

2016 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 2016 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 15 minimum requirements clearly detailed** — online or with a **postmark** no later than **April 1, 2016**. 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, 2016**.

Safety plans approved prior to the posted deadline will win your league a cash credit 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 2016 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 March 11**. This is different than the league deadline and requirement. Districts with **86%** or better of their leagues that LLI received an approved and qualified safety plan by March 11 will earn a **\$350 credit**. Districts with **70%-85%** of their leagues that LLI received an approved and qualified safety plan by March 11 will earn a **\$150 credit**.

This Registration Form MUST Accompany Safety Plan Submission

League Name Media Little League League I.D. # 238-19-18
City Media State PA League I.D. # _____
(If board operates more than one charter, please list **all**;) League I.D. # _____

League Safety Officer Steven Cohen
Address 7 Rachel Drive
City Media
State PA Zip Code 19063
Work Telephone ()
Home Telephone ()
Cell/Pager Number (434) 1825.6232
Email steven.cohen@rothmaninstitute.com

League President Del Bittle
Address 112 Kelly Lane
City Media
State PA Zip Code 19063
Work Telephone ()
Home Telephone ()
Cell/Pager Number (610) 618.6218
Email del63072@hotmail.com

Items included with this application form:

of pages of league's safety program outline: 95
of non-returnable photographs: 0

Person submitting application (if different from above):

Name Chris Owens Title League Information Officer
Address 344 West Fourth Street City Media
State PA Zip Code 19063 Telephone (610) 202.1255
Signature [Signature] Date 6/8/2016

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)

Return this form and 2016 Little League Facility Survey, along with supporting safety manual, to:

Mailing Address: ASAP Award Program
Little League International
P.O. Box 3485
Williamsport, PA 17701

Shipping Address: ASAP Award Program
Little League International
539 U.S. Route 15 Hwy.
So. Williamsport, PA 17702

Returned & Approved by March 11 for DA incentive or no later than April 1 for basic approval

Over

Qualified Safety Plan Requirements

Making It "Safer For The Kids"



These two pages contain the 15 minimum requirements for your safety plan to qualify for the cash credit if you take Little League AIG player accident insurance. Page 4 provides a list of ways to improve on the minimum requirements. ***This form does not constitute a safety program. Please submit the safety manual that was distributed to league personnel, this form and your facility survey, as well as any other supporting pieces illustrating your safety program.*** Please specify all areas on which you wish your program to be judged (facilities improvements, safety equipment usage, etc.), and document to the best of your ability those changes (photos, forms, written procedures, etc.). ***Judging:*** All judging will be conducted based on the material submitted. ***Non-original safety plans will not be considered for the awards.***

*** Please List
Page Number
Where Each
Item Below
Is Located
In Your
Safety Plan**

• Please list dates when training was/will be held; and where each requirement can be found in your plan.

1. Have active safety officer on file with Little League International

1. Page: Cover

2. PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to volunteers

2. Page: 4

- The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
- While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
- Samples can be found in the example safety manuals on the LL web site.
- Include all relevant material for coaches, including these minimum standards.
- Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use.

Do you have a website? YES ☒ NO ☐

Is your Safety Plan posted on your website? YES ☒ NO ☐
Ink on man page

3. Post and distribute emergency and key officials' phone numbers

3. Page: 5

- Include emergency procedures for handling injuries and who to contact to track/report them.
- Include emergency phone numbers for ambulance, police, fire department, etc.
- Include league president and safety officer, consider head umpire, board members.

21,48,49

4. Use 2016 Volunteer Application Form

4. Page: _____

- Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams **must fill out application form as well as provide a government-issued photo identification card for ID verification.** Check name spellings and numbers for accuracy.
- Must conduct a search of the Department of Justice's *nationwide* sex offender registry, using 2016 Volunteer Application Forms, on all applicable volunteers.
- Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.
- May conduct a supplemental criminal background check using resources such as *First Advantage*.
- Anyone **refusing** to fill out Volunteer Application is **ineligible** to be a league member.
- League president must retain these confidential forms for the year of service.
- Do not send in volunteers' forms; blank copy of league's application form from correct year should be sent.
- When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.

5. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)

5. Page: 21

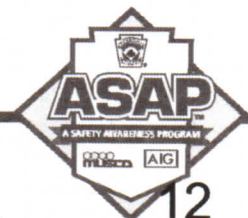
- *It is not necessary for the first aid and training fundamentals to be held before the Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.*
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use. Intent is to provide training to ALL coaches and managers; **minimum of one participant per team.**
- Training qualifies volunteer for 3 years; but one team representative still required each year.
- High school, college or experienced league coaches can be great resources.
- Districts can assist by providing training sessions on a district-wide basis.
- Training should be modified annually to meet the local needs of players and their facilities.

5. Date Was/ Will Be Held: 3/5/2016

5. Date Was/ Will Be Held: _____

Qualified Safety Plan Requirements

Making It "Safer For The Kids"



- 6. Require first-aid training for coaches and managers, with at least one coach or manager from each team attending**

 - It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
 - Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
 - Other individuals who attend various outside first aid training and courses are **not** exempt.
 - Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; **minimum of one participant per team.**
 - Training qualifies volunteer for 3 years, but one team representative still needed each year.

6. Page: 12
6. Date Was/ Will Be Held: 4/11/2016
6. Date Was/ Will Be Held: _____
- 7. Require coaches/umpires to walk fields for hazards before use**

 - Recommend leagues use form to track and document any facility issues needing to be fixed.
 - Common sense activity — look for rocks, glass, holes, etc.
 - Specify who is responsible for doing this — home coach, visitors, umpire, or all?

7. Page: 28-29
- 8. Complete the 2016 ANNUAL Little League Facility Survey**

 - A requirement each year, can help leagues find and correct facility concerns.
 - Provided in the ASAP section on the Little League web site — facilitysurvey.musco.com or email asap@musco.com
 - **DO NOT** simply make copy of past year's facility survey; physically review fields for changes and needs from prior year's survey, and record changes/needs on 2016 form.
 - **Keep a copy on file** for future needs; Little League does not maintain copies of surveys.

8. Page: 66+
- 9. Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures**

 - Local restaurant operators are good resources for training assistance.
 - Training should also cover safe use, care and inspection of equipment.
 - See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website.

9. Page: 41+
25, 28, 38+
- 10. Require regular inspection and replacement of equipment**

 - Inspect equipment before each use by coaches and umpires.
 - Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
 - Recommend use form to remind coaches and to track equipment needs.

10. Page: 7+, 20+
- 11. Implement prompt accident reporting, tracking procedure**

 - Accident forms to safety officer within 24-48 hours of incident is common.
 - Forms are available through Little League website.
 - Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
 - Share information on accidents and "near-misses" with District staff.

11. Page: 12
- 12. Require a first-aid kit at each game and practice**

 - Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
 - Local hospitals and medical supply companies are good sources.
 - If necessary, fund through special drive.

12. Page: 25+
- 13. Enforce Little League rules including proper equipment**

 - Most Little League rules have some basis in safety — follow them.
 - Ensure players have required equipment at all times, even catchers warming up during infield.
 - Make sure coaches and managers enforce rules at practices as well as games.
 - Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
 - Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.

13. Page: 6/7/2016
- 14. Submit 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. This is a requirement for an approved ASAP plan.

14. Page: attached
- 15. Submit a qualified safety plan registration form with your ASAP plan.**

15. Page: _____

2016 Qualified Safety Program Registration Form



Highly Recommended Ideas

Looking to improve your program? Here are ideas pulled from the leading safety plans in the country:

ORGANIZATION

16. Conduct supplemental criminal checks on all applicable personnel (i.e., thru First Advantage)	16. Page:	Yes
17. Have your safety plan reviewed by your DA or DSO	17. Page:	Yes
18. Include the safety officer as a board position	18. Page:	Yes
19. Have team safety representatives (i.e. team parents)	19. Page:	To Do
20. Have player safety representatives (i.e. team safety officers)	20. Page:	To Do
21. Allocate part of annual budget for safety	21. Page:	Yes
22. Distribute ASAP News newsletters within league	22. Page:	email, fb
23. Use local safety resources (i.e. police, fire dept., hospital staff)	23. Page:	Yes
24. Have league safety mission statement	24. Page:	Yes

TRAINING

25. Provide CPR/AED training to coaches, managers, board members, parents	25. Page:	Yes
26. Provide bicycle and traffic training to players	26. Page:	No
27. Provide drug education training to players and volunteers	27. Page:	To Do
28. Provide Parent Orientation Program on <i>Code of Conduct</i>	28. Page:	To Do
29. Teach coaches/managers about heat illnesses, warning signs	29. Page:	Training
30. Teach coaches/managers about stopping play, breaks for weather: • Stop play for lightning; take breaks between innings for water, shade in high heat	30. Page:	Training
31. Teach coaches/managers about sports fundamentals, like: • Proper warm-ups, running safe practices and games	31. Page:	Training
32. Involve umpires in safety training and safety importance	32. Page:	Training

FACILITIES AND EQUIPMENT

33. Complete annual LL Lighting Safety Audit for lighted fields	33. Page:	N/A
34. Complete a long-range facility plan for safety improvements	34. Page:	in process
35. Use reduced impact balls, especially for younger ages	35. Page:	
36. Use disengage-able bases (mandatory starting in 2008) for ALL fields	36. Page:	Yes
37. Use double-first base to avoid collisions of fielders, runners at first	37. Page:	
38. Use warning tracks in the outfield to protect outfielders	38. Page:	
39. Use protective/padded fence tops to protect fielders	39. Page:	Some
40. Use fencing or netting to protect spectators from foul balls	40. Page:	To Do
41. Have a telephone available to all fields even for practices	41. Page:	discussing
42. Have back guard rails and side rails on taller bleachers	42. Page:	Some
43. Have an AED (automatic external defibrillator) available for use	43. Page:	Yes
44. Have electronic weather detector to alert for approaching storms	44. Page:	discussing
45. Have guidelines for safe equipment usage (i.e. no riders on mowers, etc.)	45. Page:	
46. Control speed and flow of traffic in and around facilities	46. Page:	signs

ACTIVITIES

47. Encourage league input through 'Safety Suggestion Box'	47. Page:	To Do
48. Provide continuous safety messages through: • Bulletin boards, newsletters, emails, meetings	48. Page:	email fb
49. Encourage and recognize safety efforts from players: • Safety poster contest, safety tips, player team safety officer	49. Page:	To Do
50. Require/Encourage use of protective cups for players, esp. infielders	50. Page:	Yes
51. Require/Encourage use of mouth guards for players, esp. infielders	51. Page:	To Do
52. Require/Encourage use of face guards on batting helmets	52. Page:	
53. Encourage all adults to sign up for Little League E-News	53. Page:	Yes



Media Little League

Safety Plan

2016

Del Bittle
President

Stephen Cohen, MD
Safety Officer

League ID: 238-19-18

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Appendices

A – 2016 Board of Directors

B – Facility and Field Inspection Checklist

C – 2016 New Volunteer Application

D – 2016 Returning Volunteer Application

E – Media Little League Accident Form

F – Little League International Accident Report Form Instructions

G – Little League International Accident Form

H – Insurance Instructions

I – 2016 Little League Baseball National Facility Survey

J – Understanding the Background Check Process in Pennsylvania

K – Pennsylvania Background Check Signature Form Verifying 10 or More Years in PA

L – Instructions to Use ClearCheck.Me to Submit PA Certifications

M – Instructions to Obtain Pennsylvania Child Abuse Clearance

N – Instructions to Obtain Pennsylvania State Police Criminal Check Clearance

Introduction

The purpose of the Media Little League (MLL) Safety Plan is to provide a systematic approach to promote the safety of all players, volunteers, and spectators. It focuses primarily on injury prevention through education of coaches and managers, player conditioning, health awareness, and proper maintenance of fields and equipment. When injuries do occur, this plan provides guidance on treatment and reporting procedures.

This Safety Plan was prepared by the Director of Safety with assistance of other members of the MLL Board of Directors. It will be posted on the MLL website at www.medialittleleague.net and distributed to all board members, managers, coaches and umpire coordinators. A reference copy will also be placed in the snack bar.

Safety is everyone's responsibility. Parents are urged to discuss any practice or game related safety concerns with that child's team manager or the commissioner of that child's league.** Any issues that cannot be readily resolved should be raised to the attention of the Board of Directors through the Director of Safety.

Managers and coaches are to review this plan carefully and follow it closely. If you have any questions, concerns or suggestions please discuss them with your league commissioner or the Director of Safety as appropriate.

Let's have a Safe 2016 season!

** See appendix A for complete list of MLL Board Members

Emergency Protocol & Contacts

Police, Fire or Medical Emergency

1. Dial 911
2. Identify your Location as Media Little League Complex adjacent to Springton Lake Middle School in Upper Providence Township, physical address is 1900 N. Providence Road, Media, PA.
3. If a cell phone is unavailable a land line is located in the snack bar.

Medical emergencies involving a player or non-player child

1. Notify a parent or guardian
2. Each team manager must maintain a binder of emergency telephone contacts for every player on his/her team. This binder must be readily available during all team practices and games. It is recommended that these numbers be added to each manager/coaches cell phone contact list.

Notify the League President and Director of Safety

Emergencies resulting in a 911 call or any event that could reasonably result in filing an insurance claim must be reported to MLL President (Tom Scanlon) and Safety Officer (Steve Cohen, MD) *within 24 hours* after the incident occurs. All incidents are to be *documented using the form* found in Appendix 3 of this Safety Plan document.

Additional Safety Related Telephone Numbers

Upper Providence Township Police	610-566-8445
Rose Tree Fire & Rescue Company	610-566-5891
Riddle Memorial Hospital	610-566-9400
Crozer Chester Medical Center	610-447-2000
MLL President – Tom Scanlon	484-368-9289
MLL Safety Officer – Steve Cohen, MD	434-825-6232

Emergency Procedures

Dial 911 immediately in any Medical Emergency involving a player, volunteer or spectator.

Medical Emergencies include, but not limited to, incidents involving loss of consciousness or severe head trauma, paralysis or an injury that could reasonably include spinal injury, signs of a heart attack or stroke, or compound fractures (broken bone that penetrates the skin).

For serious injuries that do not constitute emergencies, the team manager should consult with the parent or guardian, if possible, to determine the preferred course of treatment. If no parent or guardian is available, err on the side of caution by calling 911 for professional assistance.

Signs of Heart Attack (American Heart Association)

Some heart attacks are sudden and intense — the "movie heart attack," where no one doubts what's happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

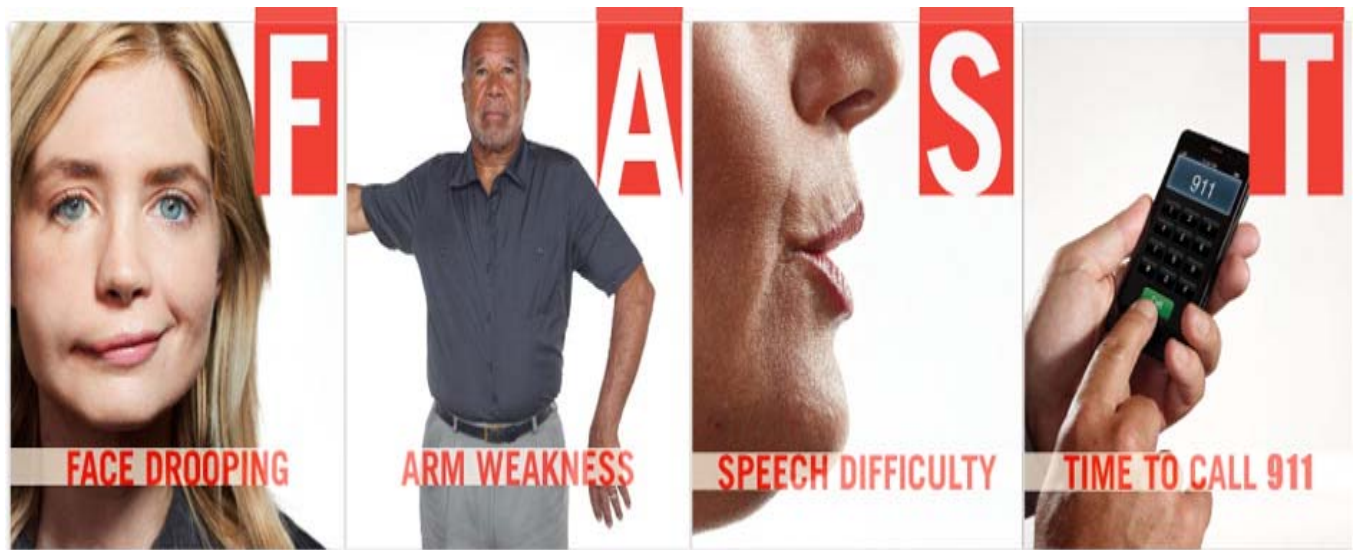
- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath** with or without chest discomfort.
- **Other signs** may include breaking out in a cold sweat, nausea or lightheadedness.

As with men, women's most common heart attack symptom is **chest pain or discomfort**. But women are somewhat more likely than men to experience some of the other common symptoms, particularly **shortness of breath, nausea/vomiting, and back or jaw pain**.

Learn the signs, but remember this: Even if you're not sure it's a heart attack, have it checked out (tell a doctor about your symptoms). Minutes matter! Fast action can save lives — maybe your own. Don't wait more than five minutes to call 9-1-1 or your emergency response number.

Calling 9-1-1 is almost always the fastest way to get lifesaving treatment. Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too. It is best to call EMS for rapid transport to the emergency room.

Stroke Warning Signs (American Heart Association)



SPOT A STROKE F.A.S.T.

F.A.S.T. is an easy way to remember the sudden signs of a stroke. When you can spot the signs, you'll know quickly that you need to call 9-1-1 for help. This is important because the sooner a stroke victim gets to the hospital, the sooner they'll get treatment. And that can make a remarkable difference in their recovery.

F.A.S.T. is:

- **Face Drooping** Does one side of the face droop or is it numb? Ask the person to smile.
- **Arm Weakness** Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **Speech Difficulty** Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?
- **Time** to call 911 If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

What to do if you think someone is having a stroke:

- Immediately call 9-1-1 or the Emergency Medical Services (EMS) number so an ambulance can be sent. Also, check the time so you'll know when the first symptoms appeared. A clot-busting drug called tissue plasminogen activator (tPA) may improve the chances of getting better but only if you get them help right away.
- A TIA or transient ischemic attack is a "warning stroke" or "mini-stroke" that produces stroke-like symptoms. TIA symptoms usually only last a few minutes but, if left untreated, people who have TIAs have a high risk of stroke. Recognizing and treating TIAs can reduce the risk of a major stroke.

Beyond F.A.S.T. — Other Symptoms you should know

- Sudden numbness or weakness of the leg
- Sudden confusion or trouble understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

First Aid

Training:

Media Little League provides annual first aid training for managers and coaches. Attendance by at least one manager and coach from each team is **Mandatory**. In addition, each manager or coach must attend the training once every three years. The First Aid/BLS /CPR/AED training will take place on April 11, 2016. The 2016 training will again focus on CPR the use of the AED unit, basic life support, and first aid. MLL will provide a Baseball Fundamentals clinic, March 5, 2016, which will focus on proper stretching, warm-up and baseball mechanics to prevent athletic injuries.

First Aid Kits:

First aid kits are located in the MLL snack bar and equipment shed. Each team is given a travel first aid kit and chemical ice pack which must be on hand for all practices and games. The league also maintains a large supply of chemical ice packs in the snack bar. Team managers are responsible for maintaining basic first aid supplies (two ice packs, Band-Aids and antiseptic wipes and gloves) for all offsite practices. AED unit is located in the equipment room at MLL.

First Aid Tips:

Abrasions

An abrasion means that the surface layers of the skin (epidermis) has been broken. Thin-skinned bony areas - knees, ankles and elbows - are more prone to abrasions than thicker, more padded areas. The scraped skin of an abrasion can contain particles of dirt. First aid treatment includes:

- Clean the wound with a non-fiber shedding material or sterile gauze, and use an antiseptic such as Betadine. If there is embedded dirt, Savlon may be used as it contains an antiseptic and a surfactant to help remove debris. Rinse the wound after five minutes with sterile saline or flowing tap water.
- Don't scrub at embedded dirt, as this can traumatize the site even more.
- Cover the cleaned wound with an appropriate non-stick sterile dressing.

- Change the dressing according to the manufacturer's instructions (some may be left in place for several days to a week). If you reapply antiseptic, wash it off after 5 minutes and then redress the wound.

Incised wounds

Incised wounds are caused by sharp objects, such as knives or shards of glass, slicing into the skin. Depending on the injury, underlying blood vessels can be punctured, leading to significant blood loss. A severed artery is a medical emergency, because the muscular action of this blood vessel will pump the entire blood supply out of the wound in just a few minutes. First aid treatment for severe bleeding includes:

- Remove clothing around the site for easier access.
- Apply pressure directly to the wound with your hands to stem the blood flow.
- Cover the wound with a sterile dressing, if possible, and continue to apply direct pressure (bandage firmly).
- Try to raise the injured area above the level of the heart.
- Don't remove existing dressings if they become saturated with blood, but instead add fresh dressings over the top.
- Call an ambulance as soon as possible.

Tetanus-prone wounds

Some wounds are more likely to encourage the growth of tetanus bacteria than others, unless the person is immunized against tetanus. If it is more than five years since your last dose, you may need a booster. You should see your doctor without delay.

Bee Stings

Signs and symptoms of an insect bite result from the injection of venom or other substances into your skin. The venom causes pain and sometimes triggers an allergic reaction. The severity of the reaction depends on your sensitivity to the insect venom or substance and whether you've been stung or bitten more than once.

Most reactions to insect bites are mild, causing little more than an annoying itching or stinging sensation and mild swelling that disappear within a day or so. A delayed reaction may cause fever, hives, painful joints and swollen glands. You might experience both the immediate and the delayed reactions from the same insect bite or sting. Only a small percentage of people develop severe reactions (anaphylaxis) to insect venom. Signs and symptoms of a severe reaction include:

- Nausea
- Facial swelling
- Difficulty breathing
- Abdominal pain
- Deterioration of blood pressure and circulation (shock)

Bites from bees, wasps, hornets, yellow jackets and fire ants are typically the most troublesome. Bites from mosquitoes, ticks, biting flies, ants, scorpions and some spiders also can cause reactions. Scorpion and ant bites can be very severe. Although rare, some insects also carry disease such as West Nile virus or Lyme disease.

For mild reactions:

- **Move to a safe area** to avoid more stings.
- **Remove the stinger**, especially if it's stuck in your skin. This will prevent the release of more venom. Wash the area with soap and water.
- **Apply a cold pack** or cloth filled with ice to reduce pain and swelling.
- **Try a pain reliever**, such as ibuprofen (Advil, Motrin, others) or acetaminophen (Tylenol, others), to ease pain from bites or stings.
- **Apply a topical cream** to ease pain and provide itch relief. Creams containing ingredients such as hydrocortisone, lidocaine or pramoxine may help control pain.

Other creams, such as calamine lotion or those containing colloidal oatmeal or baking soda, can help soothe itchy skin.

- **Take an antihistamine** containing diphenhydramine (Benadryl, others) or chlorpheniramine maleate (Chlor-Trimeton, others).

Allergic reactions may include mild nausea and intestinal cramps, diarrhea, or swelling larger than 4 inches (about 10 centimeters) in diameter at the site, bigger than the size of a baseball. See your doctor promptly if you experience any of these signs and symptoms.

For severe reactions: Severe reactions affect more than just the site of the insect bite and may progress rapidly. Call 911 or emergency medical assistance if the following signs or symptoms occur:

- Difficulty breathing
- Swelling of the lips or throat
- Faintness
- Dizziness
- Confusion
- Rapid heartbeat
- Hives
- Nausea, cramps and vomiting

Take these actions immediately while waiting with an affected person for medical help:

1. **Check for medications** that the person might be carrying to treat an allergic attack, such as an auto injector of epinephrine (Epi- Pen, Twin-ject). Administer the drug as directed — usually by pressing the auto injector against the person's thigh and holding it in place for several seconds. Massage the injection site for 10 seconds to enhance absorption.
2. **Loosen tight clothing** and cover the person with a blanket. Don't give anything to drink.
3. **Turn the person on his or her side** to prevent choking if there's vomiting or bleeding from the mouth.

4. **Begin CPR** if there are no signs of circulation, such as breathing, coughing or movement.

If your doctor has prescribed an auto injector of epinephrine, read the instructions before a problem develops and also have your household members read them.

<http://www.mayoclinic.com/health/AboutThisSite/AM00057>

Minor Sprains or Contusions

RICE: Injury First Aid

In case of an Athletic Injury on the field use the RICE formula to reduce swelling. R.I.C.E. is an acronym for the most important elements Rest, Ice, Compression, and Elevation in first aid of many injuries. This acronym appears repeatedly in medical literature in general in reference to athletic injuries. Use the word R.I.C.E. to jog your memory when you are faced with such injuries as contusions, sprains, dislocations, or uncomplicated fractures.

REST – Stop using the injured part and rest is as soon as you realize an injury has taken place. Continued exercise or other activity could cause further injury, delay healing, increase pain, and stimulate bleeding. Use crutches to avoid bearing weight on injuries of the foot, ankle, knee or leg. Use splints for injuries of the hand, wrist, elbow or arm. After medical treatment, the injured part may require immobilization with splints or a cast to keep the area at rest until it heals.

ICE – Ice helps stop internal bleeding from injured blood vessels and capillaries. Sudden cold causes small blood vessels to contract. This contraction of blood vessels decreases the amount of blood that can collect around the wound. The more blood that collects, the longer the healing time. Ice can be safely applied in several ways using the following methods:

- For injuries to small areas, such as a finger, toe, foot, or wrist, immerse the injured area in a bucket of ice water, if available. Use ice cubes to keep the water cold as the ice dissolves.
- For injuries to larger areas, use ice packs. Avoid placing ice directly on the skin. Before applying the ice, place a towel, cloth, or one or two layers of an elasticized compression bandage on the skin to be iced. To make the ice pack, put ice chips or ice cubes in a plastic bag or wrap them in a thin towel. Place the ice pack over the cloth. The pack may sit directly on the injured part, or it may be wrapped in place.
- Ice the injured area for about 30 minutes (no matter what form of ice treatment you are using).
- Remove the ice to allow the skin to warm for 15 minutes.
- Reapply the ice.
- Repeat the icing and warming cycles for 3 hours, as well as following the instructions below for compression and elevation. If pain and swelling persist after 3 hours,

consult a doctor (if you have not already done so). The doctor may change the icing schedule after the first 3 hours. Regular ice treatment is often discontinued after 24 to 48 hours. At that point, heat is often more comfortable.

- Use an elasticized bandage (Ace bandage) for compression, if possible. If you do not have one available, any kind of cloth will suffice for a short time. Wrap the injured part firmly, wrapping over the ice also. Begin wrapping below the injury site and extend above the injury site. Be careful not to compress the area so tightly that the blood supply is impaired. Signs of blood-supply deprivation include pain, numbness, cramping, and blue or dusky-colored nails. Remove the compression bandage immediately if any of these symptoms appear. Leave the bandage off until all signs of impaired circulation disappear. Then rewrap the area less tightly this time.

COMPRESSION – Compression decreases swelling by slowing bleeding and limiting the accumulation of blood and plasma near the injured site. Without compression, fluid from adjacent normal tissue seeps into the injury area. The more blood and fluid that accumulates around an injury, the slower the healing. Following are instructions for applying compression safely to an injury.

ELEVATION – Elevating the injured part above the level of the heart is another way to decrease swelling and pain at the injury site. Elevate the iced, compressed area in whatever way is most convenient. Prop an injured leg on solid objects or pillows. Elevate an injured arm by lying down and placing pillows under the arm, or placing them on the chest with the arm folded across. The whole upper part of the body may be elevated gently with pillows, a reclining chair, or by raising the top of the bed on blocks.

Accident Reporting Procedures

What to Report:

Report any incident that requires first-aid or professional medical treatment, whether rendered on or off site, to the President and Safety Officer's. For injuries to players, the team manager is responsible for killing the report. For injuries to volunteers or spectators, and league official who renders assistance should file the report.

How and When to Report:

Incidents should be reported to the Director of Safety as soon as possible but no later than 24 hours after they occur. The Director of Safety for 2016 is Steve Cohen (434-825-6232)

- Forms are located in the Appendix

Information to include:

- Name and phone number of individual involved
- Date, time and location of incident
- Description of incident
- Preliminary estimate of the extent of injuries
- Medical care provided onsite and offsite (if known)
- Your name and contact information

Incident Follow-up by Director of Safety

Within 48 hours of receiving an incident report, the Director of safety will contact the injured party or his/her parents or guardian to:

- Check the status of the injured party
- Verify the information received in the incident report
- Obtain supplemental information as necessary
- In the event the injured party required professional medical treatment, advise the parent or guardian of Media Little Leagues insurance coverage and the procedures for submitting claims.
- The Director of Safety will make follow-up calls, as necessary, until the incident can be considered closed.

Volunteer Background Check

All Media Little League volunteers whose duties include working with or supervising the activities of children must complete the volunteer application form shown in Appendix 2, as well as all Pennsylvania Background Check requirements. That form, along with a photocopy of a valid driver's license, must be provided to the **Director of Security**. The Director of Security will complete a national criminal and sex offender background check for each volunteer. The volunteer will submit all PA Certifications to us. Any person who has been convicted of any sex crime, appears on any list of sex offenders or has been convicted of any felony offense shall be prohibited from serving in any volunteer capacity with Media Little League. Any person who refuses to submit a complete volunteer form for any reason shall also be prohibited from volunteering.

We worked with a vendor (ClearCheck.me) to keep track of the Pennsylvania Checks, as well as the FBI check if the volunteer has not lived in Pennsylvania for 10 years.

We attached the Background Check instructions we developed and handed out to all volunteers.

All Regular Volunteers must undergo background checks, this includes, but is not limited to:

- Board of Director Members
- Managers
- Coaches
- Team Parents
- Umpires
- Regular Snack bar workers
- Field maintenance personnel

Media Little League Board of Directors reserves the right to request a completed application and to run a background check on any volunteer.

Training

Baseball Fundamentals

Media Little League provides mandatory training for all coaches and managers. This training covers all aspects of running an effective practice, including proper stretching, warm-up and player safety. All coaches and managers are encouraged to attend the clinics. **Mandatory attendance by one manager or coach or team is required.**

Skills training will take place March 5, 2016

Directors of Baseball will prepare and distribute coaching manuals that are geared toward each age group. The manuals will outline all appropriate training goals and techniques. Coaching manuals will be distributed prior to the start of Spring Practices.

Umpires

Media Little League continues the long Little League tradition of using an all-volunteer umpire group. Safety equipment, including chest protectors, shin guards and masks (with and without helmet) are provided in the umpire equipment room at the MLL clubhouse. Male umpires must wear protective athletic cup.

Introductory umpire training will be provided on April 9, 2016 by the Director of Umpires. Media Little League also provides two instructional DVD's for loan to any volunteer umpire.

DVD Topics include:

- Basic Rules of Little League Baseball
- Instruction on Proper Mechanics

Please contact Ed Laut, Director of Umpires, or any league specific director to borrow one or both of the DVD's.

Equipment

Media Little Leagues equipment manager will inspect all helmets, catcher's gear and bats prior to the start of each season. Once equipment is distributed is it the managers and coaches responsibility to inspect the equipment prior to each practice and game. **Never allow a player to use defective equipment.** Repair damaged equipment if possible. If you are unable to complete the repair, return the equipment to the Equipment Manager, Ed Laut and George Plotts, for repair or replacement. Damaged equipment that cannot be repaired (e.g. cracked helmets or bats) shall be immediately removed from service and, if possible, physically destroyed to prevent their subsequent reuse by others.

Important Overview

A moratorium on the use of baseball bats with composite materials in the barrel was enacted by Little League. The moratorium was enacted because it was discovered, through laboratory testing, that a significant number of these bats could exceed the standard that is printed on the bat – after the bat was broken in.

By definition, a moratorium is: An authorized delay or stopping of some specified activity. As applied by Little League International in 2011, the moratorium prohibited the use of all baseball bats constructed with composite material in the barrel, unless a specific model could show in laboratory testing that it would not exceed the standard that was printed on the bat, after the bat was broken in.

The moratorium remains in place with regard to the **baseball** bats that meet BOTH of the following criteria:

1. Bats with a barrel diameter of not more than 2 1/4 inches, and;
2. Bats with a barrel that contains composite materials, excluding the end-cap.

For the bats that meet the two criteria above, there is a process through which manufacturers can submit individual models for a possible waiver if they wish to seek it. Individual bat models are tested at an independent laboratory as requested by the manufacturer, and the results are conveyed to the manufacturer. If the manufacturer provides the results to Little League, and the bat passes the test, it will be noted.

The moratorium for 2 1/4-inch barrel bats does NOT include:

1. Softball bats, or;
2. Baseball bats with barrels composed entirely of wood, aluminum, alloy, or metal, exclusive of the end cap.

For bats with 2 5/8-inch barrels, the following will apply for the **Junior League Baseball Division and Intermediate (50/70) Baseball Division**.

1. Bats with composite materials in the barrel must be compliant with BBCOR standards, and must be labeled as such;
2. Bats with barrels composed entirely of wood, metal, aluminum, or alloy (exclusive of the end cap) are NOT required to be BBCOR compliant. These bats may be 2 1/4" in diameter (non-composite barrel) and must be marked with BPF 1.15 notation.
3. Bats must meet the standards noted in Rule 1.10 for length, diameter, etc.

For baseball bats, the following will apply for the **Senior League and Big League Baseball Divisions**:

1. ALL bats with barrels that are not entirely composed of wood must be compliant with BBCOR standards, and must be labeled as such;
2. Bats must meet the standards noted in Rule 1.10 for length, diameter, etc.

Facility Survey

An electronic copy of the 2016 Little League Facility Survey has been submitted to the Little League Data Center. A hard copy is provided for informational purposes only in Appendix D. If anyone becomes aware of any deterioration in facility conditions during the season that could pose a safety hazard, they should raise those concerns to the Director of Facilities, Rick Kron, Ron Host and Josh Graham.

Managers and Coaches

Managers and coaches are the individuals primarily responsible for ensuring the safety of the players. The following procedures should be practiced until they become a routine part of your practice and game day activities.

Practice and Game Day Activities:

1. Prior to each practice or game, managers and coaches should walk the field and look for unsafe conditions. This would include broken glass or other foreign objects, damaged fences, holes in the ground, etc. All dirt surfaces should be reasonably smooth and free of holes or other conditions likely to cause “bad hops”. Necessary repairs should be completed before allowing a practice or game to begin. If repairs are not possible prior to a scheduled practice or game, it must be postponed and the Director of Facilities, Rick Kron, Ron Host and Josh Graham, should be notified immediately.
2. Do not allow players to throw baseballs or swing bats in any off-the-field locations that could endanger other players or spectators. Such warm-ups, when necessary, should be conducted away from pedestrian and spectator areas. Be especially aware of the potential consequences of an overthrown ball.
3. Inspect equipment for signs of damage that would make it unsafe. Each team should have at least 6 helmets of various sizes on hand. Inspect the helmets for cracks or inadequate padding. Unsafe helmets should be destroyed. Notify the equipment manager so that replacements may be obtained as necessary.
4. Ensure that catcher’s equipment is in good condition and that all male catchers are wearing protective athletic cups. Ensure that the catcher wears the mask during pre-game batting practice and when warming up pitchers, as well as during the game.
5. Ensure that all jewelry is removed by players. No jewelry of any kind may be worn during practices or games. This includes neck chains, phiten’s and rubber bracelets. Encourage all players to leave the jewelry at home.
6. Include at least 10 minutes of progressive warm-up time prior to each practice or game. Players arriving late should be required to warm-up properly before participating in practice or game activities. Suggested warm-up activities include light jogging followed by light throwing at progressive distances.

7. Ensure that a first-aid kit, chemical ice pack and a list of emergency numbers for each player and medical binder are on hand. MLL recommends that players emergency contact telephone numbers are stored in each manager and coach's cell phone for the duration of the season.
8. Prepare your players by Hydrating. Hydrating your athlete properly will make illnesses caused by heat less likely. Over a two hour period prior to the game, players should consume at least 16 ounces of fluid. During the game, it is recommended to drink cold fluids every 10- 15 minutes. It is also important that water is colder, as it helps decrease body temperature quicker. Sports drinks can also be absorbed by the body like water and can provide energy to working muscles that water does not. *If your player is feeling thirsty* then they're already dehydrated – increasing the risks of heat illness. Proper hydration, beginning before a practice or game and through the entire play keeps your player safe. **Avoid carbonation and caffeine – carbonated drinks increase the chances of dehydration because they act as a diuretic and caffeine is known to increase heat production in the body quicker than normal.

Heat illness is one of the most common infirmities affecting athletes during the hot summer months. With the dog days of summer getting longer it's important for coaches, parents, players and volunteers to understand what causes heat illness, and how to identify the warning signs.

Heat Rash

One of the primary functions of the skin is to protect the inner workings of the body from outer elements. It also serves as a way for the body to control its temperature; using perspiration to cool down a body that could overheat. Heat rash occurs when the pores become congested and the sweat cannot release from the skin, causing a rash.

To prevent your player from getting heat rash:

- Ensure clothing skin tight
- Avoid wearing heavy clothes or long sleeve sweatshirts which increase the body's temperature
- Do not use lotions or heavy creams

Spontaneous muscle spasms when playing in hot weather are usually heat cramps. Generally affecting large muscles like those in legs, heat cramps are a clear sign of dehydration.

It is important to identify when a heat cramp is taking place because it's one of the earliest signs of heat illness:

- There is often significant sweating coming from the cramped area
- The players body will feel weaker

Heat cramps usually begin after significant activity has been completed.

Heat Exhaustion

If sweating is unable to cool the body down, heat exhaustion can occur. Heat exhaustion stems from dehydration and can include symptoms like heat rash and cramps. Being able to identify when a player is yielding to heat exhaustion is important because it could progress into heat stroke.

Check for:

- Excessive sweating
- Severe weakness
- Headache
- Nausea and vomiting

Heat Stroke

Heat stroke is the most serious form of heat-related illness and is one of the leading causes of weather-related deaths during the summer months. A form of hyperthermia, heat stroke occurs when the body temperature exceeds 104 degrees. This type of heat illness is a medical emergency and is deadly if not treated.

Symptoms are important to identify early:

- Confusion, agitation, disorientation, or hallucinations
- Hot and red skin without any sweat
- Seizure, loss of consciousness, and strange behavior
- Heat cramps and rash

The summer baseball season can result in life-long memories and fun experiences for young athletes. However in a matter of hours, without taking the proper steps to hydrate and protect each athlete, it can also result in a severe medical situation that could change one's life. Pay close attention, hydrate early and often, and always err on the side of caution.

Post- Game Responsibilities:

- Home team must drag and rake infield dirt areas and clean dug out/bench area.
- Visiting team must pick up any trash in the field and dug out/bench area, empty trash containers and place clean trash bags in the containers.

Protection from the Sun:

Avoid consequences of overexposure to the sun like sunburns, premature aging of the skin, wrinkling, and skin cancer, including melanoma by practicing proper sun protection. The hours between 10 a.m. and 4 p.m. daylight savings time are the most hazardous for UV exposure in the continental United States. UV rays are the greatest during the late spring and early summer in North America.

CDC recommends easy options for sun protection:

Sunscreen

- Use sunscreen with sun protective factor of SPF 15 or higher, and UVA & UVB protection
- Sunscreen wears off. Put it on again if you stay out in the sun for more than two hours, and after you swim or do things that make you sweat.
- Check the sunscreen's expiration date. Sunscreen without an expiration date has a shelf life of no more than three years, but its shelf life is shorter if it has been exposed to high temperatures.

For more information, please visit:

http://www.cdc.gov/cancer/skin/basic_info/prevention.htm or call 1-800-CDC-INFO.

Concussion in Sports

What Should I do If a Concussion Occurs?

If you suspect that an athlete has a concussion, implement your 4-step action plan:

1. **Remove the athlete from play.** Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, keep the athlete out of play.
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. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head or body
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (*if any*)
3. **Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. **Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

Concussions in Youth Athletes - Pennsylvania

The Governor approved a bill on November 9, 2011. This law can be found at 24 P.S. section 5321 through 24 P.S. section 5323 of the Pennsylvania Statutes and Consolidated Statutes of the education title, and will be effective July 1, 2012. (24 P.S. §§ 5321- 5323).

This law requires that the Department of Health and the Department of Education develop guidelines and materials on concussions. Each year, a student participating in an athletic activity must have a parent/guardian sign acknowledgement of receipt of this information before the student may participate in the activity. The law requires any student suspected of sustaining a concussion must be removed from participation at that time and is not allowed to resume participation until evaluated by a medical professional and given written clearance. The law also requires that coaches receive concussion training once each school year.

The sponsors of youth athletic activities not addressed by this act are encouraged to follow the guidance set forth in the act.

The official versions of these sections are not currently available online.

The text of the bill can be viewed online at:





<http://www.legis.state.pa.us/cfdocs/legis/PN/Public/btCheck.cfm?txtType=HTM&sessYr=2011&sessInd=0&billBody=S&billTyp=B&billNbr=0200&pn=1637>

There has been no legislation introduced in 2012 to amend or repeal the current Pennsylvania law

What are the Signs and Symptoms of Concussion?

Most people with a concussion recover quickly and fully. But for some people, symptoms can last for days, weeks, or longer. In general, recovery may be slower among older adults, young children, and teens. Those who have had a concussion in the past are also at risk of having another one and may find that it takes longer to recover if they have another concussion.

Symptoms of concussion usually fall into four categories:

 Thinking/ Remembering	 Physical	 Emotional/ Mood	 Sleep
Difficulty thinking clearly	Headache Fuzzy or blurry vision	Irritability	Sleeping more than usual
Feeling slowed down	Nausea or vomiting (early on) Dizziness	Sadness	Sleep less than usual
Difficulty concentrating	Sensitivity to noise or light Balance problems	More emotional	Trouble falling asleep
Difficulty remembering new information	Feeling tired, having no energy	Nervousness or anxiety	

Some of these symptoms may appear right away, while others may not be noticed for days or months after the injury, or until the person starts resuming their everyday life and more demands are placed upon them. Sometimes, people do not recognize or admit that they are having problems. Others may not understand why they are having problems and what their problems really are, which can make them nervous and upset.

The signs and symptoms of a concussion can be difficult to sort out. Early on, problems may be missed by the person with the concussion, family members, or doctors. People may look fine even though they are acting or feeling differently.

See [Getting Better](#), for tips to help aid your recovery after a concussion.

When to Seek Immediate Medical Attention

Danger Signs in Adults

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. Contact your health care professional or emergency department right away if you have any of the following danger signs after a bump, blow, or jolt to the head or body:

- Headache that gets worse and does not go away.
- Weakness, numbness or decreased coordination.
- Repeated vomiting or nausea.
- Slurred speech.
- The people checking on you should take you to an emergency department right away if you:
 - Look very drowsy or cannot be awakened.
 - Have one pupil (the black part in the middle of the eye) larger than the other.
 - Have convulsions or seizures.
 - Cannot recognize people or places.
 - Are getting more and more confused, restless, or agitated.
 - Have unusual behavior.
 - Lose consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

Danger Signs in Children

Take your child to the emergency department right away if they received a bump, blow, or jolt to the head or body, and:

- Have any of the danger signs for adults listed above.
- Will not stop crying and cannot be consoled.
- Will not nurse or eat.

General Safety Tips

Bat Safety

Little League regulations (rule 1.08, Note 1) prohibit the use on an “on deck position at all levels of play. This prohibition includes the fenced –in areas adjacent to the dugouts where bats, helmets and other equipment are typically stored during a game. This is a serious safety issue that managers and umpires must strictly enforce. Managers must instruct players that only the current batter should be handling a bat at any given time. Umpires should allow the batter to loosen up with one or two swings prior to entering the batter’s box. Bats should never be allowed in the dugout when a practice or game is in progress.

At no time should bats ever be swung in any area other than the playing field, batting cage or other area set up by and directly supervised by a manager or coach for instructional purposes (e.g. batting tee or “soft toss” station)

Batting Cages

Only managers, coaches and other responsible adults designated by the manager may pitch batting practice in the batting cages. All batters must wear helmets. Only one player may be in the batting cage at a time (exception is when balls are being picked up). At the American League cages, do not allow anyone to “hang on” the fence such that the fingers could be injured by a batted ball. At the Major League cages which use soft netting sides, ensure that those outside of the cage remain a safe distance back from the nets. Remember, batted balls may move the side nets several feet. No horseplay of any kind should be tolerated when using the batting cages.

Pitching Machines

Under no circumstances may anyone other than a manager or coach operate pitching machines. Deliver at least 5 pitches with the machine to verify proper alignment prior to allowing players to bat.

Lightning Safety

No practice or game should begin if lightning “bolts” can be seen or if thunder is plainly heard. Once the game is underway, responsibility for suspending play rests with the Umpire-in-Chief. However, both managers must remain acutely aware of an approaching storm and should notify the umpire immediately if lightning is seen or thunder is heard. **If lightning is seen or heard, suspend activities immediately and direct all players to seek safe shelter.** When in doubt as to whether conditions are safe, the game should be suspended and the field and dugout areas should be cleared of all players and volunteers. Play may not resume until at least 20 minutes after lightning after was last seen and thunder last heard.

Since permanent shelter space is limited at the Media Little League complex, everyone should take shelter in a hard-top vehicle with the windows up. Those for whom that is not possible should take shelter in the Media Little League clubhouse. No one should remain in the dugouts or any open area.

Lighting is highly unpredictable and can spread rapidly. If you are within 10 miles of lightning, you are in danger. Ten miles is about the distance at which thunder can be heard under most atmospheric conditions. Therefore, if you hear thunder, you must suspend play. Note, however, that unusual atmospheric conditions can reduce the distance thunder can be heard to as little as 4 miles. Consequently, the absence of thunder cannot guarantee your safety. If there are other signs (e.g. rapidly darkening sky and strong wind gusts) that a thunderstorm has approached to within 10 miles, you should suspend play.

All lightning produces thunder. However, lightning can be seen over much greater distances than thunder is heard. So-called “heat lightning” (non-distinct flashes near the horizon that are not accompanied by any audible thunder) is simply lightning striking at a sufficient distance that the distinctive lightning bolt cannot be seen and no accompanying thunder is heard. This indicates that a thunderstorm is active in the region and should promote increased vigilance for signs that the storm is approaching. However, it does not indicate that a storm is close enough to pose an immediate threat. Distant “heat lightning” alone, in the absence of other signs that the storm has approached within 10 miles, should not result in an immediate suspension of play.

Lightning Fact Sheet

Important Facts:

- All Thunderstorms produce lightning and are dangerous
- Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall. It is important to seek shelter well before the storm is upon you.
- If you hear thunder, you are in danger. Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat.

What to Do in Case of Lightning:

- If thunder is heard or lightning bolts are seen, suspend all activities immediately.
- Avoid open areas. Stay away from trees, towers and utility poles.
- Stay away from metal bleachers, backstops and fences. Lightning can travel long distances through metal.
- **Do not allow players to remain in dugouts or any open area.** Players, volunteers and spectators should be directed to seek shelter in hard topped vehicles with windows rolled up. Those for whom that is not possible should take shelter in the MLL clubhouse building, avoiding corded phone lines, electrical wiring and plumbing.
- Activities should not resume until at least 20 minutes after lightning was last seen or thunder was last heard.

What to do if Lightning does Strike Someone:

- Lightning victims do not carry an electrical charge. They are safe to touch. Move the victim to a safe area as soon as possible. Lightning can and does strike twice in the same spot.
- **Call 911 immediately**
- Give first aid. Cardiac arrest is the immediate cause of death in most lightning fatalities. If the victim is not breathing or does not have a pulse, an appropriately-trained person should begin CPR until an ambulance arrives. An automatic external defibrillator (AED) is also available in the MLL equipment room for anyone trained in its use.

Snack Bar Safety

Fire Safety Inspection:

Annual inspection of the Protex Fire Suppression System is required. This inspection will assure that the system is properly maintained and in operable condition.

Volunteer Safety and Hygiene:

- Volunteers who work in the snack bar must be over the age of 16.
- Volunteers age 16 are not permitted in areas around the grill or fryer when they are in a warm-up or cool-down mode.
- Volunteers are to wash and dry hands with paper towel before working.
- Volunteers who have an open wound should wear gloves.
- The snack bar supervisor on duty must familiarize all volunteers with the location and operation of the fire extinguisher and fire procedure, as well as, location of first aid kit and ice packs.

Opening Procedure:

- Wash hands
- Inspect equipment for flaws

Closing Procedure:

- Clean counter tops with antibacterial cleanser
- Clean all cooking utensils in hot soapy water and place in rack to air dry.
- Discard any leftover food
- Empty trash cans to outside dumpster.
- Place clean trash bags in all cans.
- Cooks are to clean the grill at the end of every day.
- Cooks are responsible to inspect that the fryer, grill, coffee pot and warmer are turned off before closing the snack bar.

Counter workers:

- Wash and dry hands with paper towels prior to work
- Clean up spills as they occur to prevent accidents. Re-wash hands after using any cleaning product
- Place all trash in trash cans. Do not allow clutter to build up.
- Children are not allowed in the area of the snack bar and parents must make arrangements for supervising their children.

Cooks:

- Meat removed from the freezer is to be cooked within 15 minutes.
- Cook all meat products to well done.
- Caution is to be taken when placing food into the deep fryer. Splashed or splattered grease can cause serious burns.
- Cooks must wear a clean, white apron.
- Must follow proper hand washing protocol.

Hand Washing Instructions

1. Rinse your hands under the hottest running water you can stand — at least 100°F.
2. Soap up your hands — preferably using soap from a soap dispenser but bar soap is OK. The key is to generate a good lather. Use an anti-bacterial soap if possible.
3. Scrub for at least 30 seconds, making sure to soap up your wrist and lower arm areas.
4. Since you might be digging your fingers into ground meat or kneading dough, you should also clean under your fingernails. Keep a nail brush by your hand-washing sink, and use it.
5. Rinse thoroughly, again, for at least 30 seconds but longer if that's what it takes to fully rinse off the soap.
6. Use a clean paper towel to turn off the faucet. Throw that towel away and use a new paper towel for the next step.
7. Dry your hands using a clean paper towel — not a dishtowel or other cloth. Why? Dishtowels hang around the kitchen and get wiped on everything, making them the ideal vehicle for spreading bacteria from one kitchen tool or surface to another — or onto your freshly washed hands
8. Repeat when necessary.

Food Handling Protocol

Flow of Food

Sample Food Handling Practices

Purchasing

1. Buy From reputable vendors, grocery stores, or food buying clubs.
2. Check "use by" dates to purchase the freshest foods.
3. Place frozen foods in cooler during transport between store and MLL
4. Place fresh meats in separate area from ready-to-eat foods

Receiving

1. Store food immediately
2. Avoid cross-contamination
3. Keep receiving area clean

Storing

1. Record delivery/purchase date on food
2. Use oldest food first
3. Avoid cross-contamination
4. Store chemicals away from food and other related supplies
5. Maintain proper refrigerator, freezer, and dry storage temperatures

Preparing

1. Wash hands frequently, properly, and at appropriate times
2. Avoid cross-contamination
3. Keep Foods out of the "temperature danger zone" (41 F - 135 F)
4. Prepare foods no further in advance than necessary
5. Thaw foods properly

Cooking

1. Avoid cross-contamination
2. Use a clean food thermometer
3. Cook food to proper internal temperature for appropriate time without interruptions
4. Record internal temperatures

Serving & Holding

1. Avoid cross-contamination
2. Hold foods at proper temperature, either below 41 F or above 135 F
3. Record internal temperatures
4. Monitor the temperature of hot-holding and cold-holding equipment
5. Follow rules for good personal hygiene
6. Maintain a sanitary food service operation

Cooling

1. Chill rapidly
2. Stir frequently
3. Use shallow, pre-chilled pans
4. Record internal temperatures
5. Store appropriately

Reheating

1. Reheat rapidly
2. Reheat to internal temperature of 165 F for 15 seconds
3. Record internal temperatures
4. Never reheat food in hot-holding equipment

Appendix A – 2016 Board of Directors

Position	Member
President	Del Bittle
Vice-President	Brett Lester
Secretary	Tim Broadhurst
Treasurer	Dana Daugherty
Assistant Treasurer	Bob Burock
Player Agents	Steve Hefferan & Dan Rebeck & Paul Graham
League Info Officer	Chris Owens
Auditor	Jim Peel
Slugfest! Crew	Shea Delmar & Jonathan Kinne & Chris Owens
Sponsors/Fence Ads	Jerry Baber & Charles Bastian & Tom Scanlon & John Mohollen
Director Of Security	Geoff Paine
Directors of Safety	Steve Cohen
Director of Publications	Gered Thack
Directors of Baseball	Tony Antonello & Bill Kane & Derek Ryder
Tournament Director	Rob Nunag
District 19 Tourney Director	Tom Mehalick
Complex Coordinators	Rick Kron & Brad Ettien & Josh Graham & Ron Host
Equipment Managers	George Plotts & Dan McGuire
Director of Uniforms	Tom Bradley & John O'Donnell
Commissioner - Majors	Scott Kotcamp
Commissioner - American	Joe Cavalcante
Commissioner - National	Tom Furman
Commissioner - Continental	Bill Paukstis
Commissioner - Rookie	Mike Gorman
Commissioner - T-Ball	John Gill
Director of Umpires	Ed Laut
Umpires - ML	Mike Keenan
Umpires - AL	Kevin Skowronek
Umpires - NL	Jamie Yamacone
Snack Bar	Regina White

Appendix B – Facility and Field Inspection Checklist

Field 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, pitcher's mound**

____ **Warning track condition**

____ **Area's around bleachers are free of debris**

____ **General garbage clean-up**

____ **Condition of restrooms and restroom supplies**

____ **Concession stand inspection**

Notes/Hazards/Signature



Little League Volunteer Application - 2016

Do not use forms from past years. Use extra paper to complete if additional space is required.

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage or upon request) _____

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): _____

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

Special Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes ☐ No ☐

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes ☐ No ☐

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? ☐ Yes ☐ No If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes ☐ No ☐

If yes, explain: _____

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

League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐

Manager ☐ Scorekeeper ☐ Concession Stand ☐ 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:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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):

Sex Offender Registry ☐ Criminal History Records ☐ *First Advantage ☐

**Please be advised that if you use First Advantage 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 directly from LexisNexis 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.

Little League® "Returning" Volunteer Application - 2016

Do not use forms from past years. Use extra paper to complete if additional space is required.

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

Have you ever been refused participation in any other youth program? ☐ Yes ☐ No

If Yes, explain: _____

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

☐ League Official ☐ Manager ☐ Coach ☐ Umpire ☐ Field Maintenance

☐ Score Keeper ☐ Concession Stand ☐ Other: _____

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 Name (please print or type): _____

Applicant Signature: _____ Date: _____

If Minor — Parent Signature: _____ Date: _____

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.

Please update ONLY the information in this section which has changed since last year.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Address: _____

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

Name / Phone:

_____/_____
_____/_____
_____/_____

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc):

Special Affiliations (Clubs, Service Organizations, etc):

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

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:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____
on _____

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

☐ Sex Offender Registry ☐ Criminal History Records ☐ *First Advantage

*Please be advised that if you use First Advantage 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 directly from First Advantage in compliance with the Fair Credit Reporting Act containing information regarding all the criminal association 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.

Media Little League
Accident Form

Name: _____

Date: _____

Media Little League Level:	Major	American	National
	Continental	Rookie	Tee ball

Team Name: _____

Coach Name: _____

Injury Location / Body Part: _____

Cause of Injury: _____

Treatment: _____

Visit to emergency department:	Yes	No
--------------------------------	-----	----

Was this a preventable injury:	Yes	No
--------------------------------	-----	----

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:

Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485

Accident Claim Contact Numbers:

Phone: 570-327-1674 Fax: 570-326-9280

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	Date of Birth (MM/DD/YY)	Age
					Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
			() ()		() ()
Address of Claimant			Address of Parent/Guardian, if different		

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

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

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |
| | <input type="checkbox"/> BIG (14-18) | | | |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? ☐ Yes ☐ No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED

- ☐ 01 1ST
☐ 02 2ND
☐ 03 3RD
☐ 04 BATTER
☐ 05 BENCH
☐ 06 BULLPEN
☐ 07 CATCHER
☐ 08 COACH
☐ 09 COACHING BOX
☐ 10 DUGOUT
☐ 11 MANAGER
☐ 12 ON DECK
☐ 13 OUTFIELD
☐ 14 PITCHER
☐ 15 RUNNER
☐ 16 SCOREKEEPER
☐ 17 SHORTSTOP
☐ 18 TO/FROM GAME
☐ 19 UMPIRE
☐ 20 OTHER
☐ 21 UNKNOWN
☐ 22 WARMING UP

INJURY

- ☐ 01 ABRASION
☐ 02 BITES
☐ 03 CONCUSSION
☐ 04 CONTUSION
☐ 05 DENTAL
☐ 06 DISLOCATION
☐ 07 DISMEMBERMENT
☐ 08 EPIPHYSES
☐ 09 FATALITY
☐ 10 FRACTURE
☐ 11 HEMATOMA
☐ 12 HEMORRHAGE
☐ 13 LACERATION
☐ 14 PUNCTURE
☐ 15 RUPTURE
☐ 16 SPRAIN
☐ 17 SUNSTROKE
☐ 18 OTHER
☐ 19 UNKNOWN
☐ 20 PARALYSIS/
PARAPLEGIC

PART OF BODY

- ☐ 01 ABDOMEN
☐ 02 ANKLE
☐ 03 ARM
☐ 04 BACK
☐ 05 CHEST
☐ 06 EAR
☐ 07 ELBOW
☐ 08 EYE
☐ 09 FACE
☐ 10 FATALITY
☐ 11 FOOT
☐ 12 HAND
☐ 13 HEAD
☐ 14 HIP
☐ 15 KNEE
☐ 16 LEG
☐ 17 LIPS
☐ 18 MOUTH
☐ 19 NECK
☐ 20 NOSE
☐ 21 SHOULDER
☐ 22 SIDE
☐ 23 TEETH
☐ 24 TESTICLE
☐ 25 WRIST
☐ 26 UNKNOWN
☐ 27 FINGER

CAUSE OF INJURY

- ☐ 01 BATTED BALL
☐ 02 BATTING
☐ 03 CATCHING
☐ 04 COLLIDING
☐ 05 COLLIDING WITH FENCE
☐ 06 FALLING
☐ 07 HIT BY BAT
☐ 08 HORSEPLAY
☐ 09 PITCHED BALL
☐ 10 RUNNING
☐ 11 SHARP OBJECT
☐ 12 SLIDING
☐ 13 TAGGING
☐ 14 THROWING
☐ 15 THROWN BALL
☐ 16 OTHER
☐ 17 UNKNOWN

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO
If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date _____ League Official Signature _____

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: FAMILY | PlanType: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.ibx.com or by calling 1-800-ASK-BLUE.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For participating providers \$2,500 person / \$5,000 family. For non-participating providers \$5,000 person / \$10,000 family. Deductible may not apply to all services. See your cost information starting on page 2 for specific details.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For participating providers \$5,600 person / \$11,200 family. For non-participating providers \$10,000 person / \$20,000 family	The <u>out-of-pocket limit</u> is the most you could pay during a policy period for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, out-of-network balance-billed charges, health care this plan doesn't cover, and penalties for failure to obtain precertification for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network</u> of <u>providers</u> ?	Yes. See www.ibx.com/find_a_provider or call 1-800-ASK-BLUE for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .

Questions: Call 1-800-ASK-BLUE or visit us at www.ibx.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.ibx.com or call 1-800-ASK-BLUE to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: FAMILY | PlanType: PPO

Important Questions	Answers	Why this Matters:
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-800-ASK-BLUE or visit us at www.ibx.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.
You can view the Glossary at www.ibx.com or call 1-800-ASK-BLUE to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: FAMILY | PlanType: PPO



- Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use participating providers by charging you lower deductibles, copayments and coinsurance amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-Of Network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No Charge after deductible	50% , after deductible	-----none-----
	Specialist visit	No Charge after deductible	50% , after deductible	-----none-----
	Other practitioner office visit	No Charge after deductible	50% , after deductible	Spinal manipulations limited to 20 visits per benefit period combined in and out-of-network.
	Preventive care/screening/immunization	No Charge no deductible	50% , no deductible	Routine Gynecological exam limited to 1 per benefit period; Nutrition counseling visits limited to 6 visits per benefit period. Nutrition counseling received out of network is subject to the deductible.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge after deductible	50% , after deductible	There is no cost for diagnostic services received in the Emergency Room or during a doctor's office visit.
	Imaging (CT/PET scans, MRIs)	No Charge after deductible	50% , after deductible	Precertification required; There is no cost for diagnostic services received in the Emergency Room or during a doctor's office visit.

Questions: Call 1-800-ASK-BLUE or visit us at www.ibx.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.
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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: FAMILY | PlanType: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-Of Network Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at http://www.ibx.com/preapproval</p>	Generic drugs	\$20 Copayment, after deductible(Retail)/\$40 Copayment, after deductible(Mail Order)	50% , after deductible(Retail)/Not Covered(Mail Order)	Prior authorization required on some drugs; age, gender and quantity limits for some drugs; days supply limits on retail & mail order.
	Preferred brand drugs	\$40 Copayment, after deductible(Retail)/\$80 Copayment, after deductible(Mail Order)	50% , after deductible(Retail)/Not Covered(Mail Order)	Prior authorization required on some drugs; age, gender and quantity limits for some drugs; days supply limits on retail & mail order.
	Non-preferred brand drugs	\$60 Copayment, after deductible(Retail)/\$120 Copayment, after deductible(Mail Order)	50% , after deductible(Retail)/Not Covered(Mail Order)	Prior authorization required on some drugs; age, gender and quantity level limits for some drugs; days supply limits on retail & mail order.
	Specialty drugs	No Charge after deductible	50% , after deductible	Prior-authorization required. A complete list of drugs requiring prior-authorization is available at www.ibx.com/preapproval
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge after deductible	50% , after deductible	Some outpatient surgeries require precertification. A complete list of surgeries requiring precertification is available at www.ibx.com/preapproval
	Physician/surgeon fees	No Charge after deductible	50% , after deductible	Some outpatient surgeries require precertification. A complete list of surgeries requiring precertification is available at www.ibx.com/preapproval

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: FAMILY | PlanType: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-Of Network Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	No Charge after deductible	No Charge after in-network deductible	Your costs for Emergency Room services are not waived if you are admitted to the hospital.
	Emergency medical transportation	No Charge after deductible	No Charge after in-network deductible	-----none-----
	Urgent care	No Charge after deductible	50% , after deductible	Your costs for urgent care are based on care received at an designated urgent care center or facility, not your physician's office. Costs may vary depending on where you receive care.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge after deductible	50% , after deductible	In-Network: If your plan includes a copay for these services, your copay will be waived if you are readmitted to the hospital within 10 days of discharge. However, if your plan covers these services with coinsurance, your costs will not be waived if you are readmitted. Out-of-Network: 70 day limit per benefit period. Precertification required.
	Physician/surgeon fee	No Charge after deductible	50% , after deductible	Precertification required.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs**Coverage for: FAMILY | PlanType: PPO**

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-Of Network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No Charge after deductible	50% , after deductible	20 visits per benefit period for mental health care and 60 visits per benefit period for serious mental illness care. Visit limits combined in and out-of-network.
	Mental/Behavioral health inpatient services	No Charge after deductible	50% , after deductible	In-network: 30 days per benefit period for mental health care and 30 days per benefit period for serious mental illness care. Out-of-Network: 30 days per benefit period for mental health care and 30 days per benefit period for serious mental illness care. Day limits combined in and out-of-network. Precertification required.
	Substance abuse disorder outpatient services	No Charge after deductible	50% , after deductible	60 visits per benefit period and 120 visits lifetime maximum combined in and out-of-network. Precertification required.
	Substance abuse disorder inpatient services	No Charge after deductible	50% , after deductible	Detoxification: 7 days per admission; lifetime maximum of 4 admissions. Rehabilitation: 30 days per benefit period; lifetime maximum of 90 days. Limits combined in and out-of-network. Precertification required.
If you are pregnant	Prenatal and postnatal care	No Charge after deductible	50% , after deductible	Your cost is for first OB visit only.
	Delivery and all inpatient services	No Charge after deductible	50% , after deductible	Pre-notification requested

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: FAMILY | PlanType: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-Of Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No Charge after deductible	50% , after deductible	Precertification required.
	Rehabilitation services	No Charge after deductible	50% , after deductible	Speech Therapy: 20 visits per benefit period; Physical/Occupational Therapies: 30 visits combined per benefit period. All visit limits combined in- and out-of-network.
	Habilitation services	No Charge after deductible	50% , after deductible	Speech Therapy: 20 visits per benefit period; Physical/Occupational Therapies: 30 visits combined per benefit period. All visit limits combined in- and out-of-network.
	Skilled nursing care	No Charge after deductible	50% , after deductible	120 day limit per benefit period combined in and out-of-network. Precertification required
	Durable medical equipment	No Charge after deductible	50% , after deductible	Precertification required for purchases (including repairs and replacements) over \$500 and all rentals
	Hospice service	No Charge after deductible	50% , after deductible	-----none-----
If your child needs dental or eye care	Eye exam	No Charge	Up to \$35 reimbursement to member	Once every two calendar years
	Glasses	Covered 100% on all Davis Collection of frames	Up to \$100 reimbursement to member	Once every two calendar years
	Dental check-up	Not Covered	Not Covered	-----none-----

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Excluded Services & Other Covered Services:**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- | | | |
|---------------------|-------------------------|-----------------------|
| • Acupuncture | • Cosmetic surgery | • Dental care (Adult) |
| • Hearing aids | • Infertility treatment | • Long-term care |
| • Routine foot care | • Weight loss programs | |

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- | | | |
|------------------------|----------------------------|---|
| • Bariatric surgery | • Chiropractic care | • Non-emergency care when travelling outside the U.S. |
| • Private-duty nursing | • Routine eye care (Adult) | • Most coverage provided outside the United States. See <u>www.ibx.com</u> |

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-671-5276. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If your health plan is subject to Employee Retirement Income Security Act (ERISA) requirements, you may contact the U.S. Dept. of Labor Employee Benefits Security Administration at 866-444-3272, and following an appeal, you may have the right to bring a civil suit under Section 502(a) of the Act.

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*-----

Coverage Examples

Coverage for: FAMILY | PlanType: PPO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not
a cost
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan Pays** \$4,920
- **Patient Pays** \$2,620

Sample Care Costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays

Deductibles	\$2,500
Copays	\$20
Coinsurance	\$0
Limits or exclusions	\$100
Total	\$2,620

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan Pays** \$2,020
- **Patient Pays** \$3,380

Sample Care Costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays

Deductibles	\$2,500
Copays	\$800
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$3,380

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

LITTLE LEAGUE® BASEBALL & SOFTBALL NATIONAL FACILITY SURVEY

2016



League Name: Media LL

District #: 19

ID #: 238-19-18

(if needed) ID #: _____

(if needed) ID #: _____

City: Media State: PA

President: Del Bittle

Safety Officer: Steven Cohen

Address: 112 Kelly Lane

Address: 7 Rachel Drive

City: Media

City: Media

State: PA ZIP: 19063

State: PA ZIP: 19063

Phone (work): _____

Phone (work): _____

Phone (home): 610-566-6911

Phone (home): 484-442-8384

Email: del63072@hotmail.com

Email: steven.cohen@rothmaninstitute.com

PLANS FOR FUTURE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields	0	0	0
b. Basepath/infield	1	0	0
c. Bases	0	0	0
d. Scoreboards	0	0	0
e. Pressbox	0	0	0
f. Concession stand	1	0	0
g. Restrooms	0	0	0
h. Field lighting	0	1	0
i. Warning track	0	0	0
j. Bleachers	0	0	0
k. Fencing	0	0	0
l. Bull pens	0	0	0
m. Dugouts	0	0	0
n. Other (specify): Batting Cage	0	0	0

Please complete for each field. Use additional space if necessary.

6 Tee Ball

Early Bird Date: March 11, 2016
Final Deadline Date: April 01, 2016

Shipping address:
Little League International
539 US Route 15 Hwy
S. Williamsport, PA 17702

No.	Questions	1 Major	2 American	3 National	4 Continental	5 Rookie	6 Tee Ball	
1	How many cars can park in designated parking areas for this field?	101 or more	101 or more	101 or more	101 or more	101 or more	101 or more	
2	How many people will your bleachers seat for this field?	101-300	1-100	1-100	1-100	None/NA	1-100	
3.a.	Are the bleachers made of wood on this field?	No	No	No	Yes	No	Yes	
3.b.	Are the bleachers made of metal on this field?	Yes	Yes	Yes	No	No	No	
3.c.	Are bleachers for this field made of material other than wood or metal?	No	No	No	No	No	No	
4	If bleachers are made of metal, is a ground wire attached to a ground rod?	No	No	No	No	No	No	
5	If bleachers are made of wood, are they inspected annually for safety?	No	No	No	Yes	No	Yes	
6	Is there a safety railing at the top/back of bleachers for this field?	Yes	Yes	Yes	Yes	No	Yes	
7	Is there a handrail up the sides of bleachers for this field?	No	No	No	No	No	No	
8.a.	Is permanent telephone service available for this field?	Yes	Yes	Yes	No	No	No	
8.b.	Is cellular telephone service available for this field?	Yes	Yes	Yes	Yes	Yes	Yes	
9.a.	Is a permanent public address system available for this field?	No	No	No	No	No	No	
9.b.	Is a portable public address system available for this field?	Yes	Yes	Yes	Yes	Yes	Yes	
10	Is there a pressbox for this field?	Yes	No	No	No	No	No	
11	Is there a scoreboard for this field?	Yes	Yes	Yes	Yes	No	No	
12	Are adequate bathroom facilities available for this field?	Yes	Yes	Yes	Yes	Yes	Yes	
13	Are permanent concession stands available for this field?	Yes	Yes	Yes	Yes	Yes	Yes	
14	Are mobile concession stands available for this field?	No	No	No	No	No	No	
15	Is this field completely fenced?	Yes	Yes	Yes	No	No	No	
16.a.	Is the fencing made of chainlink on this field?	Yes	Yes	Yes	No	No	No	
16.b.	Is the fencing made of wood on this field?	No	No	No	No	No	No	
16.c.	Is the fencing made of wire on this field?	No	No	No	No	No	No	
17.a.	Is the basepath material on this field is sand, clay or soil mix?	Yes	Yes	Yes	Yes	Yes	Yes	
17.b.	Is the basepath material on this field is ground burnt brick?	No	No	No	No	No	No	
17.c	Is the basepath material on this field other than sand, clay, soil mix or ground...	No	No	No	No	No	No	
17.d	If yes to other material, what is the basepath material on this field?							

No.	Questions	1 Major	2 American	3 National	4 Continental	5 Rookie	6 Tee Ball	
18.a.	Is non-caustic lime used to mark the baselines on this field?	Yes	Yes	Yes	Yes	Yes	Yes	
18.b.	Is spray paint used to mark the baselines on this field?	No	No	No	No	No	No	
18.c.	Is commerical marking used to mark the baselines on this field?	No	No	No	No	No	No	
19	Is the infield surface grass?	Yes	Yes	Yes	No	Yes	Yes	
20	Does this field have a conventional dirt pitching mound?	Yes	Yes	Yes	Yes	No	No	
21	Does this field have a temporary pitching mound?	No	No	No	No	No	No	
22	Are there foul poles on this field?	Yes	Yes	Yes	No	No	No	
23	Is there a backstop behind home plate on this field?	Yes	Yes	Yes	Yes	Yes	Yes	
24.a.	Is there an outfield warning track for this field?	Yes	No	No	No	No	No	
24.b.	If yes, what width is the warning track?	8.00	0.00	0.00	0.00	0.00	0.00	
25	Is there a batter's eye (screen/covering) at center field on this field?	Yes	No	Yes	Yes	No	No	
26	Is there a pitcher's eye (screen/covering) behind home plate on this field?	Yes	Yes	Yes	Yes	No	No	
27	Does this field have protective fences in front of the dugouts?	Yes	Yes	Yes	Yes	Yes	Yes	
28	Is there a protected on-deck batter's area on this field?	Yes	Yes	Yes	No	No	No	
29	Are fenced limited access bull pens available for this field?	No	No	No	No	No	No	
30	Is a first aid kit provided for this field?	Yes	Yes	Yes	Yes	Yes	Yes	
31.a.	Do bleachers for this field have overhead screens for spectator foul ball protec...	Yes	No	Yes	No	No	No	
31.b.	Do bleachers for this field have fencing behind for spectator foul ball protecti...	No	No	Yes	No	No	No	
32	Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	Yes	Yes	Yes	Yes	Yes	
33	Is this field lighted?	No	No	No	No	No	No	
34.a.	Are light levels at/above Little League standards?	No	No	No	No	No	No	
34.b.	Light levels on this field are not known?	No	No	No	No	No	No	
35.a.	Are there wood poles on this field?	No	No	No	No	No	No	
35.b.	Are there steel poles on this field?	No	No	No	No	No	No	
35.c.	Are there concrete poles on this field?	No	No	No	No	No	No	
36	Is the electrical wiring to each pole on this field is underground?	No	No	No	No	No	No	

No.	Questions	1 Major	2 American	3 National	4 Continental	5 Rookie	6 Tee Ball	
37	Are there ground wires connected to ground rods on each pole on this field?	No	No	No	No	No	No	
38.a.	Was the electrical system on this field tested/inspected in last two years?	No	No	No	No	No	No	
38.b.	What month/year was electrical system testing done on this field?							
38.c.	Were the light levels on this field tested/inspected in the last two years?	No	No	No	No	No	No	
38.d.	What month/year was the light level testing done on this field?							
39.a.	Was the electrical system on this field tested/inspected by a qualified technician...	No	No	No	No	No	No	
39.b.	Were the light levels on this field tested/inspected by a qualified technician?	No	No	No	No	No	No	
40.a.	Does field have limitation on amount of time for practice?	No	No	No	No	No	No	
40.b.	Does field have limitation on number of teams or games?	Yes	No	Yes	No	No	No	
40.c.	Does field have limitation on scheduling and/or timing?	Yes	No	Yes	No	No	No	
41.a.	Is this field owned by a municipality?	No	No	No	No	No	No	
41.b.	Is this field owned by a school?	Yes	Yes	Yes	Yes	Yes	Yes	
41.c.	Is this field owned by a league?	No	No	No	No	No	No	
42.a.	Municipality is responsible for operational energy costs on this field?	No	No	No	No	No	No	
42.b.	School is responsible for operational energy costs on this field?	No	No	No	No	No	No	
42.c.	League is responsible for operational energy costs on this field?	Yes	Yes	Yes	Yes	Yes	Yes	
43.a.	Municipality is responsible for operational maintenance on this field?	No	No	No	No	No	No	
43.b.	School is responsible for operational maintenance on this field?	No	No	No	No	No	No	
43.c.	League is responsible for operational maintenance on this field?	Yes	Yes	Yes	Yes	Yes	Yes	
44.a.	Municipality is responsible for improvements on this field?	No	No	No	No	No	No	
44.b.	School is responsible for improvements on this field?	No	No	No	No	Yes	No	
44.c.	League is responsible for improvements on this field?	Yes	Yes	Yes	Yes	Yes	Yes	
44.d.	Other group is responsible for improvements on this field?	No	No	No	No	No	No	
45.a.	Is T-ball and Minor League baseball played on this field?	No	Yes	Yes	Yes	Yes	Yes	
45.b.	Is Major division baseball played on this field?	Yes	No	No	No	No	No	
45.c.	Is Junior, Senior and Big League baseball played on this field?	No	No	No	No	No	No	

[illegible]

This page confirms the completion of the 2016 online Facility Survey

Media LL

League Name

19

District #

238-19-18

League ID #

Submit this page with your hardcopy ASAP plan rather than the completed 2016 Facility Survey

Media Little League Attention Volunteers New Background Clearance Check Regulations

In 2015, Pennsylvania enacted new laws regarding Volunteer Background Checks – effective starting our 2016 Season. In **addition** to the Little League Mandatory background check (National Criminal Record), every volunteer will be required to do the following:

- 1) Pennsylvania State Police Criminal Record Check (*FREE*)
- 2) Pennsylvania Child Abuse History Clearance through Dept. of Human Services (*FREE*)
- 3) If the volunteer **has been** a continuous resident for the past 10 years:
 - a. Signed disclaimer affirming no charges in other states that would prohibit selection as a volunteer (*FREE*)
- 4) If the volunteer **has NOT been** a continuous resident for the past 10 years:
 - a. FBI Criminal Background Check (fingerprint check) for federal criminal history records (\$27.50)

In order for us to keep track of and store these new documents, Media Little League (MLL) has contracted with [ClearCheck.me](https://mediall.clearcheck.me) (<https://mediall.clearcheck.me>). This will allow us to:

- Allow MLL to confirm (for PA) that all volunteers have been processed
- Keep all Documents Secure
- Confirm (with two questions) volunteers have or have not been a continuous resident of Pennsylvania for the past 10 years

Anyone who would like to volunteer, must contact us to create an account on ClearCheck.me's server. The volunteer will receive an email with login credentials and instructions. We will also have detailed instructions on our website.

For more information:

Department of Human Services:

http://keepkidssafe.pa.gov/cs/groups/webcontent/documents/document/C_135249.pdf

Little League International:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks/pennsylvania.htm>

Background Check Signature Form

Under the new Pennsylvania state law all Volunteers must obtain and submit the following clearances :

- Criminal History Clearance from the PA State Police – <https://epatch.state.pa.us/>
- Child Abuse History Clearance from the Dept. of Human Services – <https://www.compass.state.pa.us/cwis/public/home>

Additionally -the volunteer must have resided within the state of PA for the past 10yrs & swear or affirm in writing that they are not disqualified from service based upon a conviction of an offense listed below under code 6344 (c)

*****If the volunteer has NOT resided in the state of Pennsylvania for the last 10yrs FINGERPRINTING PROCESS IS REQUIRED*****

By signing the bottom of this document you are stating the you have :

1. Lived in the State of PA for the last 10years
2. Have not been convicted of any of the offenses listed in **section (c)** to disqualify your participation

(c) Grounds for denying employment or participation in program, activity or service.--

(1) In no case shall an administrator hire or approve an applicant where the department has verified that the applicant is named in the state wide database as the perpetrator of a founded report committed within the five-year period immediately preceding verification pursuant to this section.

(2) In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

Chapter 25 (relating to criminal homicide).
Section 2702 (relating to aggravated assault).
Section 2709.1 (relating to stalking).
Section 2901 (relating to kidnapping).
Section 2902 (relating to unlawful restraint).
Section 3121 (relating to rape).
Section 3122.1 (relating to statutory sexual assault).
Section 3123 (relating to involuntary deviate sexual intercourse).
Section 3124.1 (relating to sexual assault).
Section 3125 (relating to aggravated indecent assault).
Section 3126 (relating to indecent assault).
Section 3127 (relating to indecent exposure).
Section 4302 (relating to incest).
Section 4303 (relating to concealing death of child).
Section 4304 (relating to endangering welfare of children).
Section 4305 (relating to dealing in infant children).
A felony offense under section 5902(b) (relating to prostitution and related offenses).
Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
Section 6301 (relating to corruption of minors).
Section 6312 (relating to sexual abuse of children).

The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

(3) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions hire or approve an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification under this section.

(c.1) Dismissal.--If the information obtained pursuant to subsection (b) reveals that the applicant is disqualified from employment or approval pursuant to subsection (c), the applicant shall be immediately dismissed from employment or approval.

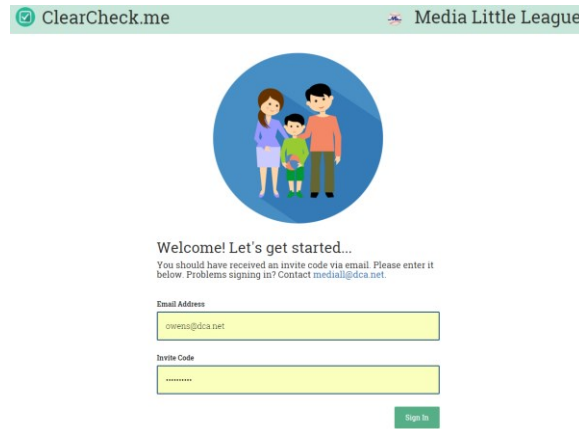
First/Last Name _____
(please print)

Signature _____

Date _____

Media Little League Background Check Process Accessing ClearCheck.me

(1) Go to the website: <https://mediall.clearcheck.me/>

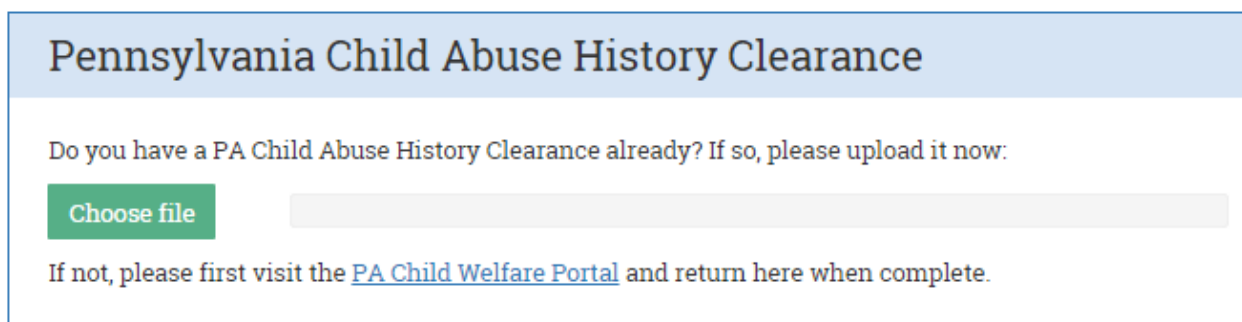


- Enter your email address and the Invite Code you were sent.

(2) There are four things to accomplish in this process:

- Obtain and upload your Pennsylvania Child Abuse History Clearance
- Obtain and upload your Pennsylvania State Police Criminal Record Check (PATCH)
- Answer the two questions in the FBI Criminal Background Check area
 - Have you lived in Pennsylvania for the past 10 years?
 - Is your position within Media Little League unpaid volunteer?
- Sign your account Electronically (after both forms have been updated)

(3) **Step 1:** Obtain and upload your Pennsylvania Child Abuse History Clearance



- If you have already completed your Clearance:
 - If you have an electronic copy, you can click “Choose file” and upload it to the ClearCheck.me server.
 - If you have a paper copy, you can scan it, create a PDF and upload it to the ClearCheck.me server.
 - If you have a paper copy, but no way to create the PDF – feel free to contact us for assistance (mediall@dca.net)

- If you have not already completed your Clearance:
 - Click on the “PA Child Welfare Portal” link
 - <https://www.compass.state.pa.us/cwis/public/home>
 - Go to the site and obtain your clearance (see other instructions). The end of this process allows you to create a PDF of your Clearance – create that file and come back to ClearCheck.me and upload it here.

(4) Step 2: Obtain and upload your Pennsylvania State Police Criminal Record Check (PATCH)

Pennsylvania Child Abuse History Clearance

Do you have a PA Child Abuse History Clearance already? If so, please upload it now:

Choose file

If not, please first visit the [PA Child Welfare Portal](#) and return here when complete.

- If you have already completed your Clearance:
 - If you have an electronic copy, you can click “Choose file” and upload it to the ClearCheck.me server.
 - If you have a paper copy, you can scan it, create a PDF and upload it to the ClearCheck.me server.
 - If you have a paper copy, but no way to create the PDF – feel free to contact us for assistance (mediall@dca.net)
- If you have not already completed your Clearance:
 - Click on the “Pennsylvania Access To Criminal History (PATCH)” link
 - <https://epatch.state.pa.us/Home.jsp>
 - Go to the site and obtain your clearance (see other instructions). The end of this process allows you to create a PDF of your Clearance – create that file and come back to ClearCheck.me and upload it here.

(5) Step 3: Answer the two questions in the FBI Criminal Background Check area

FBI Criminal Background Check

Lastly, if you have not lived in Pennsylvania for 10 years, you need to complete an FBI Criminal Background check.

Have you lived in Pennsylvania for the past 10 years?

☐ Yes ☐ No

Is your position within Media Little League unpaid volunteer?

☐ Yes ☐ No

- Have you lived in Pennsylvania for the past 10 years?
 - Yes – you do not need to do the FBI Criminal Background Check
 - No – You will need to obtain an FBI criminal history check. You can start that at the 3M Cogent Applicant Processing Services site. The check involves a few steps:
 - Select "Register Online".
 - For "Reason to be Fingerprinted" select, "Employment with a significant likelihood of regular contact with children".
 - Fill in the rest of the form (you do not need Agency).
 - Take the registration form and go to one of the locations to be fingerprinted.
 - You will receive a report in the mail in 2-6 weeks.
 - Upon receiving that report, please scan or photograph it and upload it in the FBI Area (shown on next page)

You will need to obtain an FBI criminal history check. You can start that at the [3M Cogent Applicant Processing Services](#) site. The check involves a few steps:

- Select "Register Online".
- For "Reason to be Fingerprinted" select, "Employment with a significant likelihood of regular contact with children".
- Fill in the rest of the form (you do not need Agency).
- Take the registration form and go to one of the locations to be fingerprinted.
- You will receive a report in the mail in 2-6 weeks.

Upon receiving that report, please scan or photograph it and upload it here:

Choose file

- Is your position within Media Little League unpaid volunteer?
 - Answer “Yes” to this question.

(6) Step 5: Sign your form:

Now, let's verify and submit

I hereby attest under penalty of perjury that the above information is true.

Enter your name:

Ex: Jonathan Q. Doe

Confirm

- Once you have completed the first 4 steps – you can “sign” this by entering your name in the box shown above (“Enter your name:”). This would be your full name (i.e. John F. Kennedy). It must be your full name, not just your initials.

Media Little League Background Check Process Pennsylvania Child Abuse History Clearance PA Child Welfare Portal

(1) Go to the website: <https://www.compass.state.pa.us/cwis/public/home>

WELCOME TO THE

Child Welfare Portal

Our service provides a means for individuals to apply for PA Child Abuse History Clearance online and for mandated reporters to report child abuse in Pennsylvania.

INDIVIDUAL LOGIN

CREATE INDIVIDUAL ACCOUNT

Organizations can manage PA Child Abuse History Clearances online for employees and volunteers.

ORGANIZATION LOGIN

CREATE ORGANIZATION ACCOUNT

Use after you have created your account.

Use this the first time you visit to create an account.


(2) On your first visit – pick “Create Individual Account.”


- Once your account has been created and you come back to their site, click “Individual Login.”

(3) **Pre-Account Screen 1: General Information**

- Read and click “Next” to move forward

Create Keystone ID: General Information

1  General Information

2  Profile Information

Welcome!

The Commonwealth of Pennsylvania is improving how it provides online services to citizens! Several state agencies are working together to allow you to establish a Keystone ID which creates a single way to access several different state programs. Currently, the Keystone ID that you create and manage here can be used for:

Child Welfare Portal
Users of the Child Welfare Portal can apply for a Pennsylvania child abuse history clearance or submit child abuse referrals.

SERS' Online Member Services
Members of the State Employees' Retirement System can get statements, run estimates, and more.

If you already have signed into any of these programs, you do not need to create another one now. Simply use the user name and password you've already established to access all of these services. Keep in mind that if you change your password or any other profile information in any one of these programs, the changes you make will apply to all programs that use the Keystone ID. Keep an eye out for the Keystone ID sign-in on more state websites in the future. It's just another way the Commonwealth of Pennsylvania is working to serve you better.

NEXT **CANCEL**

(3) Pre-Account Screen 2: Profile Information

Required

To create a new Keystone ID, please provide the following information:

- Keystone ID (must be 6 to 10 characters)
- First Name
- Last Name
- Date of Birth (MM/DD/YYYY)
- E-mail
- Confirm E-mail

To ensure online security, please select and provide answers for security questions. These questions will be used if you forget your password.

Security Question Tips

Choose questions for which you will easily recall the answers, do not write down the questions and answers, as this undermines their usefulness as a security tool. Answers must be typed exactly the same way, every time. So, if you select "Pennsylvania" or if you write "Pennsylvania PA", then you must do so every time you use the question. You cannot use the same question more than once. Answers cannot be any phrase directly from the question.

- Security Question 1: Please select a security question
- Answer
- Security Question 2: Please select a security question
- Answer
- Security Question 3: Please select a security question
- Answer

For security reasons, please answer the following question.

Question: 4 less 3 is what?

Answer

BACK FINISH CANCEL

- Enter the Keystone ID (a.k.a. username) you want to use
- Enter your Name, Date of Birth and email Address
- Pick three Security Questions and their answers (this will be used if you forget your Username and/or Password later).
- For security, you will have to answer the question at the bottom. This one is asking “4 less 3 is what?” and the answer would be 1. Your question will vary.
- Once you have entered all your information, Click the “Finish” button to move forward.

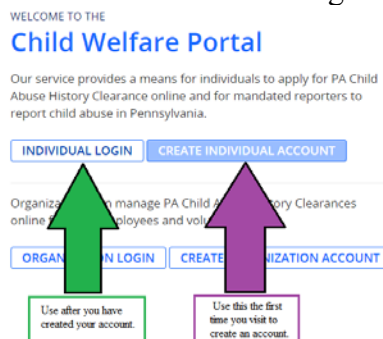
(4) A temporary password will be emailed to the email account you entered on the screen. It will look like this:



- Close the browser window you created the account in

(5) Re-open a browser and go back to the website: <https://www.compass.state.pa.us/cwis/public/home>

- Now that you have an account, click on the “Individual Login” button



- On the “What Would You Like to Do Today” screen, click on the “Access My Clearances” button

What Would You Like To Do Today?

Please select which account you would like to access.

ACCESS MY CLEARANCES

ACCESS MY REFERRALS

- The “Learn More” Screen discusses disclosures, information about the site and Warnings about using the site. Click the “Continue” link at the bottom of the screen.

Learn More

ABOUT THIS WEBSITE

This secure website is provided for individuals who want to view their **Pennsylvania Child Abuse History Clearance** record online. The Pennsylvania Child Abuse History Clearance Check will provide the appropriate information as to whether or not they are listed in the Pennsylvania database as a perpetrator of child abuse.

DISCLOSURE OF PERSONAL INFORMATION

Public Disclosure

As a general rule, the Commonwealth does not disclose any personally identifiable information (PII) collected online except where you have given us permission, or where the information is public information under the Pennsylvania Right to Know Act (RTKLA), or any other applicable law. Citizens must be aware that information collected by the Commonwealth on its website may be subject to examination and inspection. If such information is a public record and not otherwise protected from disclosure.

Social Security Number Disclosure

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 20 Pa.C.S. § 5103(a)(1) regarding information in electronic format. Please be aware that information regarding the processing of your request, including the information regarding to family, may be made available to the public. Please be aware that information regarding to family, may be made available to the public. Please be aware that information regarding to family, may be made available to the public. Please be aware that information regarding to family, may be made available to the public.

Providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate. If you do not provide your Social Security number, additional levels of identity verification may be required by the Department, reducing the chance of expedited processing of your request.

However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

WARNING

You are entering a secure government website for the purpose of requesting a Pennsylvania Child Abuse History Clearance. By entering this site, you certify that you have read and understand the above government and regulations.

Note

If your user profile prompts you to access a security certificate, you must accept it to be processed.

WARNING!

USE APPROPRIATE SYSTEMS AND COMPLIANT WITH ALL FEDERAL, STATE AND LOCAL LAWS. This Computer Fraud and Abuse Act (CFAA) of 1986. Use of this system constitutes CONSENT TO MONITORING OF ALL TRAFFIC and is not subject to any exception of privacy.

CONTINUE

- Login to your account using the username you created and password you were sent in the email.



Keystone Key

Username

Password

LOGIN

Self-service for Citizens

- Forgot Password
- Edit Profile

Self-service for Commonwealth Employees

- Change CWOPA Password or Hint Questions

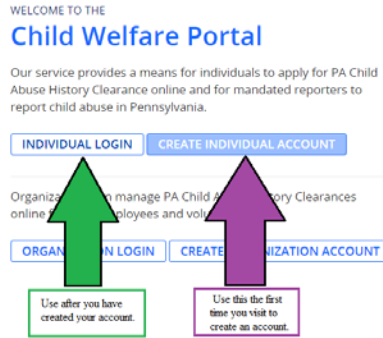
- Note: There is a “Forgot Password” Link – just in case you forget what you change the password to.
- Enter your username and the password which you were emailed

- Once you are logged in, you have to create a new password

- You will be asked to enter the new password twice
- Once the system confirms your new password, close your browser

(8) Re-open a browser and go back to the website: <https://www.compass.state.pa.us/cwis/public/home>

- Now that you have an account, click on the “Individual Login” button



(9) You will come to the My PA Child Abuse History Clearances, click on “Create Clearance Application”



(10) The “Getting Started” screen will explain what you will have to do – for your benefit, we have reproduced the information from the screen here:

What to Expect

The exact amount of time it will take for you to complete this clearance application will vary depending on the information you supply.

If you have been provided an authorization code by the organization that is asking you to apply for a clearance, you will have a chance to enter it on the application payment page. Otherwise you will have the ability to enter your credit/debit card information as a form of payment.

You will be required to provide an electronic signature (e-Signature) in order for your Pennsylvania Child Abuse History Clearance application (CY113) to be accepted. If you do not wish to provide an e-Signature then you must download, complete, sign and mail in a paper copy of the CY113. You can download the CY113 by clicking here.

You will be able to save and print your application once you have completed the application online.

Your clearance certificate will be available through your Child Abuse History Clearance Account once your application has been processed. Additionally, you can choose to have it sent to your home or mailing address. Your Child Abuse History Certification is valid for 60 months.

Information You Will Need

Before you start, you should have the following information readily available to help you complete your application:

- Addresses where you have previously lived
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by
- Applicants that do not meet the volunteer application criteria or volunteers who have already received a volunteer certification free of charge within the previous 57 months will need to provide either credit/debit card information for an \$8.00 application fee or an authorization code from the organization that is asking you to obtain a Pennsylvania Child Abuse History Certification.

Volunteer Applicants

As a volunteer applicant you are permitted to receive one certification free of charge every 57 months. In order to submit a volunteer application without a payment, you are required to affirm that you have not already received a paper or electronic volunteer certification free of charge within the previous 57 months.

Additional Information

All of the information that you entered here is secure and confidential. For more information on the security and confidentiality of this website, please view the Commonwealth of Pennsylvania's Privacy Policy. Additionally more information is provided in the Rights and Responsibilities.

If you have any questions about your application, please refer to the Frequently Asked Questions page. If you need further assistance, please contact the ChildLine and Abuse Registry's Child Abuse Clearance Unit at 1-877-371-5422.

- When you finish reading (on the screen) click the “Begin>” Link at the bottom of the screen.

(11) Application Purpose Screen

- For Media Little League, you can click on the “Volunteer Having Contact with Children” radio button.

Application Purpose

Please select the reason you are submitting this Pennsylvania Child Abuse History Clearance application. You can select only one reason per application. If you require additional child abuse history clearances for any other reason, you will need to submit another application. You can submit another application at any time from your PA Child Abuse History Clearance Account.

For more detailed definitions and exceptions to clearance requirements please see the Who Needs Child Abuse Clearances at <http://keepkidssafe.pa.gov/clearances/index.htm>

® Volunteer Having Contact with Children: Applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children.

Individuals submitting an application as a Volunteer Having Contact with Children agree to use the certification for volunteer purposes only. The application fee will be waived if you have not obtained a volunteer certification free of charge within the previous 57 months.

Please Note: The use of the term "certification" is used interchangeably with "clearance".

Volunteer Category <small>(required)</small>	Agency Name <small>(required)</small>
<input type="text" value="Other"/>	<input type="text" value="Media Little League"/>

- Click on the Volunteer Having Contact with Children, another dropdown will appear on screen (the darker gray shown above).
- Your Volunteer Category will be “Other”
- The Agency Name is “Media Little League”
- Once you enter the Volunteer Category and Agency Name – click on the “Next>” link at the bottom of the screen

(12) Applicant Information Screen

- The next series of screens will ask detailed information about you – name, date of birth, SSN, addresses since 1975 and people you have lived with.

- **Screen 1: Name, Date of Birth, Gender and SSN**

- Note (on the website): ...disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number

First Name (required) Middle Name Last Name (required) Suffix

John Christopher Owens --Select--

Date of Birth (required) Gender (required)

Male

Would you like to provide a Social Security Number (SSN)?

☒ Yes ☐ No

SSN

-**-*

The email address below will be used for all emails regarding the submission and status of your application. If you would like to use a different email address, return to your PA Child Abuse History Clearance Account and click the Account Profile link provided at the top of the screen. This application will be available for you to continue from your account after your email has been updated. [Click here to return to your PA Child Abuse History Clearance Account to update your email address.](#)

Email Address

owens@dca.net

Do you have any previous names or nicknames that you have used in the past or that you may be known by? (required)

☒ Yes ☐ No

- It will also confirm your email address
- It will ask if you have any previous names or nicknames (i.e. Maiden name or name changes)
- You can add contact phone numbers

- **Screen 2: Current Address**

- Enter your Home Address (where you currently live)

Home Address

Country (required)

United States

Address Line 1 (required) Address Line 2

344 West Fourth Street Eg., Apartment 101

City (required) State (required) Zip Code (required) County

Media Pennsylvania 19063 Delaware

- Question: Is your mailing address the same as your home address? If it is not, click “No” and it will ask you for your Mailing Address (i.e. a PO Box)
- Question: Would you also like to have a paper version of the certificate sent to your home or mailing address? Click “Yes” or “No”
- Click “Next” to move to next screen.

- **Screen 3: Previous Address**

- Please enter everywhere you have lived since 1975. If you cannot remember exact addresses, please enter as much information as you can.

[+ ADD PREVIOUS ADDRESS](#)

Country	Street Address	City	State	Zip Code	County

[EDIT](#) [DELETE](#)

- Enter past addresses by clicking “Add Previous Address”
- Click “Next” to move to next screen.

- **Screen 4: Household Members**

- Please tell us about everyone with whom you have ever lived since 1975 or anyone with whom you are currently living. This includes, but is not limited to, your parents, guardians, spouses and/or siblings.

[+ ADD HOUSEHOLD MEMBER](#)

	Full Name	Relationship To Applicant	Current Age	Gender
<input type="radio"/>	Christopher James Owens	Parent		Male
<input type="radio"/>	Susan Jane Owens	Parent		Female

[EDIT](#)

[DELETE](#)

- Enter household members by clicking “Add Household Member”
- Click “Next” to move to next screen.

- **Screen 5: Application Summary**

- This is a summary of the information you have entered so far. Please check your information for accuracy. If your information is not correct or needs to be updated, please click the edit button in the heading of the section that you would like to update and modify it as necessary.
- Once you have verified all your information, click “Next” to move to next screen.

- **Screen 6: eSignature**

eSignature

To complete your application, please tell us if you have received a volunteer certification free of charge within the previous 57 months.

Have you received a paper or electronic volunteer certification free of charge since 04/14/2011 ? (required)

☐ Yes ☒ No

Please eSign below by checking the acknowledgement and entering your first and last name exactly as it appears on the Applicant Information screen.

- ☒ I hereby affirm that the information entered on this application is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). I have selected Volunteer Having Contact with Children as the purpose for my application and I agree to the following: (required)
- I have not received a background certification free of charge within the previous 57 months;
 - The background certification is necessary to satisfy the requirements under Chapter 63 subsection 6344(b); and
 - I understand that the certification shall not be valid or used for any other purpose, including employment.

Signature (required)

John Christopher Owens

- Critical: Enter “No” for this question: Have you received a paper or electronic volunteer certification free of charge since 04/14/2011?
- If you answer “Yes” you will have to pay for the certification.
- Check the box: “I hereby affirm that the information entered on this application is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law...”
- Signature: Enter your first and last name.
- Click “Next” to move to next screen.

- **Screen 7: Application Payment**

- Enter “No” for the only question on this screen

Application Payment

Did the organization you are volunteering for provide an authorization code for your application? An authorization code is not required to submit your application. (required)

☐ Yes ☒ No

As a volunteer applicant, your application fee is waived since you have not obtained a volunteer certification free of charge within the previous 57 months.

- Click “Waive Application Fee and Submit Application” to move to next screen.

- **Screen 8: Submission Confirmation**

Submission Confirmation

Success.

Your application (e-Clearance ID: 000001304485) has been successfully submitted!

Next Steps

Thank you for your submission. Please check your email for a confirmation notification that you may save for your own records. If you do not receive an email confirmation, contact ChildLine and Abuse Registry's Child Abuse History Clearance Unit at 1-877-371-5422.

You may view or check the status of your application from your PA Child Abuse History Clearance Account at any time. Once your application has been processed, you will receive a notification via email to log in to your account and view the outcome/result of the application.

You can also log into your account at any time from the Child Welfare Portal homepage.

Now that you have submitted your application, what would you like to do?

[LOG OUT](#)

[GO TO PA CHILD ABUSE HISTORY CLEARANCE ACCOUNT](#)

[SUBMIT ANOTHER CLEARANCE APPLICATION](#)

- At this point you can log out of the account and wait for an email letting you know your Certification is ready.
- If you click on “Go to PA Child Abuse History Clearance Account” you will see the following:

My PA Child Abuse History Clearances

[CREATE CLEARANCE APPLICATION](#)

[ADD APPLICATION TO ACCOUNT](#)



Status of Submitted Applications

You can modify an application with an Issued certificate, if an error exists on the current certificate. To resubmit an application, click the Resubmit button below.

Warning

It is recommended that you DO NOT save your certificate on a public computer. Doing so could leave your personal information open for others to view! Only save your certificate to a trusted computer to protect your information.

[e-Clearance ID: 000001304485](#)

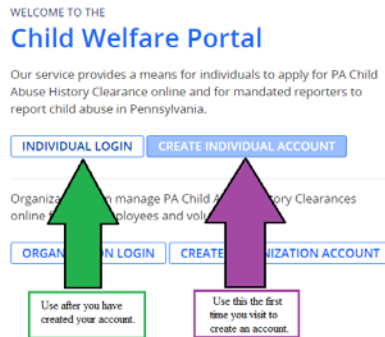
Purpose Volunteer Having Contact with Children

Created On 01/14/2016

Updated On 01/14/2016

Follow-Up

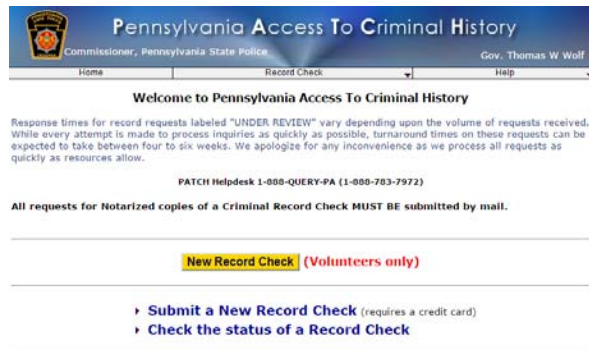
- Once your application has been processed, you should receive an email letting you know.
- Go back to the website: <https://www.compass.state.pa.us/cwis/public/home>
- Now that you have an account, click on the “Individual Login” button



- Log in and you will see the clearance screen
- Click on the ID to bring up your Clearance Certificate
- Download, Save or Export this file to a PDF
- Log into ClearCheck.me and Upload this to the Pennsylvania Child Abuse History Clearance

Media Little League Background Check Process Pennsylvania State Police - PATCH

(1) Go to the website: <https://epatch.state.pa.us/Home.jsp>



(2) If this is the first time you are landing here, choose the “New Record Check (Volunteers only)” button. If you have already entered your info and simply want to get the results...go to page 4 of this document.

New Record Check (Volunteers only)

(3) Check the Box at the bottom of the screen and Click “Accept” to go forward

(4) The Personal Information is the your information as the Requester...another screen will ask for your Personal Information as the person the Background Check will be run on.

- Request For Reason = VolunteerFREE
- Volunteer Organization Name = Media Little League
- Volunteer Organization Telephone Number = 610-566-0702
- Enter your personal information and press “Next>”

Personal Information

Please fill in the following form prior to making your record check request. Fields marked with an * are required. A request resulting in an actual criminal record will be sent via U.S. Mail to the name and address listed below.

Once this step is completed, information regarding the individual for which you are performing a background check will be gathered. Each background check performed will cost \$ 0.00 dollars.

Reason For Request:	VolunteerFREE *
Volunteer Organization Name:	<input type="text"/>
Volunteer Organization Telephone Number:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	-- Select a State -- *
Zip:	<input type="text"/>
Country:	UNITED STATES *
Email Addr:	<input type="text"/>
Phone Number:	<input type="text"/>

(5) Review the information and if all ok, click “Proceed”

Personal Information Review

Please verify the following information prior to clicking the "Proceed" button. If you need to make changes, click the "Back" button.

Once this step is completed, information regarding the individual for which you are performing a background check will be gathered. Each background check performed will cost \$ **0.00** dollars.

Reason For Request: VolunteerFREE
Volunteer Organization Name: Media Little League
Volunteer Organization Telephone Number: (610) 202-1255
Requester Name: John Christopher Owens
Address: 344 West Fourth Street
Media, PA
19063
Country: US
Email Addr: owens@dca.net
Phone Number: (610) 202-1255

(6) Record Check Request Form

- Enter the details of your information...yes, you are entering this a second time – but this time you are telling the website who the background check will be on.

Record Check Request Form

Please enter as much information as possible for the individual you would like to perform a background check on. First and middle names may **NOT** contain numbers, hyphens, apostrophes, dashes, or any other non-alphabetic characters. Last names may contain dashes. Fields marked with an * are required. To submit multiple requests, click the "Add Request" button. When finished entering requests, click the "Finished" button.

First Name: *
Middle Name:
Last Name: *
Suffix:
Social Security #: (xxxxxxxx) (Highly recommended)
Date of Birth: / / (mm/dd/yyyy) *
Sex: Unknown
Race: Unknown

Aliases and/or Maiden Name

	First	Middle	Last/Maiden
Alias 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Once you enter all data – click “Enter This Request”
- Note this is a secure website (https://), so while the SSN is not required, we suggest you enter your SSN and Date of Birth.

(7) Once you have clicked “Enter This Request” – it will come back to the same screen, without your detail.

- This is OK...it is asking you to enter others.
- You will see the following at the bottom of the screen:

View Queued Record Check Requests(1)

- Click “Finished”

(8) You will now get this screen:

Record Check Request Review

Please review the following background check requests. Click on the hyperlink in the subject name column to modify that request. To add more background check requests, click the "Add Request" button. Once all the information is correct, click the "Submit" button to process your request.

The total charge for processing this request will be \$ 0.00. Please do not refresh the web page or browser once the request has been submitted.

Request Queue				
Subject Name	SSN	Date of Birth	Race	Sex
Owens, John Christopher	XXXXXXXX	XX/XX/XXXX	W	M
One item found.				

[Add Request](#) [Cancel](#) [Submit](#)

- Note – instead of XXXXXXXXXX and XX/XX/XXXX you will see your actual SSN and Date of Birth, respectively. Click "Submit"

(9) The Screen will Process and come back with this:

Record Check Request Results

The results of your background check requests are displayed below. This page will automatically refresh several times and update the status of your record checks. Please wait until processing has finished before reviewing any background checks. Once processing is complete, click on the Control Number hyperlink to view the details of a specific record check.

Record Check Requests			
Control #	Subject Name	Date of Request	Status
R15589633	Owens, John Christopher	01/13/2016 09:12 AM	No Record
One item found.			

- Click the Bold Control number (on yellow line), in this case, "R15589633"

Record Check Details

This screen displays the details of a particular record check request. The request process has been completed. You may now print the certification form for your records. Nothing will be mailed to you to view/print the invoice associated with this record check request just click on the invoice number hyperlink. To view/print the certification form for this request click on the Certification Form hyperlink.

Control #R15589633

Requested by Christopher Owens

Subject Name:	Owens, John Christopher	Status:	No Record
Race:	White	Request Date:	01/13/2016 09:12 AM
Sex:	M	Last Update Date:	01/13/2016 09:19 AM
Date of Birth:		Fee:	\$0.00
Social Security #:		Payment Method:	Free
Reason for Request:	Volunteer	Invoice #:	R15589633

[Certification Form](#)

[Back](#)

(10) The final step is to click the word "Certificate Form" – that looks like this:

Pennsylvania State Police
1800 NORTH PENNSYLVANIA AVENUE
HARRISBURG, PENNSYLVANIA 17100

Response for Criminal Record Check

THE CERTIFICATE IS ONLY VALID FOR VOLUNTEER PURPOSES. THE PENNSYLVANIA STATE POLICE DOES NOT AUTHORIZE THIS FORM FOR ANY OTHER USE.

CHRISTOPHER OWENS
1800 NORTH PENNSYLVANIA AVENUE
HARRISBURG, PA 17100

TELEPHONE (800) 393-1255

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: Owens, John Christopher
Date of Birth: [REDACTED]
Social Security #: [REDACTED]
Sex: M
Race: White
Date of Request: 01/13/2016 09:12 AM
Purpose of Request: Volunteer

Hidden Name and/or Alias (1) (2) (3) (4)

*** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE INFORMATION. REFER TO CONTROL #R15589633 ***

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONSIDER FINGERPRINTS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS. THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://patch.state.pa.us/rc/statuscheck.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING: SUBJECT'S NAME (TYPED AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND RETURN THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SET OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:

[Signature]

Lieutenant Kevin J. Deschewitz, Director
Criminal Records and Identification Division
Pennsylvania State Police

DESIGNATED BY: SYSTEM
01/13/2016 09:19 AM

- Print or Save this Document to a PDF File and Upload it to the ClearCheck.me site.

If you have entered all the data and tells you to check back later for the results OR you want to reprint your Certification, you can check back later with the following process

(1) Go to the website: <https://epatch.state.pa.us/Home.jsp>

(2) Click on “Check the status of a Record Check”

Welcome to Pennsylvania Access To Criminal History

Response times for record requests labeled "UNDER REVIEW" vary depending upon the volume of requests received. While every attempt is made to process inquiries as quickly as possible, turnaround times on these requests can be expected to take between four to six weeks. We apologize for any inconvenience as we process all requests as quickly as resources allow.

PATCH Helpdesk 1-888-QUERY-PA (1-888-783-7972)

All requests for Notarized copies of a Criminal Record Check MUST BE submitted by mail.

New Record Check (Volunteers only)

▶ **Submit a New Record Check** (requires a credit card)
▶ **Check the status of a Record Check**

(3) Enter the exact information you entered when you requested the form – for example, if you entered a Middle Name, make sure you enter it here as well. You must enter the exact Control Number (starts with an R), as well as the Date of your Request.

- Click “Search”

Record Check Status

To perform a search on a record check request you must enter in all the data exactly as it was entered for the original record check request. If a middle name was entered on the original request then you must enter that name exactly.

Control Number:	<input type="text"/>	*
First Name:	<input type="text"/>	*
Middle Name:	<input type="text"/>	
Last Name:	<input type="text"/>	*
Date of Request:	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)	*
<input type="button" value="Search"/>		

(4) Your Record will be in the grid at the bottom of the screen – if it does not appear, confirmed that you entered all the data correctly. We have found if you do not enter the name exactly as you entered originally (Jim vs. James), it will not come back:

Record Check Status

To perform a search on a record check request you must enter in all the data exactly as it was entered for the original record check request. If a middle name was entered on the original request then you must enter that name exactly.

Control Number:	<input type="text" value="R15589633"/>	*
First Name:	<input type="text" value="John"/>	*
Middle Name:	<input type="text" value="Christopher"/>	
Last Name:	<input type="text" value="Owens"/>	*
Date of Request:	<input type="text" value="1"/> / <input type="text" value="13"/> / <input type="text" value="2016"/> (mm/dd/yyyy)	*
<input type="button" value="Search"/>		

Search Results			
Control #	Subject Name	Date of Request	Status
R15589633	Owens, John Christopher	01/13/2016 09:12 AM	No Record
One item found.			

- Click the Bold Control number (on yellow line), in this case, “R15589633”

(5) The Screen will Process and come back with this (which is NOT your Certificate):

Record Check Details

This screen displays the details of a particular record check request. The request process has been completed. You may now print the certification form for your records. Nothing will be mailed to you. To view/print the invoice associated with this record check request just click on the invoice number hyperlink. To view/print the certification form for this request click on the Certification Form hyperlink.

Control #R15589633

Requested by Christopher Owens

Subject Name: Owens, John Christopher	Status: No Record
Race: White	Request Date: 01/13/2016 09:12 AM
Sex: M	Last Update Date: 01/13/2016 09:19 AM
Date of Birth:	Fee: \$0.00
Social Security #:	Payment Method: Free
Reason for Request: Volunteer	Invoice #: R15589633

Certification Form

[Back](#)

(6) Click the “Certificate Form” link and your form (shown here) will come up:

Pennsylvania State Police
1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

THE CERTIFICATE IS ONLY VALID FOR VOLUNTEER PURPOSES. THE PENNSYLVANIA STATE POLICE DOES NOT AUTHORIZE THIS FORM FOR ANY OTHER USE

CHRISTOPHER OWENS
1900 NORTH PROVIDENCE ROAD
MEDIA PA 19063

TELEPHONE (610) 202-1255

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: Owens, John Christopher
Date of Birth:
Social Security #:
Sex: M
Race: White
Date of Request: 01/13/2016 09:12 AM
Purpose of Request: Volunteer
Maiden Name and/or Alias (1) (2)
(3) (4)

*** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R15589633 ***

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE #11.5 OF THE PENNSYLVANIA STATE POLICE CRIMINAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.state.pa.us/RCStatusSearch.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING: SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:



Lieutenant Kevin J. Deskiewicz, Director
Criminal Records and Identification Division
Pennsylvania State Police

DISSEMINATED BY: SYSTEM
01/13/2016 09:19 AM

(7) Print or Save this Document to a PDF File and Upload it to the ClearCheck.me site.