

Western Region Foothill Farms Little League



“Where Safety comes First”
2024 Safety Plan



League ID #: 4050526



I trust in God
I love my country
And will respect its laws
I will play fair
And strive to win
But win or lose
I will always do my best

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Foothill Farms Little League Safety Program

Safety Mission Statement

Foothill Farms 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 of baseball in a safe and friendly environment.

2024 Board of Directors

Title	Name	E-Mail	Phone Number
President	Falelima Grivette	ffll.president@gmail.com	916-705-5785
Vice President	Lindsey Robinson	ffll.vicepresident@gmail.com	916-407-9460
Secretary	Ursula Bigler	ffll.secretary@gmail.com	916-417-2111
Treasurer/CFO	Rachel Bendix	ffll.cfo@gmail.com	916-877-0727
Safety Officer	Vacant – Lima (until filled)	ffll.safetyofficer@gmail.com	
Player Agent	Milton Brott	ffll.playeragent@gmail.com	916-752-8953
Umpire in Chief	Ysidro Lucero	ffll.umpireinchief@gmail.com	916-267-7697
Registrar	Evelyn Gonzalez	ffll.registrar@gmail.com	916-335-0319
Head Scorekeeper	Mary Richard	ffll.scorekeeper@gmail.com	916-223-6443
Coaches Coordinator	Rodney Milton	916-628-8750	
	Eric Lamborn	916-821-4775	
Equipment Manager	Jon Esquibel	916-910-8838	
Head Team Parent	Ursula Bigler	916-417-2111	
Event Coordinator	Veya Cummings	916-803-0384	
Volunteer Coordinator	Fatima Alejo	209-263-1297	
Snack Bar Coordinator	Dezirae LaCombe	916-339-3963	
Snack Bar Crew	Melissa Tate	916-604-1026	
Snack Bar Crew	Annette Sabala	916-347-6868	
Field Maintenance Crew	Joel Vaca	916-533-2395	
	Anthony Perez		
Fundraising/Sponsors	Vacant – Lindsey (until filled)	ffll.fundraising@gmail.com	
Recruiting & Retention	Vacant		

Distribution of Safety Manual

Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.

EMERGENCY PHONE NUMBERS

Police Emergencies	916-874-5111 or 911 (calling 911 goes straight to Sheriffs)
Non-threat Emergency	916-874-5115
Fire	911 or 916-874-5111
Non-Emergency	916-874-5115
Ambulance Dispatch	916-874-5111 or 911
County Health District	916-875-5881
Animal Control	916-368-7387
Park Supervisor - Doug Randle	916-416-0153
TRUSD Dispatch – high school students	916-566-2777

NEIGHBORING HOSPITALS

NAME: Mercy San Juan
ADDRESS: 6501 Coyle Ave., Carmichael, CA
PHONE NUMBER: 916-537-5000

NAME: Kaiser Morse
ADDRESS: 2025 Morse Ave., Sacramento, CA
PHONE NUMBER: 916-973-5000

COVID-19 Guidelines

As your local league considers returning to play, keep these resources in mind:



☐ Follow State Government/Health Guidelines. [View](#)

☐ Check with Local Government/Health Officials.

If all checked above, move on to the criteria below.

☐ Follow CDC Guidelines for Parks/Rec Facilities. [View](#)

☐ Answer questions with the COVID-19 FAQs. [View](#)

☐ Prepare league communication plan using FAQs and Resources at LittleLeague.org/Coronavirus

☐ Review Little League's Best Practices to Resume Play Guidelines and distribute to volunteers and families. [View](#)

When all boxes are checked –

Play Ball!

More information and resources are available at LittleLeague.org/Coronavirus.

STAY SAFE ON AND OFF THE FIELD



Stay home if you are sick.



Bring your own equipment and gear (if possible)



Cover your coughs and sneezes with a tissue or your elbow.



Wash your hands or use sanitizer before and after events and sharing equipment.



Tell a coach or staff member if you don't feel well.



Little League International has established criteria for each chartered league's performance of an investigation into the background of all individuals who volunteer in any capacity. Each volunteer will be required to complete a volunteer application from and provide a copy of their government issued photo identification. The minimum requirement for these background investigations is verification that volunteers are not registered sex offenders. To provide additional protection to the children we will submit a list of all volunteers to JDP. A background investigation that will list any convictions nationwide will be completed. Upon clearance of individual background investigations all volunteers will be notified by The Board of Directors.

Background Checks Regulation 1 (8) Annual October 1 to September 30



Little League® "Basic" Volunteer Application – 2024

Do not use forms from prior years. Use same page for complete application is required.

This volunteer application can be used as a reference for leagues utilizing the 20P Quick Ask Survey. Leagues that utilize an application that does not provide the information the standards of the Little League Regulation Youth Visit <https://leagues.org/en/usa/wh/visit> for more information.

All BB fields are required.

Name _____
 Title _____

Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ E-Mail Address _____
 Home V-mail _____

I have never been charged with, convicted of, placed on control, or guilty to any crime(s) involving an opponent or minor, or a sexual nature.
☐ Yes ☐ No

If yes, describe each in full _____
 (If offender arrested per to Question 4, the local league must contact (Life League Information).)

2. Have you ever been charged with or placed on control or guilty to any crime(s)?
 (Answering yes to Question 2, does not automatically disqualify you as a volunteer.)
☐ Yes ☐ No
 If yes, describe each in full _____
 (Answering yes to Question 3, does not automatically disqualify you as a volunteer.)

3. Have you ever been charged convicted in any other police programs and/or be found on any police investigation involving full? ☐ Yes ☐ No
 If yes, explain: _____
 (If offender arrested per to Question 4, the local league must contact (Life League Security Information).)

☐ Is each of the following ☐ participated (Check one)
☐ would you like to ☐ coach ☐ umpire
☐ league official ☐ field maintenance

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION. NOT NECESSARY IF VOLUNTEER IS RETURNING.

Please provide updated information below if there are any changes from previous years or requesting a new position.

Organization _____
 Address _____

Special professional training, skills, abilities _____
 Special Certifications (CPN, Medical, etc.) _____
 Special Affiliations (CPLA, Services Organizations, etc.) _____

Previous volunteer experience (including baseball/softball and year(s)) _____

IF YOU HAVE A BIRTH DATE THAT REQUIRES A MINOR BACKGROUND CHECK OR HAVE MADE A STATE A COPY OF THAT STATE'S CRIMINAL RECORD FOR MORE INFORMATION ON THE 20P LIA, VISIT OUR [WEBSITE](https://leagues.org/en/usa/wh/visit) OR usa@leagues.org

Manager _____
Scoutmaster _____
Commissioner _____
Other _____

As a CONDITION OF VOLUNTEERING: I give permission for the life league organization to contact background checks (criminal, sex offender, child abuse, etc.) and to use my name and photo in any manner for the purpose of promoting the life league organization. I agree to comply with all applicable laws and regulations, including but not limited to, the Little League rules and regulations, and to maintain the integrity of the organization. I understand that, upon the expiration of my term, my volunteer agreement will be renewed and I will be required to complete this application again. I understand that, upon the expiration of my term, my volunteer agreement will be renewed and I will be required to complete this application again.

Applicant Name Signatures per type (print) _____
 _____ Date _____

LOCAL LEAGUE USE ONLY:

Background check completed by (league name) on _____

☐ Satisfactory (per background check information of one or more be checked):
Return the Life League Registration 100 form for background check requirements
☐ 20P Disqualifies member (per background check information of one or more be checked):
☐ National Central Offender Registry ☐ U.S. Center of SafeSport's National Offender Registry
☐ National Central Offender Registry ☐ U.S. Center of SafeSport's National Offender Registry
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***Note:** In order to be a 20P Quick Ask participant, you must be a member of the life league organization and be a member of the life league organization. If you are not a member of the life league organization, you must be a member of the life league organization. If you are not a member of the life league organization, you must be a member of the life league organization.

Only attach this application upon a background check report that received satisfaction of this application.
☐ Proof of completion of Abuse Awareness Training for Adults provided to league

For More Information on JDP and Background Check Process:

- LittleLeague.org/LocalBGCheck

Abuse Awareness Training

Beginning with the 2024 Little League regular season, **Abuse Awareness Training** will be a mandatory part of the annual Little League Volunteer Application and background check. This requirement will also be incorporated into the ASAP program. During the ASAP Submission process in the Little League Data Center, leagues will be asked to provide information about how they are implementing and tracking this requirement in their local league program.

- 1. All volunteers in your league are required to complete Abuse Awareness.*
- 2. Please provide the number of volunteers in your league that completed the training.*

Our league will require 100% of our volunteers to complete the training.

- 3. Please share how your league monitored compliance.*

Volunteers must provide a copy of the USA Baseball Certificate of Completion for the league's file prior to being an approved volunteer. <https://usabdevelops.com/> Completion date and Expiration date, along with the Completion Code will be provided on the certificate. Visit LittleLeague.org/SafeSport for information on how to access the USA Baseball's BASE Abuse Awareness Training and for more information on this Federal law. Abuse Awareness for Adults course can be found at

<https://usabdevelops.com/page/3532/courses>

- 4. The following training methods have been used:*

- SafeSport
- USA Baseball Abuse Awareness Training

Safe Sports Act

- “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became federal law in 2018
- The goal of SafeSport is to protect children from abusive situations by engaging more people in the reporting and education processes
- A volunteer now can be held legally responsible if they have firsthand knowledge and fail to report any type of Child Abuse to the correct parties
- SafeSport covers all types of Child Abuse both physical and psychological
- SafeSport prompted USA Baseball to create Pure Baseball



USA Baseball Pure Baseball Initiative

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference www.LittleLeague.org/ChildAbuse
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-one-one contact with minors.

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

<https://www.usabdevelops.com/ItemDetail?iProductCode=OCAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>



League Training Dates and Times

	Date	Time	Location
Coach Fundamental Training:	2/2/2024	6 p.m.	Robert Frost Park
Safety Manual & First-Aid Training:	2/15/2024	6:30 p.m.	Zoom

Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.

Field Inspections and Storage Procedures

BEFORE THE SEASON STARTS

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team. They need to be at all the games and have a cellular phone. It can be an Assistant Coach.

PRIOR TO EACH GAME

- ✓ Complete a field safety checklist. Report any problems to your commissioner. Or to the League Safety Officer.
- ✓ Check the team equipment for any problems. Report any equipment problems to the Equipment Manager.
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced.

STORAGE SHED

The following applies to the entire storage shed used by the League and applies to anyone who has been issued a key to use those sheds.

- ✓ All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
- ✓ Before you use any equipment located in the shed (lights, scoreboards, etc.) please read the written operating procedures for that equipment.
- ✓ All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to its contents.
- ✓ Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.



PRE-GAME FIELD INSPECTION CHECKLIST

MANAGERS NAME:

FIELD:

DATE:

Time:

Field Condition	Yes	No	Catchers Equipment	Yes	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			Dugouts	Yes	No
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					
Free Of Foreign Objects			Spectator Area	Yes	No
Grass Surface Even			Bleachers Need Repair		
			Protective Screens Ok		
Player Equipment	Yes	No	Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Mjrs)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		

REPORT ANY PROBLEMS TO YOUR COMMISSIONER OR SAFETY OFFICER.

Turn this form into the concession stand or to your division Rep.

Annual Little League Facility Survey will be submitted in the Data Center.

Concession Stand Guidelines

Every worker must be instructed on these guidelines before they can work.

Wash your hands regularly:

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
- Rinse hands well.
- Dry hands well.
- Dry hands with paper towels.
- Turn off water using a paper towel, instead of your bare hands.

Wash your hands in this fashion before you begin work and especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During food preparation.
- When switching from raw to ready to eat foods.
- After engaging in activities that contaminate hands.

Basic Rules:

1. Menu... smaller is better. No salads cut up fruit or vegetables, no food prepared at home.
2. Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees when cold and cook to 155 degrees or above when hot.
3. Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach killing temperatures.
4. All foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water bath (60% ice and 40% water), stirring the product frequently, or place their food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one a top of the other and lids should be off or afar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. **DO NOT LEAVE FOOD OUT AT ALL!!**
5. **FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.**
6. Only healthy people should prepare and serve food. Anyone with any symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean, and they should not smoke in the concession area. Hair restraints are recommended.

Accident Reporting Procedure

What to Report: An incident that causes a Payer, Manager, Coach or Umpire to receive medical treatment or first aid must be reported to The Safety Officer.

When to Report: All such incidents described above must be reported to The Safety Officer within 24 to 48 hours of the incident.

The Safety Officer is NAME: Falelima Grivette (president) until position is filled
Cell Number: 916-705-5785
Email: ffill.safetyofficer@gmail.com

How to Make a Report: Reporting incidents can come in a variety of forms. Most typically they are telephone conversations. At a minimum, the following information is needed.

1. The name and address of the injured person.
2. The date, time, and location of the incident.
3. A completely detailed description of the incident as possible.
4. The preliminary estimation of the extent of the injury.
5. The name and phone number of the person making the report.
6. Names and phone numbers of any witnesses.

In your safety packet you will find the injury report forms. If your Safety Parent is there, he/she can assist you in getting the front of the form filled out. Then a call is to be made to The Safety Officer reporting the incident within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a small deductible.

How to Replace the Injury Report Forms: The forms can be replaced by The Safety Officer or downloaded from www.leagueleague.org found under forms and publications.

FIRST AID KITS

Each team is provided with a league issued first aid kit. Each kit includes the following.

- | | |
|--------------------------------|--|
| (10) Adhesive sterile bandage | (2) Extra-large adhesive sterile bandage |
| (2) Non-adherent pads 2 x 3 | (2) Gauze pad 12-ply 3 x 3 sterile |
| (1) Adhesive tape | (2) Instant cold compress 4 x 4 |
| (3) Triple antibiotic ointment | (3) Antiseptic towelette |
| 1/8 oz. Burn Cream | (3) Sting relief wipes |
| | (1) Tweezers |

Communicable Disease Procedures

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (Provided in the first aid kit).
3. Immediately wash hands and other skin surfaces if contaminated with blood.

4. Clean all blood contaminated surfaces and equipment.
5. Managers, Coaches, and Volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Enforcement of Little League Rules

- All volunteers must have a volunteer application filled out and on file with the League. Our league will provide annual background checks.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be a distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Players must not wear jewelry... (rule 1.11)
- Catcher must wear a catcher's mitt... (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets... (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- A catcher's helmet must have the dangling type of throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted... (rule 1.17)
- Each team is allowed three coaches in the dugout...
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

Don't Swing It

...Until You're Up to the Plate!




(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:
Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes
1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division.

Coach, Please Let Players Catch!



REMEMBER:
Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09
...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.








Air Quality Index

In the event that the AQI reaches 175+ all league events will be canceled. However, if players are considered part of the sensitive groups, Parents need to make the decision if their child will play or not.

Recommendations for Schools and Others on Poor Air Quality Days*
Air Quality Index (AQI) Chart for Ozone (8-hr standard)

ACTIVITY	0 to 50 GOOD	51 to 100 MODERATE	101 to 150 UNHEALTHY FOR SENSITIVE GROUPS	151 to 200 UNHEALTHY	201 to 300 VERY UNHEALTHY
Athletic Practice and Training (2 to 4 hrs)	No Restrictions	Exceptionally sensitive individuals should limit intense activities.	Individuals with asthma or other respiratory/ cardiovascular illness should be medically managing their condition. Increase rest periods and substitutions to lower breathing rates.	Activities over 2 hours should decrease intensity and duration. Add rest breaks or substitutions to lower breathing rates.	Sustained rigorous exercise for more than one hour must be rescheduled, moved indoors or discontinued.

Note: All guidelines are cumulative (left to right and top to bottom) as duration and intensity of activities increase.

Lightning Facts and Procedures

Lighting and Weather

Consider the following facts:

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On average, thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

Rule of Thumb: The ultimate truth about lighting is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether play is stopped. Once play is stopped, take the kids to safety until play resumes or the game is called.

Where to Go? No place is safe from lightning threats, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

Where not to go? Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

First Aid for a Lightning Victim:

- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause more injury. If the victim is in a high-risk area,

determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.

- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

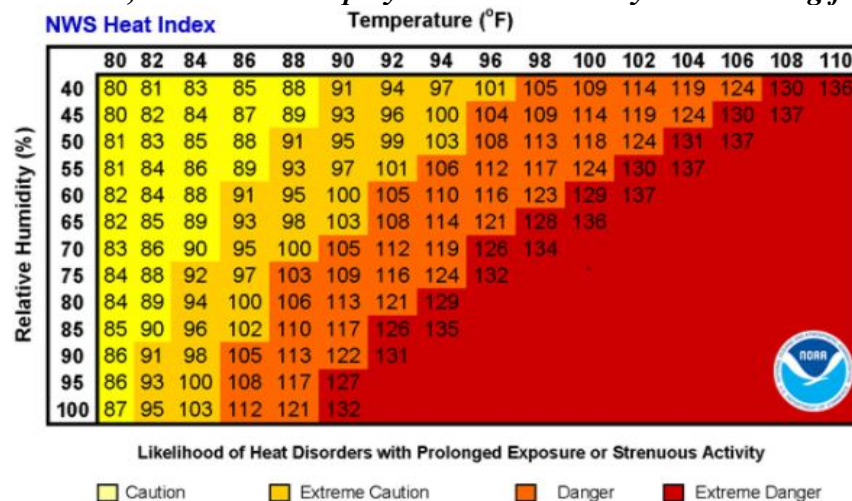
NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

Remember: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each use.

Hydration

Managers are required to bring water to each practice and game.

Players are encouraged to bring bottled water or sports drinks. Especially on hot days, frequent rest breaks to rehydrate are encouraged. All parents and especially team and league volunteers, need to ensure players remain healthy while having fun.



Classification	Heat Index	Effect on the body
Caution	80°F - 90°F	Fatigue possible with prolonged exposure and/or physical activity
Extreme Caution	90°F - 103°F	Heat stroke, heat cramps, or heat exhaustion possible with prolonged exposure and/or physical activity
Danger	103°F - 124°F	Heat cramps or heat exhaustion likely, and heat stroke possible with prolonged exposure and/or physical activity
Extreme Danger	125°F or higher	Heat stroke highly likely

Tips to Prevent Heat Illness:

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance. They include carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose clothes.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy, stop your activity and cool off by sitting in the shade, air-conditioned car or using a wet rag to cool you off.

How is it treated?

Emergency medical treatment is necessary. If you think someone has a heat stroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.



Submitting Player, Manager and Coach Data

Player, Manager, and Coach information will be submitted through the Little League Data Center at www.littleleague.org

DEADLINE: April 5, 2024 We will answer the survey questions in Little League Data Center.

Concussions

All 50 states have laws specific to the management of concussions and head injuries. Some states require not just leagues but DA's, ADAs, and umpires to undergo annual training.

- Some states may affect only school-based activities, but many also address any group using school facilities or grounds for athletic purposes.
- Little League has developed a concussion overview page for each state that will be like the Child Abuse page.
- The CDC (Centers for Disease Control and Prevention) website is a great tool for leagues to encourage their managers/coaches, parents, and players to review concussion information • www.cdc.gov/concussion/HeadsUp/youth.html Concussions
- DA's and local league volunteers must also be aware of their state's respective laws, especially during any Special Games events or International Tournament games being hosted by the district.
- Failure to adhere to these laws could expose the district and/or host to unwanted liability and penalties • Some states require that the participant and a parent/guardian must sign and acknowledge that they understand the risks of concussions before they can participate
- The majority of states also require immediate removal from competition if a person has sustained a concussion and that they cannot return until being released in writing by a medical professional.

CONCUSSION Information Sheet

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What is a Concussion?

A concussion is a type of traumatic brain injury—or TB—caused by a bump, blow, or jolt to the head or by a fall that makes the brain move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and tearing the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and get help from their coaches. To help keep your children or teens safe from getting a concussion or other serious brain injury, coaches should:

- Help create a culture of safety for the team.
- Be sure that each coach is trained to know the signs of getting a concussion.
- Talk with your children or teens about concussions and ask if they have concerns about reporting a concussion. Talk with them about their concerns and make the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you support them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chance of the most serious kind of brain or head injury. However, there is no "helmet concussion proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Talk with your children and teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Reassure them that it's better to miss one game than the whole season.

To learn more, go to www.cdc.gov/HEADSUP

HEADS UP CONCUSSION

Plan ahead: what do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they "feel" hurt—after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Answer questions slowly
- Lose consciousness even briefly
- Down mood, behavior, or personality changes
- Can't recall events prior to or after a hit or fall
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Slurred speech, slow response to questions
- Loss of consciousness (passed out/blackout)
- Loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have 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 a child or teen for a lifetime. It can even be fatal.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below. Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Player Name: _____ Athlete Name: _____ Athlete Signature: _____ Date: _____

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name: _____ Parent or Legal Guardian Signature: _____ Date: _____

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

CERTIFICATE OF COMPLETION

Awarded 04/07/2023 to _____
Date

Name: Valerie Walton

In recognition of completing the HEADS UP to Sports Officials:
Online Concussion Training

Foothill Farms Little League Concussion Prevention, Treatment and Management Policy

The Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in

sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **Foothill Farms Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:
 - a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer or other Board members; and,
 - b) Complete the CDC on-line training course at:
<https://www.train.org/cdctrain/course/1089818/>
A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.
2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:
 - a. Be immediately removed from the game or event; and
 - b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.
3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.


**Foothill Farms Little League Concussion Prevention, Management and Treatment Policy
Player and Parental Acknowledgement**

We, the undersigned, acknowledge that we have been provided with a copy of the Foothill Farms Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: _____
Player

Dated: _____
Parent/Legal Guardian Parent/Legal Guardian

Accident Notification Form Page 1 (Parent/Guardian Statement)

LITTLE LEAGUE, BASEBALL AND SOFTBALL			
ACCIDENT NOTIFICATION FORM			
INSTRUCTIONS			
		Send Completed Form To: Little League, International 539 US Route 15 Hay, PO Box 3485 Williamsport PA 17701-0485 Accident Claim Contact Number: 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 _____		Date of Birth (MM/DD/YY) _____ Age _____ 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: _____			
Date of Accident _____ Time of Accident _____ Type of Injury _____			
Describe exactly how accident happened, including playing position at the time of accident: _____			
Check all applicable responses in each column: _____			
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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			
<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 STROKE	<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/	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 21 PARAPLEGIC	<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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, are they <input type="checkbox"/> Mandatory or <input type="checkbox"/> 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 _____			

This was voted and approved by FLL Board of Directors on 1/9/2024