



**HUGHESVILLE LITTLE LEAGUE**  
**BASEBALL & SOFTBALL**



# 2020 ASAP Plan

## **A Safety Awareness Program**



**Hughesville Baseball and Softball Little League**  
Hughesville, MD

[www.hughesvillelittleleague.com](http://www.hughesvillelittleleague.com)

**League ID # 02200713**  
**District # 07**

### **Safety Officer**

League Safety Officer: Dave Gerhardt  
Cell: (301) 904-5900  
Email: [Gerhardtk9109@yahoo.com](mailto:Gerhardtk9109@yahoo.com)



# HUGHESVILLE LITTLE LEAGUE BASEBALL & SOFTBALL



Hughesville Little league will distribute a paper copy of this ASAP Safety Plan to all Managers, Coaches, League Volunteers, and the District Administrator.

Hughesville Little League will also post the 2020 ASAP Safety Plan on our website at <https://www.hughesvillelittleleague.com/Default.aspx?tabid=580389>.

### Emergency Phone Numbers

- **Emergency Phone Number:** 911
- **League President:** Derek Wright.....(301) 875-5827
- **League Vice President:** Chet Bowling.....(301) 751-5958
- **League Safety Officer:** Dave Gerhardt..... (301) 904-5900
- **League Umpire In-Chief:** Jim Sherman..... (540) 207-5244

### Tracking Accidents

When an accident/incident that involves an injury occurs please obtain as much information as possible. Please complete the “Little League Incident/Injury Tracking Form” and return the completed form to our league Safety Officer, Dave Gerhardt, within 48 hours. A copy of this form is provided at the end of this packet and also available to print directly from our website at <https://www.hughesvillelittleleague.com/Default.aspx?tabid=580389>. All “near-misses” will be tracked, recorded, and used as a proactive tool to evaluate practices and avoid future injuries. All information will be shared with the District staff.

### Little League Incident/Injury Tracking Form Example

**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: ( ) \_\_\_\_\_  
 Parent's Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_

Incident occurred while participating in:

A.)  Baseball  Softball  Challenger  TAD  
 B.)  Challenger  T-Ball  Minor  Major  Intermediate (30/70)  
 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  Baseman  Picher  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 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:  Punched 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\\_public/accidentclaimform.pdf](http://www.littleleague.org/Assets/forms_public/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\\_public/genliabilityclaimform.pdf](http://www.littleleague.org/Assets/forms_public/genliabilityclaimform.pdf)

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HUGHESVILLE LITTLE LEAGUE BASEBALL & SOFTBALL



## Volunteers

Hughesville Little League will use the Official Little League Volunteer Application form to screen all 2020 volunteers.

**Little League® Volunteer Application - 2020**  
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 meet 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](http://LittleLeague.org/localBGcheck) for more information.

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

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): \_\_\_\_\_

- Do you have children in the program? Yes  No   
If yes, list full name and what level? \_\_\_\_\_
- Special Certification (CPR, Medical, etc.)? Yes  No  If yes, list: \_\_\_\_\_
- Do you have a valid driver's license? Yes  No   
Driver's License#: \_\_\_\_\_ State \_\_\_\_\_
- 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? Yes  No   
If yes, describe each in full: \_\_\_\_\_  
(If volunteer answered yes to question 4, the local league must contact the Little League International Security Manager.)
- Have you ever been convicted of or plead no contest or guilty to any crime(s) If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)
- 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.)
- Have you ever been refused participation in any other youth programs? Yes  No   
If yes, explain: \_\_\_\_\_

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/ByStateLaws](http://LittleLeague.org/ByStateLaws)

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):  
 Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

\* JDP       Sex Offender Registry Data and National Criminal   
 Records check, as mandated in the current season's  
 official regulations

\*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.

LAST UPDATED: 10/10/2019

## Fundamental Training

Mandatory Managers and Coaches Fundamental Training will be held on Saturday, March 28<sup>th</sup> at the Hughesville Fire Department. Training will be from 9am through 1pm. It is required that a manager and/or coach from each team attend.



## HUGHESVILLE LITTLE LEAGUE BASEBALL & SOFTBALL



### **First Aid Training**

Mandatory First Aid Training for Volunteers will be held on Sunday March 29<sup>th</sup> at the Hughesville Fire Department. Training will be from 9am through 2pm. It is required that one manager and/or one coach from each team attend.

### **Pre-Game Field Inspection**

Both Managers and Umpires are required to walk the field prior to the game starting. All parties must agree the field is playable and has no hazards. If the hazards cannot be repaired and/or removed, please contact the League Safety Officer.

### **2020 Facility Survey**

Hughesville Little League has completed and updated our 2020 Facility Survey online.

### **Little League Playing Rules**

All Rules will come from the 2020 Baseball and Softball rules books. This includes required equipment.

### **Equipment**

The League Safety Officer will inspect all equipment prior to the League Equipment Manager issuing. Managers and/or Coaches will inspect equipment prior to each game. Umpires will also inspect equipment prior to each game. Damaged equipment will be destroyed and replaced.

### **Required First-Aid Kit**

Each team will be issued a First Aid Kit and will be required to have the kit at every practice and game.



## HUGHESVILLE LITTLE LEAGUE BASEBALL & SOFTBALL



### Player Registration Data

League player Registration Data will be submitted via the Little League Data Center.

### Concession Stand Safety

The Menu shall be posted and approved by the Safety Officer and League President. Concession Safety procedures will be posted in several locations in the stand.

## Concession Stand Tips

# SAFETY FIRST

### 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 Hints" 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, 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. 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 (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 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 sterno 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 (60% 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 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.

#### **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 ending up in 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 in hot soapy water;
2. Rinsing in 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 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.

#### **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.**

Leagues should 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.

*Safety plans must be postmarked no later than May 1st.*



## *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 Illinois Extension Nutrition/Education Program with support from U.S. Rural & City Administrators in cooperation with the 4-H Partnership for Food Safety Education, United States Department of Agriculture. Co-sponsoring: Illinois Extension provides equal opportunity in programs and employment.

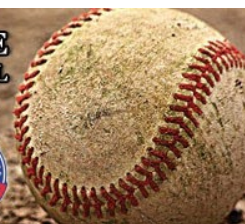


### **Player Registration Data/Rosters**

All player registration data/rosters and manager/coach's data will be uploaded to the Little League Data Center.



**HUGHESVILLE LITTLE LEAGUE**  
**BASEBALL & SOFTBALL**



### **Promoting Our Safety Plan**

Hughesville Little League's ASAP Safety Plan will be emailed to all registered account holders, posted on our website, and hard copies included in every team's Manager folder.

### **Registration Form**

A qualified safety plan registration form will be submitted with our ASAP plan.

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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_