



# Out-Of-School Recreation Program Application

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
Child Care Licensing  
727 Fairview Drive, Suite E  
Carson City, Nevada 89701  
Phone: (775) 684-4463 Fax: (775) 684-4464  
<http://health.nv.gov/HCQC.htm>

- Permit Application
- Increase in number of sites operated to current permit (if this box is checked provide the required information only for the site(s) being added)

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**COMPLETE ALL PARTS OF THIS FORM.** PLEASE FILL IN THIS FORM ELECTRONICALLY, PRINT, SIGN, DATE AND SUBMIT. *(if unable to complete electronically, print, complete in black or blue ink and submit)* Permit issued is non-transferrable and are valid for three (3) years after the date on which it is issued. The permit is only valid for the site(s) specifically identified on the permit. **Note:** If you are increasing the number of sites operated to your current permit, the expiration date of your current permit will not change; a revised permit will be issued showing the programs added to the permit.

APPLICANT INFORMATION	
Name of Local Government	
Number of Sites Operated	
Physical Address of Local Government	
Mailing Address (if different from above)	
County	
Name of Contact Person	
Phone Number	
E-mail Address or other method of communication	

**APPLICATION ATTESTATIONS:**

I certify that for each site to be listed on the permit:

- Each member of the staff meets the minimum requirements that have been established for the position.
- Each member of the staff receives orientation and training concerning the abuse and neglect of children.
- The number of participants in an out of school recreation program does not exceed a ratio of one person supervising every 20 participants and will not cause the program to exceed the maximum occupancy as determined by the State Fire Marshall or local governmental entity that has the authority to determine the maximum occupancy.
- Each member of the staff is aware of the mandatory abuse reporting requirements pursuant to NRS 200.5093 (<http://www.leg.state.nv.us/NRS/NRS-200.html#NRS200Sec5093>), NRS 200.50935 (<http://www.leg.state.nv.us/NRS/NRS-200.html#NRS200Sec50935>), and NRS 432B.220 (<http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220>).

**REQUIRED REPORTS**

I am aware that I must submit to Child Care Licensing every 2 years the required reports listed in the "[Required Reports Checklist](#)."

**BACKGROUND CHECKS:**

I certify that each member of the staff at each site to be listed on the permit has had a background and personal history check completed and a Child Abuse and Neglect Screening and has been found eligible to work.

**FEE SCHEDULES:**

**Permit Application** (if you are only adding number of sites to your current permit please skip this section and complete the next one to determine the fee amount for adding the number of sites operated)

1. Choose the amount based on the number of sites that fall under your governmental authority.
2. Enter amount paid in column based on total number of sites. Please include this amount with your application.

At least 1 but not more than 5 sites	\$100	\$
At least 6 but not more than 20 sites	\$250	\$
At least 21 but not more than 40 sites	\$500	\$
At least 41 but not more than 60 sites	\$750	\$
At least 61 but not more than 80 sites	\$1,000	\$
81 sites or more	\$1,250	\$

**If you are increasing the number of sites operated to your current permit please complete this section:**

If the number of sites added does not exceed the fee schedule range from your current application there will be no additional charge.

If the number of sites added brings you from a lower fee schedule to a higher fee schedule based on the fee schedule table listed above please complete the following:

1. How many sites are you adding to the permit? \_\_\_\_\_
2. Enter your total number of sites to be permitted (current number of sites + number of sites being added in #1) \_\_\_\_\_
3. Look at the fee table above and enter the fee amount based on the total number of sites listed in #2 \_\_\_\_\_
4. Please enter what you currently pay for a permit \_\_\_\_\_
5. Subtract #3 (total number of sites to be permitted) from what you currently pay for a permit (amount entered in #4) \_\_\_\_\_ **(This is the fee amount due – Please include this amount with your application)**

Once your current permit expires you will be required to submit a new application and pay the full amount.

I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of permit.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION CHECKLIST** – All of these must be checked as completed and all required items must be submitted in order for an application to be considered complete. Incomplete applications will be returned.

- Complete, sign and submit dated application.
- Include application fee based on total number of sites via personal check, cashier’s check or money order. Checks and money orders need to be made out to STATE OF NEVADA TREASURER –or- STATE OF NEVADA.
- Submit proof that two staff members for each site are certified in CPR and First Aid.
- Include the form titled, “[List of sites to be Included on Permit.](#)”
- Include [Permit Inspection Checklist](#) for each site listed on the permit.
- Include reports on the “[Required Reports Checklist](#)” for each site listed on the permit.

**Submit completed application, including all requested documentation and fee to:**

Division of Public and Behavioral Health  
Child Care Licensing  
727 Fairview Drive, Suite E  
Carson City, NV 89701

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

If you have any questions please contact: Anna Lisa Acosta at: 775-684-4465 or via email at:  
[alacosta@health.nv.gov](mailto:alacosta@health.nv.gov)