



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Public and Behavioral Health
CHILD CARE LICENSING

LAS VEGAS OFFICE

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

ELKO OFFICE

1010 Ruby Vista Dr., Suite 101
 Elko, Nevada 89801
 Phone: 775-753-1237 Fax: 775-753-1336

CARSON CITY OFFICE

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

CHANGE IN PERSONNEL NOTIFICATION

DATE: _____ FACILITY: _____
 ADDRESS: _____ DIRECTOR/OWNER: _____

Name of New Staff/Residents	Hire Date/Residence	Date of Birth	Social Security #	Date Fingerprinted	Date of TB Test
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
Name of Staff Terminated/No Longer at Residence		Date Terminated/No Longer at Residence			
1.					
2.					
3.					
4.					
5.					

Staff/residents under the age of 18 are not required to submit Consent and Release or background items but are required to comply with Change in Personnel requirements