found, select "No" and enter the facility details

Yes

*Entity Search

Zaviyar Care, 2334 East west st, Glen Allen, LA, 70301, 87982902

Search by License Number, Entity Name or Address

Entity Information

Entity Name Zaviyar Care	License Number 87982902	Entity Status Initial
Physical Address --Select-- Employee Family Member Former Employee Other Child Care Provider Parent of Child in Care Resident Other --Select--	License Type ELC - Type III Application	

*By checking this box, the information provided is correct to the best of my knowledge.

I Agree

Is the Prover/Center licensed? If "No", slide the toggle to No and complete the text boxes as shown below.

Section 2: Provider Information

* Does the facility in question have a valid license or registration with the State? Search below. If no Center is found, select "No" and enter the facility details

No

*Center Name: Xaviyar Child Care

*Street Name 1: 2334 East west st

*Center Contact Name: Kristy Bishop

Street Name 2:

Primary Phone Number: 564-654-6546

*City: Glen Allen

*State: Louisiana

Secondary Phone Number:

*Zip: 70301

*Parish/County: East Baton Rouge

Your affiliation to the provider?: Employee

*By checking this box, the information provided is correct to the best of my knowledge.

I Agree

In Section 3, provide information about the Complaint. Scroll through the drop-down for Nature of Complaint and select the one that best fits the scenario of the Complaint.

Section 3: Complaint Information

* Nature of Complaint: Abuse

*Date of Incident: 11/30/2023

Is the child Enrolled?

"Nature of Complaint" allows for multiple selections from the dropdown.

In Section 3, continue by entering the individuals involved in the Complaint. Selct, Add New+ to enter an additional party involved in the Complaint. Click on the Check to Save.

Section 3: Complaint Information

* Nature of Complaint: Abuse * *Date of Incident: 11/30/2023

How many children were involved? 2

List the children's details who were involved in the incident:

First Name	Last Name	Age	Age Range	Is the child Enrolled?
+Add Child				
Amber	Smith	5	Years	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure

Is the child Enrolled?





Provide a detailed description of the Complaint. You may type the scenario using Word, first. Then cut and paste into the text box below. Individuals may be edited or deleted using the pencil and trash can icons.

Section 3: Complaint Information

* Nature of Complaint: Abuse * *Date of Incident: 11/30/2023

How many children were involved? 2

List the children's details who were involved in the incident:

First Name	Last Name	Age	Age Range	Is the child Enrolled?	
Amber	Smith	5	Years	Yes	 
Tyler	Frank	10	Years	Yes	 

+Add Child

* Provide a description of the complaint:

I witnessed Tyler touching Amber inappropriately while on the playground. I confronted Tyler in the act and ran back inside of the building. Amber was scared and crying. She confirmed what I saw without being asked. I immediately called her parents and expect to speak with them later this afternoon. I've alerted Tyler's caregiver of the incident and that a report would be filed.

Select responses to the questions below to the best of your knowledge. Then, Submit Complaint.

Section 4: Facility Details

*Does the Facility have cameras?
 Yes No Unsure

*Has the facility owner and/or director been contacted regarding this complaint?
 Yes No Unsure

If yes, by whom?

*Have you notified any other agencies regarding your complaint?
 Yes No Unsure

Check your email for notifications that your Complaint was submitted and received. A message will also be sent to your Edlink Dashboard notifying you of the same.

Complaint Submitted to LDOE

eml-app-edlink-sit
To: Pamela Mertens
Tue 12/5/2023 12:06 PM

Dear Provider,

There has been an update in regards to your EdLink Account.

Please view the update on your EdLink Portal here: <https://sit.ldoe.edlink.la.gov>

Thanks,
Louisiana Department of Education

Reply Forward

Complaint Received

eml-app-edlink-sit
To: Pamela Mertens
Mon 12/11/2023 11:26 AM

Dear Provider,

There has been an update in regards to your EdLink Account.

Please view the update on your EdLink Portal here: <https://sit.ldoe.edlink.la.gov>

Thanks,
Louisiana Department of Education

Reply Forward

“UNDER REVIEW” COMPLAINTS

A submitted Complaint is “View Only” once it has been submitted.

The screenshot shows the 'Entity Dashboard' for 'Zaviyar Care'. The 'Entity' section lists the address: 2334 East west st, Glen Allen, Louisiana, 70301. The 'License Details' section shows 'License Type: Type III', 'License Number: 87982902', 'License Status: Initial', and 'Expires: 01/16/2024'. The 'Helpful links' section includes EdLink Support, Child Care Health Consultants, CCCBC, Office of Public Health, Publicly-Funded Provider Programs, CPR and First Aid Vendors, Emergency Preparedness, Fire Marshal Inspection, Quality Providers Library, and Child Care Resource & Referral Agencies. The 'Pending Application and Actions' section shows a table with two entries. The first entry is 'N/A' with a 'View' button and a red arrow pointing to it. The second entry is 'K test 9692 - Type 3' with a 'View' button, a 'Withdraw Application' button, and a 'Pending' status tag. A red arrow points from the 'Under Review' tag to the 'View' button.

Complaint ID	Last Update	Application ID	Category	Last Update
792	12/05/2023	119690	CHOW	12/04/2023

The screenshot shows the 'Messages and Notifications' section of the 'Entity Dashboard'. It features a 'Show All' button, 'Notifications' and 'Messages' tabs, and a 'View All' toggle. The messages list includes: 'Message - Complaint Submitted to LDOE' (unread, Dec 5, 2023 12:50 PM), 'Message - Change of Information Received' (unread, Nov 16, 2023 10:37 AM), 'Notification - Change of Information Received' (unread, Nov 16, 2023 10:37 AM), and 'Notification - Renewals Application Received' (unread, Nov 16, 2023 10:35 AM). A red arrow points to the first message.

A Complaint/Incident Intake Program Specialist will contact you if further information is needed for a review of the Complaint. Please contact LDELicensing@la.gov or 225.342.9905 for assistance update.

INCIDENT SUBMISSION OPTIONS AND REQUIREMENTS

Sign into your [Edlink](#) account at <https://ldoe.edlink.la.gov/#>

*If your Dashboard is still in a New User status, as shown below, or you have not yet created an Edlink account, follow these instructions for requesting access to your Entity are located on [Louisiana Believes' Edlink Training page](#). Select the Accessing Edlink User Guide. Follow the detailed instructions, wait for approval (24hrs), log out and log back into Edlink. You should now see your Entity Dashboard.

If you are Staff Member (all roles) within a center or caregiver, you should establish an Edlink account, so that you will have access to the Incident submission option.

EXISTING PROVIDERS WITH ENTITY ACCESS

Welcome Back, Pamela Mertens
Welcome to your Entity Management Dashboard. Here you can review and make changes to your entity.

Renew License

Click the "Start Renewal" button to begin a Renewal Application for your entity. If you are not a licensed provider, click the "Request Access" button in the left side navigation. Note: An LDOE Licensing Consultant will need to review your application before you can renew your license.

Entity Management (highlighted with red arrow)

Entity
Zaviyar Care
2334 East west st
Glen Allen, Louisiana, 70301

License Details

Licenses Type	License Number
Type III	87982902
License Status	Expires
Initial	01/16/2024

Helpful links

- EdLink Support
- Child Care Health Consultants
- CCCBC
- Office of Public Health
- Publicly-Funded Provider Programs
- CPR and First Aid Vendors
- Emergency Preparedness
- Fire Marshal Inspection
- Quality Providers Library
- Child Care Resource & Referral Agencies

Start Renewal

Incidents are voluntarily submitted by a licensed Provider or the center's authorized Representative.

NEW PROVIDERS WITHOUT ENTITY ACCESS

My Dashboard
Thank you for creating a new account. Get started below with a new application or request access to an existing organization.

Welcome, Pamela Mertens

Get Started

Ready to start with a new application?
We'll ask questions about your business and guide you.
[Find the Right Program](#)

Already a member of an existing entity?
Find your entity's site and request access to be added.
[Request Access to an Entity](#)

INCIDENT SUBMISSION

Select, Entity Management and then Health and Safety.

The screenshot shows the EdLink Entity Dashboard. The left sidebar contains a menu with 'Entity Management' highlighted by a red arrow. The main content area displays a 'Welcome Back, Pamela Mertens' message and a 'Renew License' section with a 'Start Renewal' button. Below this, there are sections for 'Entity' information and 'License Details'.

License Type	License Number
Type III	87982902
License Status	Expires
Initial	01/16/2024

The screenshot shows the 'License Summary' page for entity 87982902 - Zaviyar Care. The left sidebar has 'Health and Safety' highlighted with a red arrow. The main content area includes a 'Return to Dashboard' button and a 'My Site Details' section with a grid of metrics: Applications, Messages (1), Staff (2), Inspections (0), Anniversary (Select), and Expiration (01/16/2024).

The screenshot shows the 'Health and Safety' page. The left sidebar has 'Health and Safety' highlighted with a red arrow. The main content area features a 'Helpful links' section with the text 'The links below are for common, frequently-used resources.' A red arrow points to the '\$1103 Critical/Reportable Incident' link.

Finally, select Critical/Reportable Incident or Supplemental, if applicable.

The Critical/Reportable Incident Form consist of 3 pages; Entity Information, Incident Information, and a Certification Statement of the Incident.



The screenshot shows the 'edlink' interface for a 'Critical Incident' report. The page title is 'Critical/Reportable Incident' with the ID '87982902 - Zaviyar Care'. It is 'Page 1 / 3' of the form, specifically the 'Entity Information' section. A red arrow points to the 'Critical Incident' menu item in the top navigation bar. The left sidebar contains navigation options: 'All Approved Entities' (with a dropdown showing '113447 - Type 3'), 'Entity', 'My Dashboard', 'Entity Management', 'Staff Management', 'Financial Management', 'Messages', 'Account Settings', and 'Help'. The main content area is titled 'Section 1: Entity Information' and contains several input fields: 'Entity Name' (Zaviyar Care), 'License Number' (87982902), 'License Type' (Type III), 'Entity Status' (Initial), 'License Expiration' (01/16/2024), and 'Physical Address' (2334 East west st, N/A, Glen Allen, LA, 70301).

On Page 1, complete Section 1 by entering the Incident Contact information. This individual will be contacted by LDOE if further information is needed to review the Incident. Begin Section 2 by identifying the children who were involved in the Incident. Select, Add New+ to add additional children. Select Save after each child's information has been entered. See the following page for an example of this function.

The screenshot shows the second page of the 'Critical Incident' form. The top navigation bar is labeled 'Critical Incident'. The form is divided into two main sections. The first section, 'Incident Contact', contains fields for '* Incident Contact Name' (Kristy Bishop), '* Contact Number' (546-545-4546), '* Date of Incident' (11/30/2023), and '* Time of Incident' (12:30 PM). A red arrow points to the 'Time of Incident' field. The second section, 'Section 2: Children Involved in Incident', includes a heading and a sub-heading 'List the children's details who were involved in the incident'. Below this is a table with columns for 'First Name', 'Middle Name', 'Last Name', and 'Age'. The table is currently empty, with the message 'There are no records to display.' Below the table is an '+ Add Child' button. A form for adding a child is shown below, with fields for '* First Name' (Brittany), 'Middle Name', '* Last Name' (Holding), and '* Age' (7). A red arrow points to the 'Age' dropdown menu. At the bottom of the form are 'Save' and 'Cancel' buttons.

Section 2: Children Involved in Incident



List the children's details who were involved in the incident

First Name	Middle Name	Last Name	Age	
Brittany		Holding	7	 


[+ Add Child](#)

Section 3: Staff Involved in Incident

List the staff details who were involved and other staff present

First Name	Middle Name	Last Name	
Sylvia		Baker	 

[+ Add Staff](#)



[← Return to Health and Safety](#) [Save and Continue →](#) 

Save to Continue to Page 2.

Provide a detailed description of the incident, identifying all children and staff members involved or present.

Critical/Reportable Incident

87982902 - Zaviyar Care

2 Page 2 / 3
Incident Information  

Section 1: Incident Description

* Provide a detailed description of the incident.

While on the playground with the class, Brittany climbed a tree, which was "off-limits". She was halfway up the tree before her caregiver, Sylvia, could make it to her. Brittany slipped and fell from the tree onto the ground, hurting her arm. An ambulance was called and it was recommended by the EMT's that she be taken to the hospital for X-rays.

Brittany's parents were called immediately and asked to meet her at Baton Rouge Memorial Hospital in the ER. After examination, it was determined that her arm was broken as a result of the fall. |

This text field is limited to 5000 characters.

In Section 2, indicate whether or not parents or guardians were notified. Selecting Yes will require the entry of additional information. See below for an example of a Yes response.

Section 2: Parental Notifications

Please provide the details of who and when the parties below were contacted about the incident.

* Were the child's parent or legal guardian contacted? If yes, list who was contacted, the date and time contact was made.

Yes No

Section 2: Parental Notifications

Please provide the details of who and when the parties below were contacted about the incident.

* Were the child's parent or legal guardian contacted? If yes, list who was contacted, the date and time contact was made.

Yes

* Name of the parent/legal guardian who was notified

Sally Holding

* Name of the Staff who notified parent

Kristy Bishop

* Date of notification * Time of notification

List the failed attempt to notify a parent of the incident below: including the name of the parent you attempted to reach, as well as the date and time of the attempt.

NA-Parents was notified on first attempt.

This text field is limited to 5000 characters.

In Section 3, indicate whether or not enforcement and/or medical personnel were notified. Selecting Yes will require the entry of additional information. See the next page for an example of a Yes response.

Section 3: Personnel Notifications

Please provide the details of who and when the parties below were contacted about the incident.

* Were emergency personnel and/or law enforcement contacted? If yes, list who was contacted, the date and time contact was made.

Yes No

* Was medical attention required?

Yes No

* Was insurance offered?

Yes No

Section 3: Personnel Notifications

Please provide the details of who and when the parties below were contacted about the incident.

* Were emergency personnel and/or law enforcement contacted? If yes, list who was contacted, the date and time contact was made.

Yes 

* Name of the staff who was notified emergency personnel/law enforcement.

Ambulance called via 911

* Date of notification

11/30/2023 

* Time of notification

12:37 PM 

* Was medical attention required?

Yes No

* Was insurance offered?

Yes No

Did this incident require Child Welfare to be contacted? If yes, list who was contacted, the date and time contact was made.

Section 4: State of Louisiana Notifications

Please provide the details of who and when the parties below were contacted about the incident.

* Did this incident require Child Welfare to be contacted? If yes, list who was contacted, the date and time contact was made.

Yes No 

* Was LDOE Department of Licensing contacted prior to submitting this incident?

Yes No


* If yes, what was the form of communication

Email Phone Fax

Date of notification

11/30/2023 

Time Contacted

03:50 PM 

[← Return to Entity Information](#)

 [Save and Continue →](#)

Save to Continue to Page 3.

What action was taken or needed to prevent a recurrence of this incident.

Critical/Reportable Incident
87982902 - Zaviyar Care

3 Page 3 / 3
Certification Statement

Section 1: Corrective Action

* Describe the action taken or needed to prevent a recurrence of this incident.

The tree was cut down and stump removed.

This text field is limited to 5000 characters.

In Section 2, sign and date the Certification Statement.

Section 2: Certification Statement

I certify that I have personally completed this form. I further certify that all information contained in this form is true and correct, that I have not used a false or fictitious name in such form, and that I have not knowingly made a false statement or have not knowingly concealed any material fact. I understand that if a child has received medical attention due to an injury or accident that occurred in during child care hours of operation, I am responsible for the medical expenses.

I understand that if any additional information is received, I must complete and submit the supplemental critical incident form.

I understand that knowingly providing false information on this form or the failure to provide complete information may result in the license being revoked or not renewed. I understand that failure to comply with the law and regulations governing the licensure of child care facilities could result in the license being denied, revoked, or not renewed.

* By clicking this box, I certify that the information contained herein is true and correct to the best of my knowledge.

Accepted

* Full Name * Today's Date

[← Return to Incident Information](#) [Submit Incident to LDOE →](#)

Select, Submit Incident to LDOE to begin review.

"UNDER REVIEW" INCIDENTS

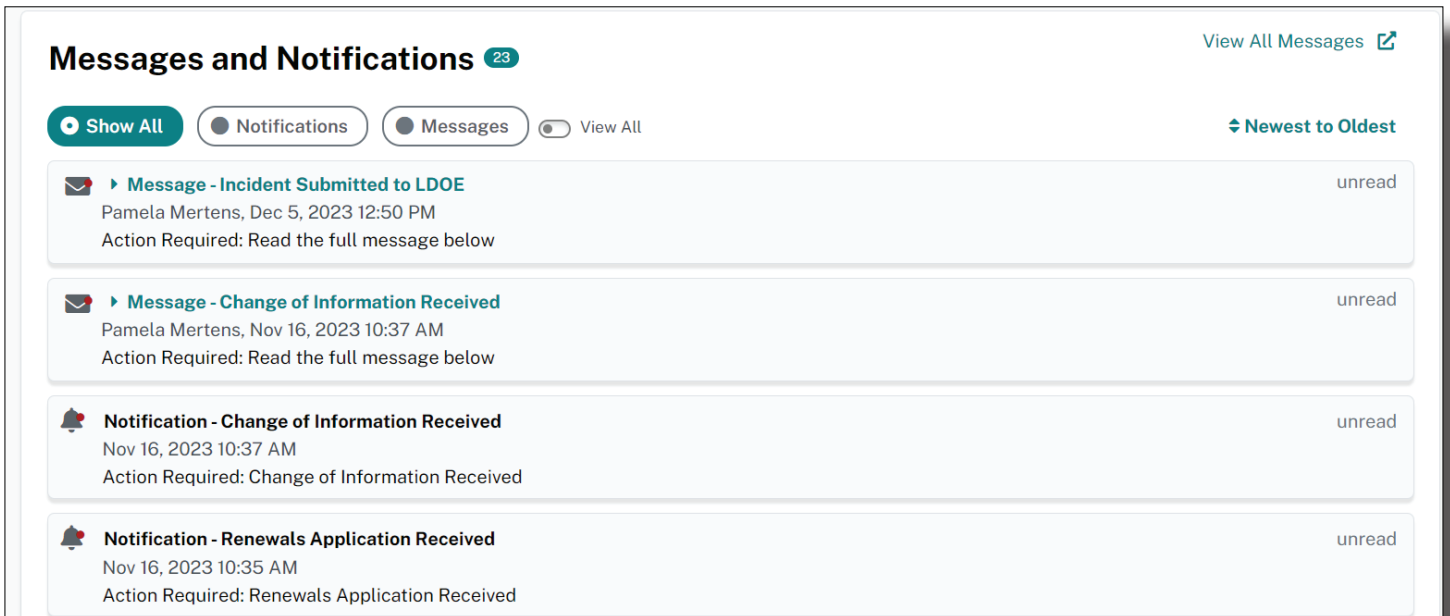
A submitted Incident is "View Only" once it has been submitted.

The screenshot displays the 'edlink Entity Dashboard' for 'Zaviyar Care'. The dashboard includes a navigation sidebar on the left with options like 'My Dashboard', 'Entity Management', 'Staff Management', 'Financial Management', 'Messages', 'Account Settings', and 'Help'. The main content area is titled 'Entity Dashboard' and contains several sections:

- Entity Information:** Zaviyar Care, 2334 East west st, Glen Allen, Louisiana, 70301.
- License Details:** Licenses Type: Type III, License Number: 87982902, License Status: Initial, Expires: 01/16/2024.
- Helpful links:** EdLink Support, Child Care Health Consultants, CCCBC, Office of Public Health, Publicly-Funded Provider Programs, CPR and First Aid Vendors, Emergency Preparedness, Fire Marshal Inspection, Quality Providers Library, Child Care Resource & Referral Agencies.
- Pending Application and Actions:** A table showing incident status. The incident 'Zaviyar Care - Type 3' (Incident ID 534) is marked as 'Under Review' and has a 'Withdraw Application' button highlighted with a red arrow.

Complaint ID	Last Update	Incident ID	Last Update
N/A	12/05/2023	534	12/05/2023

Check your email for notifications that your Complaint was submitted and received. A message will also be sent to your Edlink Dashboard notifying you of the same.



A Complaint/Incident Intake Program Specialist will contact you if further information is needed for a review of the Complaint. Please contact LDELicensing@la.gov or 225.342.9905 for assistance update.

This page was intentionally left blank.