

**Louisiana Department of Education
Division of Licensing
P. O. Box 4249, Baton Rouge, LA 70821
Phone: (225) 342-9905
Fax: (225-342-2498**

LICENSING DEFICIENCY REVIEW (LDR) REQUEST

Must be submitted within 10 calendar days from the date deficiency was cited

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. 1711-ABDG) _____

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

(Copy of statement of deficiencies must be attached)

(If disputing more than one deficiency, please use a separate document for each dispute)

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