

**Louisiana Department of Children and Family Services
Division of Programs – Licensing Section
P. O. Box 3078, Baton Rouge, LA 70821
Phone: (225) 342-9905
Fax: (225) 342-9690**

LICENSING DEFICIENCY REVIEW (LDR) REQUEST

License # _____ Email address: _____

Facility name: _____

Street address: _____

City: _____ Zip code: _____

Mailing address: _____

City: _____ Zip code: _____

Date of the Statement of Deficiencies for which the LDR has been requested: _____

Regulation # being disputed: (ex. 7315.A) _____

Description of regulation: (ex. Child/staff ratio) _____

(Copy of statement of deficiencies must be attached)

(If disputing more than one deficiency, please use the supplement to LDR request form)

Explanation/basis of dispute:

(Attach additional pages, if needed) Number of additional pages attached _____

Supporting documents attached (other than pages noted above) Yes _____ No _____

Printed name of individual submitting request

Signature of individual submitting request

Date

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SUPPLEMENT TO LICENSING DEFICIENCY REVIEW (LDR) REQUEST

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