

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
**CHILD CARE LICENSING**

**LAS VEGAS OFFICE**

3811 W. Charleston Blvd. Ste. 210  
Las Vegas, NV 89102  
Phone: 702-486-3822 Fax: 702-486-6660

**CARSON CITY OFFICE**

727 Fairview, Suite E  
Carson City, Nevada 89701  
Phone: 775-684-4463 Fax: 775-684-4464

Parent/Guardian Notification of NRS.178 Child Care Facility required to maintain certain information; reporting of information to parents and guardians; notice of right to information:

I, \_\_\_\_\_,(Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**