



COLONIAL LL 2026 SAFE SUMMARY

League Location: Great Meadows, NJ

League ID: 286655

COLONIAL LL 2026 SAFE SUMMARY

Dear Volunteers, Parents/Guardians, and Players:

COLONIAL LL is committed to providing a safe, welcoming environment where every player, volunteer, and family feels supported. Safety is an important part of every season, and we believe it is a shared responsibility that helps everyone enjoy the game with confidence and peace of mind.

As part of Little League SAFE, our league has confirmed the steps we take to protect children, prepare volunteers, and maintain safe facilities and playing conditions. From equipment checks and emergency planning to strong child protection practices and volunteer training, our goal is to create a positive, fun, and secure experience for every participant.

Thank you for being part of a community that puts kids first and works together to help ensure a safe, memorable Little League season.

Sincerely,

COLONIAL LL Board of Directors

LEAGUE LEADERSHIP AND CONTACTS

Keeping contact information up to date helps volunteers know exactly who to reach when questions or safety concerns arise.

Primary Contacts

Joe Garofalo

League President

jrgarofalo@yahoo.com

[2015634668](tel:2015634668)

Tim Tippett

League Safety Officer

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[9738678520](tel:9738678520)

DAVID T POE

District Administrator

dave78742112@yahoo.com

DAVE POE

District Safety Officer

dave78742112@yahoo.com

Additional Contacts

Todd Lecher

Other League Officer

tflecher@gmail.com

Erica Ward

League Player Agent

ward.ericanicole@gmail.com

Jessica Thompson

League Treasurer

thompsonfamilynj@gmail.com

Shannon Kastner

League Secretary

shannirose4@hotmail.com

Marc Gans

League Baseball Vice President

snagnalacram@gmail.com

Chris Kastner

Other League Officer

kasman41183@yahoo.com

Best Practice: Share a simple "Who to Contact" list with managers, coaches, and volunteers so everyone knows where to go for help during the season.

CHILD PROTECTION

Little League requires every chartered league to follow a set of core child protection policies to help keep children safe. Protecting players is our highest priority, and these policies ensure volunteers understand their responsibilities both on and off the field.

Your league has confirmed that all of the following policies are in place:

1. Annual Background Checks

COLONIAL LL confirms that all volunteers with regular contact with players complete annual background checks through J.D. Palatine (JDP), as required by Little League Regulation I(c) 8 and 9. Anyone with a disqualifying offense is prohibited from participating in any Little League activity. Background check laws vary across the country, and any additional requirements that apply to your league can be found at <https://www.littleleague.org/player-safety/child-protection-program/state-laws-background-checks-leagues/>. Your league is responsible for understanding and complying with any applicable state laws regarding background checks.

2. Annual Abuse Awareness Training

COLONIAL LL requires all volunteers to complete the Little League Abuse Awareness Training each year before assuming any duties. This training helps volunteers recognize, prevent, and respond to misconduct and abuse. Little League Abuse Awareness Training can be found at <https://www.littleleague.org/university/articles/abuse-awareness-training-course/>

3. Mandatory Reporting of Child Abuse

COLONIAL LL acknowledges that all volunteers are mandatory reporters under federal law and must report suspected child abuse, including sexual abuse, to the proper authorities within 24 hours. Reports should also be shared with the League President and District Administrator. State reporting requirements vary, and any laws that apply to your league can be found at <https://www.littleleague.org/player-safety/child-protection-program/state-specific-information-child-abuse/>. Your league is responsible for understanding and complying with any applicable state laws.

4. Non-Retaliation Policy

COLONIAL LL has adopted a policy that prohibits retaliation against anyone who makes a good-faith report of suspected abuse or misconduct. This ensures volunteers feel safe coming forward with concerns.

5. One-on-One Interaction Policy

COLONIAL LL has adopted the Little League One-on-One Interaction Policy, which requires that all interactions between adults and minors be observable and interruptible by another adult. This reduces opportunities for misconduct while still supporting positive mentoring relationships.

Best Practice: Reinforce child protection expectations clearly and consistently so volunteers know what to do and who to contact.

- Review expectations with all volunteers at the start of each season.
- Make reporting steps clear and easy to follow.
- Keep child protection policies easily accessible.

Additional information provided by your league:

CLL also offers annually, free of charge, the opportunity for all coaches volunteering within CLL to become Rutgers S.A.F.E.T.Y (Sports Awareness for Educating Today's Youth) certified. This course is facilitated through a webinar and informs coaches on the psychological, legal, and medical/first aid aspects of coaching as well as general coaching concepts and training/conditioning youth athletes.

Child Protection Resources:

- Little League Abuse Awareness Training (<https://www.littleleague.org/university/articles/abuse-awareness-training-course/>)
- Full Little League Child Protection Program (<https://www.littleleague.org/player-safety/child-protection-program/>)
- State-Specific Background Check Laws (<https://www.littleleague.org/player-safety/child-protection-program/state-laws-background-checks-leagues/>)
- State - Specific Mandatory Reporting Laws (<https://www.littleleague.org/player-safety/child-protection-program/state-specific-information-child-abuse/>)
- J.D.Palatine(JDP) Background Checks (<https://www.littleleague.org/player-safety/child-protection-program/local-league-background-check-information/>)
- USA Baseball – Abuse Awareness Resources (<https://usabdevelops.com/page/4834/base>)
- U.S.Center for SafeSport – Reporting and Education (<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>)
- ChildHelp National Child Abuse Hotline (1-800-4-A-CHILD)

EMERGENCY PREPAREDNESS

Being prepared for unexpected situations helps keep players, volunteers, and families safe. The information below highlights the emergency procedures and contacts in place during all league activities.

Emergency Contacts

- In any emergency situation, volunteers should immediately **call 911**
- Poison Control is also available nationwide at **1-800-222-1222**

Local Emergency Contacts

- **Urgent Care:** 9088522470
- **Local Hospital:** 9088525100

Emergency Action Plan

Emergencies can happen when you least expect them. A clear and accessible EAP helps volunteers respond quickly, communicate effectively, and take the right steps to keep players and families safe.

COLONIAL LL has not yet developed an Emergency Action Plan.

Additional information provided by your league:

WEATHER:

Most of our days in the Great Meadows, NJ area are warm and sunny but there are those days when the weather turns

bad and creates unsafe weather conditions. If there is:

Rain:

- Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes more and more saturated.
- Stop practice if the playing conditions become unsafe -- use common sense.
- If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of

a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

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On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

If you can HEAR, SEE or FEEL a THUNDERSTORM:

- Suspend all games and practices immediately.
- Stay away from metal including fencing and bleachers.

- Do not hold metal bats.
- Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Before the Storm:

- Check the weather forecast before leaving for a game or practice.
- Watch for signs of an approaching storm.
- Postpone outdoor activities if storms are imminent.

Approaching Thunderstorm:

- Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning.

During a game, the umpire will clear the field in the event of an approaching storm.

- Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
- If lightening is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
- Stay away from water, metal pipes, and telephone lines.
- Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
- Turn off air conditioners.

If caught outdoors & no shelter exists:

- Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
- If in the woods, take cover under shorter trees.
- If you feel your skin begin to tingle or your hair feels like its standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

What to do if someone is struck by lightning:

- The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
- Call 911 as soon as possible for help.

- Check for burns to the body.
- Give first aid as needed.
- If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
- Contact the league Safety Officer ASAP.

Hot Weather:

Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate:

- Suggest players take drinks of water when coming on and going off the field between innings.

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- If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.

- If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and

use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. (See section on Hydration)

Ultra-Violet Ray Exposure:

Exposure to ultra-violet rays increases an athlete's risk of developing a specific type of skin cancer known as melanoma. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, CLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

Evacuation Plan:

Severe storms and lightning are possible. For this reason, CLL must have an evacuation plan.

- At that time all players will return to the dugout and wait for their parents to come and get them.
- If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
- Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
- Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
- Once outside the facility, drivers will observe the posted speed limits.

ACCIDENT REPORTING PROCEDURE:

What to report:

Any incident involving a call to 911, or any other incident requiring professional medical care that could result in filing an insurance claim, must be reported (via phone) to the Safety Officer as soon as practicable but not later than

48 hours after the incident occurs. An Accident / Incident Report Form must be completed and mailed to the address

below, and is included in the Appendix of this Safety Plan.

CLL

Attn: Tim Tippett, Safety Officer

P.O. Box 215

Great Meadows, NJ 07838

Cell Phone: 201-563-4668

Email: info@coloniallittleleague.org

How to make a report:

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations.

At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time and location of the incident.
- A detailed description of the incident.
- A preliminary estimation of the extent of the injury.
- The name and phone number of the person reporting the incident.

Team Manager or Team Safety Officer's Responsibility:

The TSO will fill out the CLL Accident Investigation Form and submit it to the CLL Safety Officer within 48 hours of the incident. If the team does not have a TSO then the Team Manager will be responsible for filling out the form and turning it in to the CLL Safety Officer.

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) shall be handled directly by the CLL Safety Officer. NOTE: CLL Accident Investigation Forms can be found in the Appendix of this Safety Manual.

CLL Safety Officer's Responsibilities:

Within 24 hours of receiving the CLL Accident Investigation Form, the CLL Safety Officer:

- Will contact the injured party or the party's parents.
- Verify the information received obtain any other information deemed necessary.
- Check on the status of the injured party.

In the event that the injured party required other medical treatment; (i.e., Emergency Room visit, doctor's visit, etc.)

the Safety Officer will advise the parent or guardian of the CLL's insurance coverage and the provision for submitting

any claims.

If the extent of the injury is more than minor in nature, the CLL Safety Officer shall periodically call the injured party to:

- Check on the status of any injuries.
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again)

Emergency Preparedness Resources:

- Little League Lightning & Severe Weather Safety Guidelines
(<https://www.littleleague.org/university/articles/staying-safe-from-lightning-at-the-field/>)

FIRST AID & INJURY PREVENTION

A prepared volunteer is better equipped to respond when injuries or medical situations occur. Below is an overview of the first aid training, equipment, and safety practices in place for the season.

First Aid Training

First aid training helps volunteers respond effectively when injuries or emergencies happen. These trainings reinforce skills such as:

- Treating minor injuries
- Managing bleeding and nosebleeds
- Recognizing potential fractures or serious injuries
- Identifying head-injury symptoms
- Responding to heat-related illness
- Treating allergic reactions
- Knowing when to call 911

First aid training requirements for COLONIAL LL:

- Little League First Aid Awareness Training: **Not Offered**
- Formal First Aid Certification: **Not Offered**
- CPR Certification and AED Use Training: **Not Offered**

First Aid Kits

Accessible first aid supplies help volunteers respond quickly when an injury occurs. Keeping first aid kits stocked and easy to reach helps volunteers respond quickly during games and practices. Every team in COLONIAL LL has a first aid kit available at games and practices.

Recommended First Aid Kit Contents:

- Adhesive bandages (various sizes)
- Sterile gauze pads and rolled gauze
- Antiseptic wipes
- Instant cold packs
- Elastic wraps
- Tweezers and disposable gloves
- Nosebleed supplies (gauze, tissues)
- Small splint or finger splint
- CPR mask or face shield
- Allergy/sting relief wipes
- Cold Packs
- Tape and scissors

Best Practice: Each team should receive its first aid kit at the start of the season. First aid kits should travel with the team and be kept in an easy-to-reach spot during both games and practices.

Concussion Awareness

COLONIAL LL has confirmed that it follows required concussion training and has a protocol in place for recognizing and responding to potential head injuries during practices and games. Little League encourages all volunteers to follow the "When in doubt, sit them out" approach so players are removed from play immediately if a concussion is suspected.

Common signs and symptoms of a possible concussion include:

- Headache or pressure in the head
- Dizziness or balance problems
- Confusion, memory issues, or appearing "out of it"
- Nausea or vomiting
- Blurred vision or sensitivity to light or noise
- Behavior that seems unusual for the player

State concussion laws vary across the country. Some apply only to school athletics, while others apply to all youth sports organizations. State-specific information can be found at: <https://www.littleleague.org/player-safety/concussions-youth-athletes/>. Your league is responsible for understanding and complying with any applicable state laws.

Best Practice: If a concussion is suspected, volunteers should follow these steps:

- Remove the player from play immediately
- Ensure the player is monitored by an adult
- Refer the player to a licensed health care professional for evaluation
- Do not allow return to play on the same day
- Require written medical clearance before the player resumes practices or games

Access to Automated External Defibrillators (AED)

AEDs can play a lifesaving role during sudden cardiac emergencies, and clear access helps volunteers respond quickly when every second matters.

COLONIAL LL has reported that it has AEDs available at some league facilities.

Best Practice: AEDs are most effective when:

- Volunteers know the exact location of each device
- Devices are accessible during practices and games
- Batteries and pads are checked and replaced as needed
- Multiple volunteers are trained in basic AED use

State laws addressing AED access and sudden cardiac arrest (SCA) training can vary across the country. Some requirements apply only to school facilities or interscholastic athletics, while others extend to youth sports organizations or municipal fields. State-specific requirements for AEDs can be found at: <https://www.littleleague.org/player-safety/state-laws-on-automated-external-defibrillators/>

State specific requirements for SCA training can be found at: <https://www.littleleague.org/player-safety/state-laws-on-sudden-cardiac-arrest-training/>.

Your league is responsible for understanding and complying with any applicable state laws.

Additional information provided by your league:

FIRST AID:

What is First-Aid?

First-Aid means exactly what the term implies -- it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should

anyone administering First-Aid go beyond his/her capabilities. Know your limits!

Basic issues with baseball would be:

- Contusions
- Muscle pulls and strains
- Over-use injuries
- Sprains
- Fractures
- Injuries to small joints
- Facial injuries
- Injuries to teeth
- Eye injuries
- Insect bites and stings
- Heat illness
- Triage and Emergency Management

Evaluate the Injury:

- Can player be moved off field? (DO NOT ATTEMPT TO TRANSPORT any player who may be suffering from a suspected fracture, head or neck injury, call trained emergency personnel).
- If not, clear area around player and begin examination;
- If so, move player to sideline for closer examination;
- Determine if player can return to play or needs first aid.
- Give the appropriate first aid for the injury.
- If there is any type of head injury, the player MUST BE removed from the game.

- Turn over care to professionals when they arrive and help as directed.
- If parents are not available, go with player to treatment center with ambulance; turn over team to authorized coach.
- If emergency medical treatment isn't required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.
- Record the injury on an injury report.
- Follow up with the player until injury is healed and player can return to play.
- Get medical release prior to allowing player to return, if formal treatment was required.

The average response time on 9-1-1 calls is 5-7 minutes. En-route Paramedics are in constant communication with the

local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this.

Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive. Know where the nearest telephone is located at any playing field in case of emergency.

Minor problems such as cuts, scratches, etc., should be tended immediately. In the event of possible fractures, concussions or internal injury, contact the local emergency unit for treatment and transportation to a hospital. In the

event of serious injury, have the Medical Release Form for the player in the possession of the adult accompanying the person to hospital.

First Aid-Kits:

First Aid Kits will be furnished by the league and given to each team. First Aid kits are available in the concession stands. To replenish materials in the First Aid Kit, the

Manager, designated coaches or the appointed Team Safety Officer must contact the CLL Safety Officer.

Tim Tippett, Safety Officer

Cell: (973) 867-8520

First Aid Kit Contents:

The following contents are suggested to be in every First Aid Kit that CLL provides to each Team Manager.

Quantity Materials Quantity Materials

- 1 - First Aid Guide booklet
- 1 - 1/2"x5 yd. First aid tape
- 10 - 3/4"x3" Adhesive Bandages
- 9 - Antiseptic cleansing wipes- sting free
- 3 - 2"x4" elbow & knee bandages
- 4 - Antibiotic ointment packs
- 5 - 1"x3" bandages
- 2 - Exam quality vinyl gloves
- 2 - Knuckle fabric bandages
- 4 - 4"x5" Instant cold compress packs
- 2 - Lg. fingertip bandages
- 1 - Scissors
- 4 - Lg. butterfly wound closures
- 1 - Tweezers
- 4 - 2"x2" Gauze dressing pads
- 1 - 2"x2" Moleskin Square
- 4 - 4"x4" Gauze dressing pads
- 1 - Sterile eye pad
- 1 - 2"x4.1 yd. Conforming gauze roll bandage
- 2 - 6" Cotton tipped applicators
- 1 - 3"x4" Tefla® non-stick pad w/adhesive edges
- 2 - 6"x3/4" Finger Splint
- 1 - 5"x9" Trauma pad 1 Tube of Sunblock
- 1 - 3"x5 yd. Elastic bandage wrap, latex free
- 1 - 1-1/2"x10 yd. Porous cloth athletic tape

Note: Managers and Coaches should familiarize themselves with proper First Aid techniques. There are several First

Aid techniques listed below in this Manual. Always get professional medical assistance if there is a serious injury.

FIRST AID TECHNIQUES:

How to Prevent Injuries:

- Pre-participation health screenings (at least through a health questionnaire/ medical release form asking for health concerns and medications);
- Proper maintenance of playing site (game and practice facilities);
- Pay close attention to playing conditions (heat and humidity as well as severe weather);
- Make sure players know basics of good nutrition (especially water replacement on hot days);
- Proper athletic conditioning (stretching, strengthening and endurance, as well as agility and coordination drills);
- Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries);
- Consistent and proper use of all protective equipment;
- Close coach supervision and organization of warm-ups, practices and games;
- Careful compliance with all Little League rules, especially those having to do with safety.

Asthma Emergency Signs:

Heimlich Maneuver:

The Heimlich maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation. When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?" If the person can speak or cough, do not perform the Heimlich maneuver or pat them on the back. Encourage them to cough.

To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach.

It is important to keep the fist below the chest bones and above the naval (bellybutton). The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp).

These will be violent thrusts, as many times as it takes.

For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.

If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.

Signs of a Heart Attack:

- An uncomfortable feeling of pressure, squeezing, fullness, or pain in the center of the chest that lasts more than a few minutes, or comes and goes.
- Discomfort in the left or both arms, the back, neck, jaw, or stomach.

- Shortness of breath, which often occurs with or before chest discomfort.
- A feeling of nausea, light-headedness, fatigue, or a sudden, cold sweat.

Signs of a Stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or 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.

Shock:

Shock occurs when the body's organs and tissues do not receive an adequate flow of blood. Inadequate blood flow deprives the organs and tissues of oxygen and allows the buildup of waste products. When the circulatory system is unable to get enough blood to the vital organs, the body goes into shock. Sometimes even a mild injury will lead to shock. The body starts shutting down. Shock is a life-threatening medical emergency and can result in serious damage

or even death. If a person develops signs of shock, CALL 911 or other emergency services and begin treatment immediately.

Signs of shock include:

- Cool, pale, clammy skin.
- Weak, rapid pulse.
- Shallow, rapid breathing.
- Low blood pressure.
- Thirst, nausea or vomiting.
- Confusion, anxiety, restlessness, irritability.
- Faintness, weakness, dizziness or loss of consciousness.

Treatment:

Prompt treatment can save the life of a person who is in shock. Try the following:

1. Have the person lie down and elevate his or her legs 12 inches or more. If there is an injury to the head, necks, or chest, keep the legs flat. If the person vomits, roll the person to one side to let fluids drain from the mouth.

Use care if there could be a spinal injury.

2. Control any bleeding and splint any fractures.
3. Keep the person warm but not hot. Place a blanket underneath the person, and cover him or her with a sheet or blanket, depending on the weather. If the person is in a hot place, try to keep the person cool.
4. Take and record the person's pulse every 5 minutes.
5. Comfort and reassure the person to relieve anxiety.
6. Give victim no food or drink, even though he/she is likely to be thirsty.

External Bleeding:

External bleeding from a player can be caused by many sources in Little League Baseball and Softball. A player being

hit by a pitched ball, taking a bad hop in the infield or sliding into a base may cause bleeding. Communicable diseases

are a major concern. Refer to the Infectious Disease Policy in this Safety Manual for policies established by the league which detail minimum requirements for disease control.

Bleeding must be stopped as soon as possible. These instructions describe how to control or stop external bleeding.

Managers and coaches should also observe the league's Infectious Disease Policy and utilize the first aid kits supplied

by the league to each team.

Treatment:

1. Act quickly. Have the player lie down, if needed. Elevate the injured area higher than the heart, if possible.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or cloth. Wear latex gloves and follow the league's Infectious Disease Policy.
3. Once bleeding is controlled, bandage the area firmly with clean bandages. Do not make them too tight.
4. If pressure is ineffective in stopping the bleeding – CALL 9-1-1. The bleeding can usually be controlled by applying strong finger pressure to one of the following pressure points:
 - Scalp: press thumb against the bone in front of the ear (pressure may be needed on both sides).
 - Face: press fingers against hollow area of the jaw (pressure may be needed on both sides).
 - Neck: place thumb against the back of the neck against the vertebrae, slide three fingers to the side of the

airway where the injury is located. Locate the pulsating artery, and then squeeze it toward the thumb. Do not compress both sides of the neck.

- Arm: Place flat side of finger in groove between muscles on the inner side of the arm. Place thumb on the outside of the arm, press toward bone at a point halfway between the shoulder and elbow.
- Hand: Place your thumb on the inner side of the wrist, press toward bone.
- Leg: At the groin area where the legs and torso meet, press inner thigh against the bone with the fist or heel of the hand.

5. Apply a tourniquet as a last resort.

6. Call 9-1-1 if it is an emergency.

For Bites or Stings:

Bites or stings can be received from a number of different circumstances. Stings are usually caused by bees and other

bugs. Bites can come from cats, dogs, spiders, ants or mosquitoes. All of these should be evaluated and treated when a

player complains of a bite or sting. Many individuals are highly sensitive to stings that can cause them to develop breathing difficulties and very rapidly go into shock. This condition can be life threatening if not detected and treated

as soon as possible. It is important that coaches and managers are aware of any members on their team that have reactions to stings and that the proper emergency equipment is available at all times.

Stings:

If a player complains of a sting, the manager or coach should look for:

1. Swelling in the area
2. Signs of allergic reactions (if any condition exists, call 9-1-1)
 - Nausea
 - Severe swelling
 - Breathing difficulties, including coughing and wheezing
 - Bluish face, lips, fingernails
 - Signs of shock

- Unconsciousness

3. The stinger or venom sac still in the skin

Treatment:

Bee Stings:

1. Remove the stinger or venom sac with tweezers or by gently scraping with the fingernail or a knife.

Do not squeeze the stinger or venom sac.

2. Wash the area and apply a Band-Aid to cover the area.
3. For multiple stings, soak area in cool water.
4. Check for allergic reactions (if any condition exists, call 9-1-1).

Ant Bites:

1. Wash area thoroughly with clean water.
2. Apply sting lotion or a paste made of baking soda and water.
3. Cover the bite with very cold water to avoid swelling.
4. Watch for any signs of an allergic reaction.

Animal Bites:

1. Control any bleeding that may occur.
2. Flush the area with cool clean water.
3. Cover the area with a sterile pad or clean cloth.
4. Contact parents and notify police.

Contusions:

A contusion is commonly called a bruise and can be identified by a dark discoloration of the skin. The area in which the injury has occurred will become black and blue due to small blood vessels in the area rupturing and bleeding into

the tissue around the injury. The bleeding may cause swelling, which is the second sign of a contusion.

The most common cause of a contusion for Little League players is being hit with the ball. Contusions can also be caused by being hit with the bat, a player falling and hitting the ground, sliding into another player or running into a

hard object.

If a player complains of pain over an area after a hard blow, the manager or coach should:

1. Look for swelling in the area and/or discoloration of the body tissue in the area.
2. Feel the area for tenderness.
3. Have the player try to move the injured area. Try to determine how much pain is associated with the movement.

Extreme pain could indicate a severe injury.

4. Pull a player from the game or practice if the contusion produces moderate to severe pain on movement.

Treatment

1. Apply ice or a cold pack to the area.
2. Notify parents.
3. Recommend to the parent that a physician be contacted if the contusion is moderate or severe.

For minor sprains and contusions, follow the R.I.C.E. formula:

Rest: Do not allow player to return to activity unless he/she can do so without noticeable pain or favoring the injured area.

Ice: Ice the injured area for 20 min.

Compression: Apply light compression to reduce swelling and internal bleeding. Wrap the area with an elastic bandage. (May also wrap bandage over the ice pack.)

Elevation: Elevate area above the heart to minimize pooling of blood.

For Minor Cuts/Abrasions:

- Place clean absorbent bandage over wound and apply light pressure to control bleeding.
- Clean with warm, soapy water. If water is not available use antiseptic wipe from first aid kit.
- Apply antibiotic ointment and a clean dry bandage.
- Make sure that the injured person has current tetanus vaccination (10 yrs. for minor wounds).

Fractures:

Fractures (broken bones) are not a frequent injury in Little League Baseball and Softball. Many circumstances can cause a player to fracture a bone. A batter being hit by a pitched ball, an improper slide, a collision with another

player or a fall while attempting a play are just a few of the situations that could cause a fracture. A fracture must be

treated as a major injury mostly because the injured player will probably be in a great deal of discomfort and could go

into shock.

Treatment:

1. Act quickly; treat for shock, if necessary.

1. Have someone notify parents.

2. Call 9-1-1 and get professional help immediately if the injury is in the back or neck. Keep the player still until EMT personnel arrive.

3. If the bone is suspected to be broken, but does not pierce the skin, place the limb in as natural a position as possible without causing discomfort to the player.

4. If the bone is piercing the skin (compound fracture), apply pressure to the appropriate pressure point to stop any bleeding that might occur. Do not straighten the limb, return to a natural position or replace bone fragments. Do not touch or attempt to clean the injury. Place a sterile pad or cloth firmly in place to cover the injury.

If the player must be moved, apply a splint or stabilize the area to prevent further damage. Use anything that will keep

the bone from moving (broomsticks, boards, etc.). Pad splints with cotton, clothes or anything soft and clean. Tie the

splints firmly, but not tightly. If the victim complains about numbness, the splint may be too tight.

Concussion Awareness:

The Facts:

➤ A concussion is a brain injury.

➤ All concussions are serious.

➤ Concussions can occur without loss of consciousness.

➤ Concussions can occur in any sport.

➤ Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

What is a Concussion?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head. The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in any organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

Recognizing a Possible Concussion:

To help recognize a concussion, you should watch for the following two things among your athletes:

- A forceful blow to the head or body that results in rapid movement of the head. -and-
- Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

Signs and Symptoms:

Signs observed by coaching staff:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)

Shows behavior or personality changes:

- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported By Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play

until given permission to return to play by a health care professional (see Licensed Health Care Provided list below) with experience in evaluating for concussions. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or

days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of

the game or practice.

Prevention and Preparation:

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur.

Here are some steps you can take to ensure the best outcome for your athletes and the team:

- Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential

long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

- Insist that safety comes first.

1. Teach athletes safe playing techniques and encourage them to follow the rules of play.
2. Encourage athletes to practice good sportsmanship at all times.
3. Make sure athletes wear the right protective equipment for their activity (such as shin guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
4. Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
5. Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
 - Prevent long-term problems. 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 brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome.^{4, 5} Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

Action Plan:

What should a coach do when a concussion is suspected?

- Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
- Ensure that the athlete is evaluated right away by an appropriate health care professional. 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:

1. Cause of the injury and force of the hit or blow to the head
2. Any loss of consciousness (passed out/knocked out) and if so, for how
3. Any memory loss immediately following the injury
4. Any seizures immediately following the injury
5. Number of previous concussions (if any)

- 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.
- Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

Licensed Health Care Providers:

What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physician's Assistant (PA)
- Licensed Certified Athletic Trainers (ATC)

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately.
No

athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

As a condition of managing or coaching I have read the manager and coaches training information and will follow with practices on Concussions and Head Injuries, including educating my parents and players. I will also comply with

all my league's policies regarding Concussions and Head Injuries. I will sit a player out when in doubt and not allow that player to return to practice or a game until cleared by professional medical personnel

Communicable Disease Procedures:

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted.

For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential

for transmission of these infectious agents should include, but not be limited to, the following:

- The bleeding must be stopped; the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
- Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids.

Wash hands immediately after removing gloves.

- Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
- Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
- Contaminated towels should be properly disposed of/disinfected.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

Additional information is available from your state high school association and from the National Federation

TARGET program.

Protection from the Sun:

The FDA has new labeling requirements; sunscreens cannot claim to have an SPF (Sun Protection Factor) greater than 30. Anything higher has little more UV protection. Not all sunscreens completely protect against UVA rays, even if the front of the label says so. The only way to know you are completely protected is to check the back of the label.

Look for one of these three active ingredients: titanium dioxide, zinc oxide or parsol 1789 -- also known as avobenzone.

Sunscreens, Tanning Products and Sun Safety Skin damage from sunlight builds up with continued exposure, whether sunburn occurs or not. In addition to skin cancer and sunburn, effects related to premature aging can include wrinkling and, in time, an almost leathery appearance of the skin. Research also suggests

that excessive exposure to UV radiation may interfere with the body's immune system.

Sunburn is associated with the shorter ultraviolet wavelengths, known as ultraviolet B (UVB). The longer wavelengths, known as ultraviolet A (UVA), however, can penetrate the skin and damage connective tissue at deeper

levels, even if the skin's surface feels cool. It is important to limit exposure to both UVA and UVB.

Sunscreens play an important role as one part of a total program to reduce the harmful effects of the sun that first includes limiting sun exposure and wearing protective clothing. Sunscreens are labeled with SPF numbers. SPF stands for "Sun Protection Factor." The higher the SPF number, the more sunburn protection the product provides.

Experts recommend using sunscreens with an SPF number of 15 or higher that also provide protection from UVA rays. Remember, sunscreen use alone will not prevent all of the possible harmful effects of the sun.

The effectiveness of a sunscreen is reduced if it is not applied in adequate amounts or if it is washed off, rubbed off, sweated off or otherwise removed. For maximum effectiveness, apply a sunscreen liberally before going outside and

reapply it frequently on all sun-exposed skin. Unless otherwise stated on the label, a general rule of thumb is to apply

30 minutes before going outside and to reapply at least every two hours thereafter.

Remember that the sun's rays are the strongest from 10:00 a.m. to 4:00 p.m., especially during the late spring and summer. It is equally important to protect your eyes from the sun. Too much UV radiation can damage the cornea and

lead to cataracts, a clouding of the lens of the eye that can cause blindness. Not all tinted glasses - even very dark ones

- protect against UV radiation. The UV filtration results from an invisible chemical applied to the sunglasses. Check the label when choosing sunglasses in order to make sure that they provide protection against UV radiation.

Further information can be found on the FDA web site: <http://www.cfsan.fda.gov/~dms/cos-220.html>

Hydration:

Good nutrition is important for children. Sometimes, the most important nutrient children need is water – especially when they're physically active. When children are physically active, their muscles generate heat there by increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's

cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become over heated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months.

Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as

quickly. It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should

encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well

hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18grams of carbohydrates per cup)

or less. If the carbohydrate levels are higher, the sports drink should be diluted with water.

Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages (tea, coffee, colas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

First Aid & Injury Prevention Resources:

- First Aid Kit Checklist (<https://www.littleleague.org/university/articles/first-aid-kits-an-items-list/>)
- Little League First Aid Awareness Training (<https://www.littleleague.org/university/articles/first-aid-awareness-training-course/>)
- CDC Heads Up – Concussion Resources (<https://www.cdc.gov/heads-up/>)
- State-Specific Concussion Laws (<https://www.littleleague.org/player-safety/concussions-youth-athletes/>)
- State-Specific AED Laws (<https://www.littleleague.org/player-safety/state-laws-on-automated-external-defibrillators/>)
- State-Specific SCA Training Laws (<https://www.littleleague.org/player-safety/state-laws-on-sudden-cardiac-arrest-training/>)

EQUIPMENT SAFETY

Safe, well-maintained equipment helps prevent injuries and supports a positive playing experience. The information below reflects how playing equipment is inspected and monitored throughout the season.

Batting Helmets

All batting helmets must be NOCSAE-certified and free of cracks, dents, or deteriorating padding.

- Helmets are inspected at the start of the season and as needed
- Damaged or ill-fitting helmets are removed from use immediately
- Non-OEM (non-manufacturer) modifications are prohibited
- Properly fitted, undamaged helmets play an important role in preventing head injuries

Catcher's Gear

Catcher's equipment must be complete, well-maintained, and properly fitted for each player. A full set includes:

- Helmet with full face mask
- Dangling throat guard (required)
- Chest protector
- Leg guards

Equipment Inspections

At COLONIAL LL, equipment manager carry out regular equipment inspections throughout the season. These checks help identify items that should be repaired or removed from use.

- Unsafe or excessively worn equipment should be removed immediately
- Routine inspections help ensure players are always using equipment that will keep them safe from injury

Best Practice: Teach players to do quick self-checks of their helmets and gear before practices and games. Helping players look for cracks, loose padding, or missing pieces builds good habits and supports a shared culture of safety.

Equipment Safety Resources:

- Equipment and Facility Check-Ups (<https://www.littleleague.org/university/articles/make-regular-equipment-facility-check-ups-a-year-round-endeavor-for-your-league-or-district/>)

FACILITY SAFETY

Safe, well-maintained facilities help create a positive experience for players, families, and volunteers. Your league has shared the steps it takes to help keep playing conditions safe throughout the season.

Seasonal Facility Inspection

COLONIAL LL completes a thorough review of all fields and facilities at the beginning and end of each season. This inspection helps the league:

- Identify needed repairs
- Document safety concerns
- Plan for maintenance or improvements
- Confirm that fields and common areas are ready for use

Ongoing Facility Checks

COLONIAL LL conducts regular in-season checks to help ensure facilities remain safe and ready for play. These checks typically look for:

- Loose or damaged fencing
- Worn or broken bases
- Slick, uneven, or poorly drained surfaces
- Broken or unstable bleachers
- Lighting or electrical concerns
- Hazards in dugouts, walkways, or spectator areas

Field Safety

Before every game and practice, fields and dugouts should be reviewed to ensure safe playing conditions. These quick checks help volunteers:

- Spot hazards early
- Prevent injuries
- Address small issues before they become larger concerns
- Confirm that field equipment, playing surfaces, and dugout areas are safe and ready for use

At COLONIAL LL, coach or manager carry out field and dugout safety checks before games and practices.

Annual Little League Facility Survey

Each year, leagues complete the Little League Annual Facility Survey, which records the condition of each field, identifies maintenance or safety needs, and documents key details about layout, features, and emergency equipment.

A report generated from COLONIAL LL's completed facility survey is included with this SAFE Summary.

Best Practice: Create a simple, shared inspection checklist for coaches and volunteers to use before games and practices. Consistent use of the same checklist helps ensure issues are spotted early and reported quickly.

For more information about facility safety at COLONIAL LL, or to report a concern, please contact: League President

Facility Safety Resources:

- Day to Day Safety Checklist (<https://www.littleleague.org/university/articles/the-safest-little-league-experience-comes-from-doing-common-tasks/>)
- Pre-Season Facility Checkup (<https://www.littleleague.org/university/articles/conduct-a-facilities-safety-check-before-the-season-starts/>)

TRAINING & EDUCATION

When volunteers are trained and prepared, it helps to prevent injuries, respond to emergencies, and create a positive experience for everyone involved. This section highlights the volunteer trainings that COLONIAL LL requires and encourages.

Abuse Awareness Training

Little League requires all volunteers who undergo a background check to complete Abuse Awareness Training each year. COLONIAL LL confirms that all required volunteers complete Abuse Awareness Training each season.

Safety Awareness Training (Little League University)

Safety Awareness Training helps volunteers understand common safety risks, recognize unsafe situations, and take proactive steps to prevent injuries.

COLONIAL LL requires Safety Awareness Training for: League Officers/Board Members, Managers and Coaches.

First Aid Awareness Training (Little League University)

First Aid Awareness Training helps volunteers recognize injuries, respond appropriately, know when to call 911, and take steps to prevent medical emergencies.

COLONIAL LL requires First Aid Awareness Training for Not Required in our League.

Diamond Leader Training (Little League University)

Diamond Leader Training supports coaches and volunteers in creating a positive team environment focused on player well-being, sportsmanship, communication, and healthy culture.

COLONIAL LL requires Diamond Leader Training for Not Required in our League.

Additional Trainings Offered or Encouraged

COLONIAL LL has indicated that it offers or requires the following additional trainings:

- Rutgers S.A.F.E.T.Y Course, to all coaches paid by the league

Best practice: Share a simple training plan at the start of the season outlining required courses, who must complete them, and suggested deadlines. Clear expectations help volunteers stay on track.

Training and Education Resources:

- Little League University (LLU) Trainings Overview (<https://www.littleleague.org/university/training/>)
- Little League Abuse Awareness Training (<https://www.littleleague.org/university/articles/abuse-awareness-training-course/>)
- Little League Safety Awareness Training (<https://www.littleleague.org/university/articles/safety-awareness-training-course/>)
- Little League First Aid Awareness Training (<https://www.littleleague.org/university/articles/first-aid-awareness-training-course/>)

ACCIDENT INSURANCE & INCIDENT REPORTING

Accidents can happen at any time, and being prepared helps leagues support families and volunteers when they do. Understanding and documenting injuries ensures everyone gets the help they need and allows the league to strengthen safety practices for future seasons.

How to Submit an Accident Claim

If a player or volunteer requires medical treatment after a league-sanctioned activity, families should follow these steps:

1. Download the Accident Claim Form from LittleLeague.org.
2. Provide the claimant's full information, including parent or guardian details if the claimant is a minor.
3. Complete all sections of the form. Missing information causes delays.
4. Include primary insurance information. If the claimant has no insurance, written employer verification is required.
5. Attach itemized medical bills that include dates of service, procedure codes, diagnosis codes, and charges.
6. For dental injuries, submit bills to the primary medical and dental insurer first, then include the insurer's Explanation of Benefits.
7. Have a league official (President, Safety Officer, etc.) complete and sign the League Statement section.
8. Completed claim forms and supporting documents must be mailed. Email and fax submissions cannot be accepted.

Questions about the claim process may be sent to AccidentClaim@LittleLeague.org.

Incident Tracking

COLONIAL LL documents all injuries and incidents that occur during league activities.

- Reports are completed using the official Little League Incident Tracking Form.
- A designated league officer is responsible for collecting and reviewing each report.
- Reviewing incident information throughout the season helps the league identify trends, address hazards, and strengthen safety practices.

Best practice: Monitor incident reports and near-miss situations regularly during the season. Tracking both helps identify emerging patterns, field conditions, equipment problems, or other safety concerns, so the league can take proactive steps to prevent injuries and improve the overall safety of the program.

To report an incident, or for more information about filing an accident claim, please contact: League Safety Officer

Accident Reporting Resources:

- Little League Incident Tracking Form (<https://www.littleleague.org/downloads/incident-injury-tracking-form/>)
- AIG Accident Claim Form (<https://www.littleleague.org/downloads/accident-claim-form/>)
- How to File an Accident Claim (<https://www.littleleague.org/university/articles/how-to-submit-an-accident-insurance-claim/>)
- Little League Insurance Program Overview (<https://www.littleleague.org/university/articles/little-league-insurance-programs/>)

LITTLE LEAGUE RULES & SAFETY BEST PRACTICES

Creating a safe, enjoyable playing environment begins with following Little League's official safety rules and reinforcing practices that protect players, volunteers, and families. COLONIAL LL has confirmed that it meets all required safety standards.

Little League Safety Rules

Little League's official safety rules are designed to prevent injuries and establish consistent expectations across the program. These rules help ensure safe play during practices and games.

Leagues must enforce the following:

- On-deck batters are not permitted in the Majors Division and below
- Batters, base runners, and player base coaches must wear helmets at all times
- Catcher's gear must include a dangling throat guard
- Metal cleats are prohibited in the Majors Division and below
- Disengageable bases are required on all baseball and softball fields
- Head-first sliding while advancing is not permitted in the Majors Division and below
- Pitch count limits and required rest days must be followed in all baseball divisions
- Bats must meet current Little League standards
- Game balls must meet current Little League standards and be in good condition

Safety Best Practices

In addition to official rules, many leagues adopt extra safety practices that strengthen routines, reinforce expectations, and create a positive environment for players, families, and volunteers.

Common safety best practices include:

- Keeping dugout and field gates closed during play
- Using a double first base on baseball and softball fields
- Reminding players not to throw equipment or swing bats near others
- Reviewing lightning and severe weather procedures with coaches and umpires
- Ensuring each team has emergency contact information available at practices and games
- Leading age-appropriate warm-ups and stretching to reduce injury risk
- Marking spectator areas clearly and keeping them separate from the field
- Encouraging volunteers, parents, and players to model sportsmanlike and respectful behavior
- Sharing safety reminders with families (emails, signage, or meetings)
- Posting safety signage in common areas (e.g., "No Climbing Fences," "Foul Ball Awareness," "AED Located Here")

2026 FACILITY SURVEY REPORT

This report provides an overview of the information submitted by COLONIAL LL through the Little League Annual Facility Survey. The survey helps document the condition of each field, identify safety or maintenance needs, and track important facility details such as fencing, bleachers, lighting, emergency equipment, and field use.

The information in this summary reflects the league's responses for each field and is intended to support planning, safety awareness, and ongoing facility improvements throughout the season.

CLL PIT FIELD

273 US Route 46
Great Meadows, NJ 07838

Facility survey last updated 5/7/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
200 ft.	200 ft.	200 ft.	25 ft.	4 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
30 ft.	30 ft.	200 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
30 ft.	30 ft.	200 ft.

General Details

Parking Capacity	51-100
Bleacher Capacity	None/NA
Ownership	School
Maintenance Responsibility	School

Emergency Equipment

Safety Features	Dugout fencing, Disengageable bases, Outfield fence bumper
Emergency Equipment Available	First aid kit

Field and Playing Area

Field is Fenced	No
Fence Material	Chain-link
Basepath Material	Clay
Baseline Marking Material	Lime
Infield Surface	Grass
Playing Features	Portable pitching mound, Foul poles, Backstop

Lighting

Lights Installed	No
Pole Type	
Underground Wiring	
Light Poles Grounded	
Date Electrical System Last Inspected	
Date Light Levels Last Tested	
Light Levels Meet Little League Standards	

Field Usage

Field Used for Tournament Play	Yes
Scheduling Limitations	

Bleachers

Material	N/A
Annual Inspection	
Safety Railing	
Handrails	
Overhead Screens	