



## Qualified Safety Plan Requirements

### South Farmington Little League SFBILL 282273

1. League safety officer Matthew Green on file with Little League International
2. South Farmington will pass safety plan out to coaches / managers and post on website, all league volunteers will have access as well.

3.	EMERGENCY PHONE NUMBER	911
	Local Police Dept.	Farmington 248-474-4700
	Local Police Dept	Farmington Hills 248-871-2600
	President	Matthew Green 248 939-3394
	Vice Presidents	Scott Steinmetz 248-320-9433 Colleen Irvin 248-302-0284
	Player Agent	Mary Width 248-470-7089
	Equipment Director	Mark Kuzera 248-910-3296
	Treasurer	Rob Drakos 248-478-8913
	Safety Officer	Matthew Green 248-939-3394

**THIS LIST WILL BE POSTED IN ALL DUGOUTS OR IN JOB BOXES AT**

**ALL FIELDS FOR EASY ACCESS.**

ASAP PLAN CONTINUED

4. South Farmington Little League will use the official Little League VOLUNTEER APPLICATION GUIDE as well as Little Leagues Background system check to screen all volunteers including Umpires over the age of 18.
  
5. FUNDAMENTAL TRAINING is available for Coaches and managers Online through Little League University. Mandatory Safety Training will occur on March 9<sup>th</sup> 2019
  
6. FIRST AID TRAINING will be covered at the COACHES/MANAGER Meetings covering CPR, Concussion refresher, first aid for cuts or possible broken bones, hosted by our Paramedic on the board and safety officer.

2019 calendar is as follows:

Registration	Dec 15th thru Feb 15th
Early Advancement/ Major tryouts	Mar 10 <sup>th</sup> , 4:00 – 6:00pm
Umpire Training	March 16th, Mar 24th, April 28 <sup>th</sup> , April 29th
Team Clinics	March 23 <sup>rd</sup>
Manager/Coaches meetings	March 9 <sup>th</sup>

#### ASAP PLAN CONTINUED

7. Coaches and Umpires will be REQUIRED to walk the field and check the fences for any hazards prior to a game. If such a hazard is found it will be made known to all managers and coaches as well as both umpires prior to first pitch. Any issues the safety officer/ President/Vice President and Director of the League will be notified so the problem is taken care of.
8. Facility SURVEY is enclosed
9. No concession stands are available
10. SAFETY OFFICER AND EQUIPMENT manager will inspect all equipment prior to being handed out to managers, EQUIPMENT SAFETY CHECK day is 4/30/19. Managers/Coaches will be responsible for making sure equipment is in working order during the season and will have contact information of proper person/persons if equipment is needing attention. Umpires will make sure bats are legal and all catchers have neck guards.
11. PROMPT ACCIDENT REPORTING will be required and the Little League accident forms will be available in the job boxes and must be sent to safety officer within 48 hours. Form included.

## ASAP PLAN CONTINUED

12. EVERY TEAM EQUIPMENT BAG will have a first aid kit and ice packs provided by the league, if any refills are needed it is managers responsibility to restock him/her self or contact equipment manager for more. These are required to be carried to every practice and game.
  
13. South Farmington Little League will require all teams, managers and Umpires to follow and enforce all Little League rules including:
  - a. Proper Catchers Equipment including neck guard
  - b. NO on deck batters
  - c. Coaches will NOT warm up pitchers
  - d. All bases and fields will use tear off bases
  
14. All Manager/ Coach and player information and data will be submitted thru the Little League website/data center at [www.littleleague.org](http://www.littleleague.org), we realize the plan will not be accepted without such data.
  
15. Qualified Safety Plan Registration Form
  
16. South Farmington Little League will implement a strict youth protection program as well, form and paperwork is attached.

# South Farmington Little League

## Incident Report

Date: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Field: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Umpires Name: \_\_\_\_\_

Name of Injured Person: \_\_\_\_\_

### Contact information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief description of Incident:

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Actions taken:

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Name of witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of person completing report: \_\_\_\_\_ Date: \_\_\_\_\_