



Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>1</u> (I)	<u>1</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>43</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>1</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>1</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 86602 CONSOLIDATED COMMUNITY LIVING SERVICES-CONS. COMM. LIVNG SVS-EC VEGAS CORE OFFI

Street 1050 E FLAMINGO RD STE W251

City LAS VEGAS State NV Zip 89119

Industry description (e.g., *Manufacture of motor truck trailers*)

Residential Intellectual and Developmental Disability Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

8 0 5 2

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 2 3 2 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 6.25

Total hours worked by all employees last year 11,297.37

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Kelli Olaughter 1.30.20
Company executive Title EXECUTIVE DIRECTOR
Date 1/30/2005



Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>2</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>289</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>4</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 86610 CONSOLIDATED COMMUNITY LIVING SERVICES-CONS. COMM. LIVNG SVS-EC VEGAS TUMBLEWEE

Street 3829 TUMBLEWEE AVENUE

City LAS VEGAS State NV Zip 89121

Industry description (e.g., *Manufacture of motor truck trailers*)

Residential intellectual and Developmental Disability Facilities

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)

8 0 5 2

OR

North American Industrial Classification (NAICS), if known (e.g., *336212*)

6 2 3 2 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 13

Total hours worked by all employees last year 21,658.56

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Kelli Slaughter - 1.30.26
Company executive ED Title

Phone _____ Date 1/30/26



Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>41</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>2</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 86611 CONSOLIDATED COMMUNITY LIVING SERVICES-CONS. COMM. LIVNG SVS-EC VEGAS HOUSTON

Street 2025 HOUSTON

City LAS VEGAS State NV Zip 89104

Industry description (e.g., *Manufacture of motor truck trailers*)

Residential Intellectual and Developmental Disability Facilities

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)

8 0 5 2

OR

North American Industrial Classification (NAICS), if known (e.g., *336212*)

6 2 3 2 1 0

Employment Information (if you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 11.17

Total hours worked by all employees last year 20,212.39

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Keeli Slaughter 1.30.26

Company executive

Title

()

Phone

Date



Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>33</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>3</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 86618 CONSOLIDATED COMMUNITY LIVING SERVICES-CONS. COMM. LIVNG SVS-EC VEGAS EAST FORD

Street 54 EAST FORD AVENUE

City LAS VEGAS State NV Zip 89123

Industry description (e.g., *Manufacture of motor truck trailers*)

Residential Intellectual and Developmental Disability Facilities

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)

8 0 5 2

OR

North American Industrial Classification (NAICS), if known (e.g., *336212*)

6 2 3 2 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 15.08

Total hours worked by all employees last year 35,706.05

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Kelli Plaugher 1.30.26
Company executive Title

Phone

Date



Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>1</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>1</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 86648 CONSOLIDATED COMMUNITY LIVING SERVICES-CONS. COMM. LIVNG SVS-EC VEGAS CAMERON

Street 7095 CAMERON ST

City LAS VEGAS State NV Zip 89118

Industry description (e.g. *Manufacture of motor truck trailers*)

Residential Intellectual and Developmental Disability Facilities

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

8 0 5 2

OR

North American Industrial Classification (NAICS), if known (e.g. 336212)

6 2 3 2 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 17

Total hours worked by all employees last year 30,091.99

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Keeli Daughton 1.30.26

Company executive Title

Phone Date

Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>94</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>2</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment 86686 CONSOLIDATED COMMUNITY LIVING SERVICES-CONS. COMM. LIVING SVS-EC NV CAPOVILLA

Street 4575 W CAPOVILLA AVE

City LAS VEGAS State NV Zip 89118

Industry description (e.g., *Manufacture of motor truck trailers*)

Residential Intellectual and Developmental Disability Facilities

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)

8 0 5 2

OR

North American Industrial Classification (NAICS), if known (e.g., *336212*)

6 2 3 2 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 10.83

Total hours worked by all employees last year 25,590.96

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Keeli daughter 1.30.26

Company executive

ED Title

()
Phone

11
Date