



ASAP Plan

1. League Safety Officer: **Pete Ogo** on file with Little League Headquarters.
2. Kelseyville Little League will distribute a paper copy of this Safety Manual to all Managers/ Coaches/ League Volunteers and District Administrator.

3. **Emergency Phone Numbers:**

		911
Local Police Emergency:		(707) 263-2690
Local Fire Emergency:		(707) 279-4268
League President:	Melanie Barrick	(707) 718-6058
League VP:	Robert Keyes	(707) 481-1045
League Player Agent:	Danelle Rogers	(707) 349-3318
League Maintenance:	Robert Williams	(707) 813-0001
League Treasurer:	Samantha Huggins	(707) 570-9098
League Safety Officer:	Pete Ogo	(707) 350-5715

This list will be posted in the concession area and dug out area.



ASAP Plan

4. The Kelseyville Little League will use the official Little League Volunteer Application form to screen all of our volunteers.
5. Fundamentals Training: March 17, 2018
At least one manager/coach from each team must attend the training. Every manager/coach will attend this training at least once every three years. The training will be at the Kelseyville Little League Ballfields.



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6. **First Aid Training:** March 17, 2017
Kelseyville Little League will require at least one manager/coach from each team to attend. Every manager/coach must attend this training once every three years. KCorp will conduct the training at the Kelseyville Little League Ballfields.



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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.



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8. Kelseyville Little League has completed and updated our 2018 Facility Survey on-line.
9. Concession Stand Safety
 - Menu shall be posted & approved by the Safety Officer and the League President.
 - Our Concession Safety Procedures will be posted several times in stand.



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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.



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12. Each Team will be issued an updated First Aid Kit and is a requirement to have it at every practice and game.
13. Kelseyville Little League will require ALL TEAMS to enforce ALL Little League Rules Including:
 - Proper Equipment for catchers.
 - No On-deck batters
 - Coaches will not warm up pitchers
 - Bases will disengage on all fields
14. 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.
15. ASAP plan can be viewed @ kelseyvillelittleleague.com



2018 Qualified Safety Program Registration Form



Registering your qualified safety plan is as easy as 1, 2, 3!

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2018 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit **both** forms with your complete safety plan — including all 16 minimum requirements clearly detailed — online or with a **postmark** no later than **April 16, 2018**. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted *starting Jan. 1, 2018*.

Safety plans approved prior to the posted deadline will win your league a credit award based on the number of teams your safety plan covers, if your league participates in the AIG Group Accident Insurance for local Little Leagues. In addition, your program will automatically be entered in the 2018 ASAP Awards!

District Administrators: To earn the district incentive for ASAP participation, a district's league plans must be *received and approved by Little League International by April 2*. This is different than the league deadline and requirement. Districts with **88%** or better of their leagues that LLI received an approved and qualified safety plan by April 2 will earn a **\$350** credit. Districts with 70%-87% of their leagues that LLI received an approved and qualified safety plan by April 2 will earn a **\$150** credit.

This Registration Form MUST Accompany Safety Plan Submission

League Name	Kelseyville Little League	League I.D. #	405-35-02
City	Kelseyville	State	CA
League I.D. #		League I.D. #	
(If board operates more than one charter, please list all : League I.D. # _____)			

League Safety Officer	Pete Ogo	League President	Melanie Barrick
Address	9825 Siskiyou Ct.	Address	2485 Park Drive
City	Kelseyville	City	Lakeport
State	CA	State	Ca
Zip Code	95451	Zip Code	95453
Work Telephone ()	707-279-1350	Work Telephone ()	707-263-8072
Home Telephone ()	707-277-7720	Home Telephone ()	
Cell/Pager Number ()	707-350-5715	Cell/Pager Number ()	707-718-6058
Email	petenang042012@gmail.com	Email	jb242410@yahoo.com

Items included with this application form:

of pages of league's safety program outline: 15

of non-returnable photographs: _____

Person submitting application (if different from above):

Name _____ Title _____

Address _____ City _____

State _____ Zip Code _____ Telephone () _____

Signature _____ Date 2/3/18

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)

Return this form and 2018 Little League Facility Survey, along with supporting safety manual, to:

Mailing Address: ASAP Award Program Little League International P.O. Box 3485 Williamsport, PA 17701	or	Shipping Address: ASAP Award Program Little League International 539 U.S. Route 15 Hwy. So. Williamsport, PA 17702
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Returned & Approved by April 2 for D.A. incentive or no later than April 16 for basic approval

Over →



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: _____



Facility and Field Inspection Checklist

Facility Name:

Inspector:

Date:

- 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

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

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

Name _____ Title _____

 Address _____

 City _____ State _____ Zip _____
 E-mail (see why it is important to include this on your application) _____
 Cell Phone _____ Business Phone _____
 Home Phone _____ E-mail Address: _____
 Date of Birth: _____
 Occupation: _____
 Employer: _____
 Address: _____
 Special: (physical training, skills, hobbies) _____

 Name any affiliations (Little League Registration etc.) _____
 Previous volunteer positions: (include dates of involvement) _____

1. Do you have children in the program? _____ Yes No
 (Yes, by full name and what level?) _____
2. Special Circumstances (CPT, Medical, etc.)? Yes No
3. Do you have a valid driver's license? _____ Yes No
 Driver's License# _____ State _____
4. Have you ever been convicted or pled guilty to any criminal activity or
 equivalent offense? _____ Yes No
 (Yes, describe each in full: _____)
5. Have you ever been convicted of or pled guilty to any traffic violation or
 equivalent offense? _____ Yes No
 (Yes, describe each in full: _____)
6. Do you have any criminal charges pending against you regarding any of the above? _____ Yes No
 (Yes, describe each in full: _____)
7. Have you ever been involved in participation in any other youth programs? _____ Yes No
 (Yes, explain: _____)

In which of the following would you like to participate? (check all that apply.)
 League Official Umpire Manager Coach Stand
 Coach Field Maintenance Scorekeeper Other _____

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

Name/Phone _____

IF YOU ARE A STATE THAT REQUIRES BACKGROUND CHECKS, PLEASE CHECK OFF THAT STATE'S SPONSORING OR CHECKING AGENCY INFORMATION ON THE BACK OF THIS FORM AND VISIT: <http://www.littleleague.org>

<https://www.littleleague.org/entry/program/fillable-application/2018-2019>

As a participant in a youth program, I give permission for the above background information to be reviewed as part of the Little League process which includes a review of your former records (some of which some state only records which may exist in a state, being generated that may or may not be the Little League and other records) to determine that, if approved, my service is conditional upon the league's background program. I understand that this information will be shared with the Little League, and I agree that the League will be responsible for the collection and review of this information. I understand that, if approved, the League will not be held responsible for any criminal or civil offenses, injuries, damages, or liabilities that I may incur as a result of my participation. I understand that the League is not obligated to sponsor me for a volunteer position if approved, but I do understand that if I am approved, I will be subject to suspension by the League and reviewed by the Board of Directors for violations of the League policies or principles.

Applicant Signature _____ Date _____
 If Not a Parent Sign as: _____ Date _____
 Applicant Name (print name of child): _____

NOTES: This is an offer, not a contract. Little League® (LL) does not discriminate on the basis of race, sex, gender, age, marital status, religion, national origin, ethnicity, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league office: _____
 on: _____

By (check all that apply for background check information to be checked):
Republic (FBI) (Misdemeanor / Felony) or whether offender that is compatible

* First Adjudicated Sex Offender Registry Data (along with):
 Criminal Records check of at least 20 Level on records

* Please be advised that this is an Offer of Admission and does not constitute an admission, which may be subject to suspension or expulsion if the participant does not comply with the Little League Rules and Regulations. If you are not a member of the Little League, you may not be eligible for membership.

Only effective if this application is approved for background check, unless this applicant is a member of the League.



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 plead no contest or guilty to any crime(s) involving or against a minor?
If yes, describe each in full: _____ Yes No
2. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No
If yes, describe each in full: _____
(Answering yes to question 2, does not automatically disqualify you as a volunteer.)
3. 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 3, does not automatically disqualify you as a volunteer.)
4. Have you ever been refused participation in any other youth programs? Yes No
If yes, explain: _____
5. In which of the following would you like to participate? (Check one or more.)

<input type="checkbox"/> League Official	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Coach	<input type="checkbox"/> Manager	<input type="checkbox"/> Other
<input type="checkbox"/> Umpire	<input type="checkbox"/> 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 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 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 the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Last Updated: 11/7/2017

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

Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

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: <http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____
System(s) used for background check (minimum of one must be checked): Regulation (c)(3) Mandates First Advantage or another provider that is comparable

*First Advantage Sex Offender Registry Data along with National Criminal
Records check of at least 281 million records

*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 LexisNexis 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.



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

Wet
warm water



Wash
20 seconds
Use soap



Rinse



Dry

Use single-service
paper towels



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, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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

