

# Accident/Injury Report

<b>Name of Facility</b>	KidCare	<b>Address (Street, City, State, Zip)</b>	6870 S Rainbow Blvd Las Vegas, NV 89118
<b>Date of Report</b>	12/13/2022	<b>Time of Report</b>	12:32 p.m.
<b>Name of Child:</b> _____			
<b>DOB or Age</b>	01/25/2020	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Person Reporting</b>	Linda Park	<b>Relationship of Reporter to Facility</b>	Lead 2's Teacher
<b>Incident Information</b>			
<b>Date of Incident</b>	12/13/2023	<b>Time of Incident</b>	10:24 a.m.
<b>Witnesses</b>	<i>Name:</i> Maya Houston <i>Address (Street, State, Zip):</i> 701 Sulphur Springs Rd, Last Vegas, NV 89118 <i>Phone number:</i> (864) 246-1008		
	<i>Name:</i> Vinni Rocha <i>Address (Street, State, Zip):</i> 2286 Genesee St, Las Vegas, NV 89118 <i>Phone number:</i> (716) 597-0002		
<b>Nature of the Incident</b>	<input type="checkbox"/> <b>Death of child while in care</b> <input type="checkbox"/> <b>Death of child due to contagious disease (Name of Disease _____)</b> <input type="checkbox"/> <b>Child injury resulting in treatment by medical professional Injury resulting in admission to hospital (Name of Physician or Hospital _____)</b>	<b>Location</b>	<input type="checkbox"/> Classroom <input type="checkbox"/> Playground/ Playroom <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Basement <input type="checkbox"/> Unapproved Area (_____) <input type="checkbox"/> Off-Site Activity (_____) <input type="checkbox"/> Unknown <input type="checkbox"/> Other



	<input type="checkbox"/> Injury resulting in death		
<b>Cause of Injury</b>	<input type="checkbox"/> Hit/Cut by Object <input type="checkbox"/> Fall from Activity/Equipment ( _____ ) <input type="checkbox"/> Fall (Running/Tripping) <input type="checkbox"/> Bitten/Scratched by Another Child <input type="checkbox"/> Hit/Pushed by Another Child <input type="checkbox"/> Eating/Choking <input type="checkbox"/> Insect Bite/Sting <input type="checkbox"/> Bite from Another Animal <input type="checkbox"/> Burn <input type="checkbox"/> Heat/Cold Exposure <input type="checkbox"/> Other		
<b>Incident Details</b>	<p>Ameera was playing with the plastic blocks when Maariyah came over and asked if she could play. When Ameera said no, Maariyah bit the child on the arm. The assistant teacher was at the same center with another child, and turned around to Ameera's screams and saw Ameera holding her arm.</p>		

