Villa Park Little League (ID# 04053023)

ASAP 2025

Cerro Villa Middle School

17853 Santiago Blvd., Villa Park, CA. 92861

Mission Statement

Villa Park Little League (VPLL) received its first charter by the Western Region on February 24, 1975. Our goal as an organization remains unchanged. We will abide by little league guidelines. Ensuring the safety of our players remains the most important objective of our organization. We believe in good sportsmanship and respect towards others. VPLL will provide a safe and enjoyable experience for our players, parents, families, and league participants. We are committed to teaching and promoting the sport of baseball.

ASAP (A Safety Awareness Program) Mission Statement

As stated on the Little League website, the ASAP mission is to "increase awareness of the opportunities to provide a safer environment for children, volunteers, and all Little League participants. The Little League ASAP program provides leagues guidelines that includes 15 basic requirements for their ASAP plan".

Our plans are kept in the Little League Data Center under the League Resources section. Access to this site is password protected and available to certain board members including the safety officer.

VPLL 2025 Board Members

- 1) Jon Whiddon-President
- 2) Brian Cole Vice President
- 3) Jessica Dossey Secretary
- 4) Chad Casenhiser Treasurer
- 5) Andrea Brooks Information Officer/Social Media & Website
- 6) Brian Pharris Upper Division Sponsorship Coordinator
- 7) Larry Pharris Lower Division Sponsorship Coordinator
- 8) Katie Tassos Events Coordinator/Fundraiser Coordinator
- 9) Tracy Paul Events & Team Parent Coordinator
- 10) Jon Brucher Merchandise
- 11) Vanessa Tipre Snack Bar Coordinator
- 12) Lee Tousignant- Uniforms, 50/70 and Juniors Coordinator
- 13) Ben Hanna Player Agent Upper Division
- 14) Jason Walker Player Agent Lower Division

- 15) Todd Thergesen Lower Division Coordinator
- 16) Justin Myers Umpire Coordinator UIC
- 17) Todd Thergesen Umpire Coordinator
- 18) William and Caroline Suh Safety Officer
- 19) Matt Cairney Equipment
- 20) Aaron Sadler Field Coordinator
- 21) Matt Williams Field Coordinator
- 22) Jordan Czaykowski Practice Coordinator, Board Member On Duty Coordinator

VPLL Divisions

- 1) Tee Ball includes 4,5, and 6 year old players. RIF safety balls are used
- 2) Coach Pitch includes league ages 5,6 and 7
- 3) Single A/Machine Pitch includes league ages 7 and 8
- 4) AA includes league ages 8,9, and 10
- 5) AAA includes league ages 9,10, and 11.
- 6) Majors includes league ages 11 and 12
- 7) Challenger/Senior Challenger Division includes players aged 4-18 up to age 22
- 8) Intermediate (50/70) includes league ages 12-13
- 9) Junior league (60/90) includes league ages 13 and 14
- 10) Senior league includes league ages 13-16

Local Rules

Detailed local rules are posted on our website (vplittleleague.net). This includes detailed information on approved little league bats, league age chart, league boundaries, and field locations.

ASAP 15 Core Requirements

- 1) Have an active safety officer on file with Little League International
 - a. 2023-Present William Suh (617-755-7719; willsuh@gmail.com), Caroline Yoon (213-479-0674; carolisuh@yahoo.com)
 - b. Safety officer information is posted in the Little League Data Center under the Manager/View officers tab.
- 2) Safety Manuel Distribution
 - a. All league personnel will have access to the league's safety manual, including board members, coaches, managers, concession workers, facilities crew, etc.
 - This manual will be published on the VPLL website for public viewing.
 https://vplittleleague.net
 - c. Link to the VPLL ASAP will be emailed to all applicable league personnel
 - d. Copy of the VPLL ASAP will be provided to District Administrator and District Safety Officer
- 3) Emergency Plan
 - a. Post and distribute emergency and key league officials' phone numbers and email addresses.

- b. The website provides appropriate contact information to league personnel as well as emergency phone numbers for police and fire departments. The board members can easily contact each other via email and/or phone numbers.
- c. Injuries will be reported to Board Member of the Day (BMOD) and tracked by the Safety Officer and League President

4) Volunteer Application

- a. Use of current, official Little League Volunteer Application or JDP QuickAPP electronically. New and Returning Volunteer application forms are available. The safety officer maintains security of the forms and ensures professional shredding at the seasons conclusion to protect private data. Background checks are performed using JDP. The safety officer has protected login information. JDP will provide "red flags" on any application meeting its criteria for concern. The league safety officer will review any red flagged application and forward the information to the league president, District 30 officials, and Western region officials. Background checks are required for coaches, practice coaches, board members, umpires, equipment manager, field maintenance crew, scorekeepers, announcers, general volunteer, team parent, concession workers, and Misc. positions. Crimes including aggravated child abuse, child abuse, second degree child abuse, first degree child molestation, risk of injury to a child, sexual activity with a child, sexual conduct with a minor, and showing obscene material to a minor are some but not all offenses excluding participation in Little League. Each volunteer will receive an email and/or mailed confirmation that their background check has been completed. JDP little league customer support can be reached at 855-799-8753 and littleleague@jdp.com.
- Volunteers will also be required to complete Abuse Awareness Training. Free online 30 minute training is provided by USA Baseball. Certificates of completion will be sent to Safety Officer.

5) Fundamentals Training

- a. VPLL will provide and require fundamental training with at least one coach or manager from each team attending. This training includes hitting, sliding, fielding, and pitching.
- b. Training qualifies volunteer for 3 years; but one team representative still required each year.
- c. 2025 Fundamentals Training will be held on Wednesday, January 22, 2025 on the Villa Park Little League fields

6) First Aid Training

- a. VPLL provides and requires first aid training with at least one coach or manager from each team attending
- b. Training will include basic first aid, concussion training, basic life support (BLS), and how to use AED,

7) Check Field Conditions

- a. VPLL requires coaches and umpires to walk fields before each use looking for unsafe hazards such as holes, divots, rocks, glass or slippery surfaces. This will be done prior to each practice and each game.
- b. Facility issues needing repair will be tracked and documented

8) Facility Survey

a. VPLL will complete the online Little League facility survey in the Little League Data center. Safety officer will physically review fields for changes and needs. This will be performed by the VPLL safety officer annually.

9) Concession Stand Safety

- a. Written safety procedures for concession stand: concession manager trained in safe food handling/prep and procedures.
- b. VPLL concession stand operations shall meet or exceed the local board of health regulations. Concession safety procedures will be posted at all times, and the menu shall be posted and approved by the league safety officer and league president.
- c. Focus on proper handwashing technique is considered paramount. Hands should be wet with warmed water and washed with antibacterial soap for 20 seconds. Complete rinsing of soap of hands and drying with clean paper/towel completes the process. Clean gloves should be worn during service and changed in between each completed interaction. Ready to eat foods should never be touched with bare hands. Hand washing should be completed often and frequently. Use of approved hand sanitizers is also satisfactory.
- d. Carbon dioxide tanks will be secured with chains, so they stand upright and do not topple.
- e. Cleaning chemicals will be stored in a locked container.
- f. Cooking equipment will be inspected periodically and repaired when needed.
- g. All concession stand workers have access to and are trained in the use of fire extinguishers.

10) Equipment Check

- Regular inspection and replacement of playing equipment (bats, helmets, catcher's gear) will be performed before practices by managers and coaches and before games by managers, coaches, and umpires
- b. Broken equipment will be destroyed to prevent future use

11) Accident Reporting

- a. Prompt accident and injury reporting and tracking procedures will be implemented.
 VPLL will use the Little League provided incident tracking form from the Little League website. Forms will be completed and submitted to the Safety Officer within 24-48 hours of the incident
- b. Accidents and "near misses" will be shared with district staff

12) First Aid Kits

a. VPLL requires all managers/coaches to have an approved first aid kit and each game and practice.

13) Enforce Little League Rules

a. VPLL will enforce little league rules including proper equipment during practice and games. This includes, but is not limited to, proper catching equipment, no on-deck batters, coaches do not warm up pitchers, bases will disengage on all fields, and all batter's helmets will include a face protection device.

14) Player/Coach Data

a. VPLL will submit league player registration data to the LL data center. This will be completed annually.

- b. VPLL player data will be sent through Sports Connect
- 15) Answer New Survey Questions
 - a. VPLL will answer the online Little League Survey questions.
- 16) The completed ASAP manual will be uploaded to the LL data center and posted on the VPLL website.
- 17) Christina Taddeo, Paralegal for Little League Baseball, Incorporated can be contacted for questions regarding ASAP at 570-326-1921 ext. 2255 or ctaddeo@littleleague.org

Automated External Defibrillator (AED)

VPLL has purchased its own Zoll AED located inside the equipment shed behind the third base dugout of the Majors field. We have it stored in the white, wall mounted cabinet. The AED operates by machine operated voice prompts. Appropriately placed pads facilitate the delivery of electrical current through the myocardium. The intent is to defibrillate the heart out of a malignant rhythm. Ventricular Tachycardia and Ventricular Fibrillation are the two rhythms the device seeks. The AED cannot injure the provider or the patient. It will not deliver a shock unless the underlying cardiac rhythm warrants it.

Cerro Villa Middle school also has an AED located in a wall mounted unit on the wall facing our AAA and Southeast fields. The safety officer will provide basic training in utilizing this device.

Good Samaritan Laws

These laws vary from state to state and have been designed to protect and indemnify the provider of emergency medical care from liability resulting from a negative outcome. One can choose to provide or not provide (this includes healthcare professionals) lifesaving assistance at his/her discretion. In any emergent situation, activation of the 911 system should be paramount. Those acting in good faith and not requesting any form of compensation will be protected under these statutes.

BLS/ACLS

Updated AHA guidelines in adults and pediatric patients focus on timely initiation of cardiac compressions. Most cardiac arrests will be in the adult populations and reflect underlying cardiac issues. Pediatric arrests may have a more complicated etiology and may be driven by underlying respiratory issues.

In either case, rapid activation of the 911 system is paramount. Whether 1 or 2 person CPR is begun, focus on compressions over ventilations is considered of primary importance. Rapid compressions at a rate of 100-120 beats per minute at a depth of 1½ inches in adults is appropriate. Chest compressions should be stopped every 2 minutes for a maximum of 10 seconds to check for a pulse. If the AED initiates a shock, continued chest compressions immediately after the shock is delivered until the next 2 minute cycle is completed

BLS courses are available in many locations in Orange County and provide valuable training and skills when these life-threatening situations are encountered.

ACLS and PALS training are advanced courses designed for health care professionals in the emergency and hospital settings.

Concussion

- 1) Concussions statistically are relatively rare in youth baseball.
- 2) Concussion identification and management has been a salient issue in youth, collegiate, and professional sporting activities.
- 3) Even minor concussions require prompt recognition, treatment, and follow up.
- 4) Please inform the VPLL safety officer if you feel a player may have suffered a concussion.
- 5) California Law Section 38131(6) and 49475 of the Education Code states that "any player sustaining a concussion must be removed immediately from the activity for the rest of the day. The student is not permitted to return to the activity until cleared in writing by a health care professional." This law applies to anyone participating in sporting activities on school owned grounds.
- 6) Treatment and management for concussion continues to change and evolve depending on the degree of injury.
- 7) Generally, a graduated return to normal activities based on presence or absence of symptoms is favored by most health care professionals.
- 8) Additional and detailed resources are available at cdc.gov/headsup/

Little Leage elbow injuries

- 1) Extensive data including a 5 year longitudinal study from the Department of Exercise and Sports Medicine at the University of North Carolina in 2011 concludes that pitch count more than any single or combination of factors is directly responsible for pediatric elbow injuries in baseball
- 2) Any pain in the throwing arm should prompt immediate discontinuation of throwing activities until symptoms resolve.
- 3) The affected part of the elbow usually involves the ulnar collateral ligament (medial or inside portion of the elbow)
- 4) The pitch count limits and days of mandatory rest for little league pitching can be found in the Green rule book. These numbers are also posted on the VPLL website for review.

Heat Related Illness

- 1) Heat index is a function of ambient temperature and relative humidity.
- 2) More humid conditions decrease the person's evaporative heat loss ability.
- 3) Frequent hydration before actual thirst sensation is important.
- 4) Any fatigue, nausea, cramps, weakness, or confusion should prompt cessation of activity.
- 5) Air conditioned environment placement if possible (car would work well)
- 6) Evaporative cooling with strong fans and tepid water misting works most effectively at core temperature cooling.
- 7) Players should access to adequate hydration fluids such as water or sports drinks. Areas of shade should be available as well to reduce exposure time.

Anaphylaxis

- 1) These are Ige mediated allergies (bees, wasps, peanuts, medications, etc.)
- 2) Rapid onset

- 3) May see hives, vomiting, trouble breathing, wheezing, loss of voice, facial or tongue swelling, loss of consciousness.
- 4) Call 911; Epi-pen if available.

Weather Conditions

- 1) Generally, the manager of each team, umpire, and Board Member on Duty (BMOD) will determine if rain has led a to an unsafe situation to continue play. Play may be temporarily suspended or stopped for the remainder of the day.
- 2) Lightning in the area should prompt immediate cessation of all activity. Everyone should take refuge in a safe location.
- 3) Lightning strikes can occur at the leading edge of storms. An actual thunderstorm within 10 miles of your location may place you at risk of lightning strikes despite relatively clear skies at that moment.
- 4) Lightning strikes do not need to be direct "hits" to cause serious injury or death.

Click on picture below to download PDF of Little League Volunteer Application



Return to Play guidelines for Concussions

It is important for an athlete's parent(s) and coach(es) to watch for concussion symptoms after each day's return to play progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If an athlete's symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and the athlete's medical provider should be contacted. After more rest and no concussion symptoms, the athlete can start at the previous step.

Step 1: Back to regular activities (such as school)

Athlete is back to their regular activities (such as school) and has the green-light from their healthcare provider to begin the return to play process. An athlete's return to regular activities involves a stepwise process. It starts with a few days of rest (2-3 days) and is followed by light activity (such as short walks) and moderate activity (such as riding a stationary bike) that do not worsen symptoms. You can learn more about the steps to return to regular activities at: https://www.cdc.gov/headsup/basics/concussion_recovery.html.

Step 2: Light aerobic activity

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

Step 3: Moderate activity

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 4: Heavy, non-contact activity

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & full contact

Young athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition

Young athlete may return to competition.

GET A HEADS UP ON Batter's Helmet Safety





While there is no concussion-proof helmet, a batter's helmet can help protect your athlete from a serious brain or head injury.

The information in this handout will help you learn what to look for and what to avoid when picking out a helmet for your baseball or softball player.

Start with the Right Size:

BRING THE ATHLETE

Bring your athlete with you when buying a new helmet to make sure that you can check for a good fit.

HEAD SIZE

To find out your athlete's head size, wrap a soft tape measure around the athlete's head, just above their eyebrows and ears. Make sure the tape measure stays level from front to back. (If you don't have a soft tape measure, you can use a string and then measure it against a ruler.)

SIZES WILL VARY

Helmet sizes often will vary from brand-to-brand, so it's important to check out the helmet brand's fit and sizing charts to find out what helmet size fits your athlete's head size.

Get a Good Fit:

GENERAL FIT

A batter's helmet should fit snugly all around, with no spaces between the pads and the athlete's head. Your athlete should NOT wear anything under his or her batter's helmet. *This includes a baseball hat!*

ASK

Ask your athlete how the helmet feels on their head. While it needs to have a snug fit, a helmet that is too tight can cause headaches.

HAIDSTVI E

An athlete should try on the helmet with the hairstyle he or she will wear for practices and games. Helmet fit can change if the athlete's hairstyle changes considerably. For example, a long-haired player who gets a very short haircut will need to adjust the fit of the helmet.

COVERAGE

A batter's helmet should not sit too high or low on their head. To check, make sure the ear holes line up with the athlete's ears. When the athlete is looking straight forward, the bill of the batter's helmet should be parallel to the ground. Also, the bottom of the pad inside the front of the helmet should be 1 inch above the athlete's eyebrows.

VISION

Make sure you can see the athlete's eyes and that he or she can see straight forward and side-to-side.

Take Care of the Helmet:

CHECK FOR DAMAGE

DO NOT allow your athlete to use a cracked or broken helmet or a helmet that is missing any padding or parts. Check for missing or loose padding before the season and regularly during the season. Parents or athletes should not attempt to repair helmet damage on their own.

CLEANING

Clean the helmet often inside and out with warm water and mild detergent. DO NOT soak any part of the helmet, put it close to high heat, or use strong cleaners.

DO NOT let anyone sit or lean on the helmet.

STORAGE

Do not store a batter's helmet in a car. The helmet should be stored in a room that does not get too hot or too cold and where the helmet is away from direct sunlight.

DECORATION

DO NOT decorate (paint or put stickers on) the helmet without checking with the helmet manufacturer, as this may affect the safety of the helmet. This information may also be found on the instructions label or on the manufacturer's website.



- ¹ National Operating Committee on Standards for Athletic Equipment: www.nocsae.org
 ² National Athletic Equipment Reconditioning Association:
- www.naera.net

Look for the Labels:

LOOK FOR A BATTER'S HELMET WITH LABELS THAT:

Say "MEETS NOCSAE Standard®" as certified either by the manufacturer or by SEI². That label means that the helmet model has been tested and meets NOCSAE performance and protection standards.

- State whether the helmet can be recertified. If not, look for the label that specifies when the certification to the NOCSAE standard expires.
- Specify how frequently the helmet must be reconditioned and recertified.
- Have the date of manufacture. This information will be helpful if the manufacturer has: specified a useful life of the helmet; specified that the helmet may not be reconditioned and recertified; or if there is ever a recall on that particular model or year.

If the helmet is not new, you should also look for a label that includes the date the helmet was expertly repaired and approved for use (reconditioned/recertified.

Know When to Replace a Batter's Helmet:

CHECK THE LABEL

Be sure to follow safety labels on the helmet on when to replace the helmet. Some batter's helmets have a label that says that it should not be reconditioned. Helmets with this label will also include how long the helmet can be used. However, some of these helmets may need to be replaced sooner, depending upon wear and tear.

RECONDITIONING AND RECERTIFICATION

Reconditioning involves having an expert repair a used helmet by: fixing cracks or damage, replacing missing parts, testing it for safety, and approving it for use. Helmets should be reconditioned regularly by a licensed NAERA2 member. DO NOT allow your athlete to use a used helmet that has not been recently recertified for use by a NAERA reconditioner.





<u>Little League Draft of the Child Protection Program PDF – click to open link</u>

Little League Baseball Regular Season pitching rules

Regular Season Pitching Rules - Baseball

VI - PITCHERS

- (a) Any player on a regular season team may pitch. (**NOTE:** There is no limit to the number of pitchers a team may use in a game.) **Exception:** Any player who has played the position of catcher in four (4) or more innings in a game is not eligible to pitch on that calendar day.
- **(b)** A pitcher once removed from the mound cannot return as a pitcher. **Intermediate (50-70)**, **Junior, and Senior League Divisions only:** A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.

A player who played the position of catcher for three (3) innings or less, moves to the pitcher position, and delivers 21 pitches or more (15- and 16-year-olds: 31 pitches or more) in the same day, may not return to the catcher position on that calendar day. **EXCEPTION**: If the pitcher reaches the 20-pitch limit (15- and 16-year-olds: 30-pitch limit) while facing a batter, the pitcher may continue to pitch, and maintain their eligibility to return to the catcher position, until any one of the following conditions occur: (1) that batter reaches base; (2) that batter is retired; or (3) the third out is made to complete the half-inning or the game.

(c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position: League Age:

13-16 – 95 pitches per day

11-12 – 85 pitches per day

9-10 – 75 pitches per day

7-8 – 50 pitches per day

Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning. NOTE: If a pitcher reaches 40 pitches while facing a batter, the pitcher may continue to pitch, and maintain their eligibility to play the position of catcher for the remainder of that day, until any one of the following conditions occurs: (1) that batter reaches base; (2) that batter is retired; or (3) the third out is made to complete the half-inning or the game. The pitcher would be allowed to play the catcher position provided that pitcher is moved, removed, or the game is completed before delivering a pitch to another batter. If a player delivers 41 or more pitches, and is not covered under the threshold exception, the player may not play the position of catcher for the remainder of that day.















