

LEAGUE ID 020-70-216

TRUMBULL LITTLE LEAGUE 2023 SAFETY



TRUMBULL LITTLE LEAGUE
TRUMBULL, CONNECTICUT 06611

ID # 207-02-16

SAFETY PLAN REQUIREMENTS

1. **LEAGUE SAFETY OFFICER:** Angelo Magliocco is on file with Little League International Headquarters.
2. TLL will distribute a paper copy of this manual to all managers/coaches, league volunteers and the District Administrator.
3. **EMERGENCY CONTACTS AND KEY OFFICIALS' CONTACT NUMBERS:**

EMERGENCY PHONE NUMBER: 911

TRUMBULL POLICE: 203-261-3665

TRUMBULL FIRE AND RESCUE: 203-459-0159

BRIDGEPORT HOSPITAL: 203-384-3000

ST. VINCENTS HOSPITAL: 203-576-6000

LEAGUE PRESIDENT: GREG MCDONALD - 203-520-8078

LEAGUE VICE PRESIDENT SCOTT BANKS 516-398-4172

FIELD SUPERVISOR: MICHAEL CURLEY 203-343-1886

LEAGUE SECRETARY: GREG BESSON 203-919-7009

LEAGUE PLAYERS' AGENT: MATT WEINER 413-626-4838

DIRECTOR OF BASEBALL OPERATIONS: ERIC STORY 475-330-0526

LEAGUE SAFETY OFFICER: ANGELO MAGLIOCCO 203-913-3309

DIRECTOR OF SOFTBALL OPERATIONS: MATT DELROSSI 203-3431405

LEAGUE INFORMATION OFFICER: GARY CIFATTI 203-260-9619

**** This will be posted in the concession and dugout areas.**

TLL ASAP PLAN

4. **VOLUNTEERS**

Background checks are mandatory per Little League regulation 1(c) 8 and 1(c) 9. Trumbull Little League (TLL) conducts a background check on all board members, managers, coaches, umpires, and other volunteers or hired workers who provide regular service to the league and or who have repetitive access to or contact with players or teams. TLL performs a nationwide background check and search of the National Sex Registry utilizing JD Palatine (JDP). TLL shall not permit any persons to participate in any manner whose background checks reveals any conviction, guilty plea, no contest pleas, or admission to any crime involving or against a minor or minors

5. **SAFE SPORT (Enacted by TLL in 2018)**

Safe Sport Act of 2017 mandates all amateur sports organizations, which participate in an interstate or international amateur athletic competition and whose membership includes any adult who is in regular contact with an amateur athlete.

TLL adheres to the four requirements of the sports act by providing training to all league volunteers.

The four requirements include:

- Report suspected child abuse within 24 hours.
- Policy against retaliation for good faith reporting
- Policy that limits 1 on 1 contact between adult and minor
- Make SafeSport training available

Little League International's policy satisfies all requirements of the Safe Sport law training available at <https://www.littleleague.org/player-safety/>

6. **CONCUSSIONS**

TLL requires all volunteers to complete the CDC HeadsUp concussion training. All volunteers are required to review the HeadsUp microsite which offers tools and concussion safety information. All content is maintained by CDC <http://www.cdc.gov/concussion/HeadsUp/youth.html> and syndicated to the TLL website, which means that once embedded the microsite will automatically keep our site current with the latest HeadsUp contents.

7. **FUNDAMENTALS TRAINING: March 24, 2023:**

Every Manager/Coach will attend this training. The instructors for the sessions will be provided by professional instructors from area high schools or youth programs at no cost to the league. This training will include age appropriate drills (including conditioning), that the Manager/Coaches can use throughout the season.

8. **FIRST AID TRAINING: March 24, 2023:**

Trumbull High School Athletic trainer and staff members from Select Physical Therapy will offer training for all coaches that are not certified in First Aid, CPR, and use of AED's.

9. **FIELD INSPECTIONS:** Fields are inspected by league officers, umpires and board members (See page 4 for the facility and field inspection checklist that TLL adopted from Little League International)
10. **2022 FACILITY SURVEY:** Updated survey is under separate cover
11. **CONCESSION STAND SAFETY:** The Town of Trumbull Board of Health Department inspects all TLL concession stands periodically throughout each season. Menu options are selected and approved by the concession stand vendor, TLL President and Vice President. The contracted vendor is required to post safety standard procedures that are set forth by the league. (See page 8 and 9 for a copy of the concession stand safety procedures that TLL adopted from Little League International.)
12. **EQUIPMENT INSPECTION:** The league safety officer will inspect all equipment prior to each season. In addition, Managers, Coaches and umpires will inspect equipment prior to and after each game.
13. **IMPLEMENT PROMPT ACCIDENT REPORTING:** Accident forms are provided on the Little League International website as well as the TLL website. These forms should be completed within 48 hours of the incident and sent to Williamsport. Copiers are to be made and sent to TLL league safety officer.
14. **FIRST AID KITS:** Every team manager is given a new first aid kit and ice packs at equipment distribution. The kits are required to be at every practice and game. Additional kits and ice packs are available in Little League press boxes and concession stands.
15. **AED DEVICES:** Automated External Defibrillator (AED) is used to increase the rate of survival of people who have sudden cardiac arrests. AED equipment is an important means for providing enhanced life safety response measures. AEDs make it possible for lay responders to administer defibrillation prior to the arrival of Emergency Medical Services (EMS). AEDs are available at Unity Park in Unity 1 and Unity 3 press boxes.
16. **ENFORCING LITTLE LEAGUE RULES:** TLL requires all teams, managers and coaches to enforce Little League rules as outlined in the Rule book.
17. **THUNDER/LIGHTNING POLICY:** If thunder/lightning is heard or observed during a TLL event, including games and practices, all league officials, volunteers, player and spectators will vacate the fields/stands and seek shelter. No Player, coach or umpire will be allowed to re-enter the field or restart a game until 30 minutes after the last observed or detected lightning strike.

18. **VEHICLE POLICY/PROCEDURE:** TLL requires all league officials to comply with standards set for the safe operation and use of Golf cart/Utility vehicle at all town parks. Compliance with the standards will ensure the safe operation of the vehicle for park activities, including golf cart/utility vehicle, vehicle operators, cyclists and pedestrians.
19. **COACHES TRAINING:** Coaches receive training on league policies and procedures, which is available on the league website. The safety information included expands on the topics above in greater detail such as managers and coaches' responsibilities for before, during and after games, as well as concussion protocol.
20. **LEAGUE RULE BOOK:** Every Manager and coach will be required by the league to download the Little League Rulebook app for 2023. If a Manager requires a hard copy of the rule book, the league will acquire rule book for the Manager. TLL Board members will review all change for the upcoming year at each divisions Manager's meeting prior to opening day.

21. **COVID-19 PARENT AND ATHLETE GUIDE - SPRING/SUMMER 2023**

IF NECESSARY

COVID-19 PARENT AND ATHLETE GUIDE

BASIC PRINCIPLE

Act responsibly. Wear a mask. Maintain social distancing. Frequently wash your hands. Cover your mouth and nose. Cover coughs and sneezes. Avoid touching your eyes, nose and mouth.

General Guidance:

1. TLL will maintain all guidelines set forth by the Federal government, State, and Town of Trumbull.
2. **Face Masks Coverings - subject to change as State of Connecticut updates sector rules**
3. **Social Distancing** - All players, coaches, volunteers, spectators, and independent contractors should practice social distancing of six feet wherever possible from individuals not residing within their household, especially in common areas
4. Event organizers, staff, coaches, parents, players, umpires, officials, must conduct daily symptom assessments (self-evaluation). If you are sick or suspect you might be sick, STAY HOME.

Facility and Field Inspection Checklist

Field / Location: _____

Date: _____ **Time:** _____

Routine before Practice and Games:

Holes, damage, rough or uneven spots on infield or outfield.

Slippery areas, long grass.

Glass, rocks and other debris or foreign objects on field.

Damage to screens, fence edges or sharp fencing.

Unsafe conditions around backstop, pitcher's mound.

Unsafe conditions around home plate and bases.

Ensure bases disengage.

Chalk lines and mark officially – mark on fair side of stringer

[Remove Tarps \(Unity 1,2 & 3\).](#)

Condition of dugout

Routine after Practice and Games:

Holes, damage, rough or uneven spots on infield or outfield.

Damage to screens, fence edges or sharp fencing.

Check the operation of the field lights (Unity 1)

Check the operation of the scoreboard (Unity 1,2,3 & 4)

Make sure press box is clean and PA system turned off (Unity 1,2,3 & 4)

Make windows are closed (Unity 1,2,3 & 4)

[Replace Tarps \(Unity 1,2 & 3\).](#)

Make sure parents dispose of trash found in and around field and bleacher areas

Make sure team disposes of trash found in and around dugout areas

Notes / Hazards: _____

Signature: _____

Please fax completed form to TLL Safety at 203-459-0900

Safety Awareness Incident and Injury Tracking report

For Local League Use Only		A Safety Awareness Program's Incident/Injury Tracking Report	
Activities/Reporting			
League Name: _____	League ID: _____ - _____ - _____	Incident Date: _____	
Field Name/Location: _____		Incident Time: _____	
Injured Person's Name: _____		Date of Birth: _____	
Address: _____		Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City: _____	State: _____ ZIP: _____	Home Phone: () _____	
Parent's Name (If Player): _____		Work Phone: () _____	
Parents' Address (If Different): _____		City: _____	
Incident occurred while participating in:			
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Intermediate (50/70) <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Big League C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event <input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____			
Position/Role of person(s) involved in incident:			
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout <input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____			
Type of injury: _____			
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____			
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____			
B.) Adjacent to Playing Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Parking Area <input type="checkbox"/> Concession Area <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Customer/Bystander			
D.) Off Ball Field <input type="checkbox"/> Travel: <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Walking <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____			
Please give a short description of incident: _____			
Could this accident have been avoided? How: _____ <small>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.</small>			
Prepared By/Position: _____		Phone Number: () _____	
Signature: _____		Date: _____	



Little League® Volunteer Application – 2023



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 meets 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 for more information.

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

All RED fields are required.

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.)? If yes, list: _____ ☐ Yes ☐ No

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

Driver's License#: _____ State _____

4. 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?

If yes, describe each in full: _____ ☐ Yes ☐ No

(If volunteer answered yes to Question 4, the local league must contact Little League International.)

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 and/or listed on any youth organization ineligible list? ☐ Yes ☐ No

If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact Little League International.)

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/BgStateLaws

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):

Review the Little League Regulation 1(c)(9) for all background check requirements

☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)* **OR** _____

☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List
☐ National Sex Offender Registry

*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.

Little League "Returning" Volunteer Application - 2023

2023 Trumbull Little League

®

Volunteer Application

Name (first) _____ (middle) _____ (last) _____
 Address _____
 City _____ State __ Zip _____ Date of Birth __/__/____ Home Phone (____) _____ - _____
 Cell Phone (____) _____ - _____
 Best Email _____
 Social Security # _____
 Driver's License #: _____ Issue State __

Which of the following would you like to volunteer (Please check & circle):

- | | |
|--|--|
| 1. Manager -Baseball | Level (T-Ball (5), Farm (6), 7/8, 9/10, 11/12) |
| 2. Manager – Softball | Level (7/8, 9/10, 11/12, 13/14) |
| 3. Coach – Baseball | Level (T-Ball (5), Farm (6), 7/8, 9/10, 11/12) |
| 4. Coach – Softball | Level (7/8, 9/10, 11/12, 13/14) |
| 5. Umpire | |
| 6. Scorekeeper | |
| 7. Special Events (i.e. Opening Day, Major League Day, etc.) | |

Comments: _____

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, 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 __/__/__

NOTE: Trumbull 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

*This form must be completed and submitted with the *Little League Background check form 2021* to be considered for a TLL volunteer position.

Forms can be scanned and sent to trumbulllittleleague@gmail.com or mailed to TLL, PO Box 241, Trumbull, CT 06611

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.



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EXTENSION**