

**CHILD CARE LICENSING**

**LAS VEGAS OFFICE**

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**CARSON CITY OFFICE**

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**PHONE EMERGENCY LIST**

THIS PHONE IS LOCATED AT: \_\_\_\_\_  
FACILITY NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
DESCRIPTION OF BUILDING: \_\_\_\_\_  
DIRECTIONS FOR REACHING THIS LOCATION FROM A MAJOR ROAD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NUMBERS**

- AMBULANCE \_\_\_\_\_
- POISON CONTROL 1-800-222-1222
- POLICE \_\_\_\_\_
- FIRE DEPT. \_\_\_\_\_
- HEALTH CONSULTANT \_\_\_\_\_
- HOSPITAL \_\_\_\_\_
- NEAREST  
EMERGENCY FACILITY \_\_\_\_\_
- CC LICENSING 702.486.3822
- CHILD PROTECTIVE SERVICES  
HOTLINE \_\_\_\_\_
- RAPE CRISIS \_\_\_\_\_

- BATTERED WOMEN'S  
SHELTER \_\_\_\_\_
- SUICIDE PREVENTION \_\_\_\_\_
- WATER COMPANY \_\_\_\_\_
- HEATING SERVICE \_\_\_\_\_
- ELECTRIC COMPANY \_\_\_\_\_
- PLUMBER \_\_\_\_\_
- TAXI \_\_\_\_\_
- PARENTS ANONYMOUS \_\_\_\_\_
- ALCOHOLICS  
ANONYMOUS \_\_\_\_\_

**ALWAYS GIVE THE FOLLOWING INFORMATION IN EMERGENCIES:**

1. YOUR NAME
2. NATURE OF EMERGENCY
3. TELEPHONE NUMBER OF YOUR LOCATION
4. ADDRESS OF YOUR LOCATION
5. DIRECTIONS TO YOUR LOCATION
6. EXACT LOCATION OF INJURED PERSON
7. INFORM THE DISPATCHER OF ANY FIRST AID THAT HAS ALREADY BEEN ADMINISTERED

**DO NOT HANG UP FIRST!!!** The person you are talking to may need more information. Let the person on the other end hang up first.