



CONEJO VALLEY LITTLE LEAGUE

A SAFETY AWARENESS PROGRAM (ASAP) PLAN

2019



Why ASAP?



The ASAP Mission:

To increase awareness of the opportunities to provide a safer environment for kids and all Little League participants



Requirements



1. Have active safety officer on file with HQ

– For the 2019 Season, the Safety Director is Shane Maguire and his contact information is:

- Cell Phone: (805) 279-0802**
- E-mail: shane@cvll.net**



Requirements



2. Have published league safety policy or manual in paper form

- This safety plan will be sent to all board members for distribution**
- This safety plan will be published in .pdf format on our website (www.cvll.net)**
- This safety plan will be submitted to Little League and sent in electronic format to the CVLL Secretary for record retention**



Requirements



3. Post, distribute emergency numbers

- Emergency services: **911**
- President: Will Haigh (818) 262-9879
- Safety Director: Shane Maguire (805) 279-0802





Requirements



4. Volunteer Application & Background Checks

- CVLL has a dedicated Background Check Manager, Lee Mahannah
- Using the Little League Volunteer Application Form, background checks are performed for all Board Members, Managers and Coaches
- Supplemental criminal checks are conducted on all applicable personnel



Requirements



5. Provide coaches and managers with fundamentals training

- **Mandatory for at least 1 coach per team to attend each year**
- **Mandatory that each coach attend at least once every 3 years**
- **Multiple training sessions were conducted:**
 - **Positive Coaching Alliance (PCA) – January 8, 2019 – Sports Academy**
 - **Coaches Clinic – January 26, 2019 – Fiore Fields**
 - **Coaches Development Meeting – February 6, 2019**
 - **Coaches Clinic – February 9, 2019 – Fiore Fields**



Requirements



6. Require training in first-aid for coaches

- Training and certification is provided for CPR, AED and First Aid for Children, Infants and Adults
- CPR / AED / First Aid training provided on March 4, 2019
- Training and Certification is mandatory for all managers

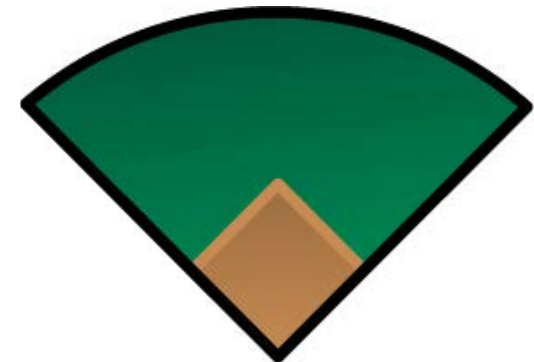


Requirements



7. Require field inspections before games, practices

- As noted in the Manager Notebook, prior to a practice or game, the manager or coach shall walk the field looking for potential safety issues
- Any potential safety issues shall be fixed before playing





Requirements



Facility surveys may also be entered online

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY 2018



League Name: Conejo Valley Little League
 District #: 13
 ID #: 04051312
 (if needed) ID #: n/a
 (if needed) ID #: n/a
 City: Thousand Oaks State: California

President: Will Haigh
 Address: 11460 Sumac Lane
 Address:
 City: Santa Rosa Valley
 State: CA ZIP: 93012
 Phone (work): (818) 782-2350
 Phone (home): n/a
 Phone (cell): (818) 262-9879
 Email: will@cvll.net

Safety Officer: Dan Morge
 Address: 1540 Kirk Avenue
 Address:
 City: Thousand Oaks
 State: CA ZIP: 91360
 Phone (work): (805) 577-9710
 Phone (home): (805) 496-3612
 Phone (cell): (805) 402-9560
 Email: dan@cvll.net

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

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

8. Complete ANNUAL Little League Facility Survey

- Completed online through LL Data Center
- Electronic copy submitted to Secretary for CVLL record retention



Requirements



9. Have written safety procedures for concession stand

- Laminated safety procedures are posted in the concession stand**
- Volunteers are trained in proper food handling during Snack Shack Orientation**
- No one under the age of 12 is allowed in the concession stand**
- The concession stands are inspected by the Ventura County Department of Health**



Requirements



10. Require regular inspection and replacement of equipment

- Prior to being issued to teams, equipment is inspected by the Equipment Director**
- Managers and Coaches should inspect equipment before each practice and game**
- Umpires inspect bats, helmets and catcher's masks prior to each game**



Requirements



11. Have a method to report, track injuries

- From section 5 of our CVLL Manager Notebook: “In the event of an injury, obtain necessary treatment and notify parents immediately. Notify the Safety Office, Shane Maguire, and Player Agent, Ken Molter, as soon as possible.”





Requirements



12. Provide teams with well equipped First Aid Kits

- Each team is issued a First Aid Kit as part of equipment distribution
- Replenishment supplies are available at the snack shacks





Requirements



13. Enforce rules

- Include wearing catchers gear and helmet rules during practice and warm-up
- All catcher's masks shall have a throat guard attached
- Coaches are not catchers, not even during practice





Requirements



14. Complete Qualified Safety Program Registration Form

- Safety Program Registration Form completed and submitted on 2/___/19
- Electronic copy submitted to Secretary for CVLL record retention

2018 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 <u>Conejo Valley</u>	League I.D. # <u>04051312</u>
City <u>Thousand Oaks</u> State <u>CA</u>	League I.D. # <u>n/a</u>
(If board operates more than one charter, please list all: League I.D. # <u>n/a</u>)	

League Safety Officer <u>Dan Morge</u>	League President <u>Will Haigh</u>
Address <u>1540 Kirk Avenue</u>	Address <u>11480 Sumac Lane</u>
City <u>Thousand Oaks</u>	City <u>Santa Rosa Valley</u>
State <u>CA</u> Zip Code <u>91380</u>	State <u>CA</u> Zip Code <u>93012</u>
Work Telephone (<u>805</u>) <u>577-9710</u>	Work Telephone (<u>818</u>) <u>782-2350</u>
Home Telephone (<u>805</u>) <u>498-3812</u>	Home Telephone () <u>n/a</u>
Cell/Pager Number (<u>805</u>) <u>402-9680</u>	Cell/Pager Number (<u>818</u>) <u>282-9879</u>
Email <u>dan@cvll.net</u>	Email <u>will@cvll.net</u>
Items included with this application form:	
# of pages of league's safety program outline:	<u>29</u>
# of non-returnable photographs:	<u>0</u>
Person submitting application (if different from above):	
Name _____	Title _____
Address _____	City _____
State _____ Zip Code _____	Telephone (_____) _____
Signature _____	Date _____

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 or Shipping Address: ASAP Award Program
Little League International Little League International
P.O. Box 3485 539 U.S. Route 15 Hwy.
Williamsport, PA 17701 So. Williamsport, PA 17702

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

Cover



Requirements



15. League Player Registration Data or Player Roster Data and Coach and Manager Data

- League Player Registration Data, Player Roster Data, and Coach and Manager Data has been submitted via the Little League Data Center**



16. Provide Parent Orientation Program on Code of Conduct

– Acknowledgement and consent to the sport parent code of conduct was incorporated into the online registration process this year

Sport Parent Code of Conduct

We, the Pirates Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble
The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness, • Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refus- ing to shake hands; or using profane language
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

/s/ Cynthia Maguire
Parent/Guardian Signature or gestures.



Prior Recommended Ideas



16. Use reduced impact balls, especially for younger ages

- Peanut Division (tee-ball), uses tee-balls**
- Minor International Division (machine pitch), uses low compression 5 balls**



16. Use warning track in the outfield to protect outfielders

- Fields for our Major Division and above (Dover, Waverly, and CCS) have warning tracks**



Prior Recommended Ideas



16. Use protective/padded fence tops to protect fielders

- Fences 8 feet tall or less at all CVLL fields have yellow plastic protective fence tops





Recommended Ideas



16. Create emergency evacuation plan

- Dual exits exist at Dover and Waverly fields
- Work with city to create secondary exit from Fiore fields



2018 Improvements



Child/Adult Automatic External Defibrillators (AEDs)

- Two new AEDs were purchased in 2018, one for Fiore and one for Dover
- They will be located in the equipment sheds to enable maximum access during practices and games





2018 Improvements



Mandatory Concussion Training for Managers

- Free training through CDC Heads Up program
- Managers were required to submit completed training certificate to demonstrate compliance





2018 Improvements



Ball Returns

- A ball return keeps out-of-play balls out-of-play until umpire is ready
- Ball returns have been installed on Fiore Fields 2 & 3, Dover, and Waverly





From CVLL Manager's Notebook



Conejo Valley Little League

Safety Rules and Regulations

Welcome to Conejo Valley Little League. Enclosed you will find the safety guidelines for the 2017 baseball season. While all Managers and coaches should have their training procedures and team goals well established, one major priority for all teams should be safety.

Every year, despite our best efforts, there are avoidable injuries. Please be aware that until a member of your team's managing staff is present, players are not covered by insurance. Teams may not begin practice until a managing member arrives. Only authorized Conejo Valley Little League activities are covered by insurance. Only practice and playing identified by CVLL are covered.

The following items must be with you at ALL practices and games:

- ✓ **The emergency release form.** You must have this form for each of your teams members present with you at ALL practices and games. If you do not have a form for one of your players please contact the safety officer immediately or download one from our website at www.cvll.net.
- ✓ **First Aid Kit.** Each team will be issued a first aid kit at all team activities. These kits contain ice packs. Additional ice packs are available at the Snack Shack. Kits must be returned to CVLL at the end of the season.

In the event of an injury, obtain necessary treatment and notify parents immediately. Notify the Safety Officer Dan Morge (805) 402-9560 Dan@cvll.net and Player Agent Ken Molter Ken@cvll.net, as soon as possible. A medical release will be required if a player sustains a serious injury which requires a physician's care. Our emergency facility is Los Robles Hospital.

The enclosed material is intended to make you aware of what your responsibilities are as a manager and coaches regarding the safety of your athletes. First and foremost you must take that responsibility seriously.

If it is up to all of us to make this a fun and safe environment for our players. The key to achieving this goal begins with you, the manager and coach.

If you should have any questions, comments or concerns after reading the enclosed document, please do not hesitate to contact us.

Thank You,

Conejo Valley Little League Board Members



Conejo Valley Little League

General Safety Tips

1. Inspect field area prior to practice or game. Check for broken glass, rocks etc. Do not play on wet or muddy fields.
2. Always keep equipment out of the way when not in use.
3. Designate special areas for gloves, hats, jackets and bags.
4. Never throw bats or helmets. No bats are allowed in the dugout.
5. Remember that improper use of equipment can cause an injury.
6. Players **MUST** wear full catching gear when working with a pitcher. Catchers may only use Little League approved facemasks.
7. **Adults must wear a facemask, issued by the league, when working with a pitcher.** No Exceptions!
8. When pitching to batters in the batting cage, **the L-SCREENS must be utilized.**
9. Only players on your roster are permitted on the field during practice. No siblings or friends should take part in practice.
10. **There are no dogs allowed on or around the fields at any time.** This is for the animal's safety as well as those on the field.
11. Batters and runners **MUST** wear batting helmets. "Bat Boys" are not allowed.
12. **No jewelry or barrettes may be worn, except medical I.D. bracelets.**



From CVLL Manager's Notebook



Conejo Valley Little League

Additional Safety Tips for Practice and/or Games

1. Begin every practice with warm-up exercises.
2. Do not allow random direction throwing.
3. Practices should be well organized.
4. Separate the experienced from the inexperienced players.
5. Fit the player's abilities to the various positions for which they will be training. Never put a player into a position he or she cannot yet handle.
6. For insurance purposes, ONLY practice at designated fields.
7. Hit sticks are not allowed during games. Use caution when using them in practices and warm-ups.
8. Equipment is not to be stored in the on-deck enclosure. Also, Little League rules prohibit the use of batting weights (i.e. donuts).
9. Ensure every player has water.

Suggestions for Warm-up Drills



Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



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From CVLL Manager's Notebook



**WHEN IT'S HOT,
DRINK BEFORE
YOU'RE THIRSTY.**

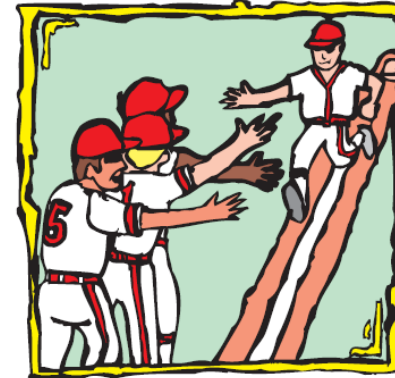
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Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise
During: Drink at least 4 oz. every 20 minutes
After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed
What to do: Stop exercising, get out of sun, drink
Severe signs: Muscle spasms, clumsiness, delirium

Keep It Clean!



REMEMBER:

Use good sportsmanship on the field, even to your language.

Regulation XIV – Field Decorum

- a) "The actions of players, managers, coaches, umpires and league officials must be above reproach . . ."
- b) "The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts."

Copy and post at dugouts.



Copy and post in dugouts.

Don't Swing It

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



(Photos from North Scott, Iowa, Little League)



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

REMEMBER:

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

RULE 1.08, Notes

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



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



From CVLL Manager's Notebook



Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

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: 570-328-9280

- 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.
- 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- 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	PART 1	Date of Birth (MM/DD/YY)
			Age
			Sex
Name of Parent/Guardian, if Claimant is a Minor	Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
	() ()	() ()	
Address of Claimant	Address of Parent/Guardian, if different		

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

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

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"/> SCHEDULED GAME
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> TRAVEL TO	<input type="checkbox"/> SPECIAL GAME(S) (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 FROM	
<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TOURNAMENT	
<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> OTHER (Describe)	
<input type="checkbox"/> BIG (14-18)		<input type="checkbox"/> VOLUNTEER WORKER		

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