

**Louisiana Department of Children and Family Services
Licensing Section
P. O. Box 260036, Baton Rouge, LA 70826
Phone: (225) 342-4350
Fax: (225) 663-3166**

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. 7311.A.6)

Description of regulation: (ex. Annual Training) _____

(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