



District 43
League ID 405-43-22

SAFETY MANUAL 2019

2019 Qualified Safety Program Registration Form



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

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

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

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

This Registration Form **MUST** Accompany Safety Plan Submission

League Name _____ Civitan Little League _____ League I.D. # 405-43-22_

City _____ San Bernardino _____ State _____ CA _____ League I.D. # _____

(If board operates more than one charter, please list **all**: League I.D. # _____)

League Safety Officer _____ Lily Salido _____ League President Marina Anaya_

Address _____ PO Box 3423

Address _____ PO Box 3423

City _____ San Bernardino

City _____ San Bernardino

State _____ CA _____ Zip Code _____ 92404

State _____ CA _____ Zip Code _____ 92404

Work Telephone (_____) _____

Work Telephone (_____) _____

Home Telephone (_____) _____

Home Telephone (_____) _____

Cell/Pager Number (909) 633-7427

Cell/Pager Number (909) 273-5446

Email _____

Email _____

Items included with this application form:

of pages of league's safety program outline: _____

of non-returnable photographs: _____

Person submitting application (if different from above):

Name _____ Title _____

Address _____ City _____

State _____ Zip Code _____ Telephone (_____) _____

Signature **Lily Salido** Date 2/6/19 _____

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

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

Mailing Address: ASAP Award Program
Little League International
P.O. Box 3485
Williamsport, PA 17701

or

Shipping Address: ASAP Award Program
Little League International
539 U.S. Route 15 Hwy.
So. Williamsport, PA 17702

Returned & Approved by April 2 for D.A. incentive or no later than April 16 for basic approval

Over →

My name is Lily Salido and i am the Safety Officer for Civitan Little League District 43 in San Bernardino, California for the 2019 season. This is my first season as Safety Officer. I will continue to monitor all programs and aspects of safety. With the help of volunteers and community members we will keep our Little League Field and sponsored events a safe environment. We will put copies of this manual in our score keeping room, in our snackbar. It will be place on our website and all managers and board members will be give a copy to keep with them.

Lily Salido

CIVITAN SAFETY OFFICER

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 01/04/19
PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867		CERTIFICATE #: 4054322-2019-1 4 05 43
		INSURERS AFFORDING COVERAGE:
ADDITIONAL NAMED INSURED: CIVITAN LL MARINA ANAYA 5998 WADSWORTH AVE HIGHLAND, CA 92346		INSURER A: Lexington Insurance Company
		INSURER B: National Union Fire Insurance Company of Pittsburgh, PA (Non-Liability)
		INSURER C: AIG Specialty Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY		011225826	01/01/2019	01/01/2020	EACH OCCURRENCE	\$1,000,000
		X	OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damage Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
							Sexual Abuse AGGREGATE	\$2,000,000
				MEDICAL PAYMENTS				Any One Person
A	X	DIRECTORS & OFFICERS		019329346	01/01/2019	01/01/2020	EACH LOSS	\$1,000,000
							AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE		19326190	01/01/2019	01/01/2020	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE		\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY		\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE		\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			NOT APPLICABLE	POLICY INCEPTION
A	X	CRIME COVERAGE		011408726	01/01/2019	01/01/2020	EACH LOSS	\$35,000
				Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT		SRG9105434	01/01/2019	01/01/2020	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

1. City of San Bernardino 2. San Bernardino City Unified School District 3. San Bernardino County 4. San Bernardino County Flood Control District Permit #P-299009 File #2-509/2.04

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S. RT. 15 Highway
South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.


 AUTHORIZED REPRESENTATIVE

Civitan Little League

EMERGENCY PLAN AND PROCEDURES

To All Volunteers:

In the need of emergency assistance call:

911

The following information will have to be supplied to the Police and /or Fire Departments in the event of an emergency:

Location	Civitan Little League/ Del Vallejo Middle School (City of San Bernardino)
Phone	909-886-2766
Cross Street	Southwest Corner of Lynnwood and Sterling
Emergency Vehicle Field Access	Through school parking lot on Lynnwood, next to the Racquetball Courts

2019 BOARD OF DIRECTORS

PRESIDENT	MARINA ANAYA
VICE PRESIDENT	STEVE THOMSOM
SECRETARY	NATALIE BAWADI
EQUIPMENT MANAGER	ELLIAS BAWARDI
TREASURER	LIZ LANDERS
FIELD MAINTENANCE	JAMES MACIAS
BASEBALL PLAYER AGENT	STEVE HARDIN
SOFTBALL PLAYER AGENT	PAULA MOORE
SNACK BAR	MARCIE THOMSON
REGISTRATION	DENISE MATA
COMMUNICATIONS OFFICER	JIMMY MOORE
SAFETY OFFICER	LILY SALIDO
SPONSORSHIP	RACHEL SANCHEZ
COACHING COORDINATOR	STEVE HARDIN
BOOSTER	ALVINA WHITE
FUNDRAISER	KATIE HERNANDEZ
AUXILIARY	CRYSTAL VIRGEN
UMPIRE-IN-CHIEF	

DISTRIC 43 OFFICERS

- DISTRICT ADMINISTRATOR ALLEN PRYOR 909-838-1250
- ASS.T DISTRICT ADMINSTRATOR SHARI BEATTIE 909-567-8233
- TREASURER CINDY COCHRAN 909-648-4710
- SECRETARY MICHELLE WILLIAMSON 909-362-0538
- DISTRICT SAFETY OFFICER GREG KOKANOUR 626-536-6755
- CHALLENGER DIRECTOR BARBARA SKY 951-202-6149
- UMPIRE-IN-CHIEF JOHN WADDINGTON 909-744-7038
- PLAYER AGENT CONSULTANT/
UPPER DIVISION CONSULTANT STEVE WILLIAMSON 909-362-9145
- DISTRICT FIELD MAINTENANCE CONSULTANT JOHN SPOON 909-499-4052
- CHILD PROTECTION CONSULTANT TODD WRIGHT 909-224-4631

IMPORTANT PHONE NUMBERS

LAW ENFORCEMENT AGENCIES:

SAN BERNARDINO SHERIFF- 909-884-0156

SAN BERNARDINO POLICE DEPARTMENT- 909-384-5742

HOSPITALS:

SAINT BERNARDINE'S- 909-883-8711

ARROWHEAD REGIONAL MEDICAL CENTER- 909-580-1000

SAN BERNARDINO COMMUNITY- 909-887-1234

BEAVER MEDICAL GROUP (HIGHLAND)- 909-862-1191

SOCIAL SERVICES:

CHILD PROTECTIVE SERVICE- LOCAL CALLS ONLY	909-350-4949
OR-	1-800-827-8724
OR-	909-383-2121
OR-	909-891-3700

NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN-
1-800-826-7653

CIVITAN LITTLE LEAGUE
EQUIPMENT VERIFICATION

EQUIPMENT MANAGER ELLIAS BAWARDI AND SAFETY OFFICER LILY SALIDO HAVE INSPECTED AND CONFIRMED ALL EQUIPMENT PRIOR TO ISSUING TO EACH TEAM WITHIN EACH DIVISION OF CIVITAN LITTLE LEAGUE.

WE HAVE AGREED TO THAT ALL EQUIPMENT IS SAFE AND IN FUNCTIONAL CONDITION. CIVITAN LITTLE LEAGUE HAS REPLACED ANY EQUIPMENT THAT WAS FOUND UNSAFE AND UNSUITABLE FOR USAGE. ALL EQUIPMENT BAGS WERE GIVEN AN APPROVED FIRST AID KIT. THROUGHOUT THE SEASON ANY ISSUES OR EQUIPMENT BAGS ARE PROPERLY REPLACED WITH A SUITABLE REPLACEMENT. EQUIPMENT THAT IS DAMAGED WILL BE PROPERLY THROWN OUT TO PREVENT ANY CHILD FROM FINDING IT AND USING IT DAMAGED.

LILY SALIDO

CIVITAN SAFETY OFFICER
MANAGER

ELLIAS BAWARDI

EQUIPMENT

Equipment Safety

For the safety and respect of ALL players the following guidelines must be met as per the Little League's "A Safety Awareness Program":

1. **ALL** safety equipment must be worn at practice as well as games.
2. If a player is not wearing his/her safety equipment, that player will not be allowed to play until missing safety equipment is worn.
3. All players **MUST WEAR CLEATS**, no tennis shoes.
4. All cleats must be rubber, **NO METAL CLEATS!**
5. All catchers must wear catcher's gear at games and practice.
6. Female players who play near the pitchers mound when a pitching machine is present, **MUST** wear their hair up to avoid hair being caught in the machine. (Or batting cage when a pitching machine is used).

PRE-GAME PROCEDURES

EACH TEAM IS RESPONSIBLE TO INSPECT THE FIELD AND FENCES PRIOR TO EACH GAME. WATER AND ICE WILL BE SUPPLIED PRIOR TO THE GAME. FIRST AID AND EQUIPMENT INSPECTION WILL BE CONDUCTED PRIOR TO EACH GAME BY UMPIRE AND LEAGUE OFFICIAL. TEAMS ARE REQUIRED TO WARM UP BEFORE EACH GAME.

POST-GAME PROCEDURES

ALL EQUIPMENT AND TRASH WILL BE REMOVED FROM THE DUGOUTS. BOTH MANAGERS WILL SIGN OFFICIAL SCORE BOOK. IF LAST GAME OF THE DAY, HOME TEAM WILL PICK UP THE BASES AND FIELD EQUIPMENT AND NEATLY PUT THEM AWAY. ALL PLAYERS WILL BE PICKED UP BEFORE THE MANAGER OR COACH LEAVES THE AREA.

OFFICER OF THE DAY DUTIES

****The OD cannot manage a team while he is on duty****

1. Arrive 30 minutes prior to the first game.
2. OD keys are in the announcer's booth.
3. Unlock the bathrooms and make sure they are clean and have supplies.
4. Open the upper and lower field's storage sheds.
5. Put out trash cans with liners.
6. Install batter's eye on upper field fence at center field.
7. Turn field lights on prior to darkness.
8. Check bathrooms and grounds on a regular basis for safety concerns.
9. Settle any disputes that may arise during games. If a problem cannot be resolved, call the player agent for the division effected.
10. In case of accident or injury call the safety officer.
11. Lock bathrooms, storage containers, empty and put away trash cans.
12. Remove batter's eye and return to original location.
13. Make sure that all volunteers in the snack bar are gone or have been escorted to their vehicle before you leave.
14. Put OD keys back in the announcer's booth.
15. Turn the lights off.

Civitan Little League

Field Inspection Checklist

Facility Name _____

Inspector _____

Date _____ Time _____

- ☐ Holes, damage, rough or uneven spots
- ☐ Slippery areas, long grass
- ☐ Glass, rocks and other debris & foreign objects
- ☐ Damage to screens, fence edges or sharp fencing
- ☐ Unsafe conditions around backstop, pitchers mound before and after game
- ☐ Warning track conditions
- ☐ Dugouts condition before and after games
- ☐ Make sure telephones are available
- ☐ Area's around bleachers free of debris
- ☐ General garbage clean up
- ☐ Who's in charge of emptying garbage cans
- ☐ Conditions of restrooms and restroom supplies
- ☐ Concession Stand inspection

Notes/Hazards

Signature _____

Facility surveys may also be entered online

LITTLE LEAGUE BASEBALL® & SOFTBALL **NATIONAL FACILITY SURVEY**

2019



League Name: CIVITAN LITTLE LEAGUE

District #: CA-43

ID #: 403-43-22

(if needed) ID #: _____

(if needed) ID #: _____

City: SAN BERNARDINO State: CA

President: MARINA ANAYA Safety Officer: LILY SALIDO

Address: PO BOX 3423 Address: PO BOX 3423

Address: _____ Address: _____

City: SAN BERNARDINO City: SAN BERNARDINO

State: CA ZIP: 92404 State: CA ZIP: 92404

Phone (work): _____ Phone (work): _____

Phone (home): _____ Phone (home): _____

Phone (cell): 909-273-5445 Phone (cell): 909-633-7427

Email: _____ Email: _____

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms	REPLACEMENT (3)		
h. Field lighting			
i. Warning track			
j. Bleachers	REPLACEMENT (2)		
k. Fencing			
l. Bull pens		PUT IN TURF (1)	
m. Dugouts			
n. Other (specify):			

- Please list all fields by name.

<h1>ASAP - A Safety Awareness Program</h1> <p>Limited Edition 10-year Pin Collection</p>		Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
<p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2019 Disney® character collector's pin shown at right featuring Backstop behind home plate. Or enter data on the ASAP online site through the Little League Data Center.</p>																						

Field #

(For the following questions, if the answer is "No" please leave the space blank.)

[illegible]

[illegible]

FIELD DIMENSION DATA

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

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	6	200	200	200	25	22.5	22.5	24	22.5	21	21
2	6	187	215	215	15	15	15	25	15	25	15
3	6	140	105	105	15	N/A	N/A	N/A	N/A	N/A	n/a
4											
5											
6											
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9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Mailing address:
Little League International
PO Box 3485
Williamsport, PA 17701

Shipping address:
Little League International
539 US Route 15 Hwy.
South Williamsport, PA 17702



Little League® Volunteer Application - 2019

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

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

Name _____ Date _____

First

Middle Name or Initial

Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

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

If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? (list) Yes ☐ No ☐

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

Driver's License#: _____ State _____

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

If yes, describe each in full: _____

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes ☐ No ☐

If yes, describe each in full: _____

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes ☐ No ☐

If yes, describe each in full: _____

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes ☐ No ☐

If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

- ☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

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

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/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):
Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP ☐ Sex Offender Registry Data and National Criminal ☐
 Records check, as mandated in the current season's
 official regulations

***Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.**

Only attach to this application copies of background check reports that reveal convictions of this application.

Civitan Little League

Child Protection Class

Civitan Little League requires that all volunteers attends a Child Protective Class hosted by Officer Ray Mendez. This year the class will be presented February 23, 2019. Volunteers that did not attend last year's class will be in attendance this year.

Also all Board Member must have completed a concussion safety coarse provided by Little League via online. It will also be recommended for all coaches and managers to have taken as well.

Coaching Clinics

Civitan Little League will be sending their coaches and managers to a clinic hosted by Bob Grande, Paul Barrios, and Larry Hernandez. They will be shown basic practice formats to follow, drills to do for basic baseball skills. And basic pitching techniques.

We will also have coaches from local Community College come mentor our manager and coaches throughout the season.

2/5/19 @ 6:30pm.

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.



**UMASS
EXTENSION**

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*

Incidents and Injuries

When an incident or accident occurs, a CAN Little League Baseball Accident Notification Form must be completed and handed to Safety Officer within 48 hrs of the incident. General instructions are written on the form. Contact Safety Officer when the form is finished or if there is any questions.

The Accident Notification Form must be completed and sent to Little League Headquarters in a timely manner. Retention of completed forms will remain with Safety Officer Records for a period of no less than five years.

Coverage of Little League's insurance program is covered on the memo "what parents should know about little league insurance" this memo is very informative on the process if an injury were to occur.



LITTLE LEAGUE® BASEBALL AND SOFTBALL

ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

Send Completed Form To:

Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485

Accident Claim Contact Numbers:
Phone: 570-327-1674

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 <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
			() ()		() ()
Address of Claimant			Address of Parent/Guardian, if different		

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? ☐ Yes ☐ No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED

- ☐ 01 1ST
☐ 02 2ND
☐ 03 3RD
☐ 04 BATTER
☐ 05 BENCH
☐ 06 BULLPEN
☐ 07 CATCHER
☐ 08 COACH
☐ 09 COACHING BOX
☐ 10 DUGOUT
☐ 11 MANAGER
☐ 12 ON DECK
☐ 13 OUTFIELD
☐ 14 PITCHER
☐ 15 RUNNER
☐ 16 SCOREKEEPER
☐ 17 SHORTSTOP
☐ 18 TO/FROM GAME
☐ 19 UMPIRE
☐ 20 OTHER
☐ 21 UNKNOWN
☐ 22 WARMING UP

INJURY

- ☐ 01 ABRASION
☐ 02 BITES
☐ 03 CONCUSSION
☐ 04 CONTUSION
☐ 05 DENTAL
☐ 06 DISLOCATION
☐ 07 DISMEMBERMENT
☐ 08 EPIPHYSES
☐ 09 FATALITY
☐ 10 FRACTURE
☐ 11 HEMATOMA
☐ 12 HEMORRHAGE
☐ 13 LACERATION
☐ 14 PUNCTURE
☐ 15 RUPTURE
☐ 16 SPRAIN
☐ 17 SUNSTROKE
☐ 18 OTHER
☐ 19 UNKNOWN
☐ 20 PARALYSIS/
PARAPLEGIC

PART OF BODY

- ☐ 01 ABDOMEN
☐ 02 ANKLE
☐ 03 ARM
☐ 04 BACK
☐ 05 CHEST
☐ 06 EAR
☐ 07 ELBOW
☐ 08 EYE
☐ 09 FACE
☐ 10 FATALITY
☐ 11 FOOT
☐ 12 HAND
☐ 13 HEAD
☐ 14 HIP
☐ 15 KNEE
☐ 16 LEG
☐ 17 LIPS
☐ 18 MOUTH
☐ 19 NECK
☐ 20 NOSE
☐ 21 SHOULDER
☐ 22 SIDE
☐ 23 TEETH
☐ 24 TESTICLE
☐ 25 WRIST
☐ 26 UNKNOWN
☐ 27 FINGER

CAUSE OF INJURY

- ☐ 01 BATTED BALL
☐ 02 BATTING
☐ 03 CATCHING
☐ 04 COLLIDING
☐ 05 COLLIDING WITH FENCE
☐ 06 FALLING
☐ 07 HIT BY BAT
☐ 08 HORSEPLAY
☐ 09 PITCHED BALL
☐ 10 RUNNING
☐ 11 SHARP OBJECT
☐ 12 SLIDING
☐ 13 TAGGING
☐ 14 THROWING
☐ 15 THROWN BALL
☐ 16 OTHER
☐ 17 UNKNOWN

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO
If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date _____ League Official Signature _____

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TADB.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)☐ Junior ☐ Senior ☐ Big LeagueC.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event☐ Travel to ☐ Travel from ☐ Other (Describe): _____**Position/Role of person(s) involved in incident:**D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: _____**Type of injury:** _____**Was first aid required?** ☐ Yes ☐ No If yes, what: _____**Was professional medical treatment required?** ☐ Yes ☐ No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

A.) On Primary Playing Field

☐ Base Path: ☐ Running or ☐ Sliding☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted☐ Collision with: ☐ Player or ☐ Structure☐ Grounds Defect☐ Other: _____

B.) Adjacent to Playing Field

☐ Seating Area☐ Parking Area

C.) Concession Area

☐ Volunteer Worker☐ Customer/Bystander

D.) Off Ball Field

☐ Travel:☐ Car or ☐ Bike or☐ Walking☐ League Activity☐ Other: _____**Please give a short description of incident:** _____**Could this accident have been avoided? How:** _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____