



THE UNIVERSITY OF TEXAS AT AUSTIN

YPP COMPLIANCE REGISTRATION HOW-TO GUIDE



Table of Contents

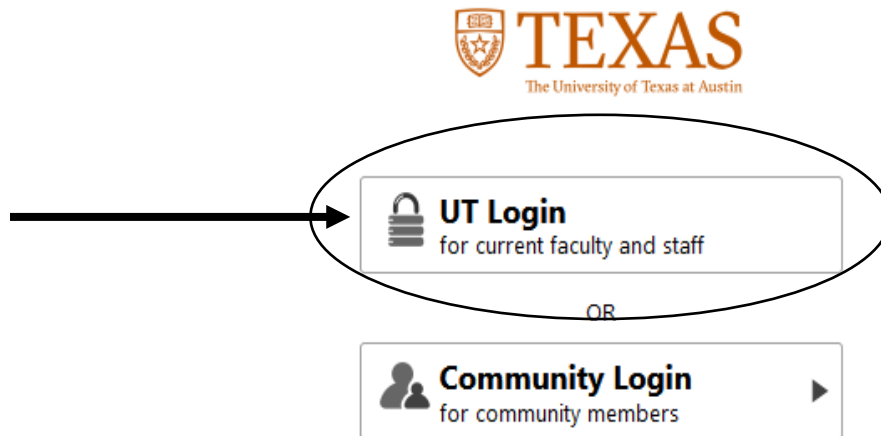
Compliance Registration	3
Registration Survey	4
Campus Program.....	5
Program Information	6
Session Information	8
Camp Insurance	9
UT System Camp Insurance Portal.....	9
ORM Camp Portal Email.....	13
Update or Cancel Camp Insurance.....	14
Proof of Coverage	15
Audit Form	16
Invoice	17
Adding Additional Sessions.....	22
Registration Submission.....	23
Update Training Dates	25
Updating Compliance Registration After Submission.....	26
Designated Individual Guidebook.....	30
Site Visit	31

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?* Yes No
3. Will the University take [custodial responsibility](#) of the minors?* Yes No
4. Is this program sponsored by a college, school, unit or department?* Yes No
5. Do you provide transportation for campers?* Yes No
6. What type of program are you hosting?* Academic
 Athletic
7. How will this program be hosted?* In-Person
 Online
 Hybrid
8. Is your program scheduled for a site visit?* Yes No

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*

Questions

Program Description/Purpose*

This is only a test

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

Approving Department Head or Supervisor*

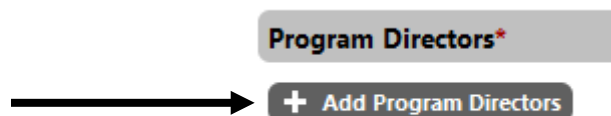
Camp Director*

Maximum Age*

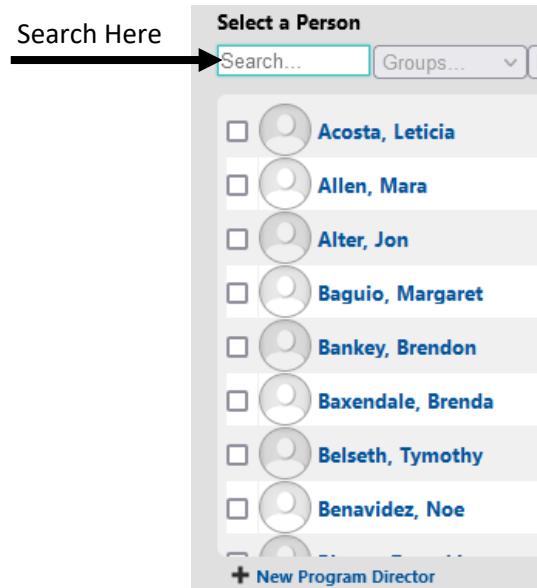
More Below - Scroll Down ↓

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

Add the Camp Director Name by choosing Add Program Directors

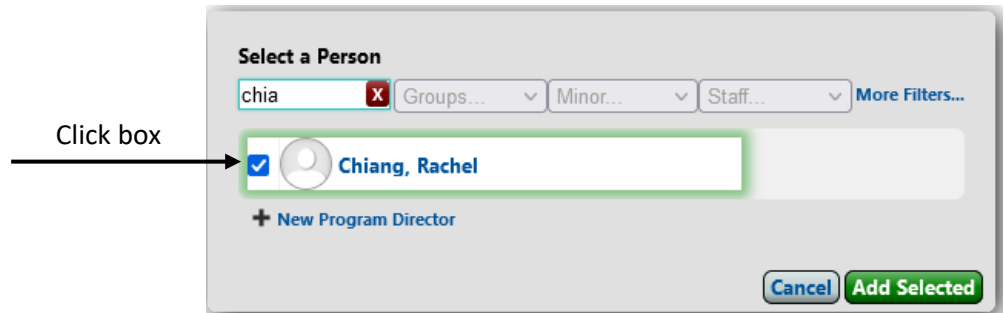


You have the ability to search for your name



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?

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

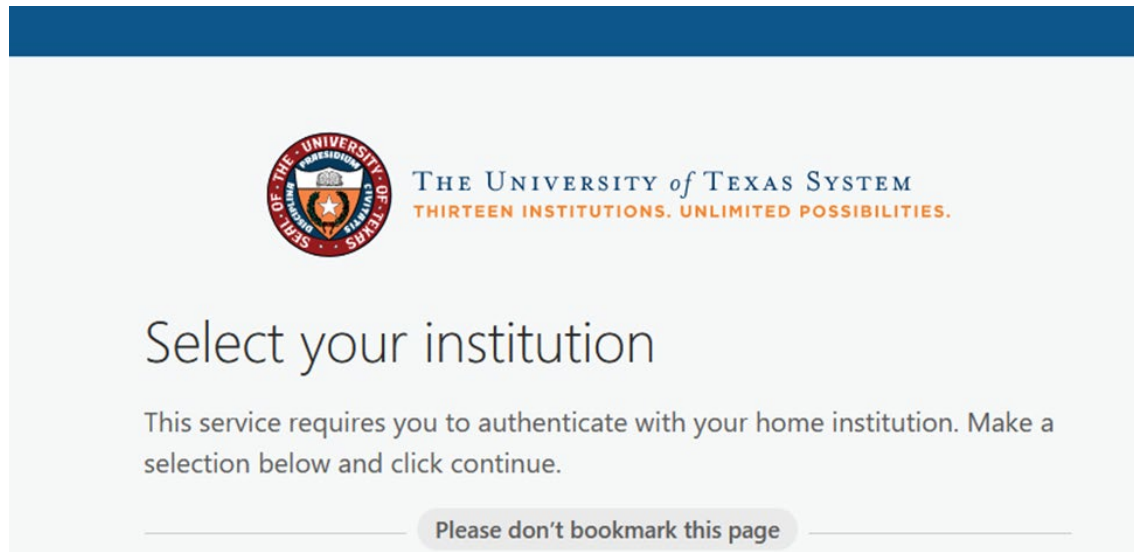
Camp Insurance

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 contains the message "NO CAMP APPLICATIONS WERE FOUND AT THIS TIME" and "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

UT Institution		<input type="text" value="UT Austin"/>
Department		<input type="text" value="e.g. Athletics, Music"/>
Account Number to be charged		<input type="text" value="Account Number"/>
Name of Camp/Clinic		<input type="text" value="Camp/Clinic"/>
Description of Activities		<input type="text" value="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
Total Premium Due				\$0.00

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. The subject will be Camp Name.

From: 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. **

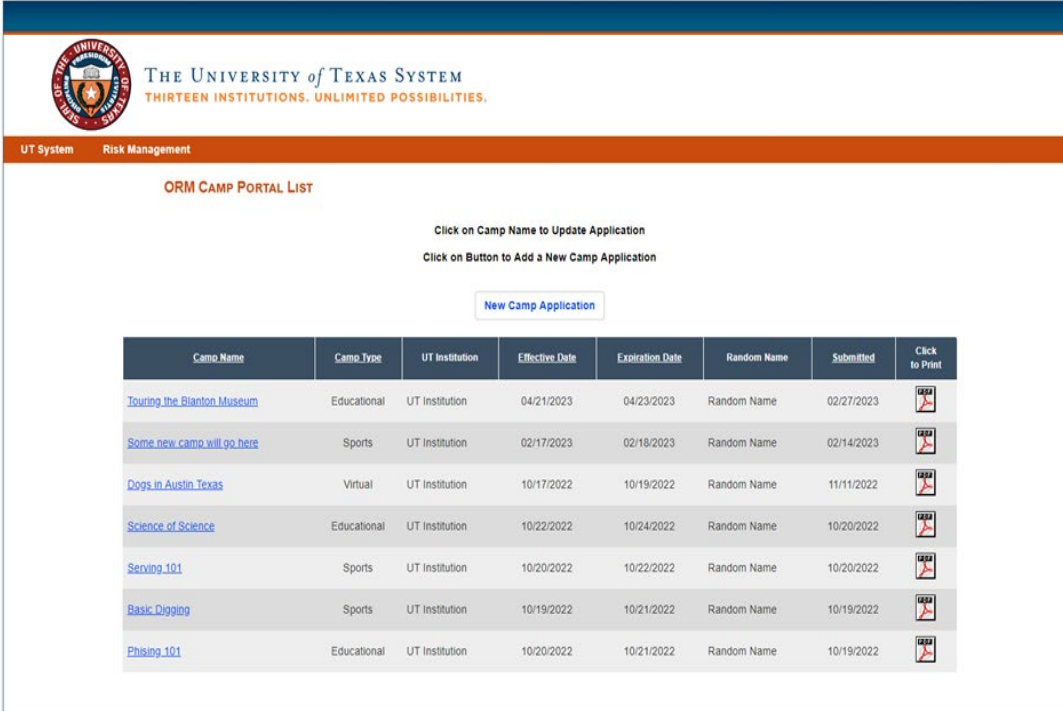
Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or file containing false or deceptive statements is guilty of insurance fraud. Premium computation is subject to audit.

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

Created by: Loretta Pennington on April 10, 2020
 Updated by: Loretta Pennington on April 10, 2020

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.

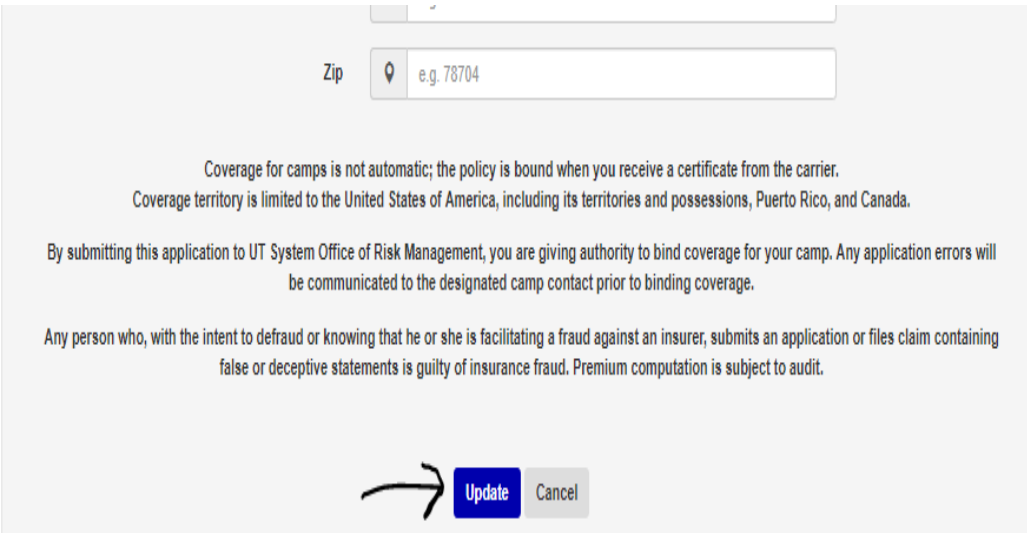


The screenshot shows the 'ORM CAMP PORTAL LIST' interface. At the top, there is the University of Texas System logo and navigation links for 'UT System' and 'Risk Management'. Below the header, there are instructions: 'Click on Camp Name to Update Application' and 'Click on Button to Add a New Camp Application'. A 'New Camp Application' button is visible. The main content is a table with the following columns: Camp Name, Camp Type, UT Institution, Effective Date, Expiration Date, Random Name, Submitted, and Click to Print. The table lists seven applications with various details such as dates and names.

Camp Name	Camp Type	UT Institution	Effective Date	Expiration Date	Random Name	Submitted	Click to Print
Touring the Blanton Museum	Educational	UT Institution	04/21/2023	04/23/2023	Random Name	02/27/2023	
Some new camp will go here	Sports	UT Institution	02/17/2023	02/18/2023	Random Name	02/14/2023	
Dogs in Austin Texas	Virtual	UT Institution	10/17/2022	10/19/2022	Random Name	11/11/2022	
Science of Science	Educational	UT Institution	10/22/2022	10/24/2022	Random Name	10/20/2022	
Serving 101	Sports	UT Institution	10/20/2022	10/22/2022	Random Name	10/20/2022	
Basic Digging	Sports	UT Institution	10/19/2022	10/21/2022	Random Name	10/19/2022	
Phising 101	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 a form for updating an application. It includes a 'Zip' field with a location pin icon and the text 'e.g. 78704'. Below the form, there is a paragraph of text: '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.' At the bottom, there are two buttons: 'Update' (highlighted with a hand cursor) 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

UTSYSCampForm_UTSYSADM_HowtoBakeAMAZINGDesserts - Updated

Or

 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.

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: (817) 923-1111 FAX: (817) 336-9967 Email: (817) 923-1111 Address:		
INSURED The University of Texas System Board of Regents 504 Lavaca Street Austin, TX 78701				INSURERS AFFORDING COVERAGE 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	HD0L003700680	04/26/2022	04/26/2023	EACH OCCURRENCE DAMAGE TO RENTED EQUIPMENT (per occurrence) \$ 1,000,000.00 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 (per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RE-OWNED AUTOS					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Mandatory in N/A) Per 26.05(a)(1) of the Code	N/A				WC STATUS \$ DISEASE LIMIT \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$
A	Sexual Abuse / Molestation		HD0L003700680	04/26/2022	04/26/2023	E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical		BAF476171	04/26/2022	04/26/2023	\$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 4001 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		
© 1988-2010 ACORD CORPORATION. All rights reserved.						
ACORD 25 (2010/05) The ACORD name and logo are registered marks of ACORD						
ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977						

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
 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 5th 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).

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 5th 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
TOTAL DUE			\$1,010.54

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	<i>None</i>	Edit Remove
+ 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
First	John	The first name of the user. Always required.
Last	Doe	The last name of the user. Always required.
Email	john.doe@test.ideal-logic.com	User's email address. Required.
Phone (Optional)	111-111-1111	User's work phone number.
UT EID	john Doe23	User's UT Username. Required.
Training Cleared Date (Optional)		
Background Check Cleared Date (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 Edit	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X Beasley, Pam	Apr 3, 2023 Edit	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X Bernard, Andrew	Apr 3, 2023 Edit	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X Bertram, Nelly	Apr 3, 2023 Edit	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X Flax, Holly	Apr 3, 2023 Edit	X Not Compliant	X Not Compliant	X Not Compliant	Remove
X Flenderson, Toby	Apr 3, 2023 Edit	X Not Compliant	X Not Compliant	X Not Compliant	Remove

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

What Scott's Tots [Details...]	Program Scott's Tots
When Apr 3, 2023	Participant  Leekeshia Williams 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

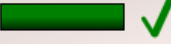
More Below - Scroll Down ↓

[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

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

Registration

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

Registration Survey


Minors Present	Yes
University Sponsored	Yes
Custodial Responsibility	Yes
Sponsored By	Yes
Transportation Yes/No	

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, the training will be updated automatically. If you want to make updates to the training dates you will go to your registration and click on Not Compliant under Training

	▲ Name	UT EID	Training
X	Abunei, Hewan	ha25239	X Not Compliant ←

Choose Import Data if the designated individual has completed the training, the date will import. If they have not completed the training, the not compliant will remain the same.

Hewan Abunei Future Engineers Day
Youth Protection Training Mar 29, 2025

→ **Import Data**

X Not Compliant

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

Hewan Abunei has not yet started this requirement.

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
Sessions				
Scott's Tots Session 3 Scott's Tots	Jun 22, 2023	X	X	X
Scott's Tot's Session 2 Scott's Tots	Jun 20, 2023	X	X	X
Scott's Tots Session 1 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](#)

Scott's Tots	Training	Background Checks	Guidebook
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

Role... ▼

	▲ 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...
▼

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

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
Scott's Tots Session 3 Scott's Tots	Jun 22, 2023	X	X	X
Scott's Tot's Session 2 Scott's Tots	Jun 20, 2023	X	X	X
Scott's Tots Session 1 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.

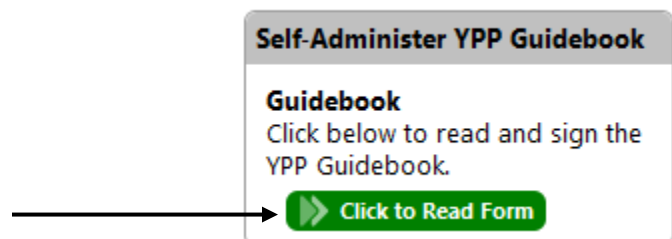
Not Compliant Guidebook

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.






Site Visit

The site visit process has been moved to Ideal Logic. Please see the instructions below to set your site visit date, time and location.

You will receive an email from Ideal Logic that will alert that there is an action required. Please log into the Compliance Registration System.

Site Visit Details Needed

 UT YPP via Ideal-Logic <mail+y6tr.27w2p@ideal-logic.com>
To  lw377@eid.utexas.edu

 If there are problems with how this message is displayed, click here to view it in a web browser.



The University of Texas at Austin
1616 Guadalupe • Austin, TX 78701 • Mail Stop D9200
Email: ypp@utexas.edu
Phone: 512-471-0594
Web: <https://youthprotectionprogram.utexas.edu/>

We are ready to schedule your program for a Site Visit.

Please click the link below to log in and click the red action required for the Site Visit to provide needed information about your visit.

Please click the *Claim Your Account* button to continue. Make sure you use the following email address when you sign in: lw377@eid.utexas.edu.

Claim Your Account

[Click to Review Registrations](#)



Sent from [UT Youth Protection Program Office](#), a service of [Ideal-Logic](#).


You are welcome to reply to this message. Replies will be sent to ypp@utexas.edu.

This email was generated and sent by the UT Protection Program Registration System. The Registration System was developed by Ideal-Logic, a trusted UT vendor, and is operated by the UT Youth Protection Program Office. To access the system, you will be asked to log in with your UT ID and password. If you have any questions or concerns, please email ypp@utexas.edu

Once logged into the compliance registration system, there will be a red box. Click Start.

1 Action Required For LeeKeshia Williams Hide

Site Visit Details
Action Needed - Scott's Tots

 Start

On the next screen you will enter the site visit details.

Site Visit Details

Site Visit Details - Scott's Tots

Site Visit Date Selection*
Please select a site visit date/time from the options below.


1. Select the site visit date

Site Visit Time
Please enter in the time of day your program is available for a site visit.

2. Select the site visit time

Location on Day of Site Visit*

3. Enter the site visit location.

4. Hit Submit 

There will be multiple dates to choose from (if your program is greater than one day). Choose a date.

Site Visit Details

Site Visit Details - Scott's Tots

Site Visit Date Selection*
Please select a site visit date/time from the options below.

Select Site Visit Date

Select an Enrollment Day
Select Site Visit Date

Day... Search...

- Select Apr 7, 2025
- Select Apr 8, 2025
- Select Apr 9, 2025

Cancel

Site visit.

Next choose a time and then enter the location. Hit Submit.

Site Visit Details

Site Visit Details - Scott's Tots

Site Visit Date Selection*
Please select a site visit date/time from the options below.

Apr 7, 2025 2:00am [Remove](#)

[Select Site Visit Date](#)

Site Visit Time
Please enter in the time of day your program is available for a site visit.

10 00 am

Location on Day of Site Visit*

Dunder Mifflin Office Park

[Delete](#) [Submit](#)

Once submitted there will be a thank you message. Choose OK and you have successfully submitted your site visit date, times and locations.

Thank you!

OK