



# Safety Plan

*2026 "A Safety Awareness Program (ASAP)"*



Mill Creek Little League  
P.O. Box 12445  
Mill Creek, Washington 98082  
League ID: 4470106

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# Introduction

Introduced in 1995 and long the pacesetter in youth sports safety, Little League has taken the lead with the development of ASAP (A Safety Awareness Program). ASAP has increased overall safety awareness, reduced injuries by 80% and lowered insurance costs for participating leagues.

## Safety Mission Statement

Mill Creek Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game in a safe and friendly environment.

## Distribution of this Safety Plan

This document is available at [www.millcreeklittleleague.com](http://www.millcreeklittleleague.com). The league will distribute this document to parents, coaches, managers and volunteers at the beginning of each season.

## Safety Officer

If you have any comments or suggestions regarding the health, well-being and safety of MCLL players, coaches, parents, volunteers and umpires, please contact our [Safety Officer, Sam Baker](#).

## Emergency Contacts

### EMERGENCY

Police – Fire – Ambulance	911
Mill Creek Police Department	(425) 745-6175
Mill Creek Fire Department	(425) 212-2776
Snohomish County Sheriff	(425) 388-5250
Fire District #7 (Bothell HQ)	(425) 486-1217
Poison Control Center	(800) 222-1222

### HOSPITALS

Children's Hospital	(206) 987-2222	4800 Sandpoint Way NE, Seattle
Northwest Hospital	(206) 364-0500	1550 N 115 <sup>th</sup> St, Seattle
Providence Medical Center	(425) 258-7555	916 Pacific Ave, Everett
Providence Colby Campus	(425) 261-3000	1321 Colby Ave, Everett
Swedish Mill Creek Campus	(425) 357-3900	13020 Meridian Ave S, Everett

### WALK-IN CLINICS

Everett Clinic– Mill Creek	(425) 225-8000	15418 Main Street, Mill Creek
Seattle Children's Clinic	(425) 357-5240	12800 Bothell-Everett Hwy, Mill Creek
Providence Walk-in Clinic	(425) 316-5150	12800 Bothell-Everett Hwy, Mill Creek
Everett Walk-in Clinic	(425) 339-5422	3927 Rucker Ave., Everett
Silverlake Walk-in Clinic	(425) 357-3305	1818 12 <sup>th</sup> Street SE, Everett

### LITTLE LEAGUE CONTACTS

MCLL President - Preston Kallshian	(360) 395-5187
MCLL Safety Officer - Sam Baker	(206) 455-5876

# Emergency Action Plan Checklist

Instructions: Every coach/manager should have an Emergency Action plan. Your level of preparedness and the leadership you provide will help to minimize the impact of all emergency situations. Please complete this form and distribute it to your staff and families.

Team Name		Coach / Manager Name
<input checked="" type="checkbox"/>	Information Needed	
	Closest hospital (name/location)	
	Address of practice/game location	
	Process to unlock gates	
	Person who will supervise the team if I am injured/ill	
	Person that will call 911 if there is an emergency or serious injury	
	Person that will attend to an injured/ill player	
	Person that will meet EMS and guide them to the injured person	
	Person to initiate crowd control and will be team spokesperson	
	Person who will take injured player/coach to the hospital	
	Person who will notify injured player parent/guardian	
	Person who will accompany injured player to the hospital	
	Thunder/Lightening Shelter Plan	

# In Case of Injury

If a player is injured during a game, practice, or other league-approved activity that may or may not require medical attention, league officials (i.e. manager/coach) should [follow these steps](#):

- Administer any initial first aid treatment (if necessary).
- Be sure to have the player's [Medical Release Form](#) onsite or easily accessible so anyone who may treat the player is aware of any allergies or special conditions.
- Contact the player's parent or legal guardian if they are not onsite at the time of the incident.
- Document the incident with as much detail as possible the [ASAP Incident/Injury Tracking Report](#). Send a copy of the form to our Safety Officer.
- If medical attention is needed, be sure to have [AIG Accident Notification Claim Forms](#) on hand to provide to the family and explain the local league's Accident Insurance is through AIG.
  - Parents: If your child sustains a covered injury while taking part in a scheduled Little League game or practice, review the [Little League AIG Insurance coverage](#) and [learn how to submit an accident claim](#).
- Notify the Safety Officer within 48 hours.
- If a player misses seven (7) or more continuous days of participation, a physician or other accredited medical provider must give written permission for a full return to play.
- In cases involving a possible concussion, the league must adhere to their respective state law with respect to removal of the player and return to play protocols after being released by a physician. It is recommended a player suspected of sustaining a concussion be removed for at least the remainder of that day and then comply with their respective state law for return to play guidelines.

All injuries are to be taken seriously, and volunteers serving as managers and coaches are responsible for making the health and safety of the players the top priority. During all Little League functions, where a team of players is participating as a group, it is the responsibility of the manager and coaches to be advocates for safe behavior for each of the players on their team.

During Little League games, if a player sustains an injury and is removed from the game, a team manager is not permitted to return said player to the game without first having a medical professional at the game site clear the player. If the player does return to the game after being removed due to injury, he/she is required to complete [mandatory play](#), if applicable.

## First Aid

Coaches, managers and safety parents should complete the [Basic First Aid Training](#), as accidents and emergencies can occur at any time. The [American Red Cross First Aid/CPR/AED Guide](#) is a good resource as well. There is an Automated External Defibrillator (AED) located in the Freedom Field Concession Stand. MCLL provides each team with a First Aid Kit that contains the items below, it is the coach's/manager's responsibility to ensure the kit is at all practices/games.

First Aid Kit Contents		
<ul style="list-style-type: none"><li>• Ice Packs (3)</li><li>• Ace Bandage (1)</li><li>• Foam Wrap (1)</li><li>• Adhesive First Aid Tape (1)</li><li>• Scissors (1)</li><li>• Gloves (3pr)</li></ul>	<ul style="list-style-type: none"><li>• CPR Face Shield (2)</li><li>• Infectious Waste Bag (1)</li><li>• Eye Wash Bottle(s) (2)</li><li>• Oval Eye Patches (2)</li><li>• Band-Aids 1"x 3"</li></ul>	<ul style="list-style-type: none"><li>• Band-Aids 5/8"x 2-1/4"</li><li>• Gauze 4"x 4" square (4)</li><li>• Antiseptic Wipes</li><li>• Alcohol Wipes</li><li>• Tweezers (1)</li></ul>

# Common Injuries

There are some injuries that are more common in baseball than they are in other sports due to the nature of throwing, sliding, running and hitting. The most common baseball injuries include fractures, bruise/contusions, joint sprain/strains, dental, cut/scrapes and concussions. The most common locations of injury occurrence in order of frequency are infield, home plate and outfield.

## Skeletal Injuries

Fractures (broken bones) should be strongly suspected if any obvious deformity exists or if an athlete is unable to bear weight at all on a limb. Dislocations involve the joint being out of place. These commonly occur in fingers and shoulders, and are rarer in ankles and elbows. Dislocations in knees and wrists are very rare and are true medical emergencies. In the following situations, there is very likely a significant fracture or dislocation (or both) and immediate emergency medical care is warranted. Call 911 immediately and activate your Emergency Action Plan.:

- Open fracture (bone piercing through skin)
- Obvious deformity of bone or joint (ankle, knee, shoulder, wrist, elbow)
- Fracture with bleeding

Any other suspected fracture can be referred to a physician for urgent, but not emergent, further evaluation.

## Muscular Injuries

Sprains involve injury to ligaments around a joint such as the ankle, knee, shoulder or wrist. These typically result in swelling, pain and some level of dysfunction.

- In skeletally mature individuals (people who are fully grown and have closed growth plates), ligaments are the “weakest link” in the chain and are often injured with joint injuries.
- In skeletally immature athletes (kids who are not fully grown and have open growth plates), the “weakest link” in the chain is the growth plate. These athletes will often have a growth plate fracture rather than a sprain from similar mechanism (such as rolling an ankle).
  - Accordingly, swelling and bony tenderness in a child is a fracture until proven otherwise. They need evaluation by a medical professional and often need an x-ray.

If any athlete has a suspected sprain or soft tissue injury, such as a bruise or contusion, initial treatment is generally RICE.

- Rest: Try not to use the injured area much for the first 48 hours
- Ice: Try to encourage icing for 15–20 minutes at a time 3 to 4 times a day
- Compression: Use an ace bandage and compressive wrap
- Elevation: Try to elevate the swollen area above your heart as much as possible

# Wounds

## Abrasion

This is a superficial wound involving the outer layer of skin only. Abrasions typically involve relatively minimal bleeding (less than a laceration) and by definition, do not breach/contact deep structures (such as larger blood vessels, bones, ligaments, tendons, etc.).

- If an athlete sustains an abrasion (typically occurred sliding, diving, falling), the following is recommended:
  - Clean the area with soap and water
  - Apply double antibiotic ointment
  - Apply a bandage that covers the wound entirely (if possible)
- Athletes with abrasions typically can run without significant limp and can return to play as tolerated. It is important that the wound is covered entirely prior to them returning to play (this can be done with adhesive bandage and/or tape as needed).

## Laceration

This is a deeper wound that involves the outer layer and deeper layer of the skin. This is typically caused when skin is cut, torn or punctured. These wounds will bleed significantly more and can involve deep structures (ligaments, tendons, larger blood vessels, bones, etc.). If an athlete sustains a laceration, which can generally be determined by amount of active bleeding, start with the following:

- Put gloves on and apply direct pressure to the area using a clean towel or gauze.
- Clean the area with soap and water.
- If the wound is small and bleeding is easily controllable with pressure, it can initially be managed with application of a bandage and then proceed with definitive treatment over the next few hours.
- However, if the wound is large, involves an extensor surface or a joint (such as a knee, elbow), or is on the face, it is best to refer that athlete right away for evaluation by a provider who can provide definitive care (typically at an urgent care or an emergency department).

With any abrasion, laceration or puncture wound, it is important to make the athlete and the athlete's parents aware of the signs and symptoms of an infection. These include redness, swelling, warmth, drainage/pus and pain out of proportion to the wound. If any signs of infection occur, it is important to obtain medical evaluation promptly.

## Head, Neck & Back Injuries

If any athlete has a suspected spinal cord injury or serious neck or back injury, do NOT move the athlete. Activate your Emergency Action Plan and call 911. Serious neck injuries often present with the following characteristics:

- Numbness/tingling in both upper extremities (arms)
- Midline neck pain/tenderness (pain on the bones)

Head or neck injuries can also occur when an athlete performs a "spearing"-type mechanism (lowering the head and hitting/striking another player or solid object with the crown of the head).

# Concussions

A concussion is a traumatic brain injury that causes impairment in normal brain function. It is important to understand that the trauma to the brain can be the result of a direct blow to the head, a collision or an incident where the head or neck is forcibly rotated (such as whiplash).

Concussions account for one in 10 of all sports injuries, and for young people ages 15–24, sports are second only to motor-vehicle accidents as the leading cause of brain injury. Although baseball is not a high-risk sport for concussions, these injuries do occur in baseball. It is important for athletes, coaches and parents to be aware of concussion signs and symptoms in addition to the appropriate treatment of these injuries.

## Signs and Symptoms

All concussions are different and can cause a wide variety of signs and symptoms that may develop immediately after the injury or evolve over time. It is important to note that concussions most often do NOT result in loss of consciousness. Initial symptoms may include:

- Poor balance
- Poor coordination
- Disorientation
- Blurred vision
- Confusion
- Headaches
- Dizziness
- Nausea
- Amnesia
- Ringing in the ears
- Vacant stare
- Light/sound sensitivity
- Numbness or tingling
- Cognitive issues
- Loss of consciousness

## Concussion Management

Any athlete showing signs or complaining of any symptoms of a concussion should be removed from practice or a game and undergo immediate medical evaluation. If no health care provider is available on-site to evaluate the injury, the player should remain out of play until an evaluation by a qualified medical professional can be conducted. The player should not be left alone following the injury and should be monitored by a responsible adult to ensure that his/her condition does not deteriorate. A player with a suspected or a diagnosed concussion should NEVER be allowed to return to play on the day of the injury.

## Return to Play

In accordance with [RCW 28.A.600.190](#), a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time. And, a youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider. The health care provider may be a volunteer. A volunteer who authorizes a youth athlete to return to play is not liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

# Heat Illnesses

## Muscle Cramps

Painful involuntary muscle contraction (often starting in calves, hands or feet) often associated with dehydration, electrolyte imbalances and muscle fatigue.

- To treat, remove from activity, transfer to cool, shaded area.
- Immediately start replacing fluids and stretch affected area.

## Heat Exhaustion

Signs of heat exhaustion:

- Inability to continue to exercise due to fatigue/energy depletion.
- Associated with heavy sweating, dehydration, sodium loss and energy loss.
- Often presents with signs and symptoms such as: dizziness, headache, nausea, diarrhea, decrease in urine output, pallor (pale skin), muscle cramps, weakness and/or hyperventilation.

To treat:

- Activate Emergency Action Plan. Monitor closely.
- Move to the shade and/or a cool environment. Use ice towels and/or ice bags (around neck, underarms and groin area) to cool body temperature down. Use ice immersion if available.
- Assess vital signs and take a core temperature (rectal). Rectal temperatures are the only accurate on-field measurement (oral, tympanic, forehead thermometers are often inaccurate and can be misleading).

## Sudden Cardiac Arrest

Sudden Cardiac Arrest is the number one cause of death in the US for student athletes during exercise. Cardiac arrest is when the heart stops beating suddenly. The lack of blood flow to the brain and other organs can cause a person to lose consciousness, become disabled or die if not treated immediately.

Cardiac Arrest Symptoms

• Extreme fatigue	• Nausea	• Chest pains
• Dizziness	• Chest pain	• Loss of consciousness
• Shortness of breath	• Rapid heart beat	

Follow these steps if there is possible cardiac arrest:

- If someone experiences the symptoms of cardiac arrest, call 911 immediately.
- If you have access to an AED, follow the directions on the device to administer support until medical help has arrived.

# Weather

## Lighting

Lightning represents a significant weather hazard for players, spectators, coaches and umpires. Responsible administrators, coaches and trainers must be prepared to deal with lightning storms and appropriate steps must be pre-planned. These steps include:

- Enforce slogans supported by the National Weather Service - "When thunder roars, go indoors."
- Assign an individual to monitor the forecast before a game or practice.
- The designated responsible individual must determine when activity can be resumed and safe areas should not be left unless direct instruction is provided. Per the National Weather Service period of at least 30 minutes should elapse from the last sound of thunder before play should be resumed.
- Be aware of weather patterns. Most thunder/lightning storms occur between May and September and between the hours of 10 a.m. and 7 p.m.
- Stop practice or competition immediately and find a safer location when thunder is heard.
- Identify the nearest appropriate and safe secure structure in the Emergency Action Plan.
- Evacuation should be pre-planned, having means of communication to notify individuals of the danger and to provide directions to safe shelters. Have signs available that will provide direction to the nearest safe area.
- If no safe shelter is available, look for areas where small trees or bushes are surrounded by taller trees. Avoid high areas, antennas, towers, poles, isolated trees, baseball dugouts, bleachers, metal fencing, golf carts or freestanding water.
- Be prepared for and educated about the dangers of lightning. Plan and practice evacuation procedures. Prompt appropriate action can prevent injuries and death.

## Heavy Winds

Heavy winds can cause dust particles to obstruct a player's ability to focus on the game and can even hamper a player's ability to see clearly. Heavy winds can also cause serious safety risk to spectators. Therefore, in the event of heavy winds, it is the responsibility of the umpire or coach to make the call.

## Hot/Humid Days

As the temperature rises, it is important to have a plan for hydration. Athletes who exercise in the heat or sweat should get into a habit of weighing themselves before training or competition as well as immediately after to monitor hydration levels. Use of a hydration schedule before, during and after practice or competition to help replenish lost weight due to extreme fluid loss is strongly recommended.

- Encourage athletes to gradually acclimatize to heat and humidity.
- If the heat index is 104 degrees or more, outdoor sport activities should be postponed.
- Focus on instruction rather than conditioning during the first several practices.
- During hot/humid times of the year, practice at cooler times of day.
- During extreme conditions, consider indoor practices (which can include cage work, bullpens, indoor fielding drills, etc.).
- Consider providing ice towels and water in dugouts

## Rain

Light rain that does not create an unsafe environment may not be cause to stop a game or practice. Heavy rain that leads to pooling or soaking wet field conditions may cause stoppage of a game or practice. Besides pooling and slick field conditions, heavy downpours can also cause very poor visibility putting players, coaches, and spectators in danger from batted or thrown balls. Therefore, it is the responsibility of the umpire to stop the game. It is the coach's responsibility to stop practice as soon as possible to avoid injuries.

## Air Quality

This wild fire air quality summary is provided by the [Washington Department of Health](#). Officials advise that "All outdoor athletic events, practices are canceled or moved indoors to an area with better air quality if the Air Quality levels reaches "Unhealthy for Sensitive Groups (101-150)." Any coaches, managers, or parents may abide by these guidelines. If there is a concern if the air quality is difficult at a lower level, coaches may exercise caution and move practices indoors or cancel them to protect players, parents, and coaches.

Outside Air Quality Index (AQI): PM2.5				
Activity Duration	Good (0-50 AQI)	Moderate (51-100 AQI)	Unhealthy for Sensitive Groups (101-150 AQI)	Unhealthy, Very Unhealthy, or Hazardous ( $\geq 151$ AQI)
<b>15 mins to 1 hour</b> (e.g., recess, PE, classes typically held outside)	No restrictions.	Allow children and youth with health conditions to opt out or stay indoors. Limit intensity of activities for these children and youth if needed.	Limit to moderate intensity activities outside. For children and youth with health conditions, further limit intensity or move to an area with safer air quality if needed.	Cancel outdoor activity or move to an area with safer air quality, either indoors with filtered air or to a different location. Limit to light intensity activities indoors if indoor PM2.5 levels are elevated.
<b>1-4 hours</b> (e.g., athletic events and practices)	No restrictions.	Allow children and youth with health conditions to opt out or stay indoors. Limit intensity of activities for these children & youth if needed.	Limit to light intensity activities or to a 1-hour total duration with moderate intensity activities. If intensity level and time cannot be modified, consider canceling outdoor activity or move to an area with safer air quality, either indoors or to a different location. For children & youth with health conditions, further limit time or intensity if needed.	Cancel outdoor activity or move to an area with safer air quality, either indoors with filtered air or to a different location. Limit to light intensity activities indoors if indoor PM2.5 levels are elevated.
<b>&gt; 4 hours</b> (e.g., outdoor school or programming, day camp, overnight camp)	No restrictions.	Move children and youth with health conditions to an area with safer air quality, either indoors or to a different location if needed. Allow children and youth without health conditions to opt out or stay indoors and limit intensity of activities.	Limit to light intensity activities and under 4-hr total duration. If intensity level and time cannot be modified, cancel outdoor activity, or move it to an area with safer air quality, either indoors or to a different location. For children and youth with health conditions, further limit time or intensity if needed.	Cancel outdoor activity or move to an area with safer air quality, either indoors with filtered air or to a different location. Limit to light intensity activities indoors if indoor PM2.5 levels are elevated.

# Coach's Pre-Game/Practice Checklist

Coaches/managers to ensure these steps are taken before each practice/game:

- Ensure elements in the [Emergency Action Plan Checklist](#) are identified.
- Perform a pregame inspection of bats, helmets, and catcher's mask and remove equipment that is damaged or illegal per the Little League rules. Refer to [Field & Equipment Checklist](#).
- Be familiar with division rules outlined in the [Little League International Rulebook/App](#).
- Be familiar [behavior guidelines](#), and hold everyone accountable.
- Hold a warm-up drill that is performed within the confines of the playing field and not within areas that are frequented spectators.
- Ensure only players, managers, coaches and umpires with a MCLL identification badge/renewal sticker are allowed on playing field and in the dugout.
- Know what to do if there is inclement weather.

Other safety reminders for coaches:

- Managers, coaches, or any adult may not warm up pitchers before or during a game.
- Head-first slides are not permitted (except when returning to a base).
- During sliding practice, bases should not be strapped down or anchored.
- On-deck batters are not permitted (except in Junior/Seniors/Big League Divisions).
- Managers and coaches are not allowed to leave any practice or game field until all players have been picked up by their parents (guardians or an adult approved to transport player home).

# Umpire Responsibilities

Umpires have the following safety responsibilities:

- Walk the field prior to the game to check for any safety issues and identify any areas of the field that need to be covered in the ground rules section of the plate meeting.
- Hold a plate meeting with both managers 5 minutes prior to the scheduled start of the game.
- Track pitcher and catcher changes, offensive and defensive visits, and use of courtesy runners.
- Call balls and strikes from either behind the mound or behind the catcher. If there is only one umpire, make out and safe calls at all bases.
- Enforce all Mill Creek Little League Safety Rules, specific League and District Rules, and the rules Little League Baseball and Softball.
- Order any player, coach, manager, or league officer to do or refrain from doing anything which affects the administering of these rules and enforce the prescribed penalties.
- Disqualify any player, coach, manager, or substitute for objecting to decisions or for unsportsmanlike conduct or language and to eject such disqualified person from the playing field.
- Umpires must control spectators from standing, sitting or cheering from behind the backstop. Scorekeepers from one or both teams may be allowed to sit behind the backstop in order to keep accurate score. However, any scorekeeper who chooses to sit or stand behind the backstop is not allowed to take advantage of that position and cheer in any distractible manner.

# Player Responsibilities

Players have the following safety responsibilities:

- No throwing bats, helmets or any equipment.
- Be familiar [behavior guidelines](#) and hold self-accountable.
- Wear the uniforms as designated by MCLL for games and authorized league activities.
- Appearance must be respectful and appropriate (includes tucking in jerseys and no saggy pants).
- Be alert and watch the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws.
- Make sure coach is present at practices/games before being dropped off.
- Players wearing a cast are not allowed to participate in any competition.
- Players with long hair must pull it back for visibility and safety reasons.
- Players who wear glasses are encouraged to use glasses with shatterproof lenses.
- All players are encouraged to wear mouth guards.
- Players must not wear watches, rings, pins or metallic items during games and practices.
- Head first slides are not allowed (Majors level and below) and will result in an immediate out!
- Since the “on-deck circle” is not allowed, players are allowed to warm up prior to their at bat and not having been set in the batter’s box.

# Parent Responsibilities

Parents have the following safety responsibilities:

- Be familiar [behavior guidelines](#) and hold self-accountable.
- Parent/guardians or an adult approved to transport player must pick up player promptly at the end of practices/games.
- Provide MCLL with all registration (including a correct copy of their birth certificate) and medical forms prior to any league practice or competition. Players who do not have all their paperwork correctly completed and handed in are not allowed to practice or compete in any games.
- Ensure player has all required uniform items and allowable equipment.

# Equipment

## Storage & Inspection

- All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play".
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.
- Equipment should be inspected regularly for the condition as well as for proper fit.
- Unsafe equipment will be removed from play.

## Helmets

- All batters, base runners, and player base coaches must wear a NOCSAE approved helmet.
- Helmets are not allowed to be altered in any way which includes decals and painting by anyone other than the manufacturer or authorized dealer. If helmets are altered in anyway (drilling holes, removing padding, etc.) may cause a manufacturer to void the NOCSAE certification of that helmet, making it illegal to use in Little League play.

## Catchers Gear

- Catchers must wear catcher's helmet and mask with a throat guard in warming up pitchers, and applies between innings and in the bullpen during a game and also during practices.

## Bats

Bats must comply with [Little League Official Bat Rules](#). Summary of non-wood bats, which are allowed:

Little League International Bat Chart Summary	
Tee Ball	<ul style="list-style-type: none"><li>▪ 26" and shorter</li><li>▪ USA Baseball marking</li><li>▪ Stamped with: "ONLY FOR USE WITH APPROVED TEE BALLS"</li></ul>
Minors & Majors	<ul style="list-style-type: none"><li>▪ 33" and shorter</li><li>▪ USA Baseball marking</li><li>▪ 2 5/8" barrel maximum</li></ul>
Intermediates & Juniors	<ul style="list-style-type: none"><li>▪ 34" and shorter</li><li>▪ USA Baseball marking or BBCOR marking</li><li>▪ 2 5/8" barrel maximum</li></ul>
Senior	<ul style="list-style-type: none"><li>▪ 36" and shorter</li><li>▪ ALL bats must be BBCOR</li><li>▪ 2 5/8" barrel maximum</li></ul>

# Field & Equipment Inspection Checklist

Inspect the field and equipment Walk field looking for hazards (i.e. holes, damage, stones, glass). Check conditions of fences, backstops, bases and warning track. Inspect helmets, bats, catchers' gear.

Field Condition	OK	No	Catchers Equipment	OK	No
Backstop Intact			Hockey Catchers Helmet		
Home Plate Intact			Dangling Throat Guard		
Bases Secure			Helmets		
Pitcher's Mound Safe			Catcher's Mitt		
Batter Box Lined/Level			Chest Protector		
Infield Fence Repair			Shin guards		
Outfield Fence Repair			<b>Dugouts</b>		
Foul Lines Marked			Fencing Needs Repair		
Infield Need Repairs			Bench Needs Repair		
Outfield Need Repairs			Trash Cans		
Warning Track			Clean Up Is Needed		
Coaches' boxes Lined			<b>Spectator Area</b>		
Free Of Foreign Objects			Bleachers Need Repair		
Grass Surface Even			Protective Screens Ok		
<b>Player Equipment</b>			Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			<b>Safety Equipment</b>		
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Majors)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		

## Pitch Counts

The eligibility of a player to pitch in a Little League is governed by a [tiered pitch count](#) that is tied to the number of pitches thrown in a game. The pitch count determines how many days of rest are required before said player may pitch again. Refer to Rule Book for Mandatory Rest rules.

Pitch Count Summary		
Age	Pitches Per Day Max	Rest Days
6 - 8	50	<ul style="list-style-type: none"><li>• 1-20 Pitches = 0 Days Rest</li><li>• 21-35 Pitches = 1 Day Rest</li><li>• 36-50 Pitches = 2 Days Rest</li><li>• 51-65 Pitches = 3 Days Rest</li><li>• 66+ Pitches = 4 Days Rest</li></ul>
9 - 10	75	
11 - 12	85	
13 - 14	95	
15 - 16	95	<ul style="list-style-type: none"><li>• 1-30 Pitches = 0 Days Rest</li><li>• 31-45 Pitches = 1 Day Rest</li><li>• 46-60 Pitches = 2 Days Rest</li><li>• 61-75 Pitches = 3 Days Rest</li><li>• 76+ Pitches = 4 Days Rest</li></ul>

District 1 Inter-league play must follow the pitch count rules as defined in the Little League rule book regulation VI. The District Administrator retains authority to impose greater penalties at their discretion.

- Pitchers will be limited in accordance with Little League regulation VI.
- Managers should agree on pitch count for all pitchers at the completion of each game.
- Each manager will enter their team pitch counts and score in the District 1 website within 24 hours of the completion of the game. PENALTY for NOT meeting this requirement:
  - 1<sup>st</sup> Offense - Warning by District Division Coordinator
  - 2<sup>nd</sup> Offense – 1 game suspension for offending manager
  - Subsequent Offenses – Indefinite suspension pending review by the ADA Inter-league director.

## Child Protection Program

The safety and well-being of all participants in the Little League program is paramount. Little League promotes a player centric program where young people grow up happy, healthy, and, above all, safe. Little League does not tolerate any type of abuse against a minor, including, but not limited to, sexual, physical, mental, and emotional (as well as any type of bullying, hazing, or harassment). Little League's goal is to prevent child abuse from occurring through required screenings, training and education, awareness, and mandated reporting of abuse. All volunteers must comply with the [Little League Child Protection Program](#). To summarize requirements:

1. All volunteers must complete a Volunteer Application w/ Background Check
  - a. Per Little League International, all volunteers just apply and pass a background check.
  - b. Volunteers apply on the MCLL website. This can be done at the same time they register their player, or can be done [here](#). A paper [Volunteer Application](#) is also available.
  - c. The application initiates the background check process.
  - d. All volunteers must successfully pass the background check.
2. All volunteers must complete the Abuse Awareness Training
  - a. All volunteers must complete the [Abuse Awareness Training](#) annually.
  - b. Send a copy of the completion certificate to our [Safety Officer](#).
3. Mandatory Reporting
  - a. All volunteers must report abuse to the proper authorities within 24 hours.
4. Non-Retaliation for Reporting Policy
  - a. Retaliation against "good faith" reports of child abuse is prohibited.
5. No One-On-One Interactions
  - a. Limit one-on-one contact with minors without being in an observable and interruptible distance from another adult.

## Behavior Expectations

All players, coaches, managers, umpires, parents and spectators are expected to show good sportsmanship, and be good role models. MCLL does not tolerate any type of abuse from/to players, coaches, managers, umpires, parents and spectators. Bullying, hazing, harassment, intimidation or taunting will not be tolerated.

Coaches and managers are responsible for the overall conduct and behavior of their team. Profanity, fighting, jeering, disrespectful (and inappropriate) cheering or comments will not be tolerated by anyone.

Consequences:

- First offense: person will receive a verbal warning by VP Baseball/Softball
- Second offense: person will be suspended for the remainder of the game and the next game, administered by President MCLL
- Third offense: person will be suspended for the remainder of season (including any tournaments/playoff games). Suspension includes, but is not limited to, watching the game, coaching or umpiring the game, and being present at the facility or site for a game.

# Concessions Safety

Safety recommendations:

- Upon arriving at the concession stand, or designated concession area space, inspect the outside of the building/space for potential safety hazards to patrons.
- Once inside the building or designated space, conduct a safety check of the working, and frequent traffic, areas to be used by the concession staff.
- Emergency contact information is displayed and referenced during a brief safety orientation that is to take place prior to each time the concession stand/area opens for business.
- Identify the location of the fire extinguisher and confirm that the First Aid Kit is fully stocked. Both items are to be within the concession stand/area.
- Minors under the age of 13 should not be permitted to work or be present in the concession stand.
- Concession equipment should be regularly checked by the Concession Manager, and repaired or replaced, as necessary. The Concession Manager should get expert assistance, when appropriate.
- Use only foods from approved sources, avoiding foods that have been prepared at home. Having complete control over your food, from source to service, is the key to safe, sanitary food service.
- Have a food thermometer available in the concession stand to ensure foods are cooked to a safe internal temperature. For more information on safe and appropriate cooking temperatures, please visit the FoodSafety.gov.
- Follow clean-up guidelines/protocols in place for closing-down their concession stand/area.
- Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. Well-sanitized work surfaces prevent cross-contamination and discourage insects.
- 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.
- Concession Stand hand hygiene and food preparation procedures should be posted in the stand (e.g. handwashing, safe food handling procedures, etc.).
- Workers should wash hands with soap and water frequently for at least 20 seconds each time. In addition, disposable gloves are highly recommended, but not a substitution for hand washing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth.
- Safe food handling procedures should be practiced, including avoiding direct contact with food. Utensils and/or gloves should always be utilized when handling food.
- Only healthy workers should volunteer in the concession stand. Anyone who shows symptoms of illness (e.g. fever, hacking cough, nausea, sneezing, nasal drip, etc.) or who has visible/uncovered injuries on the hands should not be allowed to work in the concession stand/area. Those individuals with visible/uncovered injuries may continue to volunteer in the concession stand/area provided they wear gloves or are limited to serving only prepackaged items (e.g. chips, soda, candy, etc.).
- Workers should wear clean outer garments and the use of hair restraints is recommended to prevent hair ending up in food products.
- There should be no use of tobacco in or near the concession area or throughout your complex.

# Training Requirements Summary

As a Little League volunteer, there are a few safety related requirements for you to complete.

## Safety Requirements (All Volunteers)

### Abuse Awareness for Adults

- All volunteers must complete the “Adult Abuse Awareness Training” annually.
- Course provides information to create a positive and safe environment.
- Sign-in/register to [USA Baseball Develop website](#).
- Select “Education”, “Courses” and then select the [Abuse Awareness Training](#).
- A completion certificate is generated. Please send a copy to our [Safety Officer](#).
- Completion certificates can also be downloaded from the USA Baseball Develops homepage: hover over your name in the top right corner, click “account”, then “courses” and then “download certificate”.

## Safety Requirements (Managers, Coaches & Safety Parents)

### Basic First Aid Training

- Complete the “Basic First Aid Training” annually.
- Sign-in/register to [USA Baseball Develop website](#).
- Select “Education”, “Courses” and then select the [Basic First Aid Training](#).
- A completion certificate is generated. Please send a copy to our [Safety Officer](#).
- Completion certificates can also be downloaded from the USA Baseball Develops homepage: hover over your name in the top right corner, click “account”, then “courses” and then “download certificate”.

### Concussions Training

- Complete the [CDC HEADS UP to Youth Sports: Online Training for Coaches](#) every 3 years.
- If completed in the last 3 years, send a copy of the completion certificate to our [Safety Officer](#).
- Sign-in/register to the [CDC Train Website](#).
- Search/launch the “HEADS UP to Youth Sports: Online Training for Coaches” course.
- Complete course, exit and go to “post-assessment”. You must pass with an 80%.
- Exit assessment and select “certificate”. Please send a copy to our [Safety Officer](#).

### Sudden Cardiac Arrest Training

- Complete the [Sudden Cardiac Arrest Training](#) every 3 years.
- If completed in the last 3 years, send a copy of the completion certificate to our [Safety Officer](#).
- Sign-in/register to the [National Federation of State High School Associations \(NFHS\) Learning Center](#).
- Select “Courses”, filter to “coach” and then select [Sudden Cardiac Arrest Training](#).
- Select “order course” and go to your “dashboard” to begin the course.
- A completion certificate is generated. Please send a copy to our [Safety Officer](#).

## Other Safety Provisions

- Alcohol is not permitted on any practice or game site or field used by MCLL.
- No smoking, chewing tobacco or illegal drugs are permitted on any practice or game site or field used by MCLL. This is pursuant to city, county, and state law.
- All local rules as established by MCLL and Little League International may be enforced by any MCLL board member or umpire - prior to, during or following a game or practice.
- Little League International publishes all official regulations/playing rules for all divisions and ages.
- All rules as set forth by Little League International cannot be changed, altered or amended in any way. The MCLL board may change, alter or amend the general rules established for this league.
- MCLL Chain of Command
  - If there is any concern or complaint parents and player should first try to resolve their concern directly with their manager or coach.
  - From there managers and/or coaches should report to the respective Director of their division. The Director will in turn report to the Vice President of their respective league (baseball or softball). The Vice President will report to the President.