2019 ASAP PLAN



Qualified Safety Plan

Requirements

**1.** League Safety Officer: **Brett Stover** on file with Little League Headquarters.

**2.** Lakeshore Little League will distribute a copy of this Safety Manual to all

Managers/ coaches, league Volunteers and the District Administrator.

**3.** **Emergency Phone Number**: **911**

|  |  |  |
| --- | --- | --- |
| Local Police Emergency | 315-685-3819 |  |
| Local Fire Emergency | 315-685-3496 |
| League President: | **Chris Latreille** | **315-406-0950** |
| League Vice President: | **Elisabeth Loy** | **484-772-6702** |
| League Player Agent: | **Rob Bennett** | **315-263-8771** |
|  League Treasurer: **John Porter 315-406-4315** |
|  League Safety Officer:  | **Brett Stover**  | **845-594-3869** |
|  |  |  |

 **This list will be posted at all fields, primarily the dugout area.**

 2019 ASAP Plan

**4.** Lakeshore Little League will use **J.D. Palentine (JDP)** to screen all of our volunteers.

**5.** Lakeshore Little League will also use the Official Little League Volunteer Application form to further screen all of our volunteers.

**6.** Fundamentals Training (Coaches Clinic):

Date: 3/30/2019 @ 11:00 am

 Location: Skaneateles High School Gym - 49 East Elizabeth Street

At least one manager/coach from each team must attend the training. (Every Manager/Coach will attend this training every 3 years.)

**7.** Coaches will be required to **walk/ inspect** the fields prior to practices and games. Umpires will also be required to walk the fields for hazards before each game

2019 ASAP Plan

**8.** Lakeshore Little League will complete and updated our **2019 Facility Survey on-line** once weather permits access to fields.

**9.** Concession Stand Safety

**Lakeshore Little League does not currently have concession stands at any field locations.**

**10.** The League Safety Officer will inspect all equipment in the pre-season.

* Managers/ Coaches will inspect equipment prior to each game.
* Umpires will be required to inspect equipment prior to each game.

**11.** Implement Prompt Accident Reporting.

The League will use the provided incident tracking form from the Little League website and will provide completed Accident forms to Safety Officer within 24-48 hours of the incident. Please see copy of accident Reporting form.

2019 ASAP PLAN

**12.** Each Team will be issued an updated **First Aid Kit** and is a requirement to have it at every practice and game.

**13.** Lakeshore Little League will require ALL TEAMS to enforce **ALL Little League** **Rules** Including:

a. Proper Equipment for catchers.

b. No On-deck batters

c. Coaches will not warm up pitchers

d. Bases will disengage on all fields

**14.** League Player Registration Data or Player Roster Data and Coach and

Manager Data.

League Player Registration Data or Player Roster Data and Coach and Manager Data must be submitted via the Little League Data Center at [www.LittleLeague.org.](http://www.LittleLeague.org/)

Mandatory requirement for an approved ASAP plan.

2019 ASAP Plan

**16.** First Aid Training: Date – TBA

Lakeshore Little League will require at least one manager/coach from each team to attend a First Aid Course once every 3 years. This training will be provided by the Skaneateles Ambulance Volunteers (SAVES) and take place at 77 Fennell Street, Skaneateles NY.

(CPR or First Aid training obtained outside of the above course will be accepted as long as verification is provided by the manager/coach.)

* Concussion training required for all volunteers at headsup.cdc.gov

**17.** SafeSport Act: All volunteers of Lakeshore Little League are mandated reporters of suspected child abuse (physical or sexual) and neglect within 24 hours. Volunteers are also to limit one – one contact with minors. Reports of abuse are to be made to the New York State Child Abuse Hotline

1 (800) 342-3720.

*For Local League* Use *Only*

A Safety Awareness Program's

Activities/Reporting

Incident/Injury Tracking Report

League r-&ame:

League ID: - lnddent Date:

Fi eld NametLocaoon: -----------------------­ Inciident Time: ----­

Injured Pel'$0tl's Name:

Date of BiM:

Addr"ess: ------------------------ A.ge: Sex : '1Male ., Female

Oity: S1ate ZIP:

Home Phone: )

Parent's Name (If Player):

------------------ 'WOrt< Pihone: )

Parents'Address {If Di11'erent):

--------------------------- Cny -----------------------

I nc dent occurred while p.artlclp.atlng In:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.I | IBaseball | Softba | .,Olallenger | ""J TAD |  |
| B.) | Ohanengeo-I Junior | T-BC!IInlor | ::::1 Minor0 Big league | ::::J Maior | ::::J 1nter,\_dlilte (S(I/701 |
| C.) | Tryout | Ptaetooe | ::::J Game | ::::J Toumament | ::::1 SpedalEvent |

ITravelto I Travelfrom .,otller {Describe):

Posltloni'Rola of porson(s) Involved In lneldent:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D.) 1 Batter | Baserunner .,P•itctler | ""J Catctler | -, Fil'st Base | ""J Second |
| Tl'oii'CI | ShOrtSl:>l) ::::J Left Fie1d | ::::1 Cente-r Fie\d | ::::J Right Fie'ld | ::::J Dugo1.1t |

IUmpire Coacti.Manager .,Spec1ator ""J \.btunteer .,Other:

Type of lni ury :

w:as fnt aid required? ::::J Yes ::::J No If yes, What:

Was proftllsslona l madlcal treatrnant required? '1 Yes ., l'llo If yes, what: (If yes, 1he p'layer must present a non-restdctive medical release pilor to to being aao.ve d n a game orpraCIJice.)

Type of Incident andl ocation:

A.IOn Pdmary Pila y ng Field B.) Adjacent to Play,nl g Field D.) Off Ball Fle'ld

::::J Base PaUi: ::::J Rumi"'! *or* ::::J Stiding ::::J Seatong Nea ::::J Travel:

.,Hit by Ball: ""J P tctled *or-* .,Thrown *or* .,Batted -, Parmg Area ""J *Car or* .,Bike *or-*

..J Collision wi1ih: ::::J Playeo- *or* ::::J Strocture C.) Concession Area ::::J WC!Ikiing

.,Grounds Defect .,'vblunteer 1/l.obrker ""J League ACIJivity

'1 Other: 1 Oustomer/Bystalder .,Other:

PllJ-e give a short description of Incident:---------------------------

Could this accident. have been avoided? How:

11us fonn Is f <>rlcKai iJitde Leape use only lshCMJid not besent to IJitde Leape lntem<rtiamoll . Th.IS daooment should be used to ""alu<rte potenua l s<>lety h.azards,uns<>le p<adlc:esa nd/« to c:orotribute po.siltw! Idees on ordeo' to llrrlpf'<We leasuesafety. Viiien an accident ocaon, obtolll asmudllnt:>nnM:ion as pou-. Fo<' At ct.ims *O<t* ln)u.ries th#t covld be()Ome dams t o any eli8ible pa nt ul'ICklt the Ao­ Cid'<lnt lnou.rane>c I)Qiiey, plea.., <:O<nl>lete th<t A\_,t N flal- Clillm fonn-.., •1>1c #t tap:// [www.-IOiope..org/Assets;'form<](http://www.-IOiope..org/Assets%3B%27form) pvbs/ asap/Acddentaalm l'<lnn.pdf ;o nd send to IJitde Le;ogue ln temadonaL Fo<' all other dalms to n<>IH!IIJI>Ie pa rtidlpants ..,der the Acddent

\*'

polity <>r dolrns that m;oy result .,\_atian,.,..,.,.., fil ou t the Gen.,...IIJabilrty Clillrn bnn avalbl:llehere:htU>:,I/wwwJ-eape.oq/­

sets,lf·onns\_JMJ.I>!,Iasy/G l£1a1m Fonn. pd'l

Prepared By/P06i1Jion: Phone Number: (

Slgna1Ure: Date---------------

Facility and 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, fences edges or sharp fencing Unsafe conditions around backstop, pitchers mound Warning Track condition

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