SAMPLE ASAP PLAN

Dugout Little League
Williamsport, PA.
Qualified Safety Plan
Requirements

1. League Safety Officer: **Chris Downs** on file with Little League Headquarters.
2. Dugout Little League will distribute a paper copy of this Safety Manual to all Managers/ coaches, league Volunteers and the District Administrator.

3. **Emergency Phone Number:** 911
   - Local Police Emergency: 369-0000
   - Local Fire Emergency: 369-5555

League President: Dan Kirby  890-369-0010
League VP: Jim Ferguson  890-369-0011
League Player Agent: Pat Wilson  890-369-0012
League Maintenance: Lance Van Auken  890-369-0023
League Treasurer: Melissa Singer  890-369-0024
League Safety Officer: Chris Downs  890-867-5309

✓ This list will be posted in the concession area and dugout area.
4. The Dugout Little League will use the Official Little League **Volunteer Application** form to screen all of our volunteers.

5. **Fundamentals Training: March 23, 2018** At least one manager/coach from each team must attend the training. Every Manager/Coach will attend this training at least once every 3 years. Training will be at the Notre Dame HS by Whitey Herzog
6. **First Aid Training:** April 9, 2018

Dugout Little League will require at least one manager/coach from each team to attend. Every manager/coach must attend this training once every 3 years. **Dr. Ferguson** will conduct the training at Selinsgrove H.S.

*Highly recommended* – research the concussion laws in your state and educate all coaches/managers & league members.
• 7. Coaches will be required to **walk/inspect** the fields prior to practices and games. Umpires will also be required to walk the fields for hazards before each game.
8. Dugout Little League has completed and updated our **2018 Facility Survey on-line**.

9. **Concession Stand Safety**

   1. Menu shall be posted & approved by the Safety Officer and the League President

   **Our Concession Safety Procedures will be posted several times in stand.**

   ✓ Enclosed is a copy of the Dugout Little League **Concession Stand Safety Procedures**.
10. The League Safety Officer will Inspect all equipment in the pre-season.

- Managers/ Coaches will inspect equipment prior to each game.
- Umpires will be required to inspect equipment prior to each game.

11. Implement Prompt Accident Reporting.

The League will use the provided incident tracking form from the LL website and will provide completed Accident forms to Safety Officer within 24-48 hours of the incident. Please see copy of accident Reporting form.
12. Each Team will be issued an updated **First Aid Kit** and is a requirement to have it at every practice and game.

13. Dugout Little League will require ALL TEAMS to enforce **ALL Little League Rules** Including:
   a. Proper Equipment for catchers.
   b. No On-deck batters
   c. Coaches will not warm up pitchers
   d. Bases will disengage on all fields

14. League Player Registration Data or Player Roster Data and Coach and Manager Data.
   • League Player Registration Data or Player Roster Data and Coach and Manager Data must be submitted via the Little League Data Center at www.LittleLeague.org.

Mandatory requirement for an approved ASAP plan.
15. Submit an idea you implemented to help promote/improve safety or your plan.

16. Qualified Safety Plan Registration form

Your Safety Plan **Will Not** be shown as approved without this form.
# For Local League Use Only

## Activities/Reporting

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>League Name:</th>
<th>League ID:</th>
<th>Incident Date:</th>
<th>Field Name/Location:</th>
<th>Incident Time:</th>
</tr>
</thead>
</table>

## Injured Person’s Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Date of Birth</th>
<th>Age:</th>
<th>Sex: Male Female</th>
<th>Home Phone: ( )</th>
<th>Work Phone: ( )</th>
</tr>
</thead>
</table>

## Parents' Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Date of Birth</th>
<th>Age:</th>
<th>Sex: Male Female</th>
<th>Home Phone: ( )</th>
<th>Work Phone: ( )</th>
</tr>
</thead>
</table>

## Incident Details

<table>
<thead>
<tr>
<th>Occurred while participating in:</th>
<th>A) Baseball</th>
<th>Softball</th>
<th>Challenger</th>
<th>TAD</th>
<th>B) Challenger</th>
<th>T-Ball</th>
<th>Minor</th>
<th>Major</th>
<th>Intermediate (50/70)</th>
<th>C) Tryout</th>
<th>Practice</th>
<th>Game</th>
<th>Tournament</th>
<th>Special Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel to</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Travel from</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Other (Describe):</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

## Position/Role of Person(s) Involved in Incident:

<table>
<thead>
<tr>
<th>Role</th>
<th>B) Batter</th>
<th>Baserunner</th>
<th>Pitcher</th>
<th>Catcher</th>
<th>First Base</th>
<th>Second</th>
</tr>
</thead>
<tbody>
<tr>
<td>D) Umpire</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

## Type of Injury

<table>
<thead>
<tr>
<th>Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## Was First Aid Required?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## Was Professional Medical Treatment Required?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

(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:

<table>
<thead>
<tr>
<th>A) On Primary Playing Field</th>
<th>B) Adjacent to Playing Field</th>
<th>D) Off Ball Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Path</td>
<td>Seating Area</td>
<td>Travel:</td>
</tr>
<tr>
<td>Running or Sliding</td>
<td>Parking Area</td>
<td>Car or Bike or</td>
</tr>
<tr>
<td>Hit by Ball:</td>
<td>Concession Area</td>
<td>Walking</td>
</tr>
<tr>
<td>Pitched or Thrown or Batted</td>
<td>Volunteer Worker</td>
<td>League Activity</td>
</tr>
<tr>
<td>Collision with:</td>
<td>Customer/Bystander</td>
<td>Other:</td>
</tr>
<tr>
<td>Player or Structure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Please give a short description of incident:

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
</table>

## Could this accident have been avoided? How:

<table>
<thead>
<tr>
<th>Avoidance</th>
<th>How:</th>
</tr>
</thead>
</table>

---

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_pub/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_pub/asap/GIClaimForm.pdf.

Prepared By/Position: ___________________________ Phone Number: ( )

Signature: ___________________________ Date: ________
Facility and Field Inspection Checklist

Facility Name____________________________________

Inspector _______________________________________

Date _______________ Time______________________

☐ Holes, damage, rough or uneven spots
☐ Slippery Areas, long grass
☐ Glass, rocks and other debris & foreign objects
☐ Damage to screens, fences edges or sharp fencing
☐ Unsafe conditions around backstop, pitchers mound
☐ Warning Track condition
☐ Dugouts condition before and after games
☐ Make sure telephones are available
☐ Area’s around Bleachers free of debris
☐ General Garbage clean-up
☐ Who’s in charge of emptying garbage cans
☐ Conditions of restrooms and restroom supplies
☐ Concession Stand inspection

NOTES/ HAZARDS
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Signature_________________________________
Little League® Volunteer Application - 2018

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

Name ___________________________ Date ___________________________

Address ___________________________ ____________ Zip ____________

City ___________________________ State ___________________________

Social security if (mandatory with First Advantage or upon request) ___________________________

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/soccer 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__ __No__
   Driver’s License __Yes__ __No__ ___________________________ State ___________________________

3. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
   If yes, describe each in full: ___________________________
   __Yes__ __No__

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
   If yes, describe each in full: ___________________________
   __Yes__ __No__

5. If you have any criminal charges pending against you regarding any crime(s) ___________________________
   __Yes__ __No__

6. Have you ever been refused participation in any other youth programs? ___________________________
   __Yes__ __No__

7. 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:
http://www.littleleague.org/programs/childprotection/state-laws-bc-checks.htm

As a condition of volunteering, I give permission for the Little League organization to conduct background checks on me now and as long as I choose to be active with the organization, which may include a review of sex offender registries (some of which contain names only searches which may result in a report being generated that may or may not be inappropriately included based on my background. I hereby 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 stability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer __________________________

_________ on ____________

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

Regulation 9.00 mandates First Advantage or another provider that is compatible

☐ First Advantage ☐ Sex Offender Registry Data along with National ☐

☐ Criminal Records check of at least 281 million records

*Please be advised if you use First Advantage 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 directly from Little League 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 conditions of this application.

LAKE SPANOGH 7/19/2011
Little League® “Returning” Volunteer Application - 2018
Do not use forms from past years. Use extra paper to complete if additional space is required.

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

1. Have you ever been convicted of or pleaded no contest or guilty to any crime(s) involving or against a minor? Yes No
   If yes, describe each in full:

2. Have you ever been convicted of or pleaded no contest or guilty to any crime(s) involving or against a minor? Yes No
   (Answering yes to question 1 does not automatically disqualify you as a volunteer.)
   If yes, describe each in full:

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
   (Answering yes to question 1 does not automatically disqualify you as a volunteer.)
   If yes, describe each in full:

4. Have you ever been refused participation in any youth programs? Yes No
   If yes, explain:

5. In which of the following would you like to participate? (Check one or more.)
   - [ ] League Official
   - [ ] Field Maintenance
   - [ ] Concession Stand
   - [ ] Coach
   - [ ] Manager
   - [ ] Other
   - [ ] Umpire
   - [ ] Scorekeeper

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 names only searches which may result in a report being generated that may or may not be released), child abuse and criminal history records. 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 removal by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Name (please print or type) _________________________________
Applicant Signature ___________________________ Date ____________
If Minor/Parent Signature ___________________________ Date ____________

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.

Please update ONLY the information in this section which has changed since last year.

Name _________________________________ First Middle Last
Address __________________________________________ State Zip __________
City ___________________________________________ Cell Phone _______________________
Home Phone: ___________________________ Cell Phone: _______________________
Work Phone: ___________________________ E-mail Address: _______________________
Driver’s License #: ___________________________
Occupation: ___________________________
Employer: ___________________________
Address: ___________________________

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

Name/Phone _____________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________ Special professional training, skills, hobbies:
_______________________________________________________________________________________
Special Certifications (CPR, Medical, etc.): ______________________________________________________
_______________________________________________________________________________________
Special Affiliations (Clubs, Services Organizations, etc.): __________________________
_______________________________________________________________________________________

Previous volunteer experience (including baseball/softball and years(s)):
_______________________________________________________________________________________
_______________________________________________________________________________________

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:

LOCAL LEAGUE USE ONLY:

Background check completed by league officer
*First Advantage [ ]
Exon Offender Registry Data along with National Criminal [ ]
Records check of at least 211 million records [ ]
(If one must be checked) [ ]
(Exon Offender Registry Data along with National Criminal [ ]
*Please be advised that if you use First Advantage 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 directly from Little League 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 conditions of this application.

Last Updated: 11/7/2017
Concession Stand Tips

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Tips" by the Fort Wayne Allen County, Ind., Department of Health.

1. Menu
Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, poultry, or raw vegetables) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking
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 (cold) or 140°F or above (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 illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating
Rapidly reheat potentially hazardous foods to 165°F. Do not attempt to heat foods in crock pots, steam tables, over steam units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. 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 (50% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored end to end as the other food should be off or on 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 illnesses.

5. 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 substitute for hand washing.

6. 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 from getting onto food products.

7. 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.

8. Dishwashing
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:

   1. Washing: Use soap and water;
   2. Rinsing: Use clean water;
   3. Chemical or heat sanitizing; and
   4. Air drying.

9. 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.

10. Wiping Cloths
Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste
Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper waste 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.

12. 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.

13. Set a Minimum Worker Age
League age should be 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.

Safety plans must be postmarked no later than May 1st.
Volunteers Must Wash Hands

**HOW**

1. **Wet**
   - warm water

2. **Wash**
   - 20 seconds
   - use soap

3. **Rinse**

4. **Dry**
   - Use single service paper towels

5. **Gloves**

**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, cold plates 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