

**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 to [ldelicensing@la.gov](mailto:ldelicensing@la.gov) 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