



Frederick County American Little League 2022 Safety Plan

PO Box 2412 Winchester, VA 22604

League ID #03460313

<http://www.fcalittleleague.com>

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Introduction- ASAP and Frederick County American Little League Safety Plan



In 1995, ASAP (A Safety Awareness Program) was introduced by Little League International with the goal of re-emphasizing the position of the Safety Officer. This program is designed “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and participants of Little League Baseball”. This manual is offered as a tool to place important information in the hands of coaches and managers of the Frederick County American Little League. This program is qualified by the ASAP program.

This manual is part of the overall safety plan for our league when used in conjunction with the Little League Rule Book, Local League Rules and Regulations, and provided training for volunteers, coaches and managers.

Please read through this manual thoroughly and share it with your team. Safety is both an individual and team effort. All questions should be directed to the Frederick County American Little League (FCALL) Safety Officer, Ron Sheckels. See list on page 4 for contact information.

Frederick County American Little League (FCALL) Safety Plan

The goal of the Safety Plan is to develop guidelines for increasing safety in three key areas; Activities, Equipment, and Facilities. This is accomplished by applying the three principles of Education, Compliance and Reporting, to each of the three key areas as detailed throughout this plan. To further support the achievement of this goal, FCALL also commits itself to providing the necessary organizational structure to develop, monitor, and enforce the aspects of this plan.

The FCALL Safety Plan, by reference, includes the League Safety Code, League Code of Conduct, and the League Safety Manual. The combination of these 3 documents contained herein outlines specific safety issues, along with FCALL’s policies and procedures for each issue. All participants, volunteers, spectators, and guests are bound by the guidelines set forth in these documents.

The FCALL Safety Plan is available; through our website, copies are on file in the concession stand and the league’s office, and it is distributed to the following individuals:

1. FCALL Board members
2. All team managers
3. District Safety Officer



Board Members' and Emergency Contact Information



Board Member Contact Information

| Position | Name | Email | Phone |
|----------------------------|--------------------|-----------------------|--------------|
| President | Andrew Higgs | president@fcall.org | 540-877-4208 |
| Vice President of Softball | Nicole McGowan | softball@fcall.org | 540-533-2380 |
| Vice President of Baseball | Mike Jackson | baseball@fcall.org | |
| Secretary | Chrissy Nesselrodt | secretary@fcall.org | 540-247-5851 |
| Treasurer | Keith Shook | treasurer@fcall.org | 703-851-5771 |
| Baseball Program Manager | Michael Pass | baseball@fcall.org | 540-550-7866 |
| Softball Program Manager | Nicole McGowan | softball@fcall.org | 540-533-2380 |
| Tee Ball Program Manager | Mike Menear | teeball@fcall.org | |
| Player Agent | Chrissy Colborn | playeragent@fcall.org | 724-562-6592 |
| Umpire-in-Chief | Chris Nesselrodt | umpire@fcall.org | |
| Equipment Manager | Josh Colborn | equipment@fcall.org | 540-771-8632 |
| Safety Officer | Ron Sheckels | safety@fcall.org | 540-877-5538 |
| Concession Stand Manager | Gwen Shook | concessions@fcall.org | |
| Fundraising Coordinator | Devon Parkhurst | fundraising@fcall.org | |
| Coaching Coordinator | Michael Pass | coach@fcall | |
| Field Maintenance | | | |

Emergency Contact Information

| | |
|--|----------------|
| Frederick County Fire & Rescue | 9-1-1 |
| Frederick County Sheriff's Dept. (Emergency) | 9-1-1 |
| Frederick County Sheriff's Dept. (Non-Emergency) | 540-662-6168 |
| Winchester Medical Center (local hospital) | 540-536-8000 |
| Poison Control Hotline | 1-800-222-1222 |
| Stonewall Park Office | 540-665-5678 |
| Frederick County Parks and Rec Office | 540-665-5678 |



League Safety Code



The Frederick County American Little League Board of Directors has adopted the Safety Code, and it is enforced by all members of the Board of Directors. All league Board members, managers, coaches, umpires, participants, and volunteers are required to abide by this code. It is the responsibility of the Safety Officer to make any revisions to the Safety Code from year to year as deemed necessary and submit these to the Board of Directors for approval.

Frederick County American Little League Safety Code

- Responsibility for safety procedures rests with all adult members of the League.
- Arrangements should be made in advance of all games and practices for emergency medical services. Emergency phone numbers will be posted in the concession stand.
- Managers, coaches, and umpires should have training in first aid. First aid kits are issued to each team for games and practices and one kit is located in the concession stand. Additional kits and supplies are available from the Safety Officer.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, rocks, glass, etc. If issues are noted on a playing field, inform the safety officer or other appropriate board member immediately.
- Prior to the start of any game, it will be the responsibility of the umpires, managers, coaches, and/or field prep volunteers to inspect the field of play for safety related issues (see Playing Field Inspection section).

- All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during practices or games.
- Responsibility for keeping bats and loose equipment off the field of play shall be that of the team manager or coaches. The manager or coach may designate a player to help with this task. This player is required to wear a batting helmet while out of the dugout.
- During practices and games, all players should be alert and watching the batter on each pitch.
- During warm up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly by the team’s manager or coaches to ensure the equipment is in good/safe condition and is of proper fit for the players. Faulty, bad, or worn-out equipment is unsafe, and must be removed from use immediately. All League-owned removed equipment must be returned to the Equipment Manager for disposal and replacement. Managers, coaches, and umpires will inspect equipment prior to each game.
- Batters must wear Little League approved helmets during batting practice and games.
- Catchers must wear catcher’s helmet, mask, throat guard, long model chest protector, and shin guards for all practices and games.
- The Catcher must wear catcher’s helmet and mask with a throat guard in warming up pitchers. This applies at all times during practices, games, and between inning warm-ups.
- Managers and coaches may not warm up pitchers before or during a game (Rule 3.09)
- Except when a player is returning to a base, head-first slides are not permitted.
- During sliding practices, bases should not be strapped down or anchored.
- During practices and games, breakaway “safety bases” shall be used, if available.
- Parents of players who wear corrective eyeglasses are strongly encouraged to provide their player with sports specific “safety glasses”.
- Players must not wear jewelry during games or practices. Jewelry includes, but is not limited to, watches, rings, earrings, bracelets, nor any hard cosmetic/decorative item.
EXCEPTION: Jewelry that alerts medical personnel to a specific condition is permissible
- On-deck batters are not permitted. (EXCEPTION: Intermediate division and above)
- At no time should “horse play” be permitted on the playing field.
- When using batting cages, only the player in the cage is allowed to hold and swing a bat. Players outside cages waiting to bat may not have bats in their hands. Managers and coaches are expected to enforce this rule. Failure to comply with this rule may result in loss of batting cage privileges for a team for the remainder of the season.
- All pregame warm-ups must be performed within the confines of the playing field and not within areas that are frequented by spectators.
- Managers and coaches will not leave the field while players, without adult guardians, are present.



League Code of Conduct



The Frederick County American Little League Board of Directors has adopted the Code of Conduct; all Board members are responsible for the enforcement of this Code. All league officers, players, volunteers, and parents are required to abide by this code. It is the job of the Safety Officer to author and/or make any revisions to this Code of Conduct from year to year, as necessary, and submit to the Board for approval.

Frederick County American Little League Code of Conduct

- No alcohol allowed in any parking lot, field, or common area within any facility used by the League.
- No smoking, vaping, or chewing tobacco allowed at any facility used by the League.
- No profanity.
- Managers, coaches, players, and spectators are to show good sportsmanship at all times.
- No swinging bats at any time within the walkways and common areas of any facility used by the League.
- No throwing balls against dugouts or fences.
- All gates to the field must remain closed at all times. After players have entered or left the playing field all gates should be closed and secured.
- No climbing fences.
- Only a player on the field and at bat, or supervised by a manager or Coach in a batting cage, or participating in hitting drills and instruction with a manager or Coach may swing a bat. Be alert of area around you when swinging bat.
- Observe all posted signs.
- Players and spectators are to be alert at all times for foul balls and errant throws.
- During games, players must remain in the dugout in an orderly fashion at all times.
- After each game, each team must clean up trash in dugouts and around stands.

Failure to comply with this Code of Conduct may result in expulsion from the complex.



League Safety Manual



Frederick County American Little League Safety Officer

The Frederick County American Little League Board of Directors includes a position of Safety Officer. The Safety Officer for the current year is Keith Shook.

The Safety Officer's responsibilities include the following:

- League's primary point of contact for all safety issues
- Creation, modification, and enactment of the annual Safety Plan
- League compliance with the Frederick County American LL Safety Plan
- Completes the Annual League Facility survey

The annual Safety Plan is presented to the Board for approval and ratification for the current season. Once ratified, the Safety Plan will be published and distributed to Board Members, Managers, Coaches, and Umpires. It will also be posted on the FCALL website for all participants to view and reference.

The ultimate responsibility for ensuring compliance to the Safety Plan lies with the Safety Officer. However, due to the size of Frederick County American Little League, to help ensure compliance and enforcement of the plan, all Board Members are tasked with ensuring overall Safety Plan compliance.

Background Checks

All Board Members, Managers, Coaches, Umpires, Volunteers, and other individuals expected to work with youth (hereby collectively referred to as League Volunteers) are required to submit a current year Little League Volunteer Application & Background Check Form. In addition, unless otherwise specified, League Volunteers must submit a government issued photo identification card (i.e., driver's license, etc.) to aid in ID verification. These items must be resubmitted each year. Prior year records cannot be used in subsequent years. Anyone who refuses a background check is ineligible to be a League Volunteer.

It is the responsibility of the Secretary to ensure background checks are run each year for all League Volunteers using a Little League-recommended service (currently JDP Background Screening).

A file of submitted Official Little League Volunteer Applications will be established and maintained by the Secretary. This file will be retained on file for one year, after which it will be destroyed. All submitted materials will be safely destroyed (i.e., shredded) by the Secretary after that year. The Secretary will maintain a simple list of approved League Volunteers for the current playing year, comprised of names, phone numbers, and background check status, to be referred to for any in-season questions regarding volunteer approval status

Training – Fundamentals & Safety

Frederick County American Little League provides a variety of training opportunities for managers, coaches, umpires, and others. All managers are required to attend annual Safety Training, covering

major safety topics and first aid basics, as well as Fundamental Skills Training. Safety is emphasized at all skills training sessions.

Each team is required to send one participant to Safety Training, First Aid Basics, and Fundamental Skills Training annually, and all managers and coaches are required to attend training at least once every three years. This training will take place in March of each season, prior to each Manager/Coach getting on the fields.

Playing Field Inspection

FCALL places a high priority on well maintained, safe playing facilities. The Frederick County Parks and Recreation Department maintains the fields located at Stonewall Park. The FCALL Board includes the position of Field Maintenance Coordinator. Prior to the start of each season, it is the responsibility of Field Maintenance to determine what repair and improvement work needs to be done at the alternative facilities (Redbud ES, Stonewall ES, and Millbrook HS) used by FCALL for practice and games.

Field inspection and maintenance is not a once per year effort. Prior to each game and practice, it is the responsibility of the managers, Coaches, and Umpires to walk the fields looking for potential hazards and safety problems.

These problems can include (but are not limited to):

- holes or large depressions in the field
- rocks, glass, or other foreign objects on the field
- Infields or outfields too wet to safely play on

Anything presenting a safety problem must be fixed immediately before play begins. Potential problems presenting a long-term fix can be reported to the FCALL Safety Officer either by phone or email.

Any field with a significant safety issue that puts participants at risk, and which cannot be immediately fixed or resolved during the practice or game inspections, must not be used. The practice or game must be rescheduled.

Annual Facility Survey

It is the responsibility of the FCALL Safety Officer to complete the Annual Little League Facility Survey for all fields to be used for both games and practices by FCALL in the current season. A copy of this survey is filed online through the Little League International Data Center website at <https://apps.littleleague.org/dc/account/login> . A copy of the completed survey is also contained in the Appendix, along with photographs of the subject facilities.

Concession Stand Safety Procedures

The FCALL Board includes the position of Concession Stand Manager who oversees the operation of the concession stand located at Stonewall Park. The Concession Stand Manager is responsible for maintaining a safe and sanitary facility regarding the handling and preparation of food. The Concession Stand manager will receive training in proper food handling and concession stand safety.

The following guidelines should be followed during the operation of the concession stand:

- Concession stand will be run by adult volunteers and may be contracted out as the Board of Directors designates. Those volunteers or assignees operating the FCALL concession stand will operate under the supervision of the Concession Stand Manager. League players and juvenile volunteers may assist with the operation of the concession stand under the supervision of an adult volunteer.
- Volunteer staff must routinely wash their hands using warm soap and water.
- All unprepared food will be properly refrigerated/frozen per the guidelines on the item.
- Volunteer staff must wear plastic/rubber gloves while handling food items.
- All food will be properly heated/prepared according to the package instructions.
- The concession stand shall be cleaned at the end of each day.
- The concession stand shall have a fully stocked First Aid kit and at least one fire extinguisher stored in a visible and unblocked location.
- A list of emergency numbers and key league personnel phone numbers shall be posted in the concession stand for emergency use.
- All trash shall be removed from the concession stand at the end of the day. Rubber gloves must be worn by staff while handling the trash.

See appendix below

Equipment Inspection and Replacement Policy

The FCALL Board includes the position of Equipment Manager, which may be combined with the Safety Officer position. This person or persons are responsible for the annual inventory and inspection of all issued FCALL equipment prior to the start of each season. Any missing safety equipment or devices, or any equipment determined to be damaged or worn out and thus unfit for safe use, is to be replaced by the Equipment Manager. Damaged and/or worn-out equipment that represents a potential safety risk should be rendered "unusable" to prevent accidental use and must not be issued to any team or individual.

Any equipment when first issued to the team must be further inspected by the team manager and/or coaches prior to use. Any item felt to be unfit for use or potentially unsafe should be immediately returned to the Equipment Manager for replacement.

It is also the team Manager's and Coaches' responsibility to monitor their team's equipment throughout the season, before each game or practice, whether issued by FCALL or supplied by the player, to ensure it is fit for use and meets Little League International's requirements. Any equipment determined to be unsafe or not in compliance with Little League rules and guidelines, must be removed from service. If FCALL issued equipment, it must be returned to the Equipment Manager for replacement. In addition, prior to each game, FCALL umpires shall inspect both teams' equipment to ensure it meets Little League regulations and is safe for use. This includes FCALL or player-supplied equipment. This inspection is to include bats, batting helmets, and all catchers' safety gear. Catcher's mask must include a free hanging throat guard. Any equipment not meeting Little League standards or that in the opinion of the umpire is otherwise unfit or unsafe to use, shall not be used by any player in the game.

First-Aid Kits

Issued with all team equipment is a fully stocked and/or brand new First-Aid kit. This First-Aid kit is required to be brought to all team practices and games.

In addition to the team-issued First-Aid kits, FCALL maintains the following in the equipment storage building at Stonewall Park:

- Extra First-Aid kits
- First-Aid kit supplies
- Boxes of ice packs

These storage building items are monitored regularly throughout the season by the Safety Officer and or Equipment manager to ensure adequate supply. Team managers and coaches shall immediately contact the Safety officer and or Equipment manager to re-supply their team issued First-aid kits when items are used.

Injury Reporting Procedures

All managers, coaches, parents, umpires, and volunteers must use the following reporting procedures in response to injuries.

WHAT TO REPORT

An incident or injury that causes any player, manager, coach, umpire, volunteer or spectator to receive medical treatment and/or first aid, must be reported to the Safety Officer within 48 hrs. The terms "medical treatment and/or first aid" should include even passive treatments such as the evaluation and diagnosis of the extent of the injury. Any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance must be reported promptly. If in doubt whether or not an injury should be reported – Report It.

WHEN TO REPORT

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident (see prior Board Members' & Emergency Contact Information section). If for any reason the Safety Officer cannot be reached within this time period, the injury must be reported to one of the listed Board Members, starting with the FCALL President (see prior Board Members' & Emergency Contact Information section).

HOW TO MAKE THE REPORT

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations or email. If email notification is used, and no reply email or phone call from the Safety Officer is received within 24 hours, it must be assumed that the injury report was not received and thus not officially reported. Follow up with a phone call to the Safety Officer or other listed Board members. At a minimum, the following information must be provided:

- The name and phone number of the individual involved (or of their parents)
- The date, time, and location of the incident
- As detailed a description of the incident as possible
- The preliminary estimation of the extent of any injuries
- The name and phone number of the individual reporting the incident.

Please see a copy of the Little League "Incident/Injury Tracking Report" form contained in the Appendix

SAFETY OFFICER RESPONSIBILITIES

The Safety Officer will receive this injury report and will enter it into the league's safety injury file. Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and:

- 1) Verify the information received
- 2) Obtain any other information deemed necessary
- 3) Check on the status of the injured party
- 4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.), will advise the parent or guardian of the Little League insurance coverage and the provisions for submitting any claims for reimbursement. If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to:
 - a) Check on the status of any injuries
 - b) To check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

Please see Appendix for copies of:

General Liability Claim Form

Accident Notification Form (AIG)

AIG Insurance Claim Form Instructions

What Parent Should Know About Little League Insurance

General Health

PHYSICAL EXAMS

With regard to the general health of its participants, Frederick County American Little League includes the following wording in its Registration Information:

*"While physical exams are not required by league policy, Little League strongly recommends that participants be in good general health. **If your child has a physical impairment that the league should be aware of, PLEASE note the information on the registration form, and contact your leagues' Player Agent. Items such as allergies, eye problems, diabetes, etc., will be kept confidential, except that your child's manager and coach will be aware of any potential problem.**"*

MEDICAL APPROVAL AND RELEASE

FCALL provides all team managers with the Little League Baseball and Softball Medical Release form. This form has provisions for detailing such conditions and allergies, and how to treat them. It is the responsibility of team Managers to use this form for all such applicable players. Parents/Guardians must complete the form and return it to the team manager. The completed form must be brought to every team game and practice by the manager.

These Forms are very important. Without them, professional emergency first aid may not be able to be administered to an injured player.

COMMUNICABLE DISEASE PROCEDURES

While the risk of one participant infecting another with a blood or bodily fluid born communicable disease (i.e., HIV) during league activities is extremely small, there is a remote risk this could happen. Therefore, procedures for reducing the potential for transmission of infectious agents should include, but not be limited to, the following:

- Bleeding must be stopped, the open wound covered and if there is any excess amount of blood on the uniform, it must be changed before an athlete may participate.
- Routine use of Latex or similar gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all blood-contaminated surfaces and equipment with a solution made from a proper dilution of household bleach or other disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles and other sharp instruments or devices.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
- Managers, coaches, umpires, and volunteers with bleeding or oozing skin should refrain from all direct team athletic activities until condition is resolved.
- Contaminated towels should be disposed of or disinfected properly.
- Follow acceptable guidelines in the immediate control of bleeding and when handling blood contaminated dressings or other articles containing body fluids.

CORONAVIRUS MITIGATION PROTOCOL

Coronavirus has led to a change in our daily lives as well as our procedures at FCALL. In order to facilitate a safe environment, FCALL has adopted the following protocols and all Board members, Managers, Coaches, Volunteers, and Players shall abide by them. These protocols are best practice guidelines based on recommendations from the Center for Disease Control (CDC), the World Health Organization (WHO), the Virginia Department of Health (VDH), Little League International, and the Frederick County Department of Parks and Recreation. The protocols also follow of the guidance of any Executive Orders issued by the Governor of Virginia, and will be adapted as necessary based on any future Executive Orders.

Practice/ Game Arrival

- Players shall have their temperature taken at home and only attend organizational activities if fever and symptom free for at least 72 hours without medication
- Players and player families shall review the provided checklist of symptoms and only attend practices and games if they are symptom free.
- Players shall be assigned a specific area outside of the dugout and along the fence at the perimeter (one fence sections per player, as possible)
- Players may not use nor congregate in the dugout area
- Preference is for players to be assigned spaces according to batting order

Lightning Evacuation Procedures

During practices, games, or other FCALL official activities, the team manager is ultimately responsible for player safety whether or not the manager is present at the activity. Therefore, team managers must ensure all assistant coaches are adequately trained and fully understand all FCALL safety procedures, including the Lightning Evacuation Procedure.

Failure to adhere to the lightning criteria, or fully executing the lightning evacuation plan, will result in the dismissal of the manager for the remainder of the season.

Lightning Evacuation Criteria:

If any of the criteria is present, lightning evacuation procedures must be executed immediately.

- 1) Lightning is visible and moving within 6 miles or less in the direction of the field.
- 2) Weatherbug will be the internet site to determine the direction or distance of the storm.

Lightning Evacuation Action Plan

In the event play is stopped, the following steps must be executed:

- 1) Stop play immediately.
- 2) Stay away from fences and dugouts.
- 3) All players and adults must evacuate the field and take cover within a vehicle or completely enclosed building.
- 4) Stay protected until instructed by the manager, or his delegate.
- 5) Play may not resume until a minimum of 30 minutes passed since the lightning has occurred.

Some Important Do's and Don'ts

DO

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices.
- Keep your "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet with your first-aid kit.
- Assist those who require medical attention - and when administering aid, remember to ...
 - **LOOK** for signs of injury (blood, black-and-blue deformity of joint etc.).
 - **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
 - **FEEL** gently and carefully the injured area for signs of swelling or grating of broken bone.
- Have your players' Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

DON'T

- Administer any medications not detailed/authorized on the Little League Medical Release Form.
- Move an injured person who you suspect has a severe back, neck or head injury. You must keep the injured person still and wait for Professional Emergency Medical personnel to arrive and administer aid.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.).

- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Board Meetings

The FCALL Board meets a minimum of once every month. The date and times of Board meetings are published on the FCALL Website. All parents, league officials, managers & coaches and other volunteers are welcome and encouraged to attend.

The Safety Officer is included on every meeting's agenda. This is to provide an opportunity for the Safety Officer to status other Board members on specific safety issues and initiatives (whether they be at the Local, District, or Headquarters level), and to ensure the continued awareness and attention to the subject of safety within Frederick County American Little League at the highest level.

Safety Committee

Each year, Frederick County American Little League establishes a formal Safety Committee. This committee has the primary responsibility to consider, discuss, and recommend courses of action regarding any safety issues that may present themselves to the League.

The safety Committee for 2020 consists of:

Ron Sheckels – Safety Officer

Andrew Higgs – League President

Nicole McGowan – Vice President of Softball

Mike Jackson – Vice President of Baseball

Mike Menear – Program Coordinator for Tee-Ball

Chris Nesselrodt – Umpire-In-Chief

Michael Pass- Coaching Coordinator

Gwen Shook – Concession Stand Manager

Rules Committee

Each year FCALL shall form a Rules Committee. This committee will consist of the League President, Umpire-In-Chief, Safety Officer, Baseball Program Manager, and Softball Program Manager. This committee is responsible for drafting any proposed new or modified Local Rules for Frederick County American Little League. Areas such as competitive balance, player participation, speed of play, and safety are discussed and reviewed. Any changes or additions are presented to the Board for discussion and ratification. Each and every year, this committee evaluates existing Local Rules and considers any necessary changes and/or additions to these rules, consistent with Little League requirements, recommendations and/or precedents.

For 2020, the Rules Committee is made up of the following individuals:

Andrew Higgs – League President

Chris Nesselrodt – Umpire-In-Chief

Ron Sheckels – Safety Officer

Nicole McGowan – Softball Program Manager

Mike Jackson – Baseball Program Manager

Mike Menear – Tee-Ball Coordinator



Appendix



Appendix A – Activities/Reporting Injury

Appendix B - Little League Baseball and Softball Medical Release Form

Appendix C - Little League Volunteer Application and Background Check

Appendix D – Little League Accident Notification Form

Appendix E – Concession Stand Safety Posters

Appendix A: Activities/Reporting Injury

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: _____

Appendix B: Little League Baseball and Softball Medical Release Form



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.

Appendix C: Little League Volunteer Application and Background Check

- All Volunteers are required to include a copy of a valid government ID (Driver's license, passport, etc.) and complete the form above.
- The form supports electronic signatures and can be complete and sent online without printing it.
- All volunteers are required to submit Social Security numbers with their application or their application will not be processed.
- Other missing data may delay processing of your application, so please be as complete as possible.



Little League® Volunteer Application – 2022

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 11(c). **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: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Social Security # (mandatory): _____
 Call Home: _____ 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 which level? _____

2. Special Certification (CR, 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, placed on control or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
 If yes, describe each in full: _____
 (If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. Have you ever been convicted of or placed on control 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.)

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 the Little League Security Manager.)

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, or 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/Registration**

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background checks on me and on my family members to be checked for the organization, which includes a review of law, official register, licenses of which contain any records which may result in a not being permitted to coach or serve as a staff, child abuse and criminal history records, I understand that if approved, my position is conditional upon the league receiving no derogatory 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 appointment, Little League is not obligated to appoint me to a volunteer position. If approved, 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 _____
 Signature used for background check (minimum of one must be checked):
 Review the Little League Regulation 11(c)(9) for all background check requirements
 JDP (includes review of the US Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)*
 OR
 National Criminal Database check US Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List
 National Sex Offender Registry Database and Little League International Ineligible List

*These are obtained from if you use JDP and there is a crime match in the law books, where only certain match reports can be performed. You should only volunteer if you get clearance in state or email directly from JDP's responses with the Little League Reporting And Counseling Information regarding the criminal records associated with the names, which may not necessarily list the league volunteer.
 Only attach to this application copies of background check reports that reveal convictions of this application.

Last Updated: 10/11/2021

Appendix D: Little League Accident Notification Form



**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 | Age |
| Date of Birth (MM/DD/YY) | | Sex | |
| | | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Name of Parent/Guardian, if Claimant is a Minor | | Home Phone (Inc. Area Code) | Bus. Phone (Inc. Area Code) |
| | | () () | () () |
| 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"/> SCHEDULED GAME |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> TRAVEL TO | <input type="checkbox"/> SPECIAL GAME(S) (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 FROM | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> OTHER (Describe) | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | | |

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 |
|------|---------------------------|

Appendix E: Concession Stand Safety Posters

Food Safety is in Your Hands

Wash Your Hands

- ◆ Before & after handling food
- ◆ After handling soiled equipment / utensils
- ◆ After using toilet
- ◆ After coughing / sneezing / blowing nose / eating / smoking

Wash Your Hands the Right Way

Do these steps at a hand washing sink, NOT a food prep sink.



Wear Gloves The Right Way

1 Wear food service gloves or use sanitary utensils or deli tissue when handling ready-to-eat foods.

2 Always wash your hands before putting on gloves.

3 Change your gloves any time you would need to wash your hands.

- ✓ After touching your body
- ✓ After using the toilet
- ✓ After eating or drinking
- ✓ After handling dirty equipment or utensils
- ✓ After handling raw food
- ✓ After any other activities that contaminate your gloves

4 Remove your gloves before washing hands.



SafetyPhotoShop.com

Food Storage Basics

Receiving

- ✓ Visually inspect all items and look for signs of container damage.
- ✓ Check expiration and use-by dates.
- ✓ Reject unacceptable items and note on invoice.
- ✓ Check and record temperatures of frozen and refrigerated items.
- ✓ Store frozen and refrigerated items immediately.

Storage Area

- ✓ Maintain temperature between 50°F and 70°F (10°C and 21°C).
- ✓ Use FIFO storage - First In, First Out.
- ✓ Store items at least six inches above floor surface.
- ✓ Store chemical items separately from food.
- ✓ Keep floors clean and free from clutter.

Refrigerator & Freezer

- ✓ Cover, label, and date all items.
- ✓ Refrigerate cold food at 41°F (5°C) or below.
- ✓ Store frozen food between 0°F and -8°F (-18°C and -22°C).
- ✓ Check and record temperatures periodically.
- ✓ Prevent condensation from dripping on food.
- ✓ Store raw meat in leak-proof container, on bottom shelf away from other food.
- ✓ Keep the door closed!



www.healthline.com

Food Temperature Danger Zone



