



SOUTH KITSAP EASTERN LL 2026 SAFE SUMMARY

League Location: Port Orchard, WA

League ID: 4470203

SOUTH KITSAP EASTERN LL 2026 SAFE SUMMARY

Dear Volunteers, Parents/Guardians, and Players:

Welcome to an Exciting New Season of South Kitsap Eastern Little League Baseball and Softball!

South Kitsap Eastern Little League is dedicated to fostering a safe and inviting environment where every player, volunteer, and family feels supported. Safety is a crucial aspect of every season, and we believe that it is a shared responsibility that allows everyone to enjoy the game with confidence and peace of mind.

Commitment to Safety

As part of Little League SAFE, our league has outlined the measures we take to safeguard children, prepare volunteers, and maintain secure facilities and playing conditions. From equipment inspections and emergency preparedness to robust child protection practices and volunteer training, our aim is to ensure a positive, enjoyable, and secure experience for every participant.

This League SAFE initiative is designed to inform our league members about our safety standards and to provide essential information and guidelines that promote the health and well-being of our players and our league. Every member of South Kitsap Eastern Little League is responsible for adhering to all safety protocols and actively participating in identifying and reporting safety concerns that may arise during the season.

Ongoing Safety Improvements

The Board of Directors at South Kitsap Eastern Little League remains focused on enhancing the overall safety of our league. We are committed to the well-being of our players from both a physical and psychological perspective. Physically, we have made continuous improvements to our facilities to create a safe and healthy environment for play. Psychologically, we uphold our League's Code of Conduct Policy, which applies to all parents, guardians, volunteers, and league members.

To enforce this policy, the League's Board of Directors may establish a Code of Conduct Investigation Committee. Our hope is that through ongoing community involvement and collaboration among our members, the spirit of Little League will thrive, and this committee will never need to be activated.

A Shared Responsibility

In closing, please remember that safety is a collective effort among the volunteers, members, and participants of South Kitsap Eastern Little League. Always use common sense, trust what children communicate, and report any accidents or safety violations as they occur.

Thank you for being part of a community that prioritizes our kids and collaborates to ensure a safe and memorable Little League season.

Now, let's play ball—and let's do it safely!

Sincerely,

SOUTH KITSAP EASTERN 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

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Additional Contacts

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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

SOUTH KITSAP EASTERN 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

SOUTH KITSAP EASTERN 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

SOUTH KITSAP EASTERN 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

SOUTH KITSAP EASTERN 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

SOUTH KITSAP EASTERN 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:

We meet with our volunteer managers and coaches by division to emphasize the importance of completing their background checks and the Abuse Awareness training provided by Little League. They understand that it is their responsibility to finish this training before stepping onto the field with any player.

In addition to our meetings with managers and coaches, we also hold meetings with all of our Team Parents, who serve as the administrators for each team. Furthermore, we meet with our scorekeepers and individuals working in the concession stand. Every volunteer is aware that they are required to complete both the Abuse Awareness training and their background checks.

To ensure everyone is informed, we have this information prominently displayed in multiple locations on our league's website.

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

- **Police Department:** (360) 337-1701
- **Fire Department:** (360) 871-2411

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.

SOUTH KITSAP EASTERN LL is in the process of developing an Emergency Action Plan.

Additional information provided by your league:**A NOTE ABOUT INCLEMENT WEATHER**

Most of our spring days in the Pacific Northwest are cool and damp and with this springtime normal there are those days when the weather turns so bad we experience unsafe weather conditions. Please understand it is the manager and coach's responsibility to use sound judgment, so we protect both our players and our facilities from injury and damage.

Rain:

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practicing 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 within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning strike 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 within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of downdrafts 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:

1. Suspend all games and practices immediately.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parents or designated driver's cars and wait for your decision on whether or not to continue the game or practice.
5. Game or practice can resume, 30 minutes after no sight of lightning or hearing thunder.

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 SOUTH KITSAP EASTERN LL:

- Little League First Aid Awareness Training: **Recommended**
- Formal First Aid Certification: **Required**
- CPR Certification and AED Use Training: **Required**

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 SOUTH KITSAP EASTERN 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

SOUTH KITSAP EASTERN 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.

SOUTH KITSAP EASTERN LL has reported that it has AEDs available at all 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-Kits and Manager's Binders

First Aid Kits will be furnished to each team manager at the beginning of the season.

The First Aid Kit is an integral part of the team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or postseason) and any other Little League event where children's safety is at risk.

In addition, Manager's Binders will be furnished to each team manager at the beginning of the season. The Manager's Binder contains known medical condition information on each child, as supplied by the parent(s)/guardian(s) at time of registration. In addition, the Manager's Binder contains a Medical Release Form for each child. The Manager's Binder is an integral part of the team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or postseason) and any other Little League event where children's safety is at risk.

FIRST AID AWARENESS AND BASIC**TECHNIQUES****Checking Conscious Victims**

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life-threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

1. Talk to the victim and to any people standing by who saw the accident take place.
2. Check the victim from head to toe, so you do not overlook any problems.
3. Do not ask the victim to move, and do not move the victim yourself.
4. Examine the scalp, face, ears, nose, and mouth.
5. Look for cuts, bruises, bumps, or depression.
6. Watch for changes in consciousness.
7. Notice if the victim is drowsy, not alert, or confused.
8. Look for changes in the victim's breathing. A healthy person breathes regularly, quietly,

and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.

9. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
10. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
11. Ask the victim again about the areas that were hurt.
12. Ask the victim to move each part of the body that doesn't hurt.
13. Check the shoulders by asking the victim to shrug them.
14. Check the chest and abdomen by asking the victim to take a deep breath.
15. Ask the victim if he or she can move the fingers, hands, and arms.
16. Check the hips and legs in the same way.
17. Watch the victim's face for signs of pain and listen to sounds of pain such as gasps, moans or cries.
18. Look for odd bumps or depressions.
19. Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
20. Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.
21. When you have finished checking if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
22. When the victim feels ready, help him or her stand up

Checking Unconscious Victims

- 1) Tap and shout to see if the person responds. If the victim does not respond to you in any way, assume the victim is unconscious.

Call 9-1-1 and report the emergency immediately.

If there is no response:

- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) Do NOT move the victim but maintain a clear air passageway in the event the victim in face down or lying on their side.

Bleeding (in general)

Before initiating any First Aid to control bleeding, be sure to wear the latex gloves included in your First-Aid Kit in order to avoid contact with the victim's blood with your skin.

If a victim is bleeding,

1. Act quickly. Have the victim lying down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
3. If bleeding is controlled by direct pressure, bandage firmly to protect wound.

Check the pulse to be sure bandage is not too tight.

4. If bleeding is not controlled by the use of direct pressure, call 9-1-1 immediately.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops, typically 10 to 15 minutes.

Bleeding on the Inside and / or Outside of the Mouth

To control the bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Infection

To prevent infection when treating open wounds, you must:

1. Cleanse the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.
2. Treat with ointment supplied in your First-Aid Kit.

3. Cover the wound with Band-Aids, gauze, or sterile pads supplied in your First Aid
4. Kit to absorb fluids and protect wounds from further contamination. (Handle only the edges of sterile pads or dressings)
5. Secure the bandages with First-Aid tape supplied in your First-Aid Kit to help keep out dirt and germs.

Deep Cuts

If the cut is deep, attempt to stop the bleeding and bandage the wound. Encourage the victim to get to a hospital so he/she can be stitched up. Stitches prevent scars.

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in the eye, DO NOT attempt to remove it.

Removal:

1. First wash your hands thoroughly, then gently wash the affected area with mild soap and water.
2. Sterilize needles or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
3. Loosen skin around splinter with needle; use tweezers to remove splinter. If a splinter breaks or is deeply lodged, consult professional medical help.
4. Cover with adhesive bandage or sterile pad, if necessary.

Insect Stings

In highly sensitive people, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call 9-1-1. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms:

Signs of allergic reaction may include nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

Treatment:

1. For mild or moderate symptoms, wash with soap and cold water.
2. Remove stinger or venom sac by gently scraping with fingernail or business card.
Do not remove the stinger with tweezers as more toxins from the stinger could be released into the victim's body.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
4. If victim has gone into shock, treat accordingly (see section, "Care for Shock").

Heat Exhaustion

Symptoms:

may include fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment:

1. Instruct victims to lie down in a cool, shaded area or an air-conditioned room.
Elevate feet.
2. Massage legs toward heart.
3. Only if the victim is conscious, give cool water or electrolyte solution every 15 minutes.
4. Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke (Heat Stroke)

Symptoms:

may include extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

1. Call 9-1-1 immediately.
2. Lower body temperature quickly by placing the victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge the victim's body until body temperature is reduced then towel dry. If a tub is not available, wrap victim in

cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.

3. DO NOT give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active.

Allergies are usually treated with prescription medication. Each manager should be intimately familiar with each player's known medical condition, as provided by the parents at time of registration and supplied in each Manager's Binder. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 immediately. Never share one child's prescription asthma medicine with another child, even if the child is suffering from an asthma attack. Dial 9-1-1.

Breathing Problems/Emergency Breathing

If Victim is not Breathing:

1. Position victim on back while supporting head and neck.
2. With the victim's head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into the victim's mouth. Breathe in until the chest gently rises. Check for a pulse at the carotid artery (use fingers instead of thumb).
4. If a pulse is present but the person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).

5. Continue rescue breathing as long as a pulse is present, but person is not breathing.

If Victim is not Breathing and Air Won't Go In:

1. Re-tilt person's head.

2. Give breaths again.

3. If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.

4. Give up to 5 abdominal thrusts.

5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.

6. Tilt head back, lift chin, and give breaths again.

7. Repeat breaths, thrust, and sweeps until breaths go in.

Contusion to Sternum

Contusions to the Sternum are usually the result of a thrown or batted ball that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can begin to beat irregularly, known as fibrillation or can become bruised and start filling up with fluid. In both cases, the victim's life is in extreme jeopardy. Do not downplay the seriousness of this injury!

1. If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.

2. If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

Concussion

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken. (See below on how to treat head and neck injuries)

1. If the victim is a child, tell the parents immediately about the injury and have them monitor the child. If the child receives a blow to the head during a game or

practice, immediately remove that child from play.

2. Note any symptoms and monitor to see if they change within a short period of time.

3. Urge the victim to seek immediate medical attention. If the victim is a child, urge the parents to take the child to a doctor for further examination.

4. See that victim gets adequate rest.

5. If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 immediately.

Head And Spine Injuries

When to suspect head and spine injuries:

1. A fall from a height greater than the victim's height.

2. Any bicycle, skateboarding, or rollerblade mishap.

3. A person was found unconscious for unknown reasons.

4. Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.

5. Any injury that penetrates the head or trunk, such as an impalement.

6. Any injury in which a victim's helmet is broken, including a batting helmet, etc.

7. Any incident involving a lightning strike.

Signals of Head and Spine Injuries:

1. Changes in consciousness

2. Severe pain or pressure in the head, neck, or back

3. Tingling or loss of sensation in the hands, fingers, feet, and toes

4. Partial or complete loss of movement of any body part

5. Unusual bumps or depressions on the head or over the spine

6. Blood or other fluids in the ears or nose

7. Heavy external bleeding of the head, neck, or back

8. Seizures

9. Impaired breathing or vision as a result of injury
10. Nausea or vomiting
11. Persistent headache
12. Loss of balance
13. Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries:

1. Call 9-1-1 immediately!
2. Minimize movement of the head and spine by providing support
3. Maintain an open airway.
4. Check consciousness and breathing.
5. Control any external bleeding.
6. Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

Muscle, Bone, or Joint Injuries

Always suspect a serious injury when the following signals are present:

1. Significant deformity
2. Bruising and swelling
3. Inability to use the affected part normally.
4. Bone fragments sticking out of a wound.
5. Victim feels bones grating; victim felt or heard a snap or pop at the time of injury.
6. The area injured is cold and numb.
7. The cause of the injury suggests that the injury may be severe.

If any of these conditions exist, call 9-1-1 immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

1. If the ankle or knee is affected, do not allow the victim to walk. Loosen or remove

shoe; elevate leg.

2. Protect skin with thin towels or cloth. Then apply cold, wet compresses or cold packs to the affected area. Never pack a joint in ice or immerse in icy water.

3. If a twisted ankle, do not remove the shoe -- this will limit swelling.

4. Consult professional medical assistance for further treatment if necessary.

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, durable cardboard, sticks, bats, etc. Seek medical attention immediately.

Treatment for fractures and broken bones:

Once you have established that the victim has a broken bone, dial 9-1-1 immediately.

Comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section).

Osgood Schlaugther's Disease

Osgood Schlaugther's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

1. Icing the painful areas.

2. Making sure the child rests when needed.

3. Using Ace or knee supports.

Heart Attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

1. Persistent chest pain or discomfort. Victims usually complain of persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.

2. Breathing difficulty. The victim's breathing is noisy, the victim feels short of breath and typically breathes faster than normal.

3. Changes in pulse rate. Pulses may be faster or slower than normal and may be irregular.

4. The victim's skin may be pale or bluish in color. The victim's face may be moist and may be perspiring profusely.

Call 9-1-1 immediately upon the first indication that a victim may be suffering a heart attack.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms include feeling light-headed, dizzy, confused, or weak; changes in skin color (pale or flushed skin), sweating; nausea or vomiting; diarrhea; changes in consciousness; seizures; paralysis or inability to move; slurred speech; impaired vision; severe headache; breathing difficulty; persistent pressure or pain.

Care For Sudden Illness

1. Call 9-1-1 immediately.

2. Help the victim rest comfortably.

3. Keep the victim from getting chilled or overheated. Use a blanket.

4. Reassure the victim.

5. Watch for changes in consciousness and breathing.

6. Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

- Vomits -- Place the victim on his or her side.

- Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

- Has a diabetic emergency -- Give the victim some form of sugar. Orange juice is best, but soda with extra sugar or candy may be used.

- Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

1. Restlessness or irritability
2. Altered consciousness.
3. Pale, cool, moist skin
4. Rapid breathing
5. Rapid pulse

Caring for shock involves the following simple steps:

1. Have the victim lying down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
2. Control any external bleeding.
3. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
4. Try to reassure the victim.
5. Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
6. Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
7. Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Sunburn

1. Treat as you would any major burn (see above).

2. Treat for shock if necessary (see section on "Caring for Shock")
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4. Give the victim fluids to drink.
5. Get professional medical help immediately for severe cases.

Burns (in general)

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available -tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the clothes cool by adding more water.

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain.

Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns

1. Remove contaminated clothing.
2. Flush burned area with cool water for at least 5 minutes.
3. Treat as you would any major burn (see above).

If an eye has been burned:

1. Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelids away from eye so the inside of the lid can also be washed.

2. If the eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
3. Cover both eyes with dry sterile pads, clean cloths, or eye pads, bandage in place.

Poisoning

Call 9-1-1 immediately before administering First Aid then:

1. Do not give any First Aid if the victim is unconscious or is having convulsions.

Begin rescue breathing techniques or CPR if necessary. If the victim is convulsing, protect from further injury; loosen tight clothing if possible.

2. If professional medical help does not arrive immediately:

a. DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).

b. Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adults one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If the victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.

3. Take poison container, (or vomitus if poison is unknown) with victim to hospital.

Transporting an Injured Person

If injury involves neck or back, DO NOT move victim unless absolutely necessary.

Call 9-1-1 and wait for paramedics.

If the victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

1. Carefully turn the victim toward you and slip a half-rolled blanket under your back.
2. Turn victim on side over blanket, unroll, and return victim onto back.

3. Drag victim headfirst, keeping back as straight as possible.
4. If the victim must be lifted, support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep your body as level as possible.

Prescription Medication

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and South Kitsap Eastern Little League does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

Colds and Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his/her cold or flu on to others. Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

Emergency Treatment of Dental Injuries

Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

1. Avoid additional trauma to the tooth while handling. Do not handle the tooth by the root. Do not brush or scrub the tooth. Do not sterilize the tooth.
2. If debris is on tooth, gently rinse with water.
3. If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if the athlete is alert and conscious.
4. If unable to re-implant:
 - a. Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."

b. 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.

c. 3rd best - Wrap tooth in saline soaked gauze.

d. 4th best - Place tooth under the victim's tongue. Do only if the athlete is conscious and alert.

e. 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. Transport victim and tooth immediately to the dentist.

Luxation (Tooth in Socket, but Wrong Position)

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth is raised up.

1. Reposition tooth in socket using firm finger pressure.

2. Stabilize the tooth by gently biting on towel or handkerchief.

3. Transport the victim immediately to the dentist.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition the tooth using finger pressure.

2. Victims may require local anesthetic to reposition the tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

3. Transport the victim immediately to the dentist.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of the tooth.

2. Transport the victim immediately to the dentist.

Fracture (Broken Tooth)

If the tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4 (above). Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is

extremely painful to the athlete. Save all fragments of fractured teeth as described

under

Avulsion, Item 4 (above) and immediately transport the victim and any/all tooth

fragments to the dentist.

Dismemberment

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze

or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep

the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is

taken to the hospital with the victim. Doctors may be able to reattach it.

Penetrating Objects

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

1. Call 9-1-1 immediately.

2. Do not remove it.

3. Place several dressings around the object to keep it from moving.

4. Bandage the dressings in place around the object.

5. If object penetrates chest and victim complains of discomfort or pressure, quickly

loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat

the procedure if necessary.

6. Treat for shock if needed (see "Care for Shock" section).

Communicable Disease Procedures

While the risk of one athlete infecting another with HIV/AIDS or the hepatitis B or C virus

during competition is close to non-existent, there is a remote risk other blood borne

infectious disease can be transmitted. Procedures for guarding against the transmission

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

1. A bleeding player should be removed from competition as soon as possible.

2. Bleeding must be stopped, the open wound covered, and the uniform changed if

there is blood on it before the player may re-enter the game.

3. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (latex gloves are provided in First Aid Kit).

4. Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap.

5. Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).

6. The use of CPR Masks.

7. Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.

8. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Facts about AIDS and hepatitis

AIDS stands for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time.

Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

- If possible, wash your hands before and after giving care, even if you wear

gloves.

- Avoid touching or being splashed by another person's body fluids, especially blood.
- Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hotline (1- 800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk. Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B.

PROVIDING FIRST AID

IMPORTANT DO'S AND DON'TS

DO...

- Reassure and aid children who are injured, frightened or lost.
- Provide, or assist in obtaining medical attention for those who require it.
- Know your limitations.
- Carry your first aid kit to all games and practices.
- Look for signs of injury (blood, bruises, deformity of limbs, etc.).
- Listen to the injured person describe what happened and what hurts.
- Gently and carefully feel the injured area for signs of swelling or grating of broken bones.
- Carry your players' Medical Release Forms with you at all games, practices and any other team functions.
- Arrange to have a cellular phone available during all games and practices.

DON'T...

- Hesitate in administering aid when needed.
- Be afraid to ask for help if you are not sure of the proper procedures (such as CPR).
- Transport or move injured individuals except in extreme emergencies.
- EVER leave an unattended child at a practice or game.
- Administer any medications.
- Provide any food or beverage, including water, to a victim you believe may be in shock.
- Hesitate to report any suspected safety hazard to the Safety Officer immediately.

THE A-B-C's OF BASIC FIRST AID

In the event of a MINOR injury:

Use the first aid kit as needed to apply ice packs or support bandages. When treating an injury remember:

PRICES...Pressure, Rest, Ice, Compression, Elevation, Support

If blood is present, wear barrier gloves (latex gloves) whenever possible to protect yourself and the injured person. Clean wounds with soap and water or an antiseptic wipe. Apply light pressure to stop bleeding. Apply bandages to cover the wound.

If any part of the uniform is soiled with blood, the uniform must be replaced and thoroughly cleaned prior to continued use.

In the event of a MAJOR injury:

If you believe a player has sustained a major injury, you must seek professional medical attention immediately.

Call 9-1 -1

Stay with the injured person and provide comfort until medical attention arrives. Keep the person calm and as comfortable as possible. Avoid moving the player in any way unless remaining there would cause greater injury.

When calling 911, REMAIN CALM and be prepared to give your name, location and a

brief description of the emergency. Listen carefully to the operator's requests or questions. DO NOT hang-up or end the call until you are instructed by the operator.

Once you finished with the phone call, get in position or designate others to an appropriate location to meet and direct emergency personnel and vehicles to the injured person.

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 SOUTH KITSAP EASTERN LL, coach or 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.

Additional information provided by your league:

A SAFETY NOTE

A SAFETY NOTE ABOUT BATTERS

Little League Baseball specifically prohibits the swinging of bats outside of the batter's box and does not allow players to wield a bat unless they are the current batter.

Specifically, Rule 1.08 of the Official Regulations and Playing Rules for

All Divisions of Little League Baseball states:

Note 1: The on-deck position is not permitted in Tee Ball, Minor

League or Little League (Majors) Division

Note 2: Only the first batter of each half-inning will be allowed

outside the dugout between the half-innings in Tee Ball, Minor League or

Little League (Majors) Division South Kitsap Eastern Little League does

not allow players to pick up a bat until the player leaves the dugout, to

approach the plate. As there is no on-deck position permitted, no

practice swings will be permitted.

REMEMBER: Don't Swing It Until You're Up to the Plate!

A SAFETY NOTE ABOUT CATCHERS

All players performing the duties of a catcher, whether in a game,

practice, warm-up or bullpen setting, must wear a helmet. In addition,

pursuant to Rule 1.17 of the Official Regulations and Playing Rules for

All Divisions of Little League Baseball:

"All catchers must wear a mask, 'dangling' type throat protector and

catcher's helmet during infield/outfield practice, pitcher warm-up and

games. NOTE: Skull caps are not permitted."

Keep Our Catcher's SAFE!

Equipment

- Equipment should be inspected regularly for the condition of the equipment as well as

for proper fit.

- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games, and face shields are strongly encouraged.
- Except when a runner is returning to a base, headfirst, slides are not permitted.
- Disengage-able bases will be used on all fields.
- Double –First bases will be used on the Minor and Majors field to reduce collisions between fielders and runners at first.
- During sliding practice, bases will not be strapped down or anchored.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- Managers will only use the official Little League balls supplied by SKELL.
- Use only reduced impact balls for both T-ball and Coach Pitch baseball divisions.
- Once a ball has become scuffed, it cannot be used in a scheduled game.
- All male players will wear athletic supporters, including cups during both games and practices. Mouth guards are strongly encouraged, especially for infielders.
- All catchers must wear chest protectors with a neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. Note: Skullcaps are not permitted.
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Shoes with metal spikes or cleats are not permitted at levels Majors and below. Shoes with molded cleats are permissible.

Players

- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place).

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

SOUTH KITSAP EASTERN 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

SOUTH KITSAP EASTERN 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 SOUTH KITSAP EASTERN 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 SOUTH KITSAP EASTERN 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.

Additional information provided by your league:

MAINTENANCE AND STORAGE SHED SAFETY

PROCEDURES

The following applies to all of the maintenance and/or storage sheds used by South Kitsap Eastern Little League:

All individuals with either keys and/or combinations for the locks to the South Kitsap Eastern Little League equipment sheds (i.e., Managers, Coaches, Umpires, volunteers, etc.) are aware of their responsibilities for the orderly and safe storage of equipment.

Under no circumstance will these keys or combinations be given to any child or player, or anyone who is not an authorized member of the League.

Anyone who desires to use any of the machinery located in the sheds (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.), must request and receive the proper training by a member of the Grounds Committee.

Individuals are prohibited from operating any machinery on the complex without the express consent of the Grounds Commissioner, and again, only after having received the proper training.

All chemicals or organic materials stored in South Kitsap Eastern Little League sheds shall be properly marked and labeled as to its contents.

All chemicals or organic materials stored within these equipment sheds will be stored in a manner to minimize the risk of puncturing the storage containers.

Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.

Grounds

- No throwing rocks.
- No climbing fences.
- No playing on dugout roofs.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.

- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- Always be alert about traffic.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed on or around the bleachers.
- Never hesitate to report any present or potential safety hazard to the SKELL Safety Officer immediately.

For more information about facility safety at SOUTH KITSAP EASTERN 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/>)

CONCESSION STAND SAFETY

Concession stands add to the game day experience, but they also involve equipment, heat sources, and food handling, all of which require clear safety procedures. The information below summarizes how SOUTH KITSAP EASTERN LL helps maintain a safe concession operation throughout the season.

SOUTH KITSAP EASTERN LL has confirmed that its concession stand(s):

- Follow all applicable local health and safety regulations
- Provide volunteers with guidance in safe food handling and equipment use
- Maintain a working fire extinguisher that is readily available
- Keep first aid supplies in the concession stand
- Do not allow minors to work in or remain inside the concession stand during operating hours

Best practice: Post simple safety reminders inside the concession stand so volunteers can quickly review expectations before each shift, including:

- Handwashing steps
- Safe food temperatures
- Equipment shut-off procedures
- Location of the fire extinguisher
- Emergency contact information

Additional information provided by your league:

Volunteers:

The Concession Manager will have a current SERV safe food handlers permit. An adult 18 years of age or older will be always present. All volunteers must be 13 years of age or older, volunteers from the ages of 13 to 17 years of age will meet with the Concession Manager prior to working in the concessions. All concession volunteers are to be instructed on proper hand washing, food handling and use of equipment. Only healthy workers should be allowed in the concession stand. No one with symptoms of fever, nausea, vomiting, diarrhea, jaundice, open sores, infected cuts, etc., is allowed in the food service area. The use of hair restraints is recommended.

To help minimize the risk of foodborne illness, please adhere to the following simple guidelines:

Menu:

Keep it simple and keep potentially hazardous foods (meats, eggs, dairy products, fruits and vegetables) to a minimum. Avoid using precooked foods, leftovers or food that was prepared at home. Complete control over your concession stand food, from source to service, is the key to safe, sanitary food service.

Cooking and Storage:

All potentially hazardous food should be kept at 41 degrees F or below (if cold) or 140 degrees F or above (if hot). Most foodborne illnesses are traced back to lapses in temperature control.

Allowing hazardous food to remain unrefrigerated for too long has been the number one cause of foodborne illness. Keep food stored off the floor at least six inches. Keep food covered to protect them from insects. Do not store pesticides near food. Thoroughly clean concession area and discard all unusable food after each event.

Hand Washing:

Always wash hands before starting your shift, handling food, after using the bathroom, coughing, sneezing, handling money or touching raw food. Wearing disposable gloves

can offer an additional barrier to contamination, but it is no substitute for hand washing!

Frequent and thorough hand washing is the first line of defense in preventing foodborne illness.

Dishwashing:

Use disposable utensils for food service and never reuse disposable dishware. In instances where cooking utensils are not disposable, wash in hot soapy water, rinse in clean hot water and air dry.

Equipment:

The Concession Manager will regularly inspect all equipment to ensure safe operation.

All workers should note the fire extinguisher location. Report any equipment malfunction or safety hazard to Concession Manager immediately. Post the name and telephone number of the Concession Manager for immediate contact.

For more information about concession stand safety at SOUTH KITSAP EASTERN LL, or to report a concern, please contact: Concessions Manager

Concession Stand Safety Resources:

- Concession Stand Safety (<https://www.littleleague.org/university/articles/concession-stand-safety-tips-12-steps-to-safe-sanitary-food-service/>)
- Concession Stand Safety Checklist (<https://www.littleleague.org/university/articles/concession-stand-inspection-checklist/>)

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 SOUTH KITSAP EASTERN LL requires and encourages.

Abuse Awareness Training

Little League requires all volunteers who undergo a background check to complete Abuse Awareness Training each year. SOUTH KITSAP EASTERN 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.

SOUTH KITSAP EASTERN LL requires Safety Awareness Training for: League Officers/Board Members, Managers and Coaches, Umpires, All Other Volunteers.

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.

SOUTH KITSAP EASTERN LL requires First Aid Awareness Training for League Officers/Board Members, Managers and Coaches, Umpires.

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.

SOUTH KITSAP EASTERN LL requires Diamond Leader Training for Managers and Coaches, Umpires.

Additional Trainings Offered or Encouraged

SOUTH KITSAP EASTERN LL has indicated that it offers or requires the following additional trainings:

- Coaching Skills & Game Fundamentals Training
- Formal First Aid Certification
- CPR Certification
- AED Use Training
- Concession Safety Training
- Little League Umpire Training (Little League University)

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.

Additional information provided by your league:

EMERGENCY PROCEDURES

First Aid / CPR / AED Training

South Kitsap Eastern Little League will require at least one manager/coach from each team to attend. Every manager/ coach must attend this training once every 3 years.

The training will be held at the South Kitsap Eastern Little League office, facilitated by South Kitsap Fire and Rescue Department.

Fundamentals Training

Fundamentals Training: February 28, 2026 for Junior/Senior Divisions

Fundamentals Training: February 28, 2026 for our Minor and Major Divisions Baseball & Softball

Fundamentals Training: March 14, 2026 for our Coach Pitch (Minor) and T-Ball Divisions, Baseball & Softball

At least one manager/coach from each team must attend the training. Every Manager/Coach will attend this training at least once a season. The training will be at the South Kitsap Eastern Little League Fields, by President, Vice President, Division GM & Safety Officer.

The Board of Directors of South Kitsap Eastern Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team. All managers, coaches, players, volunteers, fans and members of the league understand and agree to comply with the Safety Code.

General

- Responsibility for safety procedures belong to every adult member of South Kitsap Eastern Little League.
- Each player, manager, designated coach, umpire and/or volunteer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.

- Only league-approved managers and/or coaches will supervise batting cages.
- Managers will never leave an unattended child at a practice or game.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No smoking, vaping or tobacco allowed on the premises at any time.
- No firearms on the premises at any time
- No domestic animals on premises, excluding registered service animals.

First Aid

- Managers, coaches and umpires will have mandatory training in First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located in the concessions stand.

SOUTH KITSAP EASTERN LITTLE LEAGUE

GAME/PRACTICE SAFETY PROCEDURES

Pre-Season:

- One Manager or Coach from each team is required to attend a Coaching Clinic and a First Aid Clinic every year. All Managers and Coaches must attend each of these clinics at least once every three years.

Regular Season:

Managers will:

- Work closely with the Equipment manager to make sure the equipment is in first-rate condition.
- Make sure that telephone access is available for all activities including practices.

It is suggested that a cellular phone always be on hand.

- Not expecting more from their players than what the players are capable of.
- Be open to ideas, suggestions or help.

- Enforce the notion that prevention is the key to reducing accidents to a minimum.
- Always have a First-Aid Kit and Safety Manual on hand.
- Use common sense.

Pre-Game & Practice:

Managers will:

- Make sure that the players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players wear the proper uniform and catchers are wearing an athletic support cup.
- Walk to the field to check the field is free of hazards and obstructions (e.g. rocks and glass) before use.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President, Umpire or a duly delegated representative shall make the determination.

Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.

- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no slivers. Check non wood bats for round.

Make sure that bats have grips.

- Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.

- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.

During the Game

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep player's alert.
- Maintain discipline at all times.
- Be organized.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think about Safety First.
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to drink often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not losing focus by engaging in conversation with parents and passersby.

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

SOUTH KITSAP EASTERN 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.

Additional information provided by your league:

WARNING: Protective gear cannot prevent all injuries that a player may sustain while participating in Baseball/Softball.

The Little League Insurance Program aims to provide protection to all participants at the most affordable cost for local leagues. This program includes the Little League Player Accident Policy, which is an excess coverage plan designed solely for accidents. It serves as a supplement to other insurance policies you may have under a family plan or through a parent's employer. If no primary coverage exists, Little League insurance will cover eligible charges up to the Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the stated maximum benefits.

This plan enables us to offer exceptional and affordable protection, assuring parents that adequate coverage is in place for all chartered and insured Little League approved programs and events.

If your child experiences a covered injury while participating in a scheduled Little League Baseball game or practice, here's how the insurance process works:

The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years old) and a league official. This form should be sent directly to Little League Headquarters within 20 days following the accident. Parents/claimants should keep a photocopy of the form. Initial medical or dental treatment must occur within 30 days of the Little League accident.

Itemized bills must be submitted within 90 days after the accident, including a description of services, date of service, procedure and diagnosis codes for medical services/supplies, and any other documentation related to the claim. Proof of expenses must be submitted no later than 12 months from the date the first medical expense was incurred.

If other insurance is available, parents or claimants must send 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 primary insurance program's deductible.

The policy will provide benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to the Excess Coverage and Exclusion provisions of the plan.

Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit under specific conditions:

Deferred medical benefits apply when necessary treatment, such as the removal of a pin or plate used to stabilize a bone or scar tissue removal, needs to occur after the 52-week period. The company will cover reasonable expenses incurred, up to the policy's maximum limit of \$100,000 for any single injury. However, no benefits will be paid for expenses incurred more than 24 months from the date of the injury.

If the insured suffers an injury to sound, natural teeth and treatment needs to be postponed beyond 52 weeks due to physiological changes in a growing child, the company will pay the lesser of:

A maximum of \$1,500, or

Reasonable expenses incurred for the deferred dental treatment. These expenses are covered only if incurred before the insured turns 23. Deferred root canal therapy expenses are covered if incurred within 104 weeks

following the injury. No payment will be made for deferred treatment unless a physician submits written certification within 52 weeks after the accident, stating that the treatment must be postponed for the reasons mentioned above. Benefits are payable subject to the Excess Coverage and Exclusions provisions of the Policy.

South Kitsap Eastern Little League is a participant in the Little League Insurance Program and carries Accident Insurance, Crime Insurance, Directors and Officers Liability Insurance, and General Liability Insurance. We hope this summary has clarified an important aspect of the Little League endorsed insurance 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. SOUTH KITSAP EASTERN 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 SOUTH KITSAP EASTERN 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.

HARPER FIELD

3500 SE Southworth Dr
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
0 ft.	0 ft.	0 ft.	0 ft.	0 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
0 ft.	0 ft.	0 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
0 ft.	0 ft.	0 ft.

General Details

Parking Capacity	1-50
Bleacher Capacity	None/NA
Ownership	Municipality
Maintenance Responsibility	Municipality

Field and Playing Area

Field is Fenced	No
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Commercial Markings
Infield Surface	Grass
Playing Features	Permanent pitching mound, Backstop

Field Usage

Field Used for Tournament Play	No
Scheduling Limitations	Limited time allowed for practices, Restrictions on the number of teams or games scheduled, School or municipal policies that impact scheduling

Emergency Equipment

Safety Features	Disengageable bases
Emergency Equipment Available	First aid kit

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	

Bleachers

Material	no bleachers
Annual Inspection	
Safety Railing	
Handrails	
Overhead Screens	

JOHN SEDGWICK MIDDLE SCHOOL

8995 SE Sedgewick
Port Orchard, WA 98366

Facility survey last updated 1/6/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
0 ft.	0 ft.	0 ft.	30 ft.	0 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
24 ft.	20 ft.	20 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
24 ft.	20 ft.	20 ft.

General Details

Parking Capacity	1-50
Bleacher Capacity	None/NA
Ownership	School
Maintenance Responsibility	School

Emergency Equipment

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

Field and Playing Area

Field is Fenced	No
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Spray Paint
Infield Surface	Part dirt, part grass
Playing Features	Permanent pitching mound, 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	No
Scheduling Limitations	Limited time allowed for practices, Restrictions on the number of teams or games scheduled, School or municipal policies that impact scheduling

Bleachers

Material	Metal
Annual Inspection	
Safety Railing	✓
Handrails	✓
Overhead Screens	

MANCHESTER ELEMENTARY

1901 California Ave E
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
0 ft.	0 ft.	0 ft.	0 ft.	0 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
0 ft.	0 ft.	0 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
0 ft.	0 ft.	0 ft.

General Details

Parking Capacity	1-50
Bleacher Capacity	None/NA
Ownership	School
Maintenance Responsibility	School

Emergency Equipment

Safety Features	Disengageable bases
Emergency Equipment Available	First aid kit

Field and Playing Area

Field is Fenced	No
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Commercial Markings
Infield Surface	Grass
Playing Features	Permanent pitching mound, 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	No
Scheduling Limitations	Limited time allowed for practices, Restrictions on the number of teams or games scheduled, School or municipal policies that impact scheduling

Bleachers

Material	no bleachers
Annual Inspection	
Safety Railing	
Handrails	
Overhead Screens	

MARCUS WHITMAN MIDDLE SCHOOL

1887 Madrona Dr. SE
Port Orchard, WA 98366

Facility survey last updated 1/6/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
0 ft.	0 ft.	0 ft.	25 ft.	0 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
25 ft.	0 ft.	0 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
25 ft.	0 ft.	0 ft.

General Details

Parking Capacity	1-50
Bleacher Capacity	None/NA
Ownership	School
Maintenance Responsibility	School

Emergency Equipment

Safety Features	Dugout fencing, Disengageable bases
Emergency Equipment Available	First aid kit, Weather shelter/safe area

Field and Playing Area

Field is Fenced	No
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Commercial Markings
Infield Surface	Grass
Playing Features	Permanent pitching mound, 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	No
Scheduling Limitations	Limited time allowed for practices, Restrictions on the number of teams or games scheduled, School or municipal policies that impact scheduling

Bleachers

Material	Metal
Annual Inspection	
Safety Railing	✓
Handrails	✓
Overhead Screens	

ORCHARD HEIGHTS ELEM

2288 Fircrest Dr SE
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
0 ft.	0 ft.	0 ft.	20 ft.	0 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
10 ft.	15 ft.	0 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
10 ft.	15 ft.	0 ft.

General Details

Parking Capacity	1-50
Bleacher Capacity	None/NA
Ownership	School
Maintenance Responsibility	School

Field and Playing Area

Field is Fenced	No
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Commercial Markings
Infield Surface	Grass
Playing Features	Permanent pitching mound, Backstop

Field Usage

Field Used for Tournament Play	No
Scheduling Limitations	Limited time allowed for practices, Restrictions on the number of teams or games scheduled, School or municipal policies that impact scheduling

Emergency Equipment

Safety Features	Disengageable bases
Emergency Equipment Available	First aid kit, Weather shelter/safe area

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	

Bleachers

Material	no bleachers
Annual Inspection	
Safety Railing	
Handrails	
Overhead Screens	

SKELL COACH PITCH

6600 E Hilldale Rd
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
150 ft.	150 ft.	150 ft.	12 ft.	4 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
13 ft.	12 ft.	9 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
13 ft.	12 ft.	11 ft.

General Details

Parking Capacity	None
Bleacher Capacity	None/NA
Ownership	League
Maintenance Responsibility	League

Emergency Equipment

Safety Features	Pitcher's eye, Dugout fencing, Disengageable bases, Double first base, Outfield fence bumper
Emergency Equipment Available	AED (Automated External Defibrillator), First aid kit

Field and Playing Area

Field is Fenced	Permanent
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Spray Paint
Infield Surface	Grass
Playing Features	Permanent 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	No
Scheduling Limitations	

Bleachers

Material	Wood
Annual Inspection	<input checked="" type="checkbox"/>
Safety Railing	<input checked="" type="checkbox"/>
Handrails	<input checked="" type="checkbox"/>
Overhead Screens	

SKELL JUNIOR/SENIOR

6600 E Hilldale Rd
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
320 ft.	400 ft.	320 ft.	40 ft.	8 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
40 ft.	40 ft.	9 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
40 ft.	37 ft.	5 ft.

General Details

Parking Capacity	None
Bleacher Capacity	101-300
Ownership	League
Maintenance Responsibility	League

Emergency Equipment

Safety Features	Outfield warning track, Batter's eye, Pitcher's eye, Dugout fencing, Bullpen, Disengageable bases
Emergency Equipment Available	AED (Automated External Defibrillator), First aid kit

Field and Playing Area

Field is Fenced	Permanent
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Spray Paint
Infield Surface	Grass
Playing Features	Permanent 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	Wood
Annual Inspection	<input checked="" type="checkbox"/>
Safety Railing	<input checked="" type="checkbox"/>
Handrails	<input checked="" type="checkbox"/>
Overhead Screens	

SKELL MAJORS

6600 E Hilldale Rd
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

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

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
18 ft.	24 ft.	15 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
26 ft.	26 ft.	17 ft.

General Details

Parking Capacity	None
Bleacher Capacity	101-300
Ownership	League
Maintenance Responsibility	League

Emergency Equipment

Safety Features	Outfield warning track, Batter's eye, Pitcher's eye, Dugout fencing, Bullpen, Disengageable bases, Double first base, Outfield fence bumper
Emergency Equipment Available	First aid kit

Field and Playing Area

Field is Fenced	Permanent
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Spray Paint
Infield Surface	Grass
Playing Features	Permanent 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	Metal
Annual Inspection	
Safety Railing	<input checked="" type="checkbox"/>
Handrails	<input checked="" type="checkbox"/>
Overhead Screens	

SKELL MINORS

6600 E Hilldale Rd
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
200 ft.	200 ft.	200 ft.	23 ft.	4 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
20 ft.	20 ft.	9 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
20 ft.	21 ft.	10 ft.

General Details

Parking Capacity	None
Bleacher Capacity	101-300
Ownership	League
Maintenance Responsibility	League

Emergency Equipment

Safety Features	Outfield warning track, Batter's eye, Pitcher's eye, Dugout fencing, Disengageable bases, Double first base, Outfield fence bumper
Emergency Equipment Available	AED (Automated External Defibrillator), First aid kit

Field and Playing Area

Field is Fenced	Permanent
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Spray Paint
Infield Surface	Part dirt, part grass
Playing Features	Permanent pitching mound, 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	Metal
Annual Inspection	<input checked="" type="checkbox"/>
Safety Railing	<input checked="" type="checkbox"/>
Handrails	<input checked="" type="checkbox"/>

Overhead Screens

SKELL PRACTICE FIELD - TEE BALL/CP

6600 E Hilldale Rd
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
120 ft.	120 ft.	120 ft.	10 ft.	4 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
10 ft.	10 ft.	0 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
10 ft.	10 ft.	0 ft.

General Details

Parking Capacity	None
Bleacher Capacity	None/NA
Ownership	League
Maintenance Responsibility	League

Emergency Equipment

Safety Features	Disengageable bases, Double first base
Emergency Equipment Available	AED (Automated External Defibrillator), First aid kit

Field and Playing Area

Field is Fenced	No
Fence Material	no fencing - open
Basepath Material	Soil
Baseline Marking Material	Spray Paint
Infield Surface	All-dirt or clay infield
Playing Features	Portable pitching mound, 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	No
Scheduling Limitations	Limited time allowed for practices, Restrictions on the number of teams or games scheduled, School or municipal policies that impact scheduling

Bleachers

Material	no bleachers
Annual Inspection	
Safety Railing	
Handrails	
Overhead Screens	

SKELL TEE BALL

6600 E Hilldale Rd
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
90 ft.	90 ft.	90 ft.	10 ft.	3 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
11 ft.	10 ft.	10 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
11 ft.	10 ft.	10 ft.

General Details

Parking Capacity	None
Bleacher Capacity	None/NA
Ownership	League
Maintenance Responsibility	League

Emergency Equipment

Safety Features	Pitcher's eye, Dugout fencing, Disengageable bases, Double first base
Emergency Equipment Available	AED (Automated External Defibrillator), First aid kit

Field and Playing Area

Field is Fenced	Permanent
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Spray Paint
Infield Surface	Grass
Playing Features	Permanent 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	No
Scheduling Limitations	

Bleachers

Material	Metal
Annual Inspection	<input checked="" type="checkbox"/>
Safety Railing	<input checked="" type="checkbox"/>
Handrails	<input checked="" type="checkbox"/>
Overhead Screens	

SOUTH COLBY ELEMENTARY SCHOOL

3281 Banner Rd SE
Port Orchard, WA 98366

Facility survey last updated 1/5/2026

Field Dimensions

Left Field	Center Field	Right Field	Backstop	Outfield Fence Height
300 ft.	300 ft.	300 ft.	0 ft.	4 ft.

Left Field Foul Territory

Home Plate	Third Base	Foul Pole
0 ft.	0 ft.	0 ft.

Right Field Foul Territory

Home Plate	First Base	Foul Pole
0 ft.	0 ft.	0 ft.

General Details

Parking Capacity	1-50
Bleacher Capacity	None/NA
Ownership	School
Maintenance Responsibility	School

Field and Playing Area

Field is Fenced	Permanent
Fence Material	Chain-link
Basepath Material	Soil
Baseline Marking Material	Commercial Markings
Infield Surface	Grass
Playing Features	Backstop

Emergency Equipment

Safety Features	Disengageable bases
Emergency Equipment Available	First aid kit

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	No
Scheduling Limitations	Limited time allowed for practices, Restrictions on the number of teams or games scheduled, School or municipal policies that impact scheduling

Bleachers

Material	no bleachers
Annual Inspection	
Safety Railing	
Handrails	
Overhead Screens	