



PLAINFIELD ATHLETIC CLUB

LITTLE LEAGUE



2024 SAFETY PLAN
LEAGUE ID # 317810

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Plainfield Athletic Club Little League is dedicated to operating a safe “Little League” program. This safety plan has been developed to assist our League in that endeavor and to ensure Plainfield Athletic Club Little League is “ASAP” compliant.

Plainfield Athletic Club Little League Mission Statement

To actively participate in the Little League “ASAP” program to safeguard the physical and emotional well-being of all children participating in Plainfield Athletic Club Little League Baseball and Softball programs. Additionally, the League will strive to provide a safe and friendly environment for all volunteers, parents, and spectators.

It is Plainfield Athletic Club Little League Policy to:

- 1) Inform and educate our communities regarding the “ASAP” program and how it aids in serving the best interests of our participants
- 2) Involve players, parents, community members, local businesses, law enforcement, fire protection, EMS, and other organizations in our “ASAP” program through the sharing of information, poster campaigns, advertising, and educational programs
- 3) Utilize all available resources within our community to further the goals of the “ASAP” program
- 4) Make ZERO injuries our goal.

Qualified Safety Plan Requirements

Requirement #1 – League Safety Officer

League Safety Officer: Paul Honeycutt. Paul’s phone number is (219) 796-7260 and e-mail is safety@pacsports.org.

Requirement #2 – Safety Plan Distribution

The League Safety Officer will distribute a paper copy of this plan to all League directors, coaches, managers, volunteers, concession workers, staff, the head umpire, and the District Administrator. In addition, an electronic copy of this plan will be posted on the League’s website at www.pacsports.org.

Requirement #3 – Emergency and Key Officials’ Phone Numbers

Emergency and Key Officials’ phone numbers will be posted and distributed

Emergency Contacts

Emergency Phone Number	911
Plainfield Police Department (non-emergency)	(815) 436-2341
Plainfield Fire Department Headquarters	(815) 436-5335
Plainfield Fire Department & EMS Station #1	(815) 609-7789
Plainfield Fire Department & EMS Station #2	(815) 436-5330
Plainfield Fire Department & EMS Station #3	(815) 609-6238
Plainfield Fire Department & EMS Station #4	(815) 609-6611

League Contacts

PAC League President	Ray Castro	(815) 267-1010, ext. 700	president@pacsports.org
PAC League Executive Vice President	Steve Nielsen	(815) 267-1010, ext. 701	executive.vp@pacsports.org
PAC League Vice President of Baseball/Fall Ball	Tom Mundle	(815) 267-1010, ext. 702	vp.baseball@pacsports.org
PAC League Vice President of Softball	Sandy Czajkowski	(815) 267-1010, ext. 703	vp.softball@pacsports.org
PAC League Vice President of Travel	John Mendoza	(815) 267-1010, ext. 705	vp.travel@pacsports.org
PAC League Secretary	Vincentina Sciortino	(815) 267-1010	secretary@pacsports.org
PAC League Treasurer	Michelle Gawrys	(815) 267-1010, ext. 706	treasurer@pacsports.org
PAC League Safety Officer	Paul Honeycutt	(219) 796-7260	safety@pacsports.org

This list will be posted in the concession area and all dugout areas.

Should an accident or injury occur, you are required to contact the Safety Officer, President, or any available League Officer immediately.

In an emergency due to injury or illness, follow this procedure:

First, the person injured should be protected from further injury. Do not move the injured person unless there is an immediate threat. The most important help you can provide to an injured person is to call for professional medical assistance. Any qualified person at the scene should provide first aid immediately. Make the call for help quickly, using a cell phone near the injured person.

First, dial 911. Provide the dispatcher with all necessary information. Answer all questions, such as your exact location, telephone number, your name, what happened, how many people are injured, the condition of the injured, what help is being rendered, etc.

The addresses are of the fields are as follows:

- Four Seasons Park: 22500 W Lockport Street, Plainfield, IL
- Four Seasons Park West: 1031-203 W Lockport Street, Plainfield, IL
- Ottawa Park: 23820 W Ottawa Street, Plainfield, IL
- Gregory Bott Park: 24550 W Renwick Road, Plainfield, IL

Continue to care for the injured person until professional assistance arrives. If the injured person is a minor, every attempt should be made to contact the parent or legal guardian.

The Little League Baseball and Softball Medical Release form contains player emergency contact information and should be carried by all coaches during games and practices.

Remember to always contact the Safety Officer, President, or any available League Officer for any incident or injury, no matter how minor, so that it can be properly documented by the League.

A blank Little League Baseball and Softball Medical Release form is attached hereto as Exhibit "A."

Requirement #4 – 2024 Little League Volunteer Application

Plainfield Athletic Club Little League will use the JD Palatine d/b/a JDP QuickApp Process to screen all our volunteers. Managers, coaches, board members, volunteers, hired workers, and any other persons who provide regular services to the League or have repetitive access or contact with players or teams must complete the online background application through JDP. Annual background screenings must be completed prior to the applicant assuming any duties for the current season. Refusal to complete a volunteer application will result in the immediate dismissal of the individual from the League.

A blank Little League Volunteer Application is attached hereto as Exhibit "B."

Requirement #5 – Fundamentals Training

Fundamentals training, with at least one coach or manager from each team attending, will be provided and include fundamentals in hitting, sliding, fielding, pitching, etc. The dates of the training will be provided to the coaches/managers and be listed on the League's website. The League's Safety Officer will document the date, location, who is required to attend, and who did attend. The Safety Officer will also save copies of attendance records to track participation for future use. Training qualifies volunteers for three years, but one team representative is still required each year. Training will be modified annually to meet the local needs of players and the League's facilities. Fundamentals training will be scheduled before any League practice or game play is conducted and will be held at Four Seasons Park at 22500 W. Lockport St, Plainfield, IL or a local indoor facility based on weather.

Requirement #6 – First Aid

First aid training for coaches and managers, with at least one coach or manager from each team attending, will be required. Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses, and paramedics to attend first aid training to meet this requirement. Other individuals who attend various outside first aid training and courses are not exempt. Training qualifies volunteers for 3 years, but one team representative is still required each year. The dates of the training will be provided to the coaches/managers and be listed on the League's website.

The League's Safety Officer will document the date, location, who is required to attend, and who did attend. The Safety Officer will also save copies of attendance records to track participation for future use. First aid training will be scheduled before any League practice or game is conducted and will be held at Four Seasons Park at 22500 W. Lockport St, Plainfield, IL or an indoor facility based on weather. A state-licensed physician will conduct the training and special emphasis will be placed on state concussion laws and related identification and care. The intent is to provide training to ALL coaches and managers with a minimum of one participant per team.

Information on First Aid Clinics will be emailed out to team managers on dates, times and location.

Requirement #7 – Field Inspections

All umpires and coaches, whether representing the home or visitor team, will be required to walk and inspect their playing field for hazards before use. In addition, all managers and coaches will be required to walk and inspect fields prior to practices. Any facility issues needing to be fixed should immediately be reported to the League's Safety Officer. The Safety Officer will document all findings and ensure all hazards are repaired or other appropriate action to protect the safety of coaches, umpires, players, volunteers, and spectators is implemented. A facility survey has been completed online at the Little League Data Center.

A Little League field checklist is attached hereto as Exhibit "C."

Requirement #8 – 2024 Annual Little League Facility Survey

The League Safety Officer will complete the 2024 Annual Little League Facility Survey by conducting a physical review of the fields for changes and needs from the prior year's survey. All new changes and needs will be noted on the 2024 submission located at the League's Data Center. The Safety Officer will utilize the survey online at the Little League International's website. In addition, the Safety Officer or President will keep a copy of the completed survey on file for future needs.

Requirement #9 – Concession Stand Safety, Management & Food Handling

Plainfield Athletic Club Little League will operate concessions at our League fields. The Safety Officer and Concession Stand Director will be responsible for conducting inspections of the concession area on a regular basis. Written safety procedures will be posted in the concession area and be distributed to the Concession Stand Director. In addition, the concession menu will be posted and approved by the Safety Officer and League President. The Concession Stand Director will be trained in safe food handling and preparation procedures by a League volunteer experienced in the food services industry.

Training will include the following:

- Proper perishable food storage and handling guidelines
- Proper food preparation guidelines
- Procedures for inspection of all food storage equipment
- Safety rules for the operation of deep fryers, grills, or other similar equipment
- First aid training for all concession stand workers
- Proper utilization of a concession checklist for opening and closing the concession stand

Concession Policies and Guidelines will include the following:

- All concession workers must have received training in basic food safety guidelines for concessions by the concession manager
- Grill, hot plates, fryers, and unwrapped food may not be attended by anyone under the age of 18
- Concession workers will inspect the concession area for any violations of the posted safety requirements and report any irregularities to the League Safety Officer or President

The Concession Stand Director will verify at the start of every concession operation that:

- A working cell phone is available for emergency use
- A first aid kit is in the concession area
- A paper copy of the League Safety Plan is in the concession area
- Emergency phone numbers are prominently displayed
- All food storage and preparation equipment are in proper working order
- The food preparation area is clean and free of any unsafe or unsuitable items, such as cleaning fluids, debris, etc.
- A fully charged, operational fire extinguisher is located in the concession area

- Only authorized workers are to be in the concession area during operations

A Little League Concession Stand Inspection Checklist is attached hereto as Exhibit “D.”

Little League information on Concession Stand Safety Tips is attached hereto as Exhibit “E.”

Little League information on mandatory hand washing is attached hereto as Exhibit “F.”

Requirement #10 – Equipment Inspection and Replacement

The League Equipment Director will be required to inspect all equipment in the preseason. All managers and coaches will be required to inspect equipment prior to all practices and games utilizing an equipment checklist. Any equipment found to be unsafe will be reported and delivered to the Safety Officer. The Safety Officer will discard the unsafe equipment and ensure it is not used by any league player.

A Little League playing equipment inspection guide is attached hereto as Exhibit “G.”

Requirement #11 – Accident Reporting and Tracking

All accidents and “near misses” must be reported by coaches, managers, umpires, or league volunteers to the Safety Officer immediately, but no later than 24 hours. However, accidents involving an injury that did not require any first aid or professional medical attention can be reported to the Safety Officer within 72 hours of the incident. The Safety Officer will document all reported incidents and immediately inform the League President. Additionally, the Safety Officer will share information on reported accidents and “near misses” with the League’s Board of Directors and District Staff monthly. Documentation on all reported incidents will be maintained by the Safety Officer for a period of two years.

A blank copy of the Little League Accident Notification form is attached hereto as Exhibit “H.”

A blank copy of the Little League Incident Injury Tracking form is attached hereto as Exhibit “I.”

Requirement #12 – First Aid Kits

Coaches and managers are required to have a fully stocked first aid kit at every game and practice. Managers will also ensure that their team will carry a fully stocked first aid kit when playing outside any of the Plainfield Athletic Club Little League facilities. All kits should include non-latex gloves and breathing shields. It will be the responsibility of the Safety Officer to ensure that all teams comply with this requirement.

Little League information on First Aid kits is attached hereto as Exhibit “J.”

Requirement #13 – Little League Rules Enforcement

Plainfield Athletic Club Little League requires all teams to enforce all Little League Rules and Regulations during games and practices, including the following:

- Ensure players always have appropriate equipment, even catchers warming up for infield drills
- Make sure all fields have bases that disengage from their anchors
- Coaches and adult volunteers are not allowed to catch pitchers (Rule 3.09), including standing at backstop during practice as an informal catcher
- All catchers must have a dangling throat protector secured to their mask
- All male catchers must wear a metal, fiber, or plastic athletic supporter
- All helmets must be inspected regularly by coaches and managers
- All bats used in any League activity must fully comply with the 2024 Baseball/Softball Official Regulations and Playing Rules

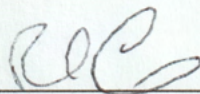
Requirement #14 – Submission of Qualified Plan Registration Form

The League Safety Officer or President will be responsible for the submission of the Plainfield Athletic Club Little League Qualified Safety Plan Registration form within the deadline set by Little League International. League registration/roster data for players, coaches, and managers will be submitted to Little League International via the Little League Data Center at www.LittleLeague.org. The submission will be completed within the deadline set by Little League International.

Requirement #15 – Survey and Child Protection Program Awareness

The Safety Officer will continuously monitor the Little League Data Center at www.LittleLeague.org for the survey questions to be provided by Little League International and answer them in a timely manner. As part of the continued evolution of the Little League Child Protection Program, all volunteers are required to complete an annual Abuse Awareness training, which will be taken online through USA Baseball. The Safety Officer will email the details of the course out to all League volunteers and once completed, the volunteer will have to issue his or her certificate of completion to the Safety Officer.

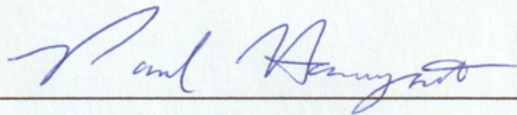
PAC League President's Signature



PAC League President's Printed Name Ray Castro

Date 3/18/24

PAC Safety Officer's Signature



PAC Safety Officer's Printed Name Paul Honeycutt

Date 3/18/2024



EXHIBIT A

Little League® Baseball and Softball MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

EXHIBIT B



Little League® Volunteer Application – 2024

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/LocalBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? Yes No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ Yes No

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?

If yes, describe each in full: _____ Yes No
(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or plead no-contest or guilty to any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)



Little League® Volunteer Application – 2024

Do not use forms from past years. Use extra paper to complete if additional space is required.



7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No

If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact Little League International.)

In which of the following would you like to participate? (Check one or more.)

- League Official Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/RgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)(9) for all background check requirements

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

OR

National Criminal Database check

U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List

National Sex Offender Registry

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Proof of completion of Abuse Awareness Training for Adults provided to league

Last Updated: 10/25/23

EXHIBIT C



HEY COACH, HAVE YOU:

- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Check conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a cell phone is available in case of an emergency**
- ✓ **Held a warm-up drill**

EXHIBIT D

Concession Stand Inspection Checklist

When it comes to inspecting your facilities at the start of a season or before the start of the Little League® International Tournament, it's important to remember that safety considerations extend beyond the field, dugouts, and bleachers. You'll need to ensure that all of the areas within your facility frequented by players, spectators, and staff are operational and don't present safety hazards.

One of the busiest areas of any Little League field is the concessions stand. It's also an area that can present a number of safety issues for workers who staff it. So it's essential that all aspects of the concessions stand are thoroughly and regularly inspected to avoid injuries.

Here's a checklist for inspecting your concessions stand:

Cooking Appliances and Equipment

Most concession stands house a variety of appliances and equipment for cooking. Make sure that whatever cooking appliances your concessions stand features are in good working order.

Electrical Outlets and Sinks

Take the time to go around to every electrical outlet in the concession stand and test them to make sure they're working properly. This also is a good time to check your sinks and faucets to ensure that you'll have the clean water you'll need.

Countertops, Tables, and Floors

Food and debris left over from the previous game can be the source of serious health concerns if it's attracted insects and rodents. Scan these areas carefully to make sure this hasn't happened. Speaking of pest control, keep an eye out to make sure any pesticides are stored away from any food.

Train Your Staff

One of the best ways to avoid injuries and safety issues in the concessions stand is by properly training the workers who will staff it. This includes giving clear guidelines on operating equipment and creating a safe working environment.

Bring in the Pros

If possible, it may be a good idea to enlist the help of a local restaurant manager to come in and take a look to ensure you haven't missed anything with your safety inspection. And, you also can consult your local or state health inspection office with any questions; or if you're unsure about anything.

EXHIBIT E

Concession Stand Safety Tips: 12 Steps to Safe, Sanitary Food Service

The following information is intended to help develop a healthy and safe work environment for your league's concession stand. Following these simple safety tips will help minimize the risk of foodborne illness and limit the chance of injury.

1. Simple Menu

Keep your menu simple, and keep potentially hazardous foods (meat, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Having complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Food Thermometer

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illness from temporary events can be traced back to lapses in temperature control.

- **Heating Food** – Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat food in crock pots, steam tables, over a warming tray or other holding devices. Slow cooking mechanisms may activate bacteria and never reach killing temperatures.

3. Cooling and Cold Storage

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the good in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

4. Hand Washing

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitutes for hand washing!

5. Health and Hygiene

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and

should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

6. Food Handling

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

7. Washing Dishware

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

- Washing in hot soapy water;
- Rinsing in clean water;
- Chemical or heat sanitizing; and
- Air drying

8. Ice

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

9. Wiping Cloths

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

10. Insect Control and Waste

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

11. Food Storage and Cleanliness

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

12. Set a Minimum Worker Age

Leagues should be set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

EXHIBIT F

Volunteers Must Wash Hands

HOW



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



**UMASS
EXTENSION**

EXHIBIT G

Playing Equipment Inspection: Baseball and Softball Bats

Prior to the start of any Little League® game, it is the responsibility of the umpires to inspect the condition of the playing equipment to be used by the players participating in the ensuing game. To do so thoroughly and effectively, the home plate umpire and his partner(s) are to examine each of the bats that may be used in the game.

All baseball bats to be used in the Major Division and below, must be affixed with the [USABat Standard](#) marking, and deemed to be in accordance with Little League Rule 1.10 as outlined in the current edition of the Little League Rules, Regulations, and Policies. In Little League Baseball Intermediate 50/70, Junior, and Senior Divisions BBCOR bats are permitted. In each instance, all bats that may be used in the ensuing game must be void of any physical damage, or an altered state, that would prevent the bat from complying with the USABat Standard.

It is strongly recommended that the umpires complete this inspection process together. If a piece a bat is deemed unsafe, bring the decision to the attention of the team manager, identify the bat in question, and instruct that it be immediately removed from the dugout. If the bat can be repaired to the satisfaction of the home plate umpire prior to the start of the game, it is the judgment of the home plate umpire or crew chief to allow it to be used in the game.

The process is the same for any bat that is intended to be used in the game

Like all application of Little League rules, decisions are made in accordance with the current rules, regulations, and policies, and in conjunction with the judgment of the umpires.

It is the responsibility of the team manager to understand this process, and why it is to be done prior to each game throughout the regular season.

Playing Equipment Inspection: Batting Helmets and Catcher's Gear

Prior to the start of any Little League® game, it is the responsibility of the umpires to inspect the condition of the playing equipment to be used by the players participating in the ensuing game. To do so thoroughly and effectively, the home plate umpire and his partner(s) are to examine each of the batting helmets that may be worn, and the equipment to be worn by the catcher, including the helmet, chest protector and shin guards.

The batting helmets must be affixed with the NOCSAE symbol, be free of cracks or other visible damage, and all of the internal padding must not be missing, tattered, torn or frayed. No stickers are permitted on the helmets, unless there is a letter of certification from the helmet manufacturer affirming the stickers are permitted to be affixed to the helmet.

It is strongly recommended that the umpires complete this inspection process together. If a piece of equipment is deemed unsafe, bring the decision to the attention of the team manager, identify the pieces of equipment, and instruct that it be immediately removed from the dugout. If the equipment can be repaired to the satisfaction of the home plate umpire prior to the start of the game, it is the judgment of the home plate umpire or crew chief to allow the equipment to be used in the game.

The process is the same for any piece of catcher's equipment that could be used in the game.

Like all application of Little League rules, decisions are made in accordance with the current rules, regulations, and policies, and in conjunction with the judgment of the umpires.

It is the responsibility of the team manager to understand this process, and why it is to be done prior to each game throughout the regular season.

EXHIBIT H

LITTLE LEAGUE® BASEBALL AND SOFTBALL

ACCIDENT NOTIFICATION FORM

INSTRUCTIONS



Send Completed Form To:

Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485

Accident Claim Contact Numbers:

Phone: 570-327-1674

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Address of Claimant			Address of Parent/Guardian, if different		

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? Yes No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
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EXHIBIT I

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
- C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field **B.) Adjacent to Playing Field** **D.) Off Ball Field**
 Base Path: Running *or* Sliding Seating Area Travel:
 Hit by Ball: Pitched *or* Thrown *or* Batted Parking Area Car *or* Bike *or*
 Collision with: Player *or* Structure **C.) Concession Area** Walking
 Grounds Defect Volunteer Worker League Activity
 Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____

EXHIBIT J



First Aid Kits: What Goes in Them?

ASAP Requirement #12

Bringing a first aid kit to all games and practices is an important part of implementing your league's ASAP Safety Plan. Your league's Safety Officer should ensure first aid kits are fully stocked throughout the season. Keep a list of supplies in your first aid kit, so it can be replenished as needed. If managers or coaches use any first aid supplies, they should work to replace them through your league's appropriate purchasing process before the team meets again.



Each league can decide what to put in their first aid kits. Suggested items include:

- Adhesive Bandages
- Gauze
- Athletic tape
- Antiseptic cleanser
- Gloves
- Bag to dispose of soiled items
- Scissors
- Tweezers
- CPR face mask
- First aid manual
- Instant chemical cold packs

The concession stand should have a stocked first aid kit, as well as access to ice for treating bruises and sprains; and plenty of drinking water. In addition to having first aid kits a game and practice locations, it is critical that a representative from each team attends a first aid training every year. Your league should also have an emergency plan as part of your ASAP safety plan. This should be accessible and include your field address and emergency phone numbers. There must be a working cell phone on site, or, if you're location isn't in cell service, a working landline.

When fundraising and budgeting for your league, factor in the cost of first aid kits. Make sure you have enough supplies for each team to last throughout the season. At the end of the season, throw out any expired items and determine what you'll need to restock each kit.

Leagues are encouraged to review the ASAP requirements when building an ASAP plan for the current season.