**2022**



***Safety Plan League #00226354.***

**Effective: April 2022**

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**Introduction**

In the Spring & Summer of 2022 the little Leaguers of Kenosha will begin their 70th year of youth baseball.

In 2014 we moved to a new Little League Sports Complex located in the City of Kenosha, Wisconsin. The new complex was dedicated to youth baseball and features four little league diamonds and two pony league baseball diamonds. The Complex provides ample parking for 172 vehicles along with an additional 8 handicap parking spots. The City of Kenosha Parks Division is responsible for maintaining the diamonds at the Dr. James L. Santarelli Sports Complex.

Becoming ASAP compliant will be our number one priority. Prior to each season, the Little Leaguers of Kenosha must submit their approved safety plan to Little League International and a copy of the Safety Plan must be on file with our District Administrator or District Safety Officer.

Everyone will have access to the safety manual, it is posted on the website: (www.littleleaguersofkenosha.com).

As we begin our ninth season at the new complex, we are confident that our safety plan will allow for a safe fun baseball environment for our fans, volunteers and ballplayers.

Our Motto is: First base is the first step to reaching home!

Honor the Game

Obey the Rules

Mistakes ore O.K.

Everyone Wins!

**Organization**

**Little Leaguers of Kenosha Board of Directors/Officers**

**League President: James Santarelli 262.945-.297**

**League Vice President: Phil Limbach 262.945.3748**

**League Secretary: Kyle Vitkus 262.331.3396**

**League Treasurer: Laurie Jacobs 262.657.3728**

**League Safety Office: Dan Santarelli 262.705.4385**

**League Chief of Umpires: Bob Hale 262.515.2546**

**League Email Address (**[**commissioner@littleleaguersofkenosha.com**](mailto:commissioner@littleleaguersofkenosha.com)**)**

Safety Officer

The Safety Officer position in the Little Leaguers of Kenosha was formed in 2008 as a board member position. This person acts as the liaison for any and all safety concerns. The Safety Officer is responsible to review, change and communicate the league's safety plan each baseball season. The plan is presented to the Board in February of each year for approval. Upon approval. It is then submitted to Williamsport and is on file with Little League International. The League President and Safety Officer have primary responsibility to insure that the entire league complies with the safety plan. However, the entire Little Leaguers Board of Directors, Officers and Coaches share equal responsibility to promote awareness and compliance as well.

**League Safety Policies**

All league safety policies will be made available to all Little League personnel (board members, managers, coaches, volunteers, police, fire and rescue. Reading and acknowledging this plan is MANDATORY for all managers and coaches.

The managers and coaches must familiarize themselves with the plan and it MUST be adhered too. The policies will include but not limited too; facilities safety plan, concession manual. first aid response and general safety environment rules. Copies of the League Safety Manual will be in common areas of the ball park. Those common areas will be; dugouts, concession stand and the facility crew area. Policies can also be viewed on the league website.

**2022 Overview**

The Little Leaguers of Kenosha Commissioner must electronically submit league player registration data or player roster data and coach and manager data to ASAP.

The league will also have all applicable volunteers fill out the 2021 Volunteer Application Form and conduct a nationwide background check on all applicable volunteers (Reg.1 (b), Reg.1 (c)B and Reg.1 (c)9).

One representative from each team must attend the first aid clinic and the player fundamental clinic. Each coach/ manager must attend these clinic once every 3 years. (The Commissioner's Office keeps on file which coaches/managers have attended and when they must re-attend).

**Emergency Procedures**

**Emergency Phone Numbers**

Kenosha Police/Fire/Rescue 911

Poison Control Center 1-800-222-1222

Weather Forecast 262-553-5503

**Non-Emergency**

Kenosha Police/Fire/Rescue 262-656-1234

Kenosha Police Sergeant Desk 262-605-5212

**Utilities – Emergency**

Water Utility 262-653-4330

Sewer Service 262-653-4335

WE Energies (Electrical Outage) 1-800-662-4797

WE Energies (Gas Leak) 1-800-261-5325

**Utilities Non-Emergency**

Parks Department 262-653-4052

Public Works Streets Division 262-653-4070

**Area Hospitals**

Aurora Hospital 262-948-5600

Kenosha Medical Center 262-656-2202

St. Catherine’s Medical Center 262-577-8202

**Kenosha Sports Complex**

Concession Stand 262-945-8717

4200 – 39th Avenue, Kenosha WI 5314

Rainouts Automated Message 262-945-8717

# 911 Procedure

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby phone. Be sure that you or another caller follows these steps. REMAIN CALMl!!I!

1. Call 911
2. When the dispatcher answers say, "I have an emergency."
3. Tell them what happened - i.e., baseball related accident, pedestrian accident, car accident, fire, medical emergency, etc .....   
   Answer any question the dispatcher might ask you. Most dispatchers will ask:
4. Address of the Emergency - Kenosha Sports Complex 4200- 39' " Avenue.
5. Location of Emergency - i.e., Diamond #, Concession Stand, Parking Lot, etc.
6. Condition of Injured Person - i.e., Unconscious, severe bleeding, chest pains, not breathing, approximate age of injured person, etc ....
7. Callers Name
8. Telephone number from which call was made.
9. What aid has been given to the injured?
10. How many people were involved?

Don't hang up until the dispatcher tells you too! Continue to care for the victim until help arrives!

Appoint someone to go to the street to flag down the rescue squad!

All players are to be sent to their respective dugouts when it is determined rescue is needed. There is no practice or playing during this time!

NOTE:

For emergency access to Diamond #1 and #2, the rescue squad should park on 39" ' Avenue by these two ball diamonds.

For emergency access to Diamonds #3, #4, #5 and #6, the rescue squad should enter the complex at the Service Drive off of 42nd St. This drive runs between Little League Diamonds #3 & #4 and the Pony League Diamonds #5 & #6.

No vehicles other than emergency vehicles should be parked on the complex grounds!!

IF RESCUE PERSONELL ARE MOVING AN INJURED PERSON BETWEEN TWO DIAMONDS, ALL PLAY WILL BE STOPPED AT THOSE DIAMONDS TO AVOID ANY FOUL BALLS FROM STRIKING THE INJURED PARTY OR RESCUE PERSONELL. PLAY MAY BE RESUMED WHEN THE INJURED PARTY IS PLACED IIN THE RESCUE SQUAD.

MANAGERS AND COACHES FROM BOTH TEAMS WHERE THE INJURY TOOK PLACE, MUST ASSIST RESCUE PERSONELL WITH CROWD CONTROL AND CLEAR A PATH TO THE RESCUE SQUAD.

Emergency Incident Reports

Any incident that warrants notification of Police/Fire/Rescue, must be reported. Medical Incidents that warrant reporting are i.e., any injury when a player, manager, coach, umpire or volunteer sustain an injury that requires medical treatment and/or first aid or any event that has the potential to require the medical assistance of a physician for evaluation and diagnosis and causes the individual to miss any practice or game time.

An incident/injury tracking form must be completed and placed in the Safety Officer's mailbox at the Concession Stand.

If anyone is transported by Police. EMS, or Parent/Guardian, include the following information on the back of the Injury/Incident Tracking Form:

1. Where transported too.
2. Agency transporting.
3. If transported by parent, name the parent.

**AIG Insurance Form**

If a player, Manager, Coach, Umpire, Official Scorekeeper, Safety Officer or Volunteer Worker sustains any injury where the injured party seeks medical treatment, an AIG Insurance Form is to be filled out and completed by the claimant. If the claimant is a minor, their parent or guardian are responsible for completing the form. These forms must be turned in to the Commissioner (262-945-4297) or Safety Officer (000-0000) within 24-48 hours of the incident. When filling out this form, please check to make sure all boxes are filled out. At the beginning of the season, the coaches are to hand out to the player’s parents, copies of the following papers about AIG:

1. What Parents Should Know About Little League Insurance
2. Claim Form Instructions
3. Treatment of Dental Injuries

(Copies of all forms, including the AIG Insurance Form are included in your Safety Plan).

Parent Notification

Parents/Guardians must be notified of any incident be it medical or involving Police or Fire Department. When a parent is not on the scene, the manager must get in contact with the parent or guardian. This must be done immediately.

# Clinics & Training

Little Leaguers of Kenosha will provide adequate training on basic first aid and concussions, along with a fundamentals training that will include hitting, sliding, fielding and pitching. This training will take place prior to the start of your team's first practice. This is a requirement of Little League International.

CPR training is offered every two years for managers.

At least one manager/coach from each team must attend the training. Managers/Coaches will attend this training at least once every 3 years. Remember, you will be with the players on the field when they are most vulnerable to injury. If you are unable to attend, you must contact the Commissioner or Safety Officer.

Date, Time and Location for Safety Clinic, CPR

Date: TBA Pandemic Guidelines

Time: TBA

# Injury Prevention

Medical Release Form

Keeping a player safe from injury or worsening an injury that was sustained, is to have the past and present medical history and related social history of the player.

These important medical conditions that he or she has (ADD, ADHD, asthma, diabetes, drug, environmental, food or insect allergies etc.) will help the mangers/coaches deal with each situation. If parent(s) or guardian(s) are not around if an incident occurs, the medical release form can be potential life saving information. A copy of this form is in the ·Form Section• of this manual. A copy should have been completed at time of registration.

Incident/Injury Tracking Form

If an injury does occur (minor or major injury), it is the responsibility of the manager to complete an Incident/Injury Tracking Report. A copy of this form is in the ·Form Section' of this manual.

Copies will also be available in the Concession Stand. The form MUST be completed and turned into the concession stand at the end of your game. This form is to be placed in the Safety Officer's Mailbox.

Injury Prevention

Dr. Thomas J. Gill M.D., from the Department of Orthopedics at Massachusetts General Hospital and co-author of a study of pitchers states, "Many Injuries in baseball involve the throwing arm and shoulder and most pitching injuries are caused by overuse, which may be the result of insufficient conditioning of certain muscles".

* Pre-season training and conditioning can help prevent injuries.
* Conditioning related injuries occur most often at the beginning of a season.
* Follow a regular conditioning program before the season starts.
* Incorporate exercises designed specifically for baseball.
* Catchers should do exercises such as; leg extensions, leg curls and toe raises. These exercises develop strength and flexibility of the muscles around the knees, thighs and calves.
* Players should run or engage in some type of physical activity once or twice a week. Gradually increasing the number of workouts to three or four times a week by the time practice begins.
* All players, especially pitchers should incorporate conditioning and stretching exercises for the shoulder.
* The muscles in the front of the arm are naturally stronger. Many shoulder injuries result from weaker muscles in the back of the arm that are used to stop the pitching motion. Your conditioning program should emphasize building up those muscles. Cross body curls, using light dumbbell weights and wall push ups are useful for strengthening shoulder muscles.
* As always though, before starting an exercise program, please consult your child's physician for the proper program for your child.

Teaching Proper Throwing Mechanics

* A pitcher's arm movements during different phases of the pitching motion, if performed incorrectly, can cause injury.
* A pitcher needs maximum shoulder rotation. The pitcher needs to rotate their body more to avoid placing too much stress on the arm and shoulder which occurs when the arm is positioned too far behind their body.
* Improper Elbow Angle: The pitcher's arm needs to be away from their body when the ball is released; the closer the arm is to the body, the more potential for injury.
* When a pitcher gets tired, the pitching arm tends to lag behind their body, placing undue stress on the shoulder.
* Trying to throw to hard can be harmful, especially in young players.

Practice and Game Training & Conditioning

The American Academy of Orthopedic Surgeons recommends that your child warm up and stretch by:

* Do jumping jacks, jogging or walking in place for 3 to 5 minutes to get the blood moving through the muscles and ligaments.
* Then slowly and gently stretch. Hold each stretch for 30 seconds.
* Pitchers should concentrate stretching their arms, shoulders, neck, wrists and legs.
* Catchers should concentrate stretching their legs, knees, feet and back.

First Aid Kits

Prior to every game or practice, Managers/Coaches are expected to have on hand a fully stocked league approved First Aid Kit. A spare first aid kit will be kept at the concession stand. Managers/Coaches are responsible to make sure their first aid kit is fully stocked with proper items.

If using the Spare First Aid Kit, the team's manager using the spare first aid kit must return and sign the First Aid Kit back into use at the concession stand. If any items had been used up, it is up to the team manager to leave a note in the Safety Officer's Mailbox as to what supplies are needed for that kit. Ice packs will be made available upon request at the concession stand. If supplies are needed for your private kits, contact the Safety Officer or leave him a note at the concession stand.

First Aid Kit Inventory

* Cold Packs\*\*
* Tweezers
* Compresses
* Sterile Pads
* Scissors
* Tape
* Antiseptic Towelettes
* Eye Patch
* Bandages
* Safety Pins
* Rescue Blanket
* Triangular Bandages
* Ace Bandages
* 2 pair of Latex Gloves
* Anti Bacterial Cream

\*\*While instant cold packs or gel packs are easy to store and are more convenient than ice, experts say that they may damage the skin because of the cold temperatures that they reach. Because ice doesn't get as cold, it is safer and thus preferable to cold or gel packs. So use the cold or gel pack as a last resort. Ice should be brought to all practices and games. The Concession Stand will also provide ice for injuries on the field.

Care for Injuries Animal Bites

* Call 911 if bites are severe, especially involving the face or ears.
* Control bleeding with pressure if needed.
* Wash minor bites well with soap and water and apply dressing or band-aid.
* Keep the animal confined and away from the child.

Bumps & Bruises

* Apply ice or cold to the area.
* Rest the injured part.

First Degree Burns

* First degree burns are like a sunburn; redskin but no blisters.
* Apply cold wet compress to the area.
* Leave open to air or cover with a dressing.

Second Degree Burns

* Second degree burns are red and form blisters.
* Apply cold compress to help relieve pain.
* Do not break blisters.
* Do not apply any creams or ointments.
* A dry dressing may be applied.
* Child may need medical care.

Third Degree Burns

Third degree burns are deep burns involving the entire thickness of the skin.

* Call 911
* Have the child lie down.
* Remove all clothing and jewelry around the burn area.
* It isn't always possible to. tell if a burn is 2"0 or 3'• degree right away. If the burn is large or serious, call 911.

Cuts and Scrapes

* Control any bleeding if needed. Use a clean cloth or paper towel and apply pressure for 4 - 5 minutes. It is normal for cuts on the head to bleed quite a bit.
* Look at the wound. If the cut goes all the way through the skin and the edges of the cut are apart, it may need stitches. If the cut is on the face or on the knuckle, it may need stitches even if rather small.
* Small scrapes or cuts that don't need stitches should be washed with soap and water.
* Apply a clean dressing or Band-Aid.
* If you think the injury may need stitches, or you aren't sure, notify parents right away.

Eye Injuries

* Prevent the child from rubbing the eye. Tearing (crying) helps flush the eye surface.
* Sand or dirt may be rinsed from the eye by flushing with water.
* Do not try to remove something if it is stuck on the eye surface .
* After rinsing the eye or removing sand or other objects from the eye, if the eye remains painful or tearing, notify the parents light away.

Fractures (broken bones) or Sprains

* If the arm or leg is deformed or obviously broken, or there is bone protruding or open wounds over the area of the break, call 911.
* If an arm or leg is injured, prop it up on a pillow. Arms and legs should be kept above the level of the heart.
* Apply Cold or ice to the area.

Head Bumps

* If the child is or was unconscious, call 911.
* For minor injuries, have the child lie down and rest quietly.
* Observe the child's behavior for the next several hours. If the child becomes confused, usually sleepy, or begins to vomit, call 911.

Insect Bites

* Signs of a serious allergic reaction can include:
* Swelling or itching of the mouth, lips, tongue or throat.
* Trouble breathing or wheezing.
* Hives all over the body.
* Fainting or loss of consciousness.
* Call 911 immediately if you think the child is having an allergic reaction.
* Normal reaction to a bee or hornet sting or insect bite include redness or swelling right around the area of the bite or sting and itching or pain.
* If a stinger is clearly visible, you may gently remove it, trying not to squeeze it.
* Apply ice or cold pack.
* Observe the child for signs of a serious reaction.

Slivers

* Small slivers may be removed with a tweezers, pulling out in the direction it went in.
* If unable to remove easily, leave it alone.
* Wash the area with soap and water, but do not soak if wood sliver is still in place.
* Apply a Band-Aid.
* Slivers that are deep or extremely painful, or you were unable to remove: notify the parents right away.

Nosebleeds

* Have the child sit with the head tilted slightly forward.
* Pinch the nostrils closed right where the bony part of the nose ends.
* Hold pressure for ten minutes.
* After ten minutes, release pressure. Do not allow forceful nose-blowing or picking at the nose.
* Watch for more bleeding or swallowing of blood. If bleeding continues, notify parents.

Remember to report all injuries or illness, even ones which appear minor, to the parents when they return.

**Concussions**

State Statute

* Wisconsin State Statute 118.292 requires a person operating a youth athletic league to distribute a concussion and head information sheet annually to each coach and to each participating athlete.
* The information sheet for each youth athlete shall be signed by a parent or guardian and returned prior to participation.
* Supply each athlete a copy of the CDC's fact sheet on concussions. (Titled: "A Fact Sheet for Athletes). You can find them in the back of your safety manual. We have provided both English and Spanish Versions.
* Supply each parent or guardian a copy of the CDC's fact sheet on concussions. (Titled: "A Fact Sheet for Parents·) We have provided both English and Spanish Versions.
* It also requires the removal of a youth athlete by a coach, official or health care provider if it is determined that that person exhibits signs and symptoms of a concussion or head injury and if a concussion is suspected.
* The athlete may not return until evaluated by a licensed health care professional and receives written clearance to return.
* The law defines "Health Care Provider· to be a person who holds a credential (license or certification issued by the State of Wisconsin), is trained and has experience in evaluating and managing pediatric concussions and head injuries and is practicing within the scope of the credential held. Coaches, officials or volunteers are immune from civil liability unless an omission rises to the level of gross negligence or wanton or willful misconduct.

Definition

* A concussion is a type of traumatic brain injury or TBI - caused by a bump, blow, or jolt to the head or hit to the body that causes your head and brain to move rapidly back and forth.

Did You Know?

* Most concussions occur without loss of consciousness.
* Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
* Young children and teens are more likely to get a concussion and take longer to recover than adults.

What to Watch For…

* Remember, you can't see a concussion and there is no one single indicator for a concussion.
* So to help recognize a concussion, you should watch for and ask others to report the following two things among your athletes:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking or physical functioning.
3. In your Safety Manual will be a copy of the Signs or Symptoms, plus your own CDC fact sheet. (Titled: "A Fact Sheet for Coaches").

* Signs and symptoms of a concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days.
* So assess the player, then assess the player again. Make sure the athlete is supervised for at least one or two hours after you suspect a concussion.

Also, talk to the athlete's parents about watching for symptoms at home and when the athlete returns to school.

* The "Key is to keep a list of concussion signs and symptoms in your clip board, and to use it while repeatedly checking on your athlete with a suspected concussion. (A copy is at the end of your Safety Plan).

Danger Signs!

* If signs or symptoms get worse, you need to consider it a medical emergency.
* Call 911 or take the athlete to the emergency department right away if there is a bump, blow or jolt to the head or body, he or she exhibits one or more of the following signs:
* One pupil larger than the other.
* Drowsiness or inability to wake up.
* A headache that gets worse and does not go away.
* Weakness, numbness, or decreased coordination.
* Repeated vomiting or nausea.
* Slurred speech.
* Convulsions or seizures.
* Inability to recognize people or places.
* Increasing confusion, restlessness, or agitation.
* Unusual behavior.
* Loss of consciousness (even a brief loss of consciousness should be taken seriously).

When you suspect a Concussion.

1. Remove the athlete from practice or the game. (Look for signs or symptoms).

2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. (Do not try to judge the severity of the injury yourself). As a coach, recording the following information can help health care professionals in assessing the athlete after the injury: (Remember to use our "Injury Assessment Form”, included in your Safety Manual. There are also extra copies at the Concession Stand.

* Cause of the injury and force of the hit or blow to the head or body.
* Any loss of consciousness (passed out or 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 another copy of the CDC fact sheet on concussion for parents. (A copy is included in the Safety Manual and extra copies are at the Concession Stand).

4. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says it's OK for the athlete to return.

"Toughing it Out" isn't Strong -It's Dangerous

* Sometimes people believe ti shows strength and courage to play when you're injured. Not only is that wrong, it can put a young athlete at risk for serious injury.
* Taking a time out is not a sign of weakness, and that playing with a concussion is dangerous.

Why Take a Time Out?

* Resting after a concussion is critical in helping the brain recover.
* Be prepared for your player to offer resistance. The player might feel frustrated, sad, or even angry about having to sit out.

1. Talk to them about it.

2. Be honest about the risks of getting put back into play too soon.

3. Offer your support and encouragement.

4. Tell them that as the days go by, they'll feel better.

* REMEMBER ... IF AN ATHLETE HAS SUFFERED A CONCUSSION, ONLY THE HEALTH CARE PROFESSIONAL CAN RETURN THE ATHLETE BACK TO PRACTICE AND GAME ACTIVITIES. FOLLOW ALL INSTRUCTIONS FROM THE HEALTH CARE PROFESSIONAL AS TO THE ATHLETES REINSTATEMENT OF ATHLETIC ACTIVITIES.

Pre-season Check List!!!!!!!

* Prior to any activities, parents and or guardians and athletes, must sign the concussion policy statement at the beginning of each sports season.
* Dedicate a team meeting to talk about concussions.
* Remind athletes to immediately tell the coaching staff if they suspect that they have a concussion or that a teammate has a concussion.
* ALWAYS REMEMBER · When in doubt, sit them out!

Concussion Clinic

* A preseason clinic will take place where you will view the CDC's "Heads Up - Concussion in Youth Sports"
* Following the DVD presentation, you will be given an 11 question test about the material you had just viewed.
* Extra "Parent I Athlete Forms" will be available, along with "Signs & Symptoms” sheets. This is a Mandatory Clinic!

**Pre-Game Responsibilities**

Pre-game Inspection

* Coaches and umpires should inspect all equipment. Report any equipment problems to the League Safety Officer by leaving an equipment form in the Safety Officer's Mailbox at the Concession Stand. A copy of this form is in the "Form Section· of this manual. Extra copies can be picked up at the concession stand.
* Don't discard bad equipment: turn it in to the concession stand to be destroyed or made unusable.
* Make sure all players are wearing all required safety gear every time they take the field for a game or practice.
* Inspect the ball diamond. i.e., holes in the ground, ruts in the grass, broken glass, protective fence tops, damage to the fences, etc.... Remind players that if they notice anything to report that to you. Any damage needs to be reported to the Safety Officer. Fill out a Ball Diamond/Equipment Damage Form. A copy of this form is in the “Form Section” of this manual.
* All teams are to use only Little League approved baseballs. A bat size guideline will be made available to Managers at a meeting prior to season. No cracks or chips in the bats. Handgrip of bat is in place and not damaged.
* Catchers must always use only league issued equipment; catcher’s mitt, wear a helmet. facemask, throat guard, long model chest protector, protective supporter and shin guards. **(Exception: Letter of approval from President for personal catcher's equipment. It must meet all Little League requirements and can only be blue or black in color.)**

Clean uniforms are to be worn. Unsanitary clothing poses a risk of staph-infection to your child and the teammates.

* Players are to check their gloves for damage. Stitching and webbing are to be in good condition and not in danger of breaking.
* Players are to wear properly fitted league issued helmets when batting, waiting to bat or running the bases. All helmets are to remain on until player enters the dugout.
* Players who wear glasses should obtain protective eyewear from an eye care professional who is aware of sports safety standards.
* Use only shatterproof sunglasses that are designed for sports.
* Little League prohibits the use of shoes with metal spikes. Shoes with molded cleats are fine.

Weather Preparation / Heat

* Make sure players keep themselves hydrated.
* Do not give them soda when playing in a game.
* Sunscreen should be used with a minimum SPF level 15. Apply to child's face, neck and arms. Re-apply if the child is sweating.
* Catchers should have a towel soaking in ice water. This can be applied to their neck in between innings.

Hydration

* Have players drink at least 16 ounces of water two hours before a practice or game.
* They should drink an additional five to 10 ounces every 15 minutes during practice.
* Increase consumption if it's hotter or if players are working harder.
* To get an idea on how much hydration is needed, one gulp equals about an ounce of water.

While water is great for normal activities, sports drinks are preferable during long periods of exercise.

* When a player sweats a lot, they need to replace carbohydrates and electrolytes.

Cool and Damp Weather

* Sweatshirts or Underarmor may be worn under the player's uniforms to keep them warm.
* Pitchers are not allowed to wear long sleeved white T-shirts or sweat shirts.
* Windbreakers may be worn, but only in between innings.

Batting Practice

* Batting practice is to be conducted only in the batting cages.
* No players are to be swinging bats outside the batting cage or outside the fenced in diamonds!!!!!!!!
* Managers and Coaches are the only ones to throw batting practice.
* Players are to be wearing only league issued helmets when taking batting practice.
* No Batting Practice is to be allowed on the diamonds.

Infield Practice

* Is not permitted on game days.
* Watch out for errant throws.
* Infield and Outfield drills may take place simultaneously. Watch for errantly thrown or hit balls. If a ball is hit errantly, those who are aware of the situation should be yelling "HEADS UP!!I!”

**Play Ball – Game Time**

Pitch Count

* A pitch count will be taken on every pitcher in the game.
* Pitchers will have specific limits for balls pitched in each game. The number of pitches are based on their age.
* The number of pitches delivered will determine the amount of rest the player must have before pitching again.
* Detailed rules for the pitch count can be found in your rulebook.
* A coach or designee of the opposing team will monitor pitch counts.
* A pitch is any ball thrown by the pitcher from the mound that the umpire defines as a pitch.
* Routinely monitor your catcher's arm. No one on the field throws the ball more than the catcher.
* A pitcher can play the position of Catcher in the same game, if the pitcher has thrown 40 or less pitches.
* If a Catcher catches more than 4 innings, the Catcher cannot pitch.

On Deck Hitter

* There is no On Deck Batter allowed outside the dugout. NO EXCEPTIONS!

Inclement Weather

* In baseball, 3 strikes and you're out. With lightning, one strike is all it takes.
* Local weather forecasts should be monitored from the concession stand.
* Remember, all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning's distance from you can be referenced by noting the time from its flash, to the bang of the associated thunder.

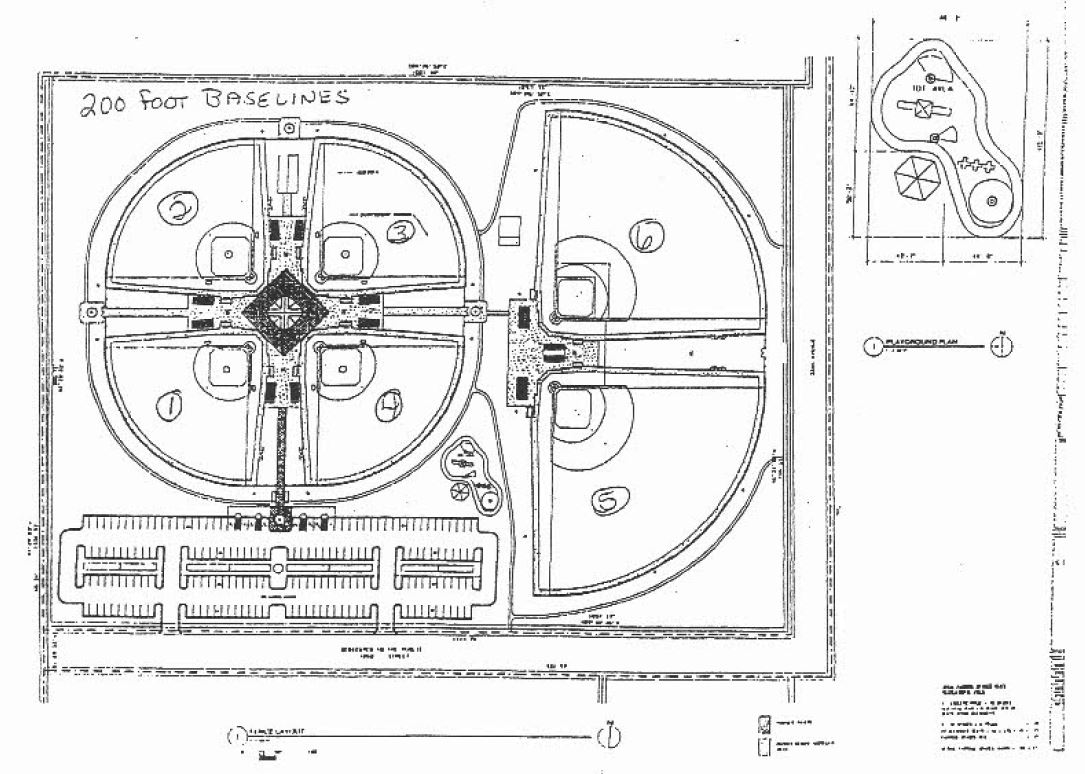
* For every 5-second count between lightning and thunder, the lightning is one mile away. i.e., 10 seconds = 2 miles.
* The lightning evacuation plan will be implemented if the count reaches 15 or three miles away.
* The evacuation plan consists of suspension of the game. Umpires discretion.
* Players and coaches are to leave the dugout area and go to an enclosed building or their car.
* The Concession Stand bathrooms and or basement maybe used.
* An adult must accompany any player using the basement.
* Do not stand near any metallic objects. (flag poles, fences, light poles, metal bleachers, etc ... )
* Do not carry any metal bats.
* If you feel your hair standing on end or hear "crackling noises", you are in the lightning's electric field. Move to a safe area.
* If the storm passes and the field is in playing condition, the game will be resumed after a 30 minute wait.

Tornado Siren

* If the tornado siren is activated, the game will be suspended immediately. All players and coaches will take immediate shelter.

**Dr. James L. Santarelli Sports Complex Facility Survey**

As stated in the introduction, the Little Leaguers of Kenosha will be playing baseball for the sixth year in a row at our new sports complex. The Board of Directors will be striving each and every year to keep this complex as beautiful and safe as its inaugural year of play. Inspections will be made on a daily basis during the season and repairs/corrections will be made on a timely basis. An inset of our facility is pictured below.



**Little League Code of Conduct**

The Little Leaguers of Kenosha Board, its league managers, coaches and umpires must enforce this code. All league officers, participants, members, volunteers and players are required to abide by this code.

Each year the league's Safety Officer will consider revising or modifying the Code of Conduct to ensure proper baseball operations and safety. Failure to comply with this Code of Conduct, can result in expulsion from the Little League Complex.

Expected Code of Conduct

* Observe all posted signs.
* Players and spectators must be aware of foul balls at all times. No food is to be consumed in the dugout during games.
* Do not climb on fences or dugout.
* Mandatory 5mph speed limit in parking lot. Watch out for small children.
* Only Emergency Vehicles are allowed on the complex grounds.
* No alcoholic beverages allowed at the complex.
* No smoking allowed at the complex.
* Only players, managers, coaches, umpires and league officials are allowed on the field or in the dugouts during the game.
* Managers and Coaches must wear designated LL Shirt No Exceptions. If you fail to do so, you will not be allowed to coach that game.
* Use of profanity will not be allowed.
* No pets on the complex ground.
* Only authorized personnel are allowed in the concession stand. NO PLAYERS!After each game, each team is responsible to pick up all trash in the dugout and around the seating areas.

• Please recycle all bottles and cans.

Parent Code of Conduct

* One of the most challenging aspects of coaching is to play the part of a role model to our players. For the most part, our players throughout the years have displayed good sportsmanship during our season.
* In the heat of the game, it isn't hard to get emotional and as coaches we have an obligation to the players to reinforce teamwork and continued good sportsmanship.
* At times poor behavior of individuals off the field has caught our attention. Just like coaches, parents must also be role models to the young athlete. Parents need to set positive examples.
* Please review the guidelines set aside for our parents and help us provide an enjoyable season for the children and spectators.
* Set an example of sportsmanship.
* Remember, these are kids playing a game. There are no Major League Scouts in the stands.
* Do not criticize the umpires and always treat them with respect.
* Do not criticize the opposing team. It’s players, coaches or fans with words or gestures.
* Remember Managers, Coaches and League Officials are unpaid volunteers. Do not promote slanderous or hurtful gossip.

Player Code of Conduct

* Any player using foul or abusive language or gestures to any other player, coach or umpire will be ejected from the game.
* Fighting is an automatic ejection.
* All players are to treat their teammates, coaches, umpires, fans and opponents with respect.
* Players will not taunt, yell at or in any way try to distract players on the opposing team.
* Players will shake hands with the opposing team after the game.

We must remember; To get respect, we must first give respect. Therefore, both children and adults set good examples toward one another.

Winning vs. Losing

* Winning is a component of competition, not the essence of it. The essence of competition is the process of competing and all that it entails.
* We have the responsibility to educate coaches, parents and our children about the true meaning of winning and losing.
* Competition is not a measure of self worth. It is a simple way to measure our present abilities and efforts against the abilities and efforts of others. Competitive situations should be viewed as an area where we can have a positive effect on building character traits like confidence, poise, self control, self esteem, discipline and the value of setting goals and striving to achieve them. Winning cannot be a goal in itself. However, all the components of competing can be goals that we achieve in order to win.
* When winning becomes the only goal, competition turns to conflict.
* SPORTS ARE COMPETITIVE - WARS ARE CONFLICTS!

**Little Leaguers of Kenosha Safety Code**

All participants, league officials, volunteers and players are required to follow this code. It is mandatory during practices (whether you are at practice fields) and games that all take necessary action(s) to comply with this code. The Safety Officer will monitor the league to make sure this code is being followed If needed, this code can be revised at anytime by the Safety Officer and notification will then be made to all league officials. Revisions will be posted at the Concession Stand and can be picked up by managers and coaches. Suggestions are always welcome as to how we can make our program safer. Suggestions can be left in the concession stand and placed in the Safety Officer's mail slot.

* All managers should have a current Little League Rule Book.
* All volunteers are required to have background checks done.
* A Volunteer Application Form must be filled out and on file with Little Leaguers of Kenosha. A copy of this form is in the "Form Section" of this manual.
* All teams should have access to a cellular phone. (emergencies)
* Equipment must be in good shape and inspected regularly .
* All batters must wear only league issued batting helmets.
* All equipment should remain off the fields during practice and games.
* No coach may be outside the dugout. (except when coaching a base)
* During warn, ups, use ample space between the players to avoid being struck by errant throws or missed catches.

Catchers must wear only league issued protective equipment (unless given permission by Commissioner to use players personal equipment) at all times during practice and games. This includes catcher's helmet, mask with dangling type throat protector, long chest protector, shin guards and protective cup with athletic supporter (male). All players are encouraged to wear protective cups, supporters and mouth guards for practice and games.

* Catchers must wear catchers helmet and mask with throat guard while warming up pitchers. This applies between innings and in the designated bullpen area during all games and practices.
* Managers and Coaches may not warm up pitchers before or during a game. Headfirst slides are not permitted while advancing to a base. Runner will be called out. NO WARNINGS!
* Players who wear glasses are encouraged to wear safety/sport glasses.

**Concession Stand**

* Only authorized volunteers are allowed in the concession stand.
* NO UTILE LEAGUE PLAYERS ARE ALLOWED INSIDE THE CONCESSION STAND!
* Cooking: A food thermometer should be used to check on cooking and holding temperatures of all hazardous foods. All potentially hazardous foods should be kept at 41 degrees F or below (if cold) or at 140 degrees F or above (if hot). Ground Beef and Ground Pork products should be cooked at an internal temperature of 155 degrees F and poultry parts should be cooked to 165 degrees 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 degrees F. Do not attempt to heat foods in crock pots, steam tables, over steno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperature.
* Cooling and Cold Storage: Foods that require refrigeration must be cooled to 41 degrees 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" in depth and refrigerate. Pans should not be stored one on top of the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain un-refrigerated for too long has been the #1 cause of food-borne illness.

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. Another defense against contamination would be to split the duties in the Concession Stand. Those that are handling money do not handle food preparation.

* Health and Hygiene: Only healthy workers should prepare and serve food. Anyone that shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc .... ) or has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments. 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 tool 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 use disposable dishware. Ideally, dishes and utensils should be washed in a four-step process.

1. Wash in hot soapy water;
2. Rinse in clean water;
3. Chemical or heat sanitizing;
4. Air dry.

* 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 your hands. Ice can become contaminated with bacteria and viruses and cause food-borne illness.

Wiping Cloths: Rinse and store you wiping cloths in a bucket of sanitizer  
(example: 1 gallon of water and Y, teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross contamination and discourage flies.

* 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 waste water in an approved method (do not dump it outside). All water used should be potable water (suitable for drinking) from an approved source.
* Food Storage and Cleanliness: Keep foods stored off the floor at least 6 inches. After your event is finished, clean the concession area and discard unusable food.
* Clean Hands for Clean Food: Since the staff at Concession Stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing hands. The following may serve as a guide:

1. Use soap and warm water.
2. Rub your hand vigorously as you wash them.
3. Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
4. Rinse your hands well.
5. Dry hands with a paper towel.
6. Tum the water off with a paper towel, instead of your hand.
7. Wash your hands in this fashion before you begin work and frequently during your time in the concession stand and especially after performing any of the following:
8. After touching bare human body parts other than clean hands.
9. After using the restroom.
10. After caring for or handling animals.

11. After coughing, sneezing, using a handkerchief or disposable tissue.

12. After handling soiled surfaces, equipment or utensils.

13. After drinking or eating.

14. During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.

15. When switching between working with raw food and working with ready-to-eat food.

16. Directly before touching ready-to-eat food or food contact.

17. After engaging in activities that contaminate hands.

**Miscellaneous Forms**

The following pages have forms that may be required to be filled out during the upcoming season. If additional forms are needed, they can be obtained by contacting the Safety Officer or Concession Stand.

Any extra forms needed for Insurance Claims can be found at the Concession Stand or by contacting the Commissioner or Safety Officer.

The Forms are listed below and are in the following order after page 40:

1. Incident Injury Tracking Report

2. AIG Insurance Form (2 pages)

3. What Parents Should Know About Little League Insurance

4. Claim Form Instructions

5. Treatment of Dental Injuries & Check List for Preparing Claim Form

6. General Liability Claim Form

7. Medical Release Form

8. 2017 Volunteer Application Form

9. Parent Athlete Concussion Information Sheet (2 pages - Must be signed)

10. CDC Fact Sheet for Athletes (English & Spanish Version)

11. CDC Fact Sheet for Parents (English & Spanish Version)

12. CDC Fact Sheet for Coaches. (4 pages)

13. CDC Signs and Symptoms for Concussions (Coaches)

14. Little League of Kenosha Equipment I Field Damage Report Sheet.

