

# East Hartford Little League 2019 Safety Manual



League ID: 207-07-03

# **Preface**

**Hello and Thanks for being a part of East Hartford Little League!**

**It is our mission to provide the safest environment for our athletes to have fun and learn the value of sportsmanship, honesty, loyalty, courage and respect.**

**A printed form of this document is to be distributed to all active EHLL members. An electronic copy is to be posted on the league's website and made available for download.**

**At least one coaching staff member of every team must have a copy of this document with them at all games and practices.**

**A copy of this document must be kept in clear sight at any operating concession stand and accessible to any volunteer.**

**A master copy of this document will be kept and maintained by the current league safety officer.**

**This document will also be submitted to the District Safety Officer, and Little League International, to be approved for use by the local league.**

**Have a FUN and SAFE Season!**



# **TABLE OF CONTENTS**

<b>Content</b>	<b>Page</b>
<b>Emergency Contact List</b>	<b>4</b>
<b>League Officials Contact List</b>	<b>5</b>
<b>Safety Rules and Procedures</b>	<b>6</b>
<b>Accident/Injury Reporting</b>	<b>9</b>
<b>Accident/Injury Form</b>	<b>10</b>
<b>Accident/Injury Form Instructions</b>	<b>12</b>
<b>Parent Code of Conduct</b>	<b>13</b>
<b>Volunteer/Coach Code of Conduct</b>	<b>16</b>
<b>Player Code of Conduct</b>	<b>19</b>
<b>Concession Stand Procedures</b>	<b>21</b>
<b>Volunteer Requirements</b>	<b>26</b>
<b>Volunteer Form</b>	<b>27</b>
<b>Concussion Training for Coaches</b>	<b>28</b>
<b>Facility Survey Requirements</b>	<b>35</b>
<b>Have a FUN and SAFE season!</b>	<b>40</b>

# Emergency Contact List

<b>Emergency:</b>	<b>911</b>
<b>Police:</b>	<b>860-528-4401</b>
<b>Fire:</b>	<b>860-528-4401</b>
<b>Poison Control:</b>	<b>860-679-4039</b>
<b>Ambulance:</b>	<b>860-649-8900</b>
<b>CT Light &amp; Power (CL&amp;P):</b>	<b>860-947-2000</b>
<b>Water Management:</b>	<b>860-278-7850</b>
<b>Parks &amp; Recreation:</b>	<b>860-291-7160</b>
<b>Hartford Hospital:</b>	<b>860-545-5000</b>
<b>Children's Medical Center:</b>	<b>860-545-5000</b>
<b>Manchester Hospital:</b>	<b>860-646-1222</b>



# League Officials Contact List

<b>President:</b>	<b>Jonathan D. Chomick</b>	<b>860-593-9282</b>
<b>Vice President:</b>	<b>Jerry Hollis</b>	<b>860-944-3689</b>
<b>Secretary:</b>	<b>Jean Milbrandt</b>	<b>860-729-2440</b>
<b>Treasurer:</b>	<b>Mike Mowel</b>	<b>860-595-9431</b>
<b>Safety Officer:</b>	<b>Tim Tyszka</b>	<b>570-460-6931</b>
<b>Player Agent:</b>	<b>Scott Klapik</b>	<b>860-983-1199</b>
<b>Communications Director:</b>	<b>Brandy Klapik</b>	<b>860-716-5488</b>
<b>Baseball Director:</b>	<b>Matthew Montovani</b>	<b>860-543-2063</b>
<b>Softball Director:</b>	<b>Ed Curtin</b>	<b>860-503-9041</b>
<b>Challengers Director:</b>	<b>Dan Crovo</b>	<b>860-995-8512</b>
<b>Coaching Director:</b>	<b>Matthew Rondinone</b>	<b>860-918-1639</b>
<b>Equipment Director:</b>	<b>Howard Carlmark</b>	<b>860-990-2340</b>
<b>Equipment Director:</b>	<b>Gary Allen Jr.</b>	<b>860-967-9212</b>
<b>Concessions Director:</b>	<b>Jessie Carrillo</b>	<b>860-634-0962</b>
<b>Fundraising Director:</b>	<b>Donna Hollis</b>	<b>860-944-3687</b>
<b>Sponsor Director:</b>	<b>JD Dronzank</b>	<b>860-705-9411</b>
<b>Sponsor Director:</b>	<b>Tina McCarthy</b>	<b>860-578-3681</b>
<b>Recruitment Director:</b>	<b>Aleisha Velez</b>	<b>860-306-0298</b>
<b>Social Media Director:</b>	<b>Jenilee Tedesco</b>	<b>860-985-1392</b>

# **Safety Rules and Procedures**

- **All members of East Hartford Little League are responsible for the safety of the athletes and are expected to follow the rules and procedures of the East Hartford Little League at any practice, game or event.**
- **All volunteers must fill out and submit the current year's official Little League Volunteer Form. See volunteer requirements on page 26.**
- **Team managers will receive a copy of the current Official Little League rule book, it is required that all teams enforce these rules. A copy of this rule book must be present at every game.**
- **Team managers are required to be certified in the "Heads Up" concussion training program. Your certificate must be sent to the current Safety Officer.**
- **At least one coach or manager from each team is required to attend our basic first aid training session.**
  - **2019 First aid training session will be held on Thursday March 28<sup>th</sup> 2019 from 6pm to 8pm at the East Hartford High School Gymnasium.**
- **At least one coach or manager from each team is required to attend our coaching fundamentals training session provided by the EHLL Coaching Director.**
  - **2019 Coaching Fundamentals Training session will be held on Thursday March 28<sup>th</sup> from 6pm to 8pm at the East Hartford High School Gymnasium.**
- **Only league approved managers and coaches may practice teams.**
- **Before each game or practice, coaches and umpires are required to walk the fields looking for hazards and/or unsafe conditions. Report unsafe conditions that can't be corrected by coaches/umpires immediately to the Safety Officer.**

# **Safety Rules and Procedures**

## **(Continued)**

- **East Hartford Parks and Recreation personnel have jurisdiction over the town parks, and have the authority to stop, at any time, games or practices if they feel it is not safe.**
- **No games or practices will be held when the weather or field conditions are poor, particularly if lighting is inadequate and/or thunderstorms are present.**
- **Report any field light bulb outages to the Safety Officer immediately.**
- **All divisions that allow sliding into bases must have breakaway bases.**
- **All fields used for practices or games must have a fence topper if a fence is present and less than 12' high, as well as, a safety track in good condition, and netting to protect players and spectators from foul balls.**
- **Injuries must be reported to the Safety Officer within 24 hours and all team managers must follow the accident/injury reporting procedures on pages 9-12.**
- **One First Aid kit and two cold compresses will be provided to each team manager. More will be available at each concession stand as needed. It is required that a first aid kit is present at every practice and game.**
- **Managers and coaches will never leave an unattended child during or after a practice or a game.**
- **The perimeter wooded areas surrounding the baseball fields are off limits to all EHLL participants.**

# **Safety Rules and Procedures**

## **(Continued)**

- **All equipment must be kept in the designated areas within the dugout during games and never be left on the field of play.**
- **Coaches and Umpires must inspect all equipment before the start of each game or practice to ensure it is in proper working condition and approved for use in Little League games.**
- **Bats must remain in their storage area until the batter's turn to bat. There is no on deck swinging allowed in little league baseball or softball.**
- **Batters must wear helmets with face guards and catchers must wear, little league approved, complete catchers gear during practices and games. Reduced impact balls are to be used in accordance with Little League Internationals rules and regulations.**
- **Coaches are not allowed to warm up pitchers or players before or during games.**
- **Players are not allowed to wear watches, rings, pins, jewelry, or other metallic items during practice and games. Jewelry that alerts emergency personnel to a specific medical condition is permissible but must be taped in place in order to avoid a possible injury.**
- **Proper conditioning and stretching should be done before each practice or game.**
- **A lot of injuries can be prevented by being aware of your surroundings. Teach this to your athletes often, especially in the younger divisions.**
- **A safety suggestion box will be available at each concession stand.**



# **Accident/Injury Reporting**

## **What to Report:**

**An incident that causes any player, manager, coach, umpire or volunteer to receive onsite first aid treatment or medical treatment from a medical professional.**

## **When to Report:**

**All such incidents described above must be reported to the EHLL Safety Officer within 24 hours. Please see page 5 for the current Safety Officer's name and contact information.**

## **How to Report:**

**Call the Safety Officer listed on page 5 and provide the following information:**

- The name and phone number of the individual/s involved, including any witnesses.**
- Date, time, and the location of the incident. Be as specific as possible, for example; Gorman park, field 2, home plate.**
- A detailed description of the incident, and/or injury.**
- The name and phone number of the person reporting the incident.**

**You may also print and fill out the "Little League Baseball and Softball Accident Notification Form," found on page 10 of this manual, the EHLL website; [www.ehll.org](http://www.ehll.org), or on Little League's official website; [www.littleleague.org](http://www.littleleague.org). The form must be submitted to the Safety Officer within 24 hours of the incident. See page 12 for more info.**



## 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	
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"/> SPECIAL GAME(S)                         |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   | (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 TO        |  |
|   | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM      |  |
|   | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> TOURNAMENT       |  |
|   | <input type="checkbox"/> SENIOR (13-18)               | <input type="checkbox"/> VOLUNTEER WORKER     | <input type="checkbox"/> OTHER (Describe) |  |

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 \_\_\_\_\_

## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



**WARNING** — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, League Safety Officer Program Kit, is recommended for use by your Safety Officer.



# **Parents Code of Conduct**

**We, the East Hartford Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read and understand this policy prior to their children participating in our league.**

**Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.**

**Preamble: The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship. The highest potential of sports is achieved when competition reflects these Six Pillars of Character.**

## ***I Therefore Agree:***

- I will not force my child to participate in sports.**
- I will remember that children participate to have fun and that the game is for youth, not adults.**
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.**
- I will learn the rules of the game and the policies of the league.**

# **Parents Code of Conduct**

## **(Continued)**

### ***I Therefore Agree:***

- **I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.**
- **I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.**
- **I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.**
- **I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.**
- **I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.**
- **I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.**
- **I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.**

# Parents Code of Conduct

## (Continued)

### *I Therefore Agree:*

- **I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.**
- **I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.**
- **I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.**
- **I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.**
- **I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.**
- **I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.**



# **Volunteer/Coach Code of Conduct**

**We, the East Hartford Little League, have implemented the following Volunteer/Coach Code of Conduct for the important message it holds about the proper role of Volunteers, Managers and Coaches in Youth Athletics. Volunteers, Managers and Coaches should read and understand this policy prior to volunteering in our league.**

**Any volunteer guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. The Board of Directors will review all infractions. Depending on the severity or frequency, the Board may assess additional disciplinary action up to and including expulsion from East Hartford Little League.**

**Preamble: The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship.**

***No Volunteer, Manager or Coach Shall at Any Time:***

- Lay a hand upon, push, shove, strike, or threaten to strike an official.**
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.**
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.**



# **Volunteer/Coach Code of Conduct**

## **(Continued)**

### ***No Volunteer, Manager or Coach Shall at Any Time:***

- **Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.**
- **Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.**
- **Be guilty of the use of profane, obscene or vulgar language in any manner at any time.**
- **Appear on the field of play, stands, or anywhere on the Little League complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.**
- **Be guilty of gambling upon any play or outcome of any game with anyone at any time.**
- **Smoke while in the stands or on the playing field or in any dugout. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.**
- **Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.**
- **As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game.**
- **Speak disrespectfully to any manager, coach, official or representative of the league.**

# Volunteer/Coach Code of Conduct

## (Continued)

***No Volunteer, Manager or Coach Shall at Any Time:***

- **Be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.**
- **Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.**



# WE LOVE VOLUNTEERS

# **Players Code of Conduct**

**We, the East Hartford Little League, have implemented the following Player Code of Conduct for the important message it holds about the proper behavior of players in our League. Players should read and understand this policy prior to participating in our league.**

**Any player guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. The Board of Directors will review all infractions. Depending on the severity or frequency, the Board may assess additional disciplinary action up to and including expulsion from East Hartford Little League.**

**Preamble: The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship. The highest potential of sports is achieved when competition reflects these Six Pillars of Character.**

## ***I Therefore Agree:***

- I will remember that games are played for fun!**
- I will display good sportsmanship ahead of my own personal desire to win.**
- I will demonstrate good sportsmanship regardless of the score by acting in a positive manner towards all players, officials, parents and coaches.**

# Players Code of Conduct

## (Continued)

### *I Therefore Agree:*

- **I will show respect to all game officials, coaches, players, and parents and never act in a manner that would be disrespectful toward them.**
- **I will not use drugs, tobacco or alcohol at any East Hartford Little League practice or game and will remind others on my team not to do so.**
- **I will shake hands with the other team at the conclusion of all games.**
- **I will shake hands with the officials at the conclusion of all games.**



# **Concession Stand Procedures**

**Concession stand sales are vital to help shoulder the numerous expenses associated with our programs. With that said, it is important to have a quality product that is safe for public consumption. In order to ensure the safety of our food and our volunteers, we have created this manual, placed it in all of our concession stands and appointed a Concession Stand Director. The Concession Stand Director is responsible for making sure the following procedures are known and implemented by all volunteers working in our concession stands. You can find the Concession Stand Director's contact information on page 5 of this manual.**

- The current concession stand director is to have the annual inspection approved by the town's Health Department prior to the first opening of each season.**
- The current concession stand director is required to obtain or have an active food service certification prior to the first opening of the season.**
- All concession stands are required to have, and to check before and after each game/event, thermometers in all cold food and beverage storage containers.**
- All volunteers working in our concession stands will be trained in safe food preparation by the current Concession Stand Director, or by a certified trainer.**
- All cooking equipment is to be inspected before use and repaired/replaced as needed.**
- Only trained workers are allowed to handle propane tanks or light grills/fryers.**
- The EHLL Safety Manual must be displayed in every concession stand.**

# **Concession Stand Manual**

## **(Continued)**

- **An MSDS (Material Safety Data Sheets) book must be maintained and easily accessible by all volunteers. There must be an MSDS for every cleaning chemical used in the concession stand.**
- **All cleaning chemicals must be labeled and stored in a closed container away from food and cooking equipment.**
- **All concession stand workers must wash their hands before and after handling food. See page 23 for training on proper hand washing.**
- **All concession stand workers must wear food grade disposable gloves when handling ready to serve food.**
- **An annually inspected certified fire extinguisher must be present in every concession stand and all concession stand volunteers trained in their use. See page 24 for PASS fire extinguisher training.**
- **All concession stands are to post the emergency contact list, the league officials contact list, an MSDS book, and the current year's EHLL Safety Manual in a conspicuous area for anyone to access during operation.**
- **A fully stocked first aid kit must be present at every concession stand.**
- **Extra ice packs, coach's first aid kits, and current year little league rule books are to be kept in stock at every concession stand.**
- **No one under the age of 15 is allowed to operate any food producing/cooking equipment.**
- **Each year's menu items are to be approved by the Concessions Director, the Safety Officer, and the President of EHLL. The approved menu items are to be posted in this manual, see page 25.**



# 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.



## CLASSES OF FIRE EXTINGUISHERS

The four classes of fire are: A, B, C and D.  
Choosing the right classification for the type of fire is extremely important.

**Class A: Ordinary Combustibles** used on wood, paper, plastic, rubber or cloth.



**Class B: Flammable of Cumbustible Liquids** use on gasoline, oil, grease, tar, lacquer, oil-based paints, and other flammable gases.



**Class C: Electrical Equipment** use on energized electrical equipment such as wiring, fuse boxes, breakers, machinery, and appliances.



**Class D: Combustable Metals** used on industrial metal such as magnesium, titanium, zirconium, sodium, potassium, or other flammable metals.



# Remember!

**P**ull

**A**im

**S**queeze

**S**weep



### EXTINGUISHER OPERATION

When a small fire breaks out, have someone else call 9-1-1 immediately! To use the portable fire extinguisher effectively, remember these four steps:

**P = Pull** the pin. Be sure the extinguisher has the nozzle pointing away from you.

**A = Aim** the extinguisher nozzle (or hose) at the base (bottom) of the fire. Hold the extinguisher vertically, never horizontally. Stand about 6-10 feet away from the fire.

**S = Squeeze** the handle fully to release the extinguishing agent through the nozzle. Releasing the lever will stop the discharge.

**S = Sweep** the nozzle from side to side aiming at the base of the fire. Continue the sweeping motion until the fire is out. If you run out of chemical before the fire is out, either leave immediately or have a second extinguisher within arms reach.





## THE MAINS

- HAMBURGER
- HOT DOG
- STEAK N CHEESE SANDWICH
- GRILLED CHEESE
- CHICKEN TENDERS
- CHICKEN WRAP (GRILLED OR CRISPY)
- EGG SANDWICH
- STEAK N EGG SANDWICH



## ADD-ONS & SNACKS

- FRIES
- BACON (2 STRIPS)
- CHEESE
- HASH BROWNS
- ONIONS
- PEPPERS
- MOZZARELLA STICKS
- NACHOS
- MINI PRETZELS
- POPCORN
- SUNFLOWER SEEDS
- CHIPS (ASSTD. FLAVORS)



## SWEETS & DRINKS

- FRIED OREOS
- CANDY (ASSTD FLAVORS)
- SODA (ASSTD FLAVORS)
- JUICE (ASSTD FLAVORS)
- GATORADE (ASSTD FLAVORS)
- WATER
- COFFEE (FREE REFILLS)
- FLAVOR ICE POPS
- ITALIAN ICE (ASSTD FLAVORS)
- ICE CREAM SANDWICH
- STRAWBERRYSHORTCAKE BAR



# CONCESSION STAND MENU

2019 CONCESSION STAND MENU PRICES TO  
BE ANNOUNCED. STAY TUNED.  
THANK YOU FOR YOUR CONTINUED  
SUPPORT!  
-EHL

## **Volunteer Requirements**

**East Hartford Little League is an entirely volunteer run, non-profit organization. It is the hard working parents and community volunteers that make EHL work. They do everything from coaching, scheduling, ordering uniforms, working the concession stands, to serving as board members. Since 1950, our volunteers' hard work has been the reason Little League continues to provide quality team sports for our youth.**

**All volunteers must fill out a Little League Volunteer Application and supply a photocopy of a valid government issued photo identification. A national sex offenders and criminal background check will be performed on all volunteers, every year – even for returning volunteers. Anyone refusing to fill out a volunteer form will be ineligible to volunteer. These forms are kept confidential by the league president and are retained for the volunteer's entire year of service.**

**Volunteers will be defined as; Board of Directors, Umpires, Managers of Teams, Coaches, Assistant Coaches, Team Moms, Concession Stand Operators, anyone that provides a service to the league that places them in direct contact with players, and anyone that has repetitive access or contact with players.**

**Please see Page 27 for an example of the Volunteer Application.**



# Little League® Volunteer Application - 2019

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

1. Do you have children in the program? Yes  No

If yes, list full name and what level? \_\_\_\_\_

2. Special Certification (CPR, Medical, etc.)? (N/A) Yes No

3. Do you have a valid driver's license? Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes  No

If yes, describe each in full: \_\_\_\_\_

5. 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 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? 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/ByStateLaw](http://LittleLeague.org/ByStateLaw)

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: 11/08/2018

## **Concussion Training for Coaches**

**East Hartford Little League requires all Head Coaches to provide a certificate of completion for the CDC's HEADS UP concussion training for Youth Sports Coaches. It is an online course that takes about 3 hours to complete. The Safety Officer will be responsible for tracking and enforcing compliance. The Safety Officer will communicate with you if you are required to take the training but it is suggested that all volunteers take the training. The online training course can be found by going to:**

**<https://www.cdc.gov/headsup/resources/training.html>**

**Please see additional concussion training on pages 29 through 33.**



## A Fact Sheet for COACHES

# HEADS UP CONCUSSION

**One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.**

---

**A concussion is a type of traumatic brain injury—or TBI— caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.**

### HOW CAN I HELP KEEP ATHLETES SAFE?

---

**Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:**

**Talk with athletes about the importance of reporting a concussion:**

- **Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.**

**Create a culture of safety at games and practices:**

- **Teach athletes ways to lower the chances of getting a concussion.**
- **Enforce the rules of the sport for fair play, safety, and sportsmanship.**
- **Ensure athletes avoid unsafe actions such as:**
  - › **Striking another athlete in the head;**
  - › **Using their head or helmet to contact another athlete;**
  - › **Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or**
  - › **Trying to injure or put another athlete at risk for injury.**
- **Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.**

**Keep up-to-date on concussion information:**

- **Review your state, league, and/or organization’s concussion guidelines and protocols.**
- **Take a training course on concussion. CDC offers concussion training at no cost at [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).**
- **Download CDC’s HEADS UP app or a list of concussion signs and symptoms that you can keep on hand.**

**Check out the equipment and sports facilities:**

- **Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no “concussion-proof” helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.**
- **Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.**

**Keep emergency contact information handy:**

- **Bring emergency contact information for parents and health care providers to each game and practice in case an athlete needs to be taken to an emergency department right away for a concussion or other serious injury.**
- **If first responders are called to care for an injured athlete, provide them with details about how the injury happened and how the athlete was acting after the injury.**

## **HOW CAN I SPOT A POSSIBLE CONCUSSION?**

---

**Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.**

**SIGNS OBSERVED BY COACHES OR PARENTS:**

- **Appears dazed or stunned.**
- **Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.**
- **Moves clumsily.**
- **Answers questions slowly.**
- **Loses consciousness (even briefly).**
- **Shows mood, behavior, or personality changes.**
- **Can’t recall events prior to or after a hit or fall.**

**SYMPTOMS REPORTED BY ATHLETES:**

- **Headache or “pressure” in head.**
- **Nausea or vomiting.**
- **Balance problems or dizziness, or double or blurry vision.**
- **Bothered by light or noise.**
- **Feeling sluggish, hazy, foggy, or groggy.**
- **Confusion, or concentration or memory problems.**
- **Just not “feeling right”, or “feeling down”.**

**NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.**

## **WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK FOR?**

**In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:**

- **One pupil larger than the other.**
- **Drowsiness or inability to wake up.**
- **A headache that gets worse and does not go away.**
- **Slurred speech, weakness, numbness, or decreased coordination.**
- **Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).**
- **Unusual behavior, increased confusion, restlessness, or agitation.**
- **Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.**

### **CONCUSSIONS AFFECT EACH ATHLETE DIFFERENTLY.**

**While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete's parents if you notice their concussion symptoms come back after they return to play.**

## **WHAT SHOULD I DO IF I THINK AN ATHLETE HAS A POSSIBLE CONCUSSION?**

**As a coach, if you think an athlete may have a concussion, you should:**

**REMOVE THE ATHLETE FROM PLAY.**

**When in doubt, sit them out!**

**KEEP AN ATHLETE WITH A POSSIBLE CONCUSSION OUT OF PLAY ON THE SAME DAY OF THE INJURY AND UNTIL CLEARED BY A HEALTH CARE PROVIDER.**

**Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:**

- **Cause of the injury and force of the hit or blow to the head or body.**
- **Any loss of consciousness (passed out/knocked out) and if so, for how long.**
- **Any memory loss right after the injury.**
- **Any seizures right after the injury.**
- **Number of previous concussions (if any).**

#### **INFORM THE ATHLETE'S PARENT(S) ABOUT THE POSSIBLE CONCUSSION.**

**Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.**

#### **ASK FOR WRITTEN INSTRUCTIONS FROM THE ATHLETE'S HEALTH CARE PROVIDER ON RETURN TO PLAY.**

**These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.**

### **WHY SHOULD I REMOVE AN ATHLETE WITH A POSSIBLE CONCUSSION FROM PLAY?**

**The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.**

**SOME ATHLETES MAY NOT REPORT A CONCUSSION BECAUSE THEY DON'T THINK A CONCUSSION IS SERIOUS.**

**They may also worry about:**

- **Losing their position on the team or during the game.**
- **Jeopardizing their future sports career.**
- **Looking weak.**
- **Letting their teammates or the team down.**
- **What their coach or teammates might think of them.**

### **WHAT STEPS CAN I TAKE TO HELP AN ATHLETE RETURN TO PLAY?**

**An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.**



**Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.**

### **BASELINE:**

**Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.**

**An athlete should only move to the next step if they do not have any new symptoms at the current step.**

### **STEP 1:**

**Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.**

### **STEP 2:**

**Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting (less time and/or less weight than a typical routine).**

### **STEP 3:**

**Add heavy non-contact physical activity, such as sprinting/ running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).**

### **STEP 4:**

**An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.**

### **STEP 5:**

**An athlete may return to competition.**

### **REMEMBER:**

**It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.**



# **Facility Survey Requirements**

**The Safety Officer is required to complete the annual Little League Facility Survey in the Little League Data Center.**

**A few things to always remember:**

- **Before every practice or game, the playing fields are to be walked/inspected by Coaches and Umpires.**
- **A first aid kit is required to be present at all practices and games.**
- **A copy of this manual is to be present at every practice or game.**
- **A copy of this manual must be clearly posted in every concession stand.**
- **Emergency and Key League Officials contact information is to be clearly posted in all concession stands.**
- **The East Hartford Parks and Rec department has the final say whether or not the fields are safe for use.**
- **The wooded areas surrounding ballparks are off limits to all EHLL players and personnel during any EHLL events.**

**The following paper surveys are to be used and retained in order to complete the annual Little League Facility Survey online in the Little League Data Center:**



Facility surveys may also be entered online

# LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2019



League Name: \_\_\_\_\_

District #: \_\_\_\_\_

ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

President: \_\_\_\_\_ Safety Officer: \_\_\_\_\_

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

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

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (cell): \_\_\_\_\_


Email: \_\_\_\_\_ Email: \_\_\_\_\_

## PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mos.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

**SPECIFIC BALLFIELD QUESTIONS**

• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<p style="text-align: center;"><b>ASAP - A Safety Awareness Program</b> Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2019 Disney® character collector's pin shown at right featuring Backstop behind home plate. Or enter data on the ASAP online site through the Little League Data Center.</p> 	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

Please answer the following questions for each field: Field #

GENERAL INVENTORY		(For the following questions, if the answer is "No" please leave the space blank.)																				
Field #		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1. How many cars can park in designated parking areas?	None																					
	1-50																					
	51-100																					
	101 or more																					
2. How many people can your bleachers seat?	None/NA																					
	1-100																					
	101-300																					
	301-500																					
3. What material is used for bleachers?	Wood																					
	Metal																					
	Other																					
4. Metal bleachers: Ground wire attached to ground rod?	Yes																					
5. Wood bleachers: Are inspected annually for safety?	Yes																					
6. Is a safety railing at the top/back of bleachers?	Yes																					
7. Is a handrail up the sides of bleachers?	Yes																					
8. Is telephone service available?	Permanent																					
	Cellular																					
9. Is a public address system available?	Permanent																					
	Portable																					
10. Is there a pressbox?	Yes																					
11. Is there a scoreboard?	Yes																					
12. Adequate bathroom facilities available?	Yes																					
13. Permanent concession stands?	Yes																					
14. Mobile concession stands?	Yes																					

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>FIELD</b>																					
15. Is field completely fenced?	Yes																				
16. What type of fencing material is used?	Chainlink																				
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix																				
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime																				
	Spray paint																				
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes																				
20. Does field have conventional dirt pitching mound?	Yes																				
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes																				
23. Backstop behind home plate?	Yes																				
<b>PERFORMANCE AND PLAYER SAFETY</b>																					
24. Is there an outfield warning track?	Yes																				
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																				
25. Batter's eye (screen/covering) at center field?	Yes																				
26. Pitcher's eye (screen/covering) behind home plate?	Yes																				
27. Are there protective fences in front of the dugouts?	Yes																				
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes																				
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind																				
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes																				
33. Is the field lighted?	Yes																				
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																				
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																				
	Steel																				
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes																				
37. Ground wires connected to ground rods on each pole?	Yes																				
38. Which fields were tested/inspected in the last two years? <b>Please indicate month/year testing was done (example: 3/10)</b>	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>FACILITY MANAGEMENT</b>																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes																				
b. Number of teams or games?	Yes																				
c. Scheduling and/or timing?	Yes																				
41. Who owns the field?																					
	Municipal																				
	School																				
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal																				
	School																				
	League																				
43. Who is responsible for operational maintenance?																					
	Municipal																				
	School																				
	League																				
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal																				
	School																				
	League																				
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
	50 - 70																				
46. What divisions of softball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes																				

## FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:						
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:			
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

**Have A FUN and SAFE Season!**



**LITTLE**  
**SINCE** **EH** **1950**  
**LEAGUE**