



Southampton Little League

Safety

Plan



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INTRODUCTION

Southampton Little League is for ages 4-12 years old on the East End of Long Island, NY. We play in District 36.

The objective of SHLL is to provide programs and supervision of youth baseball and softball using the Rules and Regulations of Little League International Baseball Inc. Also, while valuing its mission statement of: Little League believes in the power of youth baseball and softball to teach life lessons that build stronger individuals and communities. One Team. One Little League.

We are made up of multiple Divisions:

1. Tee Ball
2. Rookie League
3. Minor League
4. Major League
5. Softball

1. SAFETY OFFICER

Southampton Little League has a Safety Officer which will be responsible for the safety of our players, coaches, volunteers, and fans.

This position will be chosen by the Board of Directors.

The current Safety Officer is:

Ken Sisco

Email: **siscony@gmail.com**

Phone: 631-807-1703

The Safety Officers information is available to all via our website.

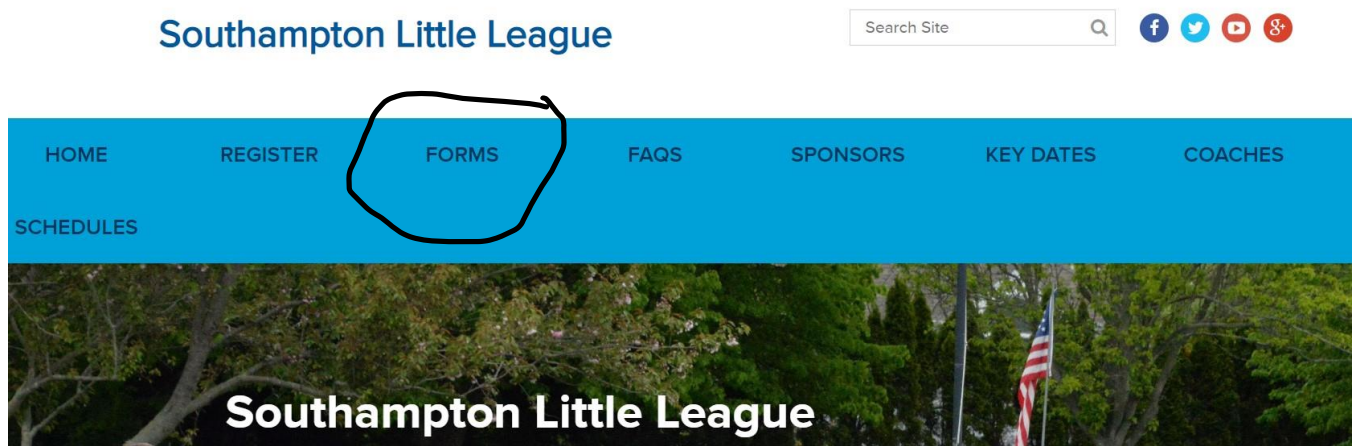
2. ACCESS TO SAFETY PLAN

- The Safety Plan will be accessible to all players, parents, volunteers, coaches, and fans.

The plan can be found on the Southampton Little League website:

<http://www.southamptonlittleleague.com/>

The plan can be under the Forms tab which is found on the home page.



3. EMERGENCY AND LEAGUE OFFICIAL'S NUMBERS

For Any Medical Emergency, please Dial 911.

We have Three Locations of Events:

- Flying Point Field – Downs Park
- SYS – Southampton Youth Services – Majors Path
- Southampton School Properties

Non-Emergency Numbers for events and games at any school property or Downs Park:

- Southampton Fire Department: (631) 283-0072
- Southampton Village Police: (631) 283-0056
- Southampton Village Ambulance: (631) 287-0558

Non-Emergency Numbers for events or games at SYS:

- North Sea Fire Department: (631) 283-3629
- Town Police: (631) 728-5000
- Town Ambulance: (631) 283-0325

League Officials:


- President – John Venturella – (631) 561-8314
- Vice President – Zach Epley – (516) 903-1676

General Questions and Concerns can also be sent by email to:

- SouthamptonLittleLeague@gmail.com

4. OFFICIAL LITTLE LEAGUE VOLUNTEER APPLICATION

All Volunteers will fill out the Official Little League Volunteer Application. This can be found on the Southampton Little League Website. Applications will be sent to League President for submission to Little League International.



Little League® Volunteer Application – 2024
Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/LocalBGcheck for more information.

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

1. Do you have children in the program? ☐ Yes ☐ No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No

3. Do you have a valid driver's license? ☐ Yes ☐ No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? ☐ Yes ☐ No
If yes, describe each in full: _____
(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact Little League International.)

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

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

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

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____
If Minor/Parent Signature _____ Date _____
Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)(9) for all background check requirements

☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List

☐ National Sex Offender Registry

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

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

☐ Proof of completion of Abuse Awareness Training for Adults provided to league

Last Updated: 10/23/23

5. FUNDAMENTAL TRAINING

A Manager or Coach for all teams will go through a quick fundamental training every three years. This baseball/softball fundamentals training will be conducted by the Division Director yearly. The training will be at the preseason division meeting. At the meeting, the Division Director will go over basic drills, rules, and practice schedules. Most Division Directors will give coaches and managers links to YouTube videos. Little League has many videos and drills available online.

The League President, Safety Officer, and Division Directors are also available throughout the season for questions. Little League Board members make attempts to attend practices and games.

6. FIRST-AID TRAINING

First-Aid training will be provided once a year at the Division Director meeting. It is preferred that a coach or manager for every team goes. This training will be basic first aid. CPR is not required but is preferred. A game should have at least one CPR trained person at it.

If someone would like First-Aid or CPR, please reach out to the following individuals:

Zach Epley – (516) 903-1676

Amanda Epley – (631) 804-7051

7. FIELD INSPECTIONS

All fields will be inspected before every game and practice. A manager and/or coach is required to walk the field to check for safety. It is the responsibility of the manager and/or coach to make sure the field is safe for play. If the field is not safe, it is the responsibility of the manager and/or coach to stop practice or the game until the field is deemed safe.

Before every game, both teams will send a manager and/or coach to a meeting at home plate. At the meeting, they will discuss ground rules, player safety, and any other concerns.

If a field needs maintenance, please contact the league president or email Southampton Little League.

8. FACILITY SURVEY

It is the responsibility of the League President to complete the annual Little League Facility Survey. The survey can be found in the LL Date Center. See below.

2021 Season A Safety Awareness Program (ASAP) Safety Plan

[Home](#) / [2021 Season ASAP Safety Plan](#) / [Safety Plan Requirements - Complete Facility Survey - Planning Tool](#)

Safety Plan Submission Progress

- I. Overview
- II. Safety Plan Upload
- III. Safety Plan Requirements
- 1. Verify Officers
- 2. Distribute Safety Manual
- 3. Distribute Emergency Numbers
- 4. Volunteer Application Form
- 5. Fundamentals Training
- 6. First Aid Training
- 7. Field Inspections
- 8. Complete Facility Survey
 - a. **Planning Tool**
 - b. Fields
- 9. Concession Stand Safety
- 10. Equipment Inspections
- 11. Accident Reporting
- 12. First Aid Kits
- 13. Enforce Little League Rules
- 14. Provide Registration Data
- 15. Answer Survey Question
- IV. Sign and Submit

Facility Survey - Planning Tool for Future League Needs

What are your league's plans for improvements?

Indicate the number of fields in the boxes below.

	Next 12 Months	1-2 Years	2+ Years
New Fields	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>
Basepath/Infield	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>
Bases	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>
Scoreboards	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>
Pressbox	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>
Concession Stand	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>
Restrooms	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>
Field Lighting	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>


9. CONCESSION STAND REQUIREMENTS

Southampton Little League does not have a concession. If someone would like to sell food or concession, then that must be approved by the league president and safety officer. The concession stand must meet all local health department requirements. Proper hand washing must be done. If a team would like to provide free snacks after a game, that is allowed. Please make sure there are no team allergies before serving the snacks. Please use proper sanitary safety procedures.


Volunteers Must Wash Hands

HOW


Wet
warm water




Wash
20 seconds
Use soap




Rinse



Dry
Use single-service paper towels



Gloves



WHEN

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

Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or fake 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 16th Partnership for Food Safety Education. United States Department of Agriculture-Cooperating. UMass Extension provides equal opportunity in programs and employment.



10. INSPECTION AND REPLACEMENT OF EQUIPMENT

The League Safety Officer and Equipment Director will inspect the equipment every pre-season. If they deem equipment not safe, then it will be retired.

The manager and/or coach will inspect the equipment before every practice and game. If the equipment is not safe, then the equipment will not be used. If the equipment needs to be replaced during season, then the manager and/or coach will contact the Equipment Director.

The Umpires will also inspect the equipment before each game.

After the season, the League Safety Officer and Equipment Director will inspect the equipment. They will make inventory of the equipment and order what is needed.

11. INJURY/INCIDENT REPORTING

If an injury/incident occurs, it is the responsibility of the manager and/or coach to report the incident to the League Safety Officer. The incident can also be reported to the League President or Southampton LL email. It is the responsibility of the League Safety Officer and/or President to fill out the LL incident form sheet within 24-48 hours of the incident. This form is found on the LL website. It is the responsibility of the manager and/or the follow up with the parent and kid about the injury or incident. Safety is a priority.

LITTLE LEAGUE® BASEBALL AND SOFTBALL				Send Completed Form To:	
ACCIDENT NOTIFICATION FORM				Little League, International	
INSTRUCTIONS				539 US Route 15 Hwy, PO Box 3485	
				Williamsport PA 17701-0485	
				Accident Claim Contact Numbers:	
				Phone: 570-327-1674	
1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.					
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.					
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.					
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.					
5. Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.					
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.					
League Name			League I.D.		
Name of Injured Person/Claimant		SSN	PART 1	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	<input type="checkbox"/> (Submit a copy of your approval from Little League Incorporated)	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE(8-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO		
	<input type="checkbox"/> INTERMEDIATE (85/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM		
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT		
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)		
I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.					
I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.					
I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.					
Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)				
Date	Claimant/Parent/Guardian Signature				

12. FIRST AID KITS

Each team will be issued a first-aid kit. The is the responsibility of the manager and/or coach to have this first-aid kit at every game and practice. If anything needs to be replaced in the kit, please contact the Equipment Director and/or Safety Officer. Having the first-aid kit at all events is mandatory.

13. ENFORCING LL RULES AND REGULATIONS

Southampton Little League will require all teams to enforce all Little League rules and regulations including the following:

- Proper equipment for catchers
- No on-deck batters
- Coaches will not warm up pitchers
- Bases will disengage on all fields.

In addition, all batters will be required to have a facemask on their batting helmet.

Appendix B Safety Code for Little League

- Responsibility for safety procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches, and umpires should have some training in first-aid. First-Aid Kit should be available at the field.
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate. (See Lightning Safety Guidelines.)
- Play area should be inspected frequently for holes, damage, glass, and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice sessions and games, all players should be alert and watching the batter on each pitch.
- During warm up drills, players should be spaced so that no one is endangered by errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear a protective supporter and cup at all times.
- Except when runner is returning to a base, head first slides are not permitted. This applies only to Little League (Majors) and below.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
- Catchers must wear catcher's helmet, face mask, and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skull caps are not permitted.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- 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. This applies only to Little League (Majors) and below.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

14. LITTLE LEAGUE REGISTRATION

Little League registration will be coordinated by the Director of Registration. Southampton Little Leagues Director of Registration is – Amanda Epley.

It is the responsibility of the league president to manage the registration in the LL data center.

Any general questions about registration can be sent the Southampton Little League email:

SouthamptonLittleLeague@gmail.com

League Resources	
Download Official Logos	
Manage Fields (Facility Survey)	
Manage Insurance/View Insurance Certificates	
Manage/View Officers	
Manage Registration Data	Last Uploaded December 16, 2020
Review League Information	

Teams Chartered	
Program	
Baseball	
Girls Softball	
Boys Softball	
Accident Insurance: T	
Liability Insurance: Tt	
Crime Insurance: Non	
Max. Excess: 100	

15. COMPLETE SURVEY DATA FOR LL

It is the responsibility of the league President or Vice-President to complete all LL survey data online. All data must be up to date for the season to happen.

2021 Season A Safety Awareness Program (ASAP) Safety Plan

Home / 2021 Season ASAP Safety Plan / Safety Plan Requirements - Answer Survey Question

Safety Plan Submission Progress

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 - 15. Answer Survey Question
- IV. Sign and Submit

Answer Survey Questions

If COVID-19 restrictions allow, is your league comfortable participating in the Little League International Tournament, including travel to tournament locations?

☒ Yes, our league is comfortable participating in the Little League International Tournament, including travel to tournament locations.

☐ No, our league is not comfortable participating in the Little League International Tournament, including travel to tournament locations.

Are there any additional actions that Little League International can take or resources it can offer to local leagues to supplement local COVID Safety Plans that would make the league more comfortable participating in the Little League International Tournament?

[Continue](#)

Charter Status

Approved

League Resources

[Download Official Logos](#)

[Manage Fields \(Facility Survey\)](#)

[Manage Insurance/View Insurance Certificates](#)

[Manage/View Officers](#)

[Manage Registration Data](#)

[Review League Information](#)

[Submit/View 2021 Season ASAP Safety Plan](#)

[In Progress, Click Here to Continue](#)

[Submit Background Checks](#)

[View District Information](#)

[View League Boundary Map](#)

[View Reports](#)