



THE UNIVERSITY OF TEXAS AT AUSTIN

## YPP COMPLIANCE REGISTRATION HOW-TO GUIDE



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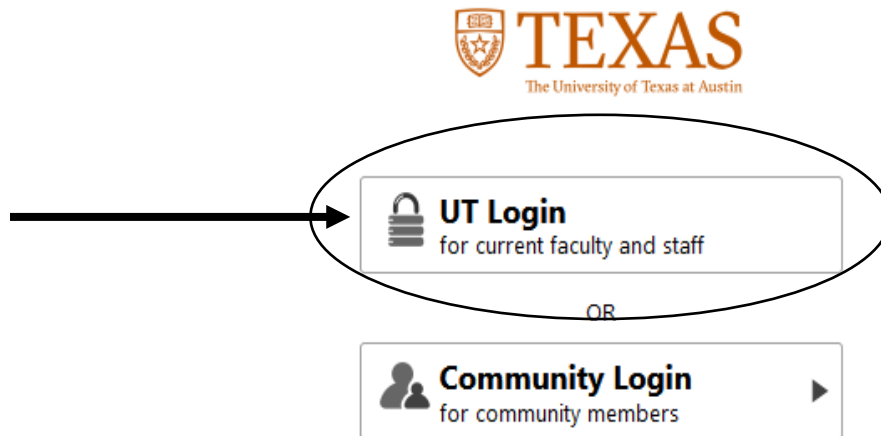
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## Compliance Registration

Login to the compliance registration system utilizing the UT Login

<https://apps.ideal-logic.com/utexasyp>

Sign-in with single sign-on.



Choose Compliance Registration Form



## Registration Survey

Complete the Registration Survey and choose next

### Screening Questions

#### Registration Survey

1. Will [minors](#) be present at this [campus program for minors](#) (program)?\*  
 Yes  No
2. Is the University of Texas at Austin (University) sponsoring and controlling the program?\*
3. Will the University take [custodial responsibility](#) of the minors?\*
4. Is this program sponsored by a college, school, unit or department?\*
5. Do you provide transportation for campers?\*
6. What type of program are you hosting?\*
7. How will this program be hosted?\*
8. Is your program scheduled for a site visit?\*

#### CONTINUE

Based on your answers above you can continue to move through the form. Please click the Next button at the bottom of this window or the tabs on the left.

**More Below - Scroll Down ↓**

[Cancel Registration](#)

[Save for Later](#)

[Next >](#)

## Campus Program

Select Program

If your program is not listed, choose Add a New Program

### Program

#### Campus Program

Select the campus program that is offering this youth activity.\*

Select Program

#### Select a Program

Click the *Select* button next to your choice

Search...

- [Select](#) American Ballet Theatre
- [Select](#) Barrio Writers
- [Select](#) Black Youth Day
- [Select](#) Camp Shakespeare at Winedale
- [Select](#) Camp Wildflower
- [Select](#) Cheer Camp
- [Select](#) CISTAR Young Scholars Program
- [Select](#) Code@TACC
- [Select](#) Discover Yourself in Management and Accounting Careers (DYNAMC)
- [Select](#) GeoFORCE
- [Select](#) Harris Lab High School Computational Volunteer Program
- [Select](#) High School Discovery Lab
- [Select](#) High School Research Academy (HSRA)
- [Select](#) High School Research Internship Program (HSRIP)
- [Select](#) iD Tech
- [Select](#) iDream4D

[+ Add a New Program](#)

Cancel

[Cancel Registration](#)

[< Previous](#)

[Save for Later](#)

[Next >](#)

## Program Information

Complete the Program Information section

### Program

#### Campus Program

Select the campus program that is offering this youth activity.\*

Scott's Tots [Remove](#)

[Select Program](#)

#### General Information

**Program Name\***

Scott's Tots

#### Questions

**Program Description/Purpose\***

This is only a test

**Dean or Vice President of the College/School/Unit/Department\***

David Wallace

**Approving Department Head or Supervisor\***

Jan Levinson

**Camp Director\***

Michael Scott

**Maximum Age\***

17

**More Below - Scroll Down ↓**

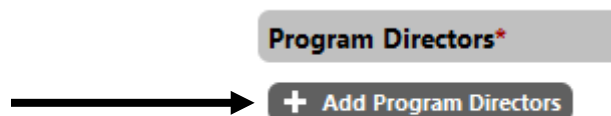
[Cancel Registration](#)

[< Previous](#)

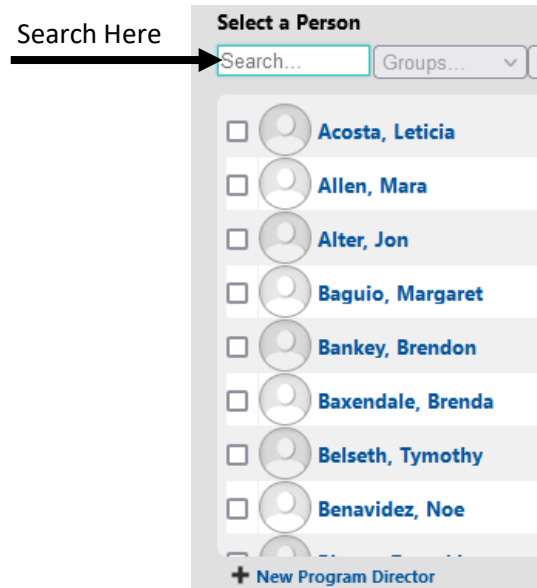
[Save for Later](#)

[Next >](#)

Add the Camp Director Name by choosing Add Program Directors

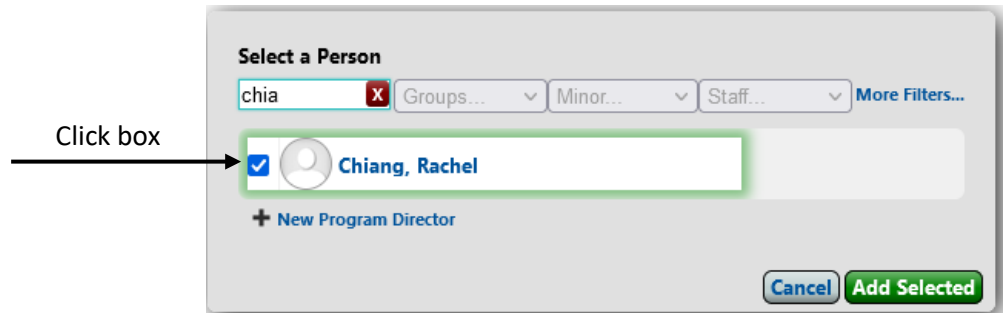


You have the ability to search for your name



Once you find your name, check the box by your name and choose Add Selected

If your name is not listed choose New Program Director



After adding the program director choose Next



## Session Information

Add Session Information

Session Name

Date and time the program takes place

Choose if the program is Single Day •  
Multiple Days • Recurrence

## New Session

### Session

**Session Name\***

**Date and Time\***

When is the session?

Date  Start Time  End Time

Single Day  Multiple Days  Recurrence

Complete either the Self-Audit or Pre-Visit Questionnaire

### Self Audit Form (In-Person)

The Youth Protection Program ensures the safety of minors participating in programs on university premises or participating in those programs sponsored or supported by the university. The university is committed to the safety of minors and has continued to develop and enhance its efforts to protect minors. Recognizing this commitment, all camp directors and/or unit coordinators are required to complete the self-audit form and keep it on file. The self-audit form ensures programs are consistent with the mission and policy of the university.

Do your participants register via the Ideal-Logic Participant Registration System?\*

Yes  No

Program Located On-Campus Overnight Stay\*

Yes  
 No  
 Commuter

#### Estimated Number of Minors

Please enter the expected number of minors for each age group listed. [Refresh](#)

▲ Age Range	Minors	Recommended
Ages 0-5	<input type="text"/>	6:1
Ages 6-8	<input type="text"/>	8:1
Ages 9-14	<input type="text"/>	10:1
Ages 15-18	<input type="text"/>	12:1

Minor Total: 0  
Minimum Age: 0  
Maximum Age: 0

Have designated individuals completed the criminal background check(s) and child protection training?\*

Yes  
 Other

Are designated individuals aware of mandatory reporting requirements?\*

Yes



Guests – Choose yes or no if you plan to have guests at your program

Are you going to have guests?

Guest: A person invited to your program to be a speaker, presenter, dancer, singer, judge, etc. Guests are only present for the session(s) they have been invited to speak, judge, or perform. Guests are not designated individuals. They are not allowed to supervise campers and have unsupervised access to them. Designated individuals must be present at all times.

**Guests are not designated individuals who have not completed their program requirements.**  
\*

—————▶  Yes  No

## Camp Insurance

Click the link in the registration to complete the camp insurance --

<https://apps.utsystem.edu/ormcamps/camplist>

Once the camp insurance has been completed check the box to confirm the completion of the camp insurance

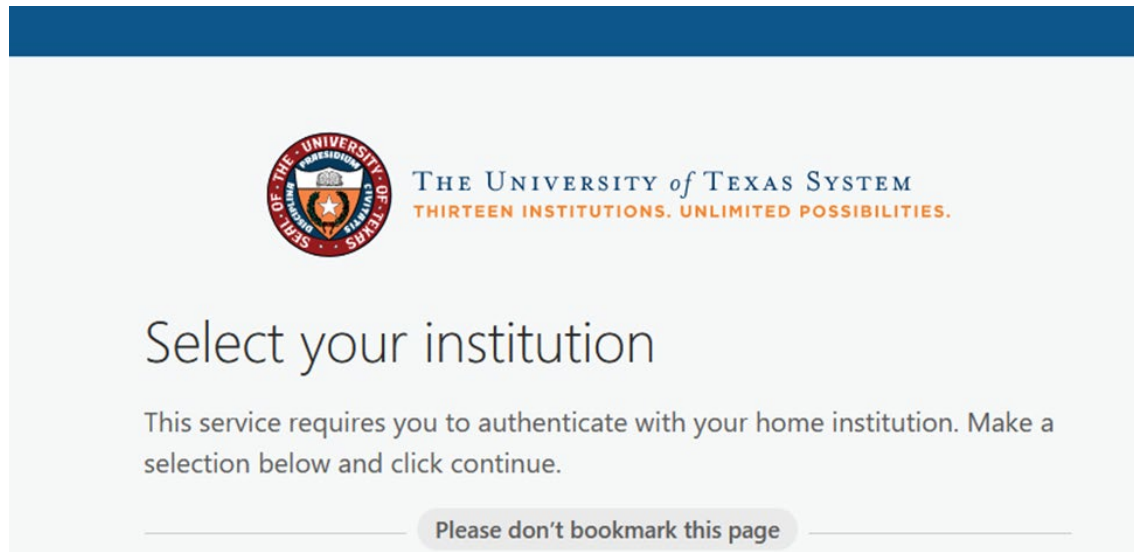
### Camp Insurance

Please click on this link to fill out the the camp insurance form: <https://apps.utsystem.edu/ormcamps/list>. Once that form is filled out, come back to this form and check the box confirming you have filled out the form.\*

—————▶  I confirm I have filled out the insurance form.

## UT System Camp Insurance Portal

When you click the link, you will see the following screen



Select: Allow me to pick from a list and select your University.

Or enter your organization's name

Continue

Allow me to pick from a list

Select your organization from the list below

Continue

Allow me to specify the site

Always follows this selection

- Never
- One day
- 3 months
- 9 months

You will use single sign-on to log onto the camp insurance portal.

## Sign in with your UT EID

SIGN IN

To start a new camp application, click on the New Camp Application button.

The screenshot shows the top navigation bar with the University of Texas System logo and the text "THE UNIVERSITY of TEXAS SYSTEM THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES." Below this is a sub-navigation bar with "UT System" and "Risk Management". The main content area is titled "CAMP APPLICATION LIST" and displays the message "NO CAMP APPLICATIONS WERE FOUND AT THIS TIME" with a sub-message "Click on Button to Add a New Camp Application". A yellow callout box highlights a "New Camp Application" button. The footer contains the text "The University of Texas System | Last Updated Monday, February 27, 2023 at 2:35 PM | Send Comments to CRMWebTeam".

Select the appropriate camp type for your program.

- Non-Sports
- Sports
- Online

Log Out



**THE UNIVERSITY of TEXAS SYSTEM**  
THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

UT System Risk Management

**ENROLLMENT FORM FOR SPECIAL RISK ACCIDENT & LIABILITY INSURANCE**

Select Type of Camp to Begin Application

[Return to List](#)

Camp Type  Non-Sports  Sports  Online

The University of Texas System | Last Updated Monday, February 27, 2023 at 2:35 PM | Send Comments to [ORMWebTeam](#)

Once you choose the camp type, fill out the insurance application.

**ENROLLMENT FORM FOR SPECIAL RISK ACCIDENT & LIABILITY INSURANCE**

Select Type of Camp to Begin Application

[Return to List](#)

Camp Type  Non-Sports  Sports  Online

### Non - Sports Camp Application for UT Owned & Operated Camps

Name Insured: The University of Texas System Board of Regents

<b>UT Institution</b>		UT Austin
<b>Department</b>		e.g. Athletics, Music
<b>Account Number to be charged</b>		Account Number
<b>Name of Camp/Clinic</b>		Camp/Clinic
<b>Description of Activities</b>		e.g. Description of Activity

**Department Mailing Address**

**Contact Name**

**Contact Email**

**Contact Phone**

**Effective Date of Coverage**  **Expiration Date of Coverage**

**Age Range of Campers**  5-10  11-14  15-18  19 and up  
(Select all that apply)

**Do you request and receive criminal background checks on all employees, volunteers and independent contractors?**  Yes  No

**Do you have and enforce conduct standards regarding sexual abuse and child molestation?**  Yes  No

Premium computation is subject to audit. Premiums will be adjusted upon completion of the camp to account for the actual number of participating campers, staff and coaches. Premium calculation based on Number Eligible x Number of Camp Days x Rate = Premium.

Classification of Camper	Number Eligible	Number of Camp Days	Rate	Premium
Day Campers	<input type="text"/>	<input type="text"/>	\$0.42	\$0.00
Overnight Campers	<input type="text"/>	<input type="text"/>	\$0.67	\$0.00
Staff / Coaches	<input type="text"/>	<input type="text"/>	\$0.09	\$0.00
<b>Total Premium Due</b>				<b>\$0.00</b>

When you complete the information hit the Submit button.

**Please be advised: Balance due no later than 30 days after camp completion.**

*UT System Office of Risk Management requires timely payment of all deposits and audit premiums due. Failure to make timely payments may result in removal of coverage and future eligibility to participate in the Camp Insurance Program.*

**Please list the facilities that have requested Additional Insured certificates. (Include name, address, city, state and zip)**

**Name**

**Address**

**City**

**State**

**Zip**

Coverage for camps is not automatic; the policy is bound when you receive a certificate from the carrier.  
 Coverage territory is limited to the United States of America, including its territories and possessions, Puerto Rico, and Canada.

By submitting this application to UT System Office of Risk Management, you are giving authority to bind coverage for your camp. Any application errors will be communicated to the designated camp contact prior to binding coverage.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files claim containing false or deceptive statements is guilty of insurance fraud. Premium computation is subject to audit.

**Submit**

## ORM Camp Portal Email

After you hit the submit button you will receive an email that contains a PDF attachment to the submitter and camp contact. The email will come from [ORMInfo@utsystem.edu](mailto:ORMInfo@utsystem.edu). The subject will be Camp Name.

**From:** [ORMInfo@utsystem.edu](mailto:ORMInfo@utsystem.edu)  
**To:** [REDACTED]  
**Subject:** UTSYSCampForm\_UTAUS\_AprilCollegeProspectCamp - Submitted  
**Date:** Thursday, March 30, 2023 8:04:50 AM  
**Attachments:** UTSCampForm\_UTAUS\_AprilCollegeProspectCamp\_202303300803.pdf

### UT System Administration - Office of Risk Management

You have just submitted a Camp Application form for the following camp/clinic:

**Camp/Clinic Name:** April College Prospect Camp  
**Institution:** UT Austin  
**Department:** Athletics  
**Camp/Clinic Date(s):** 04/14/2023 - 04/15/2023

For further information, please contact please contact [Ruth Maldonado](#) in the Office of Risk Management.

A PDF will be created that will look similar to the old application. The ORM Camp Policy Administrator will receive the submitted camp insurance and send it to the broker for further processing.

**Enrollment Form for Special Risk Accident & Liability Insurance**  
 2023 - 2024 Non-Sports Camp Application for UT Owned & Operated Camps

APPLICATION DATE: April 10, 2023

Named Insured: The University of Texas System Board of Regents

1) UT Institution (e.g. UT Austin, UT HSC Houston): UT Rio Grande Valley  
 Department (e.g. Athletics, Music): UTRGV P-18 Outreach and Training Services  
 \*Account Number to be charged: 3100062

2) Name of Camp/Clinic: UTRGV ECISD STEM Camp

3) Description of Activities: The Edinburg ECISD Summer STEM Four-Day Camp is a program for 6th, 7th, and 8th-grade students enrolled in the ECISD Mother/Daughter or

4) Mailing Address: 1201 W. University Dr. Edinburg, TX 78859  
 Street City State Zip

5) Contact Name: Cynthia Walls E-mail Address: cynthia.walls@utrgv.edu  
 Phone Number: 361-495-2080

6) Effective Date of Coverage: 6/29/2023 Expiration Date of Coverage: 6/29/2023

7) Age Range of Campers: 5 - 10  11 - 14  15 - 17  18 and up

8) a) Do you request and receive criminal background checks on all employees, volunteers and independent contractors?  Yes  No  
 b) Do you have and enforce conduct standards regarding sexual abuse and child molestation?  Yes  No

9) Premium computation is subject to audit. Premiums will be adjusted upon completion of the camp to account for the actual number of participating campers, staff and coaches. Premium calculation based on Number Eligible x Number of Days x Rate x Premium.

Classification of Camper	Number Eligible	Number of Days	Rate	Premium
Day Campers	50	4	\$0.42	\$84.00
Overnight Campers	0	0	\$0.67	0.00
Staff / Coaches	10	4	\$0.50	3.80
Total Premium Due				\$ 87.80

\*\* UT System Office of Risk Management requires timely payment of all deposits and audit premiums due. Failure to make timely payments may result in removal of coverage and future eligibility to participate in the Camp Insurance Program. \*\*

10) Please list the facilities that have requested Additional Insured certificates. (Include name, address, city, state and zip)  
 Name: UTRGV Environmental Health and Safety and Risk Management  
 Address: 1201 W. University Dr.  
 City, State, Zip: Edinburg, TX 78859

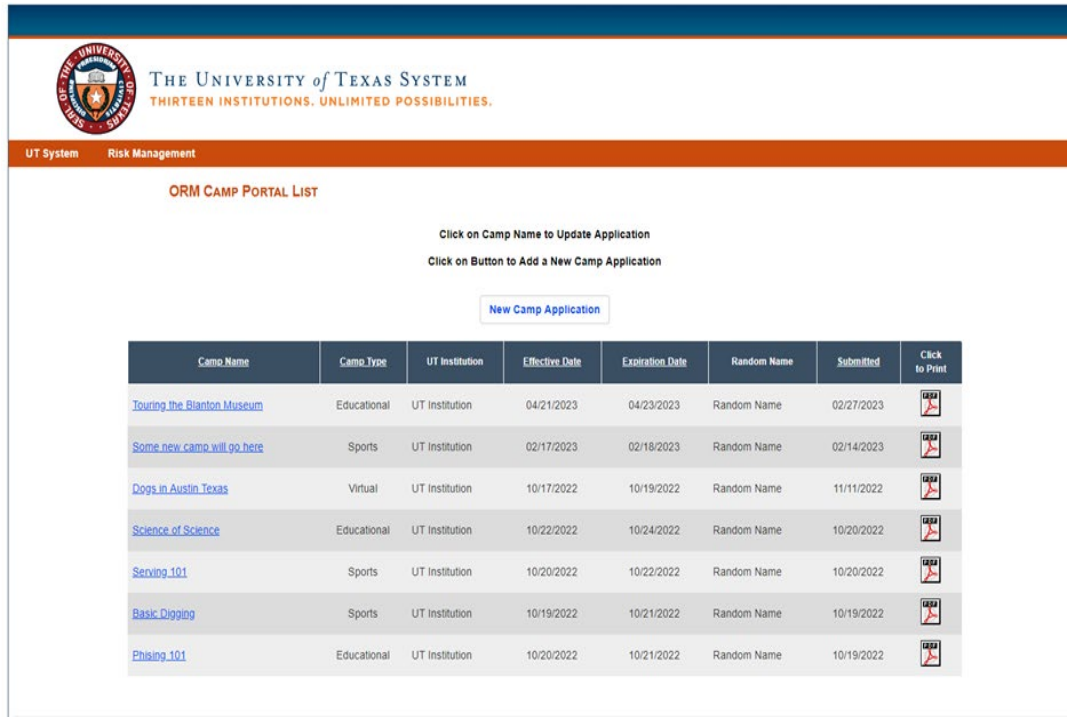
\*\* Please be advised: Balance due no later than 30 days after camp completion. \*\*  
 \*\*\* By submitting this application to UT System Office of Risk Management, you are giving authority to bind coverage for your camp. Any application errors will be communicated to the designated camp contact prior to binding coverage. \*\*\*

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or file claim containing false or deceptive statements is guilty of insurance fraud. Premium computation is subject to audit.

11) Camp Director/Coordinator/Coach Signature: Cynthia Walls

## Update or Cancel Camp Insurance

The submitter may log into the ORM Camp Portal and view a list of the programs they have submitted. Select the application you want to update or cancel.

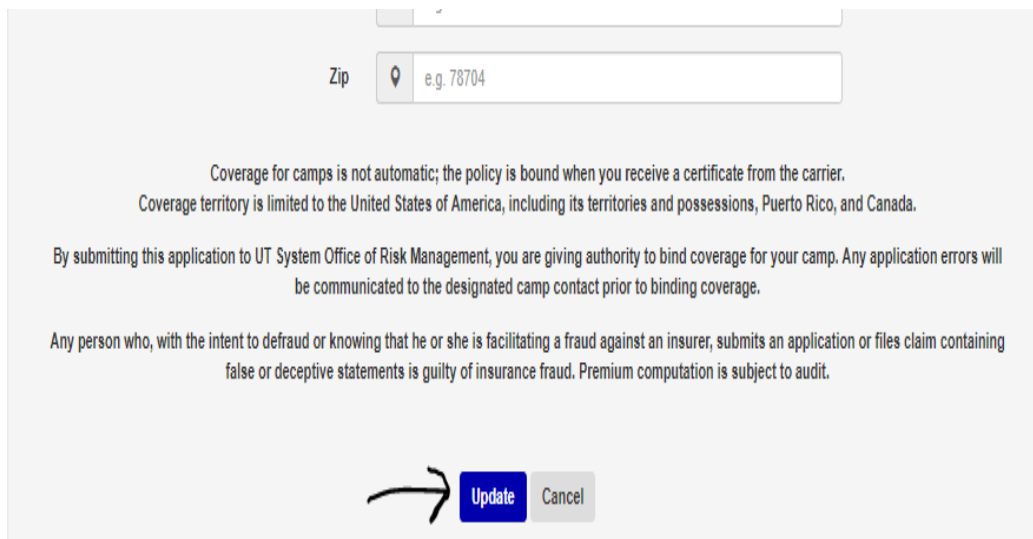


The screenshot shows the 'ORM CAMP PORTAL LIST' interface. At the top, there is a navigation bar with 'UT System' and 'Risk Management'. Below this, the 'ORM CAMP PORTAL LIST' title is displayed. Instructions state: 'Click on Camp Name to Update Application' and 'Click on Button to Add a New Camp Application'. A 'New Camp Application' button is visible. The main content is a table with the following data:

Camp Name	Camp Type	UT Institution	Effective Date	Expiration Date	Random Name	Submitted	Click to Print
<a href="#">Touring the Blanton Museum</a>	Educational	UT Institution	04/21/2023	04/23/2023	Random Name	02/27/2023	
<a href="#">Some new camp will go here</a>	Sports	UT Institution	02/17/2023	02/18/2023	Random Name	02/14/2023	
<a href="#">Dogs in Austin Texas</a>	Virtual	UT Institution	10/17/2022	10/19/2022	Random Name	11/11/2022	
<a href="#">Science of Science</a>	Educational	UT Institution	10/22/2022	10/24/2022	Random Name	10/20/2022	
<a href="#">Serving 101</a>	Sports	UT Institution	10/20/2022	10/22/2022	Random Name	10/20/2022	
<a href="#">Basic Digging</a>	Sports	UT Institution	10/19/2022	10/21/2022	Random Name	10/19/2022	
<a href="#">Phising 101</a>	Educational	UT Institution	10/20/2022	10/21/2022	Random Name	10/19/2022	

Once you select the application, update the information. Scroll to the bottom of the page and click the Update or Cancel button.

**Please Note: You must press the Update or Cancel button to save your changes.**



The screenshot shows the application update form. It includes a 'Zip' field with a location pin icon and the text 'e.g. 78704'. Below this, there is a disclaimer: 'Coverage for camps is not automatic; the policy is bound when you receive a certificate from the carrier. Coverage territory is limited to the United States of America, including its territories and possessions, Puerto Rico, and Canada.' Further down, it states: 'By submitting this application to UT System Office of Risk Management, you are giving authority to bind coverage for your camp. Any application errors will be communicated to the designated camp contact prior to binding coverage.' At the bottom, there is a warning: 'Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files claim containing false or deceptive statements is guilty of insurance fraud. Premium computation is subject to audit.' At the very bottom, there are two buttons: 'Update' (highlighted with a red arrow) and 'Cancel'.

An email will be generated and sent to submitter, camp contact and ORM Camp Policy Administrator with the Updated Camp Application attached via PDF file. The email will look similar to the following.

 [ORMInfo@utsystem.edu](mailto:ORMInfo@utsystem.edu)

UTSYSCampForm\_UTSYSADM\_HowtoBakeAMAZINGDesserts - Updated

Or

 [ORMInfo@utsystem.edu](mailto:ORMInfo@utsystem.edu)

UTSYSCampForm\_UTSYSADM\_HowtoCleanTile - Cancelled

## Proof of Coverage

Southwest Special Risk will email a proof of coverage (certificate of insurance Acord Form) and the claims form to the Contact Name listed on the application from [tammy\\_westbrook@outlook.com](mailto:tammy_westbrook@outlook.com).

ACORD CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 04/12/2023	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.								
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION is WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER Southwest Special Risk Insurance 3110 West 5th Street, Suite 100 Fort Worth, TX 76107				CONTACT PHONE (FAC. No. Ext.): (817) 923-1111 FAX (FAC. No.): (817) 336-9967		INSURER(S) AFFORDING COVERAGE		
INSURED The University of Texas System Board of Regents 504 Lavaca Street Austin, TX 78701				INSURER A: HDI Global Specialty SE 086486		INSURER B: Starr Indemnity & Liability Company 38318		
				INSURER C:		INSURER D:		
				INSURER E:		INSURER F:		
COVERAGES			CERTIFICATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
TYPE	DESCRIPTION	INSURANCE	POLICY NUMBER	INSURANCE	INSURANCE	LIMITS		
A	GENERAL LIABILITY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	HD0L003700680	04/26/2022	04/26/2023	EACH OCCURRENCE	\$ 1,000,000.00	
	<input checked="" type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR				PERMANENT LIFE CONVICTION	\$ 300,000.00	
						MED EXP (Any one person)	\$ 5,000.00	
						PERSONAL & ADV INJURY	\$ 1,000,000.00	
						GENERAL AGGREGATE	\$ 2,000,000.00	
						PRODUCTS-&COMPS-AGG	\$ 1,000,000.00	
						Participants Legal Liability	\$ 1,000,000.00	
						COMBINED SINGLE LIMIT	\$	
						AD & BODILY INJURY	\$	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE	\$	
						AD & BODILY INJURY	\$	
						EACH OCCURRENCE	\$	
						AGGREGATE	\$	
						RETENTIONS	\$	
						EXCESS LIAB	\$	
						EXCESS LIAB	\$	
						RETENTIONS	\$	
						WORKERS COMPENSATION AND EMPLOYERS LIABILITY	\$	
						ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Mandatory in NY)	\$	
						See description of operations below	\$	
A	Sexual Abuse / Molestation		HD0L003700680	04/26/2022	04/26/2023	WC STATUS	\$	
B	Accident Medical		BAF476171	04/26/2022	04/26/2023	COV. LIMIT	\$	
						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	
						\$300,000.00 Per Occurrence	\$	
						\$300,000.00 Aggregate	\$	
						\$ 25,000.00 Maximum Medical Benefit	\$	
						\$ 0.00 Deductible	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedules, if more space is required)								
THE BELOW ENTITY IS ADDED AS ADDITIONAL INSURED ONLY TO THE RESPECT TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE ABOVE NAMED INSURED DURING THE POLICY TERM.								
Includes: Trombone Workshop Dates: April 8, 2023								
CERTIFICATE HOLDER University of Texas - Permian Basin 4601 E. University Blvd. Odessa, TX 79701				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Jill Faulder				
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## Audit Form

ORM Camp Portal will email the Contact Name at the end of each camp (expiration date of coverage) with a notice that an audit form is ready to be completed for the actual final number of campers and staff/coaches. **Log in to the Portal, complete, and submit within 72 hours of notice.**

From: [ORMInfo@utsystem.edu](mailto:ORMInfo@utsystem.edu)

Subject: Audit Form

The form will be prepopulated with camp information.

Please Note: Purchase Order # has been added to the form. Provide the purchase order number if required by accounts payable department to process payments.

**Southwest Special Risk Insurance**  
 3116 West 5<sup>th</sup> Street, Suite 106      Fort Worth, TX 76107  
 Phone (817) 923-1111                      FAX (817) 336-9967

### The University of Texas System Board of Regents Camp Program

#### Sports Insurance Audit

→ Purchase Order #: \_\_\_\_\_  
*Please provide purchase order # if required by accounts payable department to process payments.*

1) UT Institution Name: \_\_\_\_\_

2) Name of Camp/Clinic: \_\_\_\_\_

3) Contact Name: \_\_\_\_\_

4) Effective date of activity in audit: \_\_\_\_\_

5) Expiration date of activity in audit: \_\_\_\_\_

This is where you will update the form and return it within 72 hours in the ORM Portal

In return, you will receive an invoice from Tammy Westbrook.

**Premium Rating Calculation:** *(Please multiply the number of participants and staff times the specific rate and total).*

Classification of Camper	Number Eligible	Number of Days	Rate	Total Premium
Day Campers			\$0.55	\$
Overnight Campers			\$0.77	\$
Staff / Coaches			\$0.09	\$
Total Premium Due				\$

**\*\* UT System Office of Risk Management requires timely payment of all audit premiums due. Failure to make timely may result in removal of coverage and future eligibility to participate in the Camp Insurance Program. \*\***

**\*\* Invoices will be generated for the insurance premium due once the audit form has been filled out and completed by the camp director. \*\***



## Invoice

An invoice for the premium (based on the Audit form) will be sent to the designated **Contact Name** from Tammy Westbrook ([Tammy\\_Westbrook@outlook.com](mailto:Tammy_Westbrook@outlook.com)).

**Please Note: If the audit form is not returned to SWSR in a timely manner, SWSR will invoice from the initial application.**

All invoices will include the necessary information to make the payment.

### Southwest Special Risk Insurance

3116 West 5<sup>th</sup> Street, Suite 106  
Fort Worth, Texas 76107  
Phone 817-923-1111  
Fax 817-336-9967

**Billing Address:**  
Amilcar Galindo  
University of Texas – Rio Grande Valley  
1201 W. University Drive  
Edinburg, TX 78539

### INVOICE

Invoice #220810-03

Billing Date: 08/10/2022

Date Due: Due Upon Receipt

PO Number: V000157806

Effective Date	Description	Total Premium	Deposit Paid
June 6, 2022	University Recreation Summer Youth Camp	\$1,010.54	\$0.00
<b>TOTAL DUE</b>			<b>\$1,010.54</b>

Upload files to the appropriate file upload field.

#### File Uploads

##### Upload the Communication Plan/Information Plan

[Select Files to Upload](#) or  ?

##### Upload the Orientation Manual

(Additional information outside of YYP Orientation Guidelines)

[Select Files to Upload](#) or  ?

##### Upload the CPR/First-Aid/AED Certification

[Select Files to Upload](#) or  ?

##### Upload the Lab Safety Manual (if applicable)

[Select Files to Upload](#) or  ?

##### Upload the Cash Handling Policy

[Select Files to Upload](#) or  ?

##### Upload the Trip Itinerary Information

[Select Files to Upload](#) or  ?

##### Upload the Driving Certifications

[Select Files to Upload](#) or  ?

##### Upload the Lifeguard Certifications

[Select Files to Upload](#) or  ?

Complete the program emergency plan information.

#### Program Emergency Plan

This Program Emergency Plan is a collaborative effort between the University of Texas at Austin Office of Emergency Preparedness and the Youth Protection Program Director. This plan will be used by programs to outline the organization, responsibilities, and procedures for designated individual(s) responding to emergencies that affect the program while it is conducting operations on the University of Texas at Austin campus and affiliated locations.

Read through the following Program Emergency Plan policy:

 [Program Emergency Plan \(P...pdf](#) (120KB)

By checking the box below you have read and understand the Program Emergency Plan policy.\*

I confirm

List the program emergency alarm device you will use in the event of an emergency (e.g. voice, whistle, air horn, etc.).\*

Enter the number of times the alarm device will be used/sounded in the event of an emergency.\*

#### Emergency Response Task Assignments

Camp Director(s) and Designated Individuals are assigned emergency response tasks as follows:

Enter the name of the person who will activate the camp emergency notification.\*

Enter the name of the backup person who will activate the camp emergency notification.\*

How many Assembly Groups do you have?\*

- 1  
 2  
 3  
 4  
 5

### Reunification Center Assignments

Enter the name of the person who is assigned to the parent/guardian check-in coordinator position in the reunification center.\*

Enter the name of the backup person who is assigned to the parent/guardian check-in coordinator position in the reunification center.\*

Enter the name of the person who is assigned to the greeter position in the reunification center.\*

Enter the name of the backup person who is assigned to the greeter position in the reunification center.\*

Enter the name of the person who is assigned to the checker position in the reunification center.\*

Enter the name of the backup person who is assigned to the checker position in the reunification center.\*

Enter the name of the person who is assigned to the runner position in the reunification center.\*

Enter the name of the backup person who is assigned to the runner position in the reunification center.\*

Enter the name of the person who is assigned to the child support unit coordinator position in the reunification center.\*

Complete the Reunification Center Assignments.

Complete the Assembly Information.

### Assembly Areas and On-Campus Info

In the event that the building and/or facility needs to be evacuated, Camp Director, and/or Designated Individual(s), shall notify the proper authorities or UT Austin of the circumstances of the emergency, or depending on the type of emergency.

Enter the **primary** assembly area.\*

Enter the **secondary** assembly area.\*

**Note:** The Camp Director or Designated Individual will be at the Primary Assembly Point directing Assembly Groups to the Secondary Assembly Point if it is to be used.

Enter all on-campus location(s) and address(es).\*

Complete the Program Administrative Personnel Section.

### Program Administrative Personnel

Enter camp director name.\*

Enter camp director cell phone number and email address.\*

Enter the name of the on-campus program supervisor.\*

Enter the on-campus program supervisor cell phone number and email address.\*

Enter the name of the UT Austin POC. (Do not list any of the staff in the YPP Office)\*

Enter the UT Austin POC cell phone and email address.\*

Enter the name of any other program administrative personnel.

Enter the other program administrative personnel cell phone number and email address.

Upload the program layout diagram.

### Program Layout Diagram

Upload the program layout diagram(s).\*



**ASE.pdf** (312KB)

Uploaded 3/27/2023 5:38pm by Leekeshia Williams

[Remove](#)

[Select Files to Upload](#)

or

[Drop Files Here](#)



Session Contacts are the camp director.

### Session Contacts\*

Please add/select session contacts for this session and include their phone number. In the event of an emergency this is the person contacted.

▲ Name	Phone Number	Actions
Rachel Chiang	None	<a href="#">Edit</a> <a href="#">Remove</a>

[+ Add a New Person](#)

You can upload the list of your designated individuals. The list of designated individuals must include the camp director name and information.

## Import Spreadsheet

### 1. Build Spreadsheet

The first step is to download a template file to complete. The chart below shows the data you will need to provide.

**DO NOT MODIFY THE TEMPLATE FILE IN ANY WAY. JUST ADD YOUR DATA TO IT.**

Your spreadsheet should have one row per person.

[Download a Template Spreadsheet](#)

▲ Data Field	Sample Data	Description
<b>First</b>	John	The first name of the user. Always required.
<b>Last</b>	Doe	The last name of the user. Always required.
<b>Email</b>	john.doe@test.ideal-logic.com	User's email address. Required.
<b>Phone</b> (Optional)	111-111-1111	User's work phone number.
<b>UT EID</b>	john Doe23	User's UT Username. Required.
<b>Training Cleared Date</b> (Optional)		
<b>Background Check Cleared Date</b> (Optional)		

### 2. Upload Your Spreadsheet

You may upload an Excel file (.xls or .xlsx), an OpenOffice/Libre Office file (.ods), or a Comma-Separated Value file (.csv).

[Select Files to Upload](#) or  ?

Once the designated individuals have been uploaded into the system it will tell you if they are compliant.

### Designated Individuals\*

[Print](#)

Please add/select all designated individuals who will be interacting with minors at this session.

[+ Add a New Person](#) [+ Scott's Tots People](#) [Upload designated Individuals](#) [Clear all people](#)


▲ Name	Effective Date ?	Training	Background Checks	Guidebook	Actions
X Anderson, Roy	Apr 3, 2023 <a href="#">Edit</a>	X Not Compliant	X Not Compliant	X Not Compliant	<a href="#">Remove</a>
X Beasley, Pam	Apr 3, 2023 <a href="#">Edit</a>	X Not Compliant	X Not Compliant	X Not Compliant	<a href="#">Remove</a>
X Bernard, Andrew	Apr 3, 2023 <a href="#">Edit</a>	X Not Compliant	X Not Compliant	X Not Compliant	<a href="#">Remove</a>
X Bertram, Nelly	Apr 3, 2023 <a href="#">Edit</a>	X Not Compliant	X Not Compliant	X Not Compliant	<a href="#">Remove</a>
X Flax, Holly	Apr 3, 2023 <a href="#">Edit</a>	X Not Compliant	X Not Compliant	X Not Compliant	<a href="#">Remove</a>
X Flenderson, Toby	Apr 3, 2023 <a href="#">Edit</a>	X Not Compliant	X Not Compliant	X Not Compliant	<a href="#">Remove</a>

## Adding Additional Sessions

Once this has been completed, another session can be added. If you have multiple programs, you can use the add another session button.

### Add Another Session?

If you would like to add more sessions to this form, click the button below. Otherwise, click the *Next* button to continue.

 **+ Add Another Session**

Once you click the **Add Another Session** button, you will be able to copy the information from your previous session. Click the **Create Session** button, and the new session will be created.

### Session Name\*

Scott's Tot's Session 2

Would you like to copy any data from the current session?

- Copy General Data *(standard and custom questions)*
- Copy Minor Ratios
- Copy Session Staff

Cancel

Create Session



## Scott's Tot's Session 2

### Copy From Previous Session

Would you like to copy from a previous session?

Yes  No

### Copy From Previous Session ?

Settings imported from **Scott's Tots Session 1**.

You must add the date of the program and the start and end times. After you have added your staff and completed the registration, follow the information in the Registration Submission Section.

You can copy from another session.

### Session

#### Session Name\*

Scott's Tot's Session 2

#### Date and Time\*

When is the session?

Date  Start Time  End Time

Single Day  Multiple Days ?  Recurrence ?


## Registration Submission

Click Submit Registration

The Registration Status will tell you if the registration is ready for submission.

**All required fields complete!**  
Review your selections and click the *Submit* button below to submit this registration.

**Summary**

<b>What</b> <a href="#">Scott's Tots</a> [Details...]	<b>Program</b> Scott's Tots
<b>When</b> Apr 3, 2023	<b>Participant</b>  <b>Leekeshia Williams</b> YPP Director

**Registration**

Protection of Minors  
[Program Registration Form](#) [Details...]  
Scott's Tots **Scott's Tots**  
Apr 3, 2023

**Registration Survey**

**Minors Present**  
Yes

**University Sponsored**  
Yes


**Custodial Responsibility**  
Yes

**Sponsored By**  
Yes

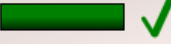
**Transportation Yes/No**  
No

**More Below - Scroll Down ↓**


[Cancel Registration](#)   [< Previous](#)   [Save for Later](#)   [Submit Registration](#)

  
**Protection of Minors**  
(512) 471-0594  
ypp@utexas.edu

**Registration Status**

  
Ready to Submit

**Participant**

**Scott's Tots**  
 **Leekeshia Williams**  
YPP Director

**Registration**

**Program Registration Form**

**Admin Only**

[New Note or Task](#)  
[Send Email Message](#)  
[View Registration History](#)  
[Admin Only Submit](#)

**Need Help?**  
Click the *Help* button above, [send us an email](#), or call us at (512) 471-0594.



Once the registration has been submitted, click Done.

**Thank You**

Your registration has been received. You may view this registration at anytime by logging back into this system.

[Print Confirmation](#)

**Summary**

<b>What</b> Scott's Tots [Details...]	<b>Program</b> Scott's Tots
<b>When</b> Apr 3, 2023	<b>Participant</b> Leekeshia Williams YPP Director

**Registration**

Protection of Minors  
Program Registration Form [Details...] **Registered**  
Scott's Tots Scott's Tots  
Apr 3, 2023 Mar 27, 2023 6:07pm

**Registration Survey**

<b>Minors Present</b>	Yes
<b>University Sponsored</b>	Yes
<b>Custodial Responsibility</b>	Yes
<b>Sponsored By</b>	Yes
<b>Transportation Yes/No</b>	

**Done**

**TEXAS**  
The University of Texas at Austin

**Protection of Minors**  
(512) 471-0594  
ypp@utexas.edu

**Registration Status**  
Submitted

**Participant**  
Scott's Tots  
 Leekeshia Williams  
YPP Director

**Registration**  
Program Registration Form

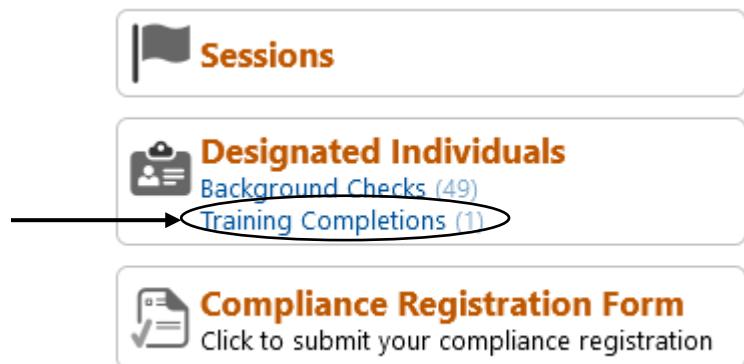
**Admin Only**  
[New Note or Task](#)  
[Send Email Message](#)  
[View Registration History](#)

**Need Help?**  
Click the *Help* button above, [send us an email](#), or call us at (512) 471-0594.



## Update Training Dates

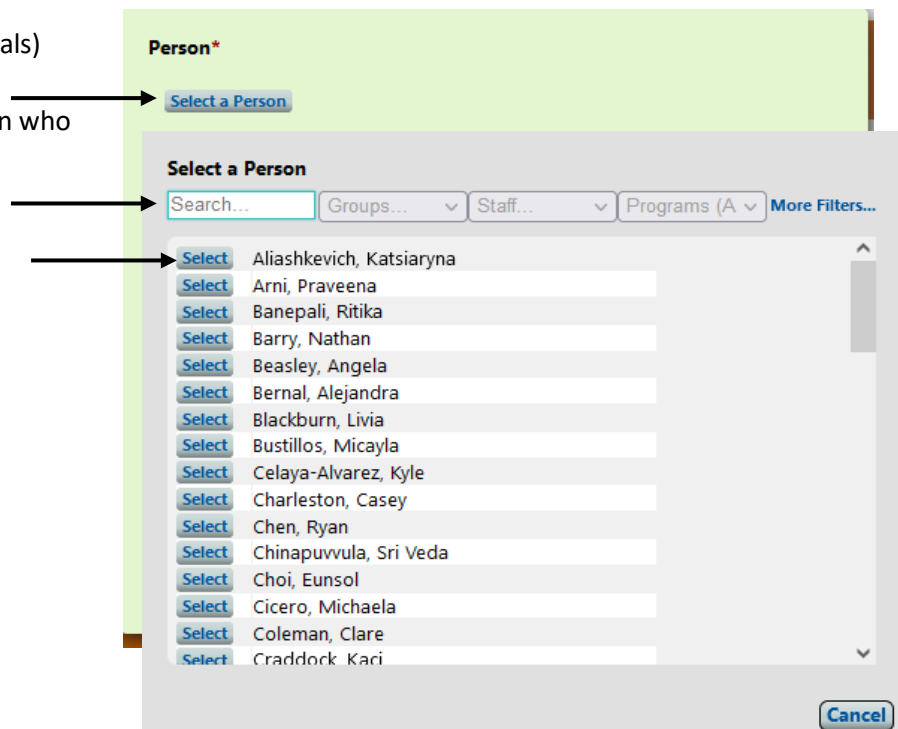
If you did not add the training dates to the upload spreadsheet, you must update the training manually. To update the training dates, you will go to your dashboard and select **Training Completions** under Designated Individuals.



Choose Manual Training.



Choose Select a Person  
(you will only see your designated individuals)  
You can use the Search function to find a person by name or simply select the person who needs a completion date.



Once you select the designated individual, add their training completion date. You can type the date in or search using the calendar.

Once the training date has been added. Click Create New Training Complete.

Once you add the training date, a completion will be under Training Completions.

Training Completions (4)						
Pass						
	Bernal, Alejandra	Training	Completed	Pass	Jun 20, 2022	Academy for Robotics Session 1 Academy for Women Session 1 Academy for Women Session 2 Academy for All Session 2 Academy for All Game Development Academy for All Session 1 Academy for Robotics Session 2
	Blackburn, Livia	Training	Completed	Pass	Apr 22, 2023	Academy for Robotics Session 1 Academy for Women Session 1 Academy for Women Session 2 Academy for All Session 2 Academy for All Game Development Academy for All Session 1 Academy for Robotics Session 2
	Cicero, Michaela	Training	Completed	Pass	May 22, 2022	Academy for Robotics Session 1 Academy for Women Session 1 Academy for Women Session 2 Academy for All Session 2 Academy for All Game Development Academy for All Session 1 Academy for Robotics Session 2
	Zhang, Michael	Training	Completed	Pass	Apr 27, 2023	Academy for Robotics Session 2 Academy for Women Session 1 Academy for All Session 2 Academy for All Session 1

## Updating Compliance Registration After Submission

After you have submitted your compliance registration, you may be asked to make changes. On your dashboard, you will see Your Compliance. Choose View All Requirements, which will take you to your compliance registration.

### Your Compliance

**Scott's Tots Session 1**  
Jun 18, 2023

Youth Protection Training	X
Background Check	X
Guidebook	X

**Scott's Tot's Session 2**  
Jun 20, 2023

Youth Protection Training	X
Background Check	X
Guidebook	X

**Scott's Tots Session 3**  
Jun 22, 2023

Youth Protection Training	X
Background Check	X
Guidebook	X

[View All Requirements](#)

## Compliance

Current (9)

Removed (1)

Click the session that needs an update.

Session	Start Date	Training	Background Checks	Guidebook
<b>Sessions</b>				
<a href="#">Scott's Tots Session 3</a> Scott's Tots	Jun 22, 2023	X	X	X
<a href="#">Scott's Tot's Session 2</a> Scott's Tots	Jun 20, 2023	X	X	X
<a href="#">Scott's Tots Session 1</a> Scott's Tots	Jun 18, 2023	X	X	X

If you need to update or edit your designated individuals, click Edit.

## Scott's Tots Session 3

Dashboard
Registration
Review
Documents (1)
Summary
Messages (1)

**Under Review**  
This activity has been submitted but not yet approved.

Review Round:  
Student Associates Review

Waiting for:  
Rachel Chiang,  
Nadely Requena,  
Emely Leandro, and  
Shams Rawandoozi

Review Session

---

X

### Scott's Tots Session 3

Jun 22, 2023

[Print](#)

<b>Scott's Tots</b>	<b>Training</b>	<b>Background Checks</b>	<b>Guidebook</b>
Not Compliant	<input type="text" value="0/29"/>	<input type="text" value="0/29"/>	<input type="text" value="0/29"/>

Session Contacts:	Program Directors:
Rachel Chiang	Rachel Chiang

Session Contact ▼ Edit
 ▼ Download

▲ Name	Phone Numbers
Rachel Chiang	(512) 471-0594 (Work)

Designated Individual ▼ Edit
 ▼ Download

	▲ Name	UT EID	Training	Background Checks	Guidebook
X	Anderson, Roy	ra123	X Not Compliant	X Not Compliant	X Not Compliant
X	Beasley, Pam	pb123	X Not Compliant	X Not Compliant	X Not Compliant
X	Bernard, Andrew	ab123	X Not Compliant	X Not Compliant	X Not Compliant
X	Bertram, Nelly	nb123	X Not Compliant	X Not Compliant	X Not Compliant
X	Chiang, Rachel	rec3237	X Not Compliant	X Not Compliant	X Not Compliant
X	Flax, Holly	hf123	X Not Compliant	X Not Compliant	X Not Compliant

After clicking Edit, you can Remove designated individuals who are not working the program, add a new person, or upload a new spreadsheet.

Session Contact ▼ Edit Print ▼ Download

---

▲ Name
Phone Numbers

Rachel Chiang (512) 471-0594 (Work)

---

Designated Individual ▲ View Only Print ▼ Download

Please add/select all designated individuals who will be interacting with minors at this session.

+ Add a New Person
Upload Designated Individuals
Clear all people

Role... ▼

X	▲ Name	UT EID	Start Date <small>?</small>	Training	Background Checks	Guidebook	Actions
X	Anderson, Roy	ra123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Beasley, Pam	pb123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Bernard, Andrew	ab123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Bertram, Nelly	nb123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Chiang, Rachel	rec3237	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Flax, Holly	hf123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Flenderson, Toby	tf123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Green, Clark	cg123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Halpert, Jim	jh123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Hannon, Erin	eh123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Howard, Ryan	rh123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Hudson, Stanley	sh123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Johnson, Val	vj123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Kapoor, Kelly	kk123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X	Levison, Jan	jl123	Jun 22, 2023 <small>Edit</small>	X Not Compliant	X Not Compliant	X Not Compliant	Remove

If you need to update the registration form, click Edit Form on the right side of the registration. Make any updates and changes. When you have completed your updates choose Save and Close.

### Scott's Tots Session 3

[Dashboard](#)
[Registration](#)
[Review](#)
[Documents \(1\)](#)
[Summary](#)
[Messages \(1\)](#)

## Registration Details

All details from the associated registration are displayed here.

**Basic Information**

**Name**  
Scott's Tots Session 3

**Program**  
Scott's Tots

**Date(s)**  
Jun 22, 2023

**June 2023**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

**Questions**

**Program Description/Purpose**  
This is only a test

**Dean or Vice President of the College/School/Unit/Department**  
David Wallace

**Approving Department Head or Supervisor**  
Jan Levinson

**Camp Director**  
Michael Scott

**Maximum Age**  
17

**Under Review**  
Review Round:  
Student Associates Review  
Waiting for:  
Rachel Chiang, Nadely Requena, Emely Leandro, and Shams Rawandoozi

[Add Note](#)
[Email](#)

[Edit Form](#)

After choosing Save and Close, you will return to the Compliance Screen. If you have completed your edits, click Done Editing.

### Compliance

Current (9) Removed (1)

Search... Program...

Session	Start Date	Training	Background Checks	Guidebook
<b>Scott's Tots Session 3</b> Scott's Tots	Jun 22, 2023	X	X	X
<b>Scott's Tot's Session 2</b> Scott's Tots	Jun 20, 2023	X	X	X
<b>Scott's Tots Session 1</b> Scott's Tots	Jun 18, 2023	X	X	X

[Done Editing](#) [Next >](#)

## Designated Individual Guidebook

Designated individuals now sign the Guidebook in the YPP compliance registration system. The designated individuals will receive an email. They will sign in to the system utilizing single sign-on. They will receive an email from UT YPP via Ideal-Logic.

**Please Note:** Until all requirements have been met, your designated individuals will receive an email.

Sent: **Fri, Apr 28 11:21am** automatically  
From: UT YPP via Ideal-Logic <mail+6p2z.f5ggt@ideal-logic.com>  
To: [REDACTED] **Delivery Confirmed**

### Missing Requirements - [REDACTED]

**Not Compliant** **Youth Protection Training**

The University of Texas System Youth Protection Training online class can be accessed via the UTLearn website (<http://utlearn.utexas.edu>).

**Not Compliant** **Background Check**

Camp directors must ensure that all designated individuals working with campers during the program undergo a criminal background check annually. The check must be conducted and successfully cleared prior to the start of the program.

**Not Compliant** **Guidebook**

Youth Protection Program Guidebook – Camp directors and designated individuals must read and sign the guidebook annually. Please log into the [YPP Compliance Registration System](#) and click on the red "Action Required" box at the top of your screen to read and sign the guidebook.

Once they have logged into the compliance registration system, they will see a red box. They will click **Click to Read Form**. Once the guidebook has been read and signed, it will be read compliant.



If a designated individual has been removed from a program and must read and sign the YPP guidebook. They can read and sign the YPP guidebook via the Self-Administer YPP Guidebook.

