



WRLL

2025

SAFETY PLAN

LEAGUE ID# 405-01-18



2025 WEST REDDING LITTLE LEAGUE SAFETY PLAN

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West Redding Little League Mission Statement

“Safety is Everyone's Responsibility”

West Redding Little League's (WRLL) highest priority is for the safety of our kids. Prevention is the key to reducing accidents. At West Redding Little League we are committed to encouraging and providing a safe environment to play and learn the game of baseball. In order to succeed we need your commitment to become a Safety Advocate for West Redding Little League.

West Redding Little League participates in Little Leagues, A Safety Awareness Program (ASAP), whose mission is "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball."

The purpose of this manual is to provide important safety information to West Redding Little League. While specifically written for Managers, and Coaches the information contained in this document can be a useful resource for all participants of West Redding Little League. Please take the time to review this manual in its entirety. We also encourage you to sign up for Little League E-News @ <http://www.littleleague.org/learn/JoinMailingList.htm>

We request your assistance, and guidance in making West Redding League a great program. If you have any concerns, comments or suggestions for improvement, please contact us at westreddingll@gmail.com.

For additional information visit our website @ www.WRLL.net.



Thank you for your commitment to West Redding Little League.

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Requirement 1 – Active Safety Officer

West Redding Little League (WRL) has an active safety officer on file with Little League International. Mike Samaniego is an elected member of the Board of Directors, and will be the safety liaison for WRL. He can be reached at mikesamaniego93@yahoo.com and

(209) 406-5275

Requirement 2 – Distribute a Safety Manual

The West Redding Little League Safety Manual will be available to all Coaches, Managers and volunteers. The Safety manual is available online at www.wrll.net and is kept at each field location in the concession stands. The Safety Manual contains information on concession stand safety, field safety and first aid.

Requirement 3 – Post emergency numbers and Board of Directors contact information

All managers and coaches shall CALL “911” for all on field emergencies requiring fire, police, or ambulance. Managers and coaches shall keep player emergency contact information with them at all times and have a working cell phone during practice and games.

In case of Emergency dial “911”

Non-Emergency Contact Numbers

Redding Police Dept.	(530) 225-4200
Fire	(530) 225-4141
Sheriff	(530) 245-6165
Sierra-Sacramento Valley Emergency Services Agency	(530) 410-6008
Poison Control Center	1-800-222-1222

Area Hospitals

Mercy Medical Center 2175 Rosaline Avenue Redding, CA 96001	(530) 225-6000
Emergency Department	(530) 225-7200
Shasta Regional Medical Center 1100 Butte Street Redding, CA 96001 Emergency Department	(530) 244-5400 (530) 244-5353

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Board Member	Board Position	Phone #	Email
Andres Contreras	Fields Coordinator	(760) 578-5140	polara2c@hotmail.com
Brenda Matayoshi	Player Agent	(530) 638-5256	matayoshis@gmail.com
Brynn Waterman	Social Media Coordinator and Events/Fundraising Coordinator	(530) 941-9428	brynnmerryman@gmail.com
DJ Lauf	Baseball Coaching Coordinator	(530) 604-9916	donaldlaufjr@gmail.com
Eddie McGinnis	Uniforms Coordinator	(530) 859-0728	emcginnis28@hotmail.com
Eric Jones	Vice President	(530) 230-8390	coachejones@sbcglobal.net
Jamie Beckett	Scheduling Coordinator	(530) 570-5084	JBeck11677@aol.com
Jason Suter	Softball Coaching Coordinator	(530) 340-3811	jason.suter404@gmail.com
Joseph Bowers	Treasurer	(530) 604-8709	Jbowers.cpa@gmail.com
Kaci Beckett	Concessions Coordinator K2, K3	(530) 209-6947	beesonme@hotmail.com
Kyle Lovelady	Equipment coordinator apprentice	(530) 356-5923	rollincode76@gmail.com
Lee Lamp	President & Custodian of Record	(530) 921-1375	lel4355@yahoo.com
Lynn Graham	Member at Large	(530) 953-7655	lynngraham95@gmail.com
Marci Dennis	Secretary/Information Officer & Registration	(530) 262-8400	marcipdennis@gmail.com
Michael Samaniego	Safety Officer	(209) 406-5275	Michaelsamaniego93@gmail.com
Nicole Suter	Concession Coordinator K1, SP, BV	(530) 340-3839	nicole.suter777@gmail.com
Paul Slagle	Equipment Coordinator	(530) 356-9334	hwky5@yahoo.com
Sara Wells	Softball Player Agent	(530) 355-4368	sarawells09@gmail.com
Sarah McGinnis	Assistant Uniforms Coordinator	(530) 941-4170	smirkin25@gmail.com
Steph Kvale	Sponsorship Coordinator	(530) 262-7885	stephanie.kvale@gmail.com
Tashina Hardy	Member at Large	(530) 262-5312	tduckey@gmail.com
Zach Welker	Baseball Umpire in Chief	(503) 498-0302	zachwelk1@gmail.com

- Board meetings are typically the Second Sunday of the month at 6pm. Round Table Conference Room, 3633 Eureka Way, Redding, CA 96001.

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Requirement 4 – Use Little League Volunteer Application Form and Conduct

Background Checks

WRLL uses the Little League International Volunteer Application Form and checks for sex abuse history as well as criminal background. WRLL requires all managers, coaches, board members, and any other person, volunteers or hired workers, who provide regular services to the league or who have repetitive access to or contact with the players or teams must fill out an application form as well as provide a government issued photo identification card for ID verification. WRLL conducts a search of the appropriate governmental entity of the nationwide sex offender registry on all volunteer applications received through First Advantage.

Important: Anyone refusing to fill out a volunteer application is ineligible to be a league member.

The league president is required to retain these confidential forms for one year of service.

Little League “Returning” Volunteer applications and Little League Volunteer applications are available at wrl.net under the Forms and Documents tab.

Requirement 5 – Provide Fundamentals Training

West Redding Little League will provide fundamentals training for all coaches and managers on DATE TBD, prior to the season. Managers and coaches are trained on hitting, sliding, fielding and pitching fundamentals and assistance in preparation of practice plans.

Training qualifies a volunteer for 3 years; but one team representative is still required each year to participate in annual training.

WRLL Coaching Coordinator will keep a record of Coaches that attended trainings.

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Requirement 6 – Require First Aid Training

Basic First Aid and Safety training is covered in the West Redding Little League annual coach's meeting prior to the season starting. This training will be conducted February 5th, 2025 at Shasta High School.

Requirement 7 – Walk Fields for Hazards Prior to Play

Fields- coaches and umpires are required to walk the fields for hazards before use. Please look for hazards such as rocks, glass, holes, wasp nests, etc. It is recommended both managers use the Facility/Field Inspection checklist located in Appendix E before each game.



HAVE YOU:

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**

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Weather Conditions

Lightning- Halt play, no place outside is safe during a thunderstorm. If you hear thunder, you are within striking distance of lightning. Avoid metal objects like chain link fences. Immediately seek shelter in a large enclosed building or fully enclosed metal vehicle. Stay indoors for at least 30 minutes after the last sound of thunder.

Heat- Redding is an area where we get extreme heat conditions; precautions must be taken to make sure the players are safe from dehydration and heat illness. Encourage players to drink small amounts frequently, such as coming on and off the field.

If a child waits to drink until they feel thirsty; they are already dehydrated.

Untreated dehydration can lead to three types of heat illness:

Heat Cramps- Cramps of abdominal muscles, arms or legs.

Heat Exhaustion- Dizziness, nausea, vomiting, headaches, weakness.

Heat Stroke- Temp. of 104+, severe nausea, vomiting (Requires immediate medical care!)

Any player exhibiting signs of heat related illness should be removed from the game, placed in the shade, and re-hydrated. If symptoms do not respond immediately, seek prompt medical aid by calling 9-1-1 or transporting to the closest hospital. WRLLE recommends sunscreen with a SPF protection of at least 15 for all players.

Rain/Mud- Playing on muddy fields with wet equipment places the players at risk and creates hazardous conditions. When in doubt reschedule the game.

Spectators- Spectators are asked to be respectful and provide positive encouragement for players.

Parents and spectators that exhibit unsportsmanlike behavior will be asked to leave the field.

Spectators are not allowed to argue with any call made by the umpire. It is the manager's and game coordinator's responsibility to keep spectators within acceptable behavior limits.

Foul Territory- Spectators in foul territory are to remain alert and well back from the field of play.

Benches/Dugouts- Benches and dugouts are for managers, coaches and players only. If not on the field of play, all players (except warm-up pitchers and catchers) must remain within the benches/dugout area. Young children must be properly supervised at all times.

Pets- No Pets allowed at any Redding School District Campus or field. Pets on leash are allowed at City of Redding facilities.

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Requirement 8 – Complete Annual Little League Field Survey

WRLL does not own, operate or maintain any of baseball fields that are used for league functions. WRLL works in conjunction with the City of Redding and the Redding School District (RSD) to ensure the fields and facilities are in good working and safe condition. The annual little league field survey is completed prior to practices starting each year.

Requirement 9 – Safety Procedures for Concessions

Cooking- Use a food thermometer to check 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 products should be cooked to 165° F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.

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.

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. Allowing hazardous food to remain unrefrigerated for too long has been the number one cause of food borne illness.

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.

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Hand Washing- Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing! If possible have one concession volunteer handle money and another handle the food distribution.

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.

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.

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; 4. Air drying.

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 food borne illness.

Wiping Cloths- Use disposable antibacterial wipes for work surfaces or a solution of 1 gallon of water and 1/2 teaspoon of chlorine bleach to rinse and store wiping cloths in a bucket. Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

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.

Volunteers Must Wash Hands

HOW



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education, United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



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Requirement 10 – Inspect and Replace Equipment

The WRLL Equipment Manager inspects all equipment prior to distribution to the managers. Defective and/or badly worn catcher's equipment and bats were replaced. Equipment issues should be reported to the appropriate Equipment Manager.

Enforcement- Rules must be enforced at practice and games.

Inspection- Inspect equipment regularly and make sure it fits properly.

Catcher- Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model chest protector and protective cup at all times.

Pitchers Warm-Up - Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model chest protector and protective cup when warming up pitchers.

Glasses- Parents should be encouraged to provide safety glasses for their children wearing glasses.

Face Guards/Cups- Parents should be encouraged to provide mouth guards and cups for their children.

Jewelry- Players are not allowed to wear jewelry, except for medi-alert bracelets or necklace.

Uniforms- Uniforms must be in good repair.

Equipment- Equipment must be in good repair

Safety Bases – All coaches must use safety bases which are located in equipment boxes at each field. Make sure all fields have all bases that disengage from their anchors.

Bats – All bats must comply with Little League International Regulations.

http://www.littleleague.org/Little_League_Online.htm

Copy and post at dugouts.

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.”

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Requirement 11 – Implement Accident Reporting Procedures

The Safety Officer will keep a record of all accident reports. Follow the reporting procedures outlined below. Accident reports shall be submitted within 48 hours of the incident to the WRLL

Safety Officer Mike Samaniego (209)406-5275 (mikesamaniego93@yahoo.com)

Safety Officer will then notify District Administrator of all accidents and near misses.

Accident Procedure

- *Administer First Aid to the level of your training.*
- *Call 911 if necessary.*
- *Reassure the injured party and spectators.*
- *Contact the injured player's parent or guardian. If unavailable, contact the emergency contact listed on the registration form.*
- *Control the crowd.*
- *Talk to your team about the situation. Often players are upset and worried when a teammate is injured. They need to feel safe and understand how the injury occurred.*
- *Consult your First Aid Booklet for return to play guidelines. Any injury requiring professional medical care will need a physician's clearance prior to returning to play. **Contact your league Safety Officer by phone within 24 hours of the incident.***

Requirement 12 – First Aid kits at games

First Aid kits are to be distributed to all managers and coaches when they receive their equipment. Every manager and coach is required to have in their possession a first aid kit at all times. The Safety Officer is responsible for the coordination of the safety equipment. The Safety Officer is responsible to make sure that every manager and coach has a first aid kit which is fully stocked. The Safety Officer is responsible for re-supplying the first aid kits when needed.

Medical Release

Parents and guardians to complete a medical release form. Allows for emergency medical care if the parents or guardians are not in attendance.

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Requirement 13 – Enforce Little League Rules Including Equipment

Managers, coaches, and umpires should be thoroughly familiar with the current Little League Rule Book. The WRLL Board of Directors is responsible for enforcing the existing little league rules. The consequence of the participants in failure to follow the rules includes the following punishment:

1. *A letter of reprimand or admonishment*
2. *The offending party may be suspended for a game and/or games;*
3. *The offending party may not be allowed to participate in West Redding Little League;*
4. *The offending party's team may be caused to forfeit a game or games;*

Enforcement of little league rules is the responsibility of every participant and the Board will enforce its rules if violated.

DRUG and ALCOHOL FREE: Absolutely NO drugs or alcohol at any WRLL event, practice, or game. WRLL is a drug and alcohol free organization and it will not be tolerated. No tobacco products allowed on the field. If volunteers must smoke, please do it away from the players in designated areas. If the players can see you smoke, you are too close!

DRIVE WITH CAUTION: Please be extra cautious when entering and leaving the parking lots. It is recommended your speed is no more than 5 MPH while in the field parking lot areas.

UPDATE HEALTH INFORMATION: It is important that you share any medical information that may affect your child during games and practice. If you have concerns or questions, please contact the manager or League Safety Officer. All information is considered confidential.

GET INVOLVED! Arrive to practice and games early to allow for proper warm ups. It is very important that parents are on time to pick up the children on time. It is recommended that parents remain at the field if possible. If this is not possible, please contact the coach or manager prior to leaving. The manager or coach should not leave a player alone at the field. The more adults we have watching out for our players, the better our chance to avoid accidents. Volunteering in both District and League activities will make your child's experience even better.

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Requirement 14 – Submit a qualified safety plan registration form with your ASAP Plan
2025 Qualified Safety Program Registration Form along with the 2025 Facility Survey are to be submitted to Little League International by April 1, 2025

Requirement 15 – Submit league player registration data or player roster data and coach and manager data.

WRLL submits League Player and Manager Roster Data to the Little League Data Center.



2025 WEST REDDING LITTLE LEAGUE SAFETY PLAN
-APPENDIX A-West Redding Little League Accident Reporting Form

For Local League Use Only

Activities/Reporting A Safety Awareness Program's
Incident/Injury Tracking Report

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 TAD
 B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
 C.) 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 to being allowed in a game or practice.)

Type of incident and location:

<p>A.) On Primary Playing Field</p> <p><input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding</p> <p><input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted</p> <p><input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure</p> <p><input type="checkbox"/> Grounds Defect</p> <p><input type="checkbox"/> Other: _____</p>	<p>B.) Adjacent to Playing Field</p> <p><input type="checkbox"/> Seating Area</p> <p><input type="checkbox"/> Parking Area</p> <p>C.) Concession Area</p> <p><input type="checkbox"/> Volunteer Worker</p> <p><input type="checkbox"/> Customer/Bystander</p>	<p>D.) Off Ball Field</p> <p><input type="checkbox"/> Travel:</p> <p><input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i></p> <p><input type="checkbox"/> Walking</p> <p><input type="checkbox"/> League Activity</p> <p><input type="checkbox"/> Other: _____</p>
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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: _____

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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 Fax: 570-326-9280

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	Age
Date of Birth (MM/DD/YY)		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)	
	<input type="checkbox"/> BIG (14-18)			

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

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Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

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TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

2025 WEST REDDING LITTLE LEAGUE SAFETY PLAN

-APPENDIX B-

West Redding Little League Safety Code

1. Arrangements should be made in advance of all games and practices for emergency medical services.
2. Managers, Coaches, and umpires should have some training in First-Aid. First-Aid Kits should be available at the field and must be inspected weekly. After each use, contact the Safety Officer for re-supply.
3. No games or practices should be held when weather or field conditions are not satisfactory, particularly when lighting is inadequate. For fields without lights, if the surrounding street lights are on, it is probably too dark to continue playing, and the game should be called.
4. Play areas should be inspected frequently for holes, damage, stones, glass, and other foreign objects.
5. Dugouts and bat racks should be positioned behind screens.
6. Only players, Managers, Coaches, and umpires are permitted on the playing field during play and practice sessions.
7. Managers or coaches must not warm up a pitcher at home plate or in the bullpen or elsewhere at any time during Little League International tournaments. They may, however, warm up a pitcher during the regular season.
8. Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
9. Procedure should be established for retrieving foul balls batted out of the playing area.
10. During practice sessions and games, all players should be alert and watch the batter on each pitch.
11. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
12. Equipment should be inspected regularly. Make sure it fits properly.
13. Batters must wear protective NOCSAE helmets during batting practice, as well as during games. We encourage you to use face guards on batting helmets.
14. Catchers must wear a catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear a long-model chest protector, protective supporter, and cup at all times.
15. All male players must wear athletic supporters. We strongly recommend that all male players wear cups as well.
16. Except when a runner is returning to a base, headfirst slides are not permitted.

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17. During sliding practice, bases should not be strapped down.
18. At no time should "horse play" be permitted on the playing field
19. Parents of players who wear glasses should be encouraged to provide "safety glasses" with an elastic retaining strap.
20. Players must not wear watches, rings, pins, jewelry, or other metallic items.
21. Catchers must wear full gear and a protective cup, and throat guard when warming up pitchers. This applies during practice, between innings, and in the bullpen.
22. Batting/catcher's helmets should not be painted unless approved by the manufacturer.
23. Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat.
24. Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
25. No metal pitching toe should be worn.
26. Baseball shoes with rubber cleats molded to the sole, tennis, or gym shoes are authorized.
27. Do not allow players to throw bats or helmets.
28. Do not allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to the field of play. Please use the Buddy System.
29. Report any suspicion of Child Abuse IMMEDIATELY.
30. Please do not visit the dugout during games. If you need your ballplayer, contact the coach.
31. On-deck circle is NOT allowed.
32. Pitchers warming up in an area subject to foul balls should have a spotter with helmet and glove.
32. Report all injuries to the West Redding Little League Safety Officer.

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-APPENDIX C-

West Redding Little League 2025 Communicable Disease Procedures

These procedures, also printed in each of the Official Regulations and Playing Rules, should be understood and followed by all managers, coaches, and umpires. While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood, as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered, and if there is an excessive amount of blood on the uniform, it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all blood contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices
6. Although saliva has not been implicated in HIV transmission, rescue breathing shall utilize resuscitation bags, pocket masks or other ventilation devices with one way valves.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of or disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth-guards, and other articles containing body fluids.

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-APPENDIX D-

UMPIRES

WRLLE utilizes umpires from a pool of league volunteers and paid youth umpires. As Little League rules dictate, they are in complete control of what happens on the field. Umpires play an important role in safety. Umpire training is essential to the safety of the players, managers, coaches, spectators, and other umpires. A West Redding League Umpires clinic will be held during the preseason to teach the proper skills to anyone who is interested in umpiring. Once the season starts, every Sunday, is an Umpire Training workshop. In addition we offer training through the District 1 Chief Umpire. Please visit our website under "Umpire Corner" to see upcoming clinics or email us at: westreddingll@gmail.com

The following is a list of topics the clinic will cover.

- *Umpires must be fair, impartial, and consistent. All trained Umpires will go away from training with a good understanding of the rules.*
- *Proper positioning (and rotation) in the field to avoid obstructing play or getting injured.*
- *Basic rules of baseball, and interpretations of commonly misunderstood rules.*
- *Safety violations.*
- *Pre-game procedures.*
- *Walk the field for foreign objects, holes and any hazards that might cause injury. Ensure installation of disengage-able bases.*
- *Inspect equipment for any safety violations prior to the start of any game*

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-APPENDIX E- Facility and Field Inspection Checklist

All umpires, managers and coaches are responsible for checking field safety conditions before each game.

Field Condition	Repairs Needed		Catchers Equipment	Repairs Needed	
	Yes	No		Yes	No
Backstop repair			Shin guard OK		
Home plate repair			Helmets OK		
Bases secure			Face masks OK		
Bases repair			Throat protector OK		
Pitcher's mound			Catchers cup (boys)		
Batter's box level			Chest protector		
Batter's box marked			Catcher's mitt		
Grass surface (even)					
Gopher holes			Safety Equipment		
Infield fence repairs			First-aid kit		
Outfield fence repair			Medical release forms		
Foul lines marked			Ice for injuries		
Sprinkler condition			Blanket for shock (check snack shack)		
Dirt needed			ORLL Safety Manual		
Dugouts			Players Equipment		
Fencing needs repair			Batting helmets OK		
Bench needs repair			Jewelry removed		
Roof needs repair (where applicable)			Bats inspected		
Bat racks (where applicable)			Shoes checked		
Helmet racks (where applicable)			Uniforms checked		
Trash cans			Athletic cups (boys)		
Clean up needed					
Spectator Areas					
Bleachers need repair					
Hand rails need repair					
No smoking					
Parking area safe					
Protective screens OK					
Bleachers clean					

NOTES/ HAZARDS

Signature _____

2025 WEST REDDING LITTLE LEAGUE SAFETY PLAN

-APPENDIX F- CONCUSSION AWARENESS

THE FACTS

- *A concussion is a brain injury.*
- *All concussions are serious.*
- *Concussions can occur without loss of consciousness.*
- *Concussions can occur in any sport.*
- *Recognition and proper management of concussions when they first occur can help prevent further injury or even death.*

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in any organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -And-
2. Any change in the athlete’s behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

SIGNS AND SYMPTOMS

- *Signs observed by coaching staff as being not normal*
- *Appears dazed or stunned*
- *Is confused about assignment or position*
- *Forgets sports plays*
- *Is unsure of game, score, or opponent*
- *Moves clumsily*
- *Answers questions slowly*
- *Loses consciousness (even briefly)*
- *Shows behavior or personality changes*
- *Can’t recall events prior to hit or fall*
- *Can’t recall events after hit or fall*

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Symptoms Reported By Athlete

- *Headache or “pressure” in head*
- *Nausea or vomiting*
- *Balance problems or dizziness*
- *Double or blurry vision*
- *Sensitivity to light*
- *Sensitivity to noise*
- *Feeling sluggish, hazy, foggy, or groggy*
- *Concentration or memory problems*
- *Confusion*
- *Does not “feel right”*

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional (see Licensed Health Care Provided list below) with experience in evaluating for concussions. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

- Insist that safety comes first.
- Teach athletes safe playing techniques and encourage them to follow the rules of play. Encourage athletes to practice good sportsmanship at all times
- Make sure athletes wear the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
- Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're “just fine” after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

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- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome. Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: “It’s better to miss one game than the whole season.”

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - *Cause of the injury and force of the hit or blow to the head*
 - *Any loss of consciousness (passed out/knocked out) and if so, for how long*
 - *Any memory loss immediately following the injury*
 - *Any seizures immediately following the injury*
 - *Number of previous concussions (if any)*
3. Inform the athlete’s parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.

Licensed Health Care Providers

What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physician’s Assistant (PA)
- Licensed Certified Athletic Trainers (ATC)

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Any athlete suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

As a condition of managing or coaching I have read the manager and coaches training information and will follow with practices on Concussions and Head Injuries, including educating my parents and players. I will also comply with all my league's policies regarding Concussions and Head Injuries. I will sit a player out when in doubt and not allow that player to return to practice or a game until cleared by professional medical personnel.

Manager/Coach Name Printed

Manager/Coach Signature

Date

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-APPENDIX G-

West Redding Little League Background Check

Background

In accordance with Little League Baseball, WRLL will conduct Background Checks for registered sex offenders on all adult volunteers each season. No continued contact with the players will be allowed prior to the Background Check. The Little League Child Protection Program has been in place since 1997 with optional background checks in place. In 2005, background checks were mandatory for all programs nationwide and will be required annually.

Who will require a background check? West Redding will conduct background checks for Board Members, managers, coaches, assistant coaches and any other adult who will have regular or repetitive contact with our players.

Who will conduct background checks?

The league President will conduct the background checks through First Advantage, while the Safety Officer will perform the background check on the league President through First Advantage. In addition, the league will retain these records for a minimum of one year.

How will the background checks be conducted?

All Board Members, managers, coaches, assistant coaches and other adult volunteers will be required to complete a current Volunteer Application Form, which includes social security number and copy of government issued photo ID. Failure to submit this form will result in the individual being banned from participating in West Redding Little League activities. Managers and coaches will not be able to hold practices or have any other contact with players until all of the coaching staff has completed the Volunteer Application and have been cleared as not being a registered sex offender.

How will a volunteer be notified if their background check makes them ineligible to participate in West Redding Little League?

The league president and Safety Officer will notify any adult volunteers who fail the background check of their ineligibility to be a member of West Redding Little League.

Where can I get more information?

Any member of the West Redding Board of Directors can provide additional information. Also, a wealth of information concerning the Child Protection Program and background checks can be found at www.littleleague.org along with contacting Megan's Law for a complete sex offenders list. Further information may be obtained at:

www.littleleague.org/common/childprotect/index.asp

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-APPENDIX I-

Some Important Do's and Don'ts

Do...

- *Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones*
- *Have your players' Medical Clearance Forms with you at all games and practices.*
- *Carry your first-aid kit to all games and practices*
- *Reassure and aid children who are injured, frightened, or lost*
- *Provide, or assist in obtaining, medical attention for those who require it.*
- *Know your limitations.*
- *Assist those who require medical attention - and when administering aid, remember to*
- *LOOK for signs of injury (Blood, Black-and-blue deformity of joint, etc.).*
- *LISTEN to the injured describe what happened and what hurts if conscious.*
- *Before questioning, you may have to calm and soothe an excited child.*
- *FEEL gently and carefully the injured area for signs of swelling or grating of broken bone.*

Don't...

- *Administer any medications*
- *Provide any food or beverages (other than water)*
- *Hesitate in giving aid when needed*
- *Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.)*
- *Transport injured individuals except in extreme emergencies*
- *Leave an unattended child at a practice, game*
- *Allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to the field of play*
- *Hesitate to report any present or potential safety hazard to the Safety Officer immediately.*

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-APPENDIX J-

League Player Registration Data Electronically Submitted to Little League Data Center

LITTLE LEAGUE® DATA CENTER

MAIN MENU ▾ WEST REDDING LL westredding@gmail.com (settings) | LOGOUT

Roster Upload History

< Go back to Manage Rosters

Date	Status	Processed	Succeeded	Failed
Mar 6 2014 8:01am (westredding@gmail.com)	COMPLETED	33	33	0
Mar 6 2014 7:44am (westredding@gmail.com)	FAILED	33	0	33
Mar 6 2014 7:25am (westredding@gmail.com)	COMPLETED	361	361	0

Roster Upload Summary

Total Records Processed: **361**

Successful: 361	Failed: 0
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You have successfully imported 361 players/volunteers into your league.

Roster Upload Summary by Role:

players: 361	coaches: 0	manager: 0	volunteer: 0
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Import completed successfully.

Jun 3 2013 2:14pm (westredding@gmail.com)	FAILED	0	0	0
Jun 3 2013 2:13pm (westredding@gmail.com)	FAILED	0	0	0

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