

**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**

SUPPLEMENT TO LICENSING DEFICIENCY REVIEW (LDR) REQUEST

License # _____

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

Regulation # being disputed: (ex. 7311.A.5) _____

Description of regulation: (ex. Orientation) _____

(Copy of statement of deficiencies must be attached)

Explanation/basis of dispute:

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

Supporting documents attached (other than pages noted above) yes _____ no _____

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

Regulation # being disputed: (ex. 7311.C.1) _____

Description of regulation: (ex. Critical Incidents) _____

(Copy of statement of deficiencies must be attached)

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 _____