

THE UNIVERSITY OF TEXAS AT AUSTIN YPP COMPLIANCE REGISTRATION HOW-TO GUIDE



Table of Contents

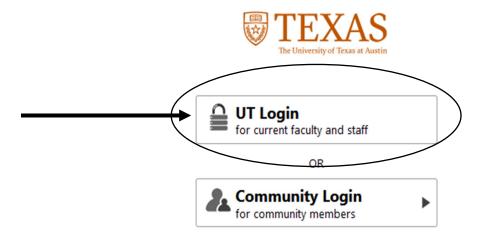
Compliance Registration	3
Registration Survey	4
Campus Program	5
Program Information	6
Session Information	8
Camp Insurance	9
UT System Camp Insurance Portal	9
ORM Camp Portal Email	13
Update or Cancel Camp Insurance	14
Proof of Coverage	15
Audit Form	16
Invoice	17
Drivers	22
Adding Additional Sessions	22
Registration Submission	24
Update Training Dates	26
Updating Compliance Registration After Submission	27
Designated Individual Guidebook	31
Site Visit	32

Compliance Registration

Login to the compliance registration system utilizing the UT Login

https://apps.ideal-logic.com/utexasypp

Sign-in with single sign-on.

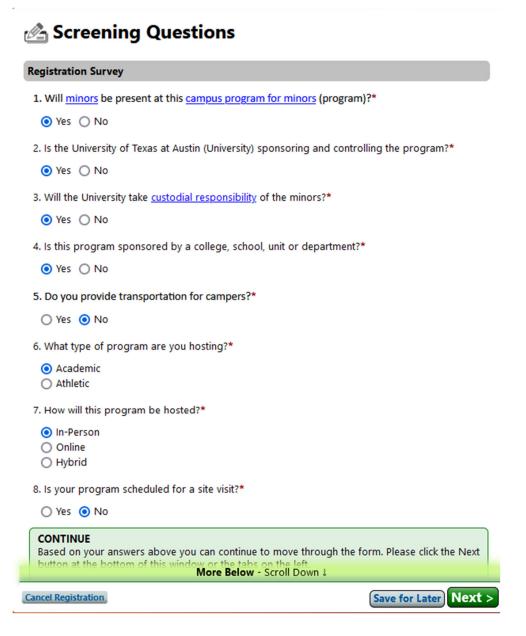


Choose Compliance Registration Form



Registration Survey

Complete the Registration Survey and choose next. Please choose the appropriate questions for your program.

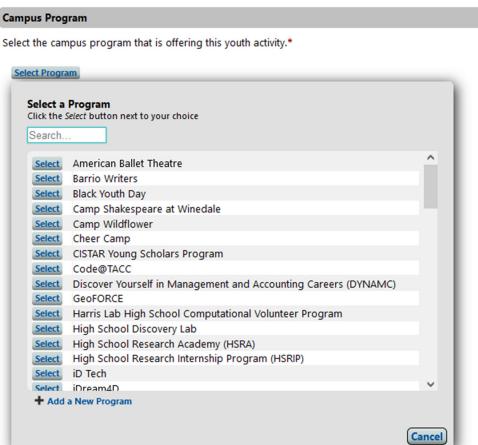


Campus Program

Select Program

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

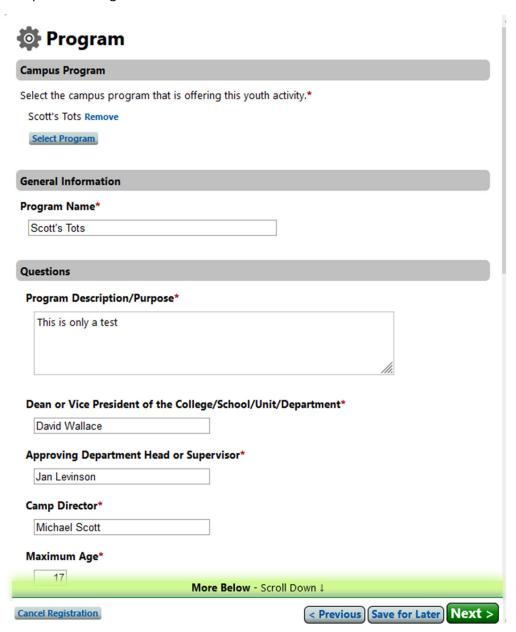






Program Information

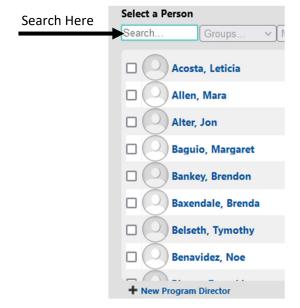
Complete the Program Information section



Add the Camp Director Name by choosing Add Program Directors

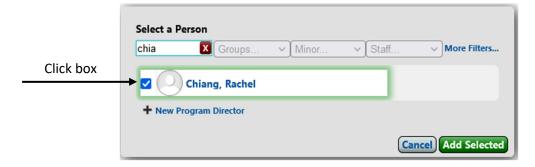


You have the ability to search for your name



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



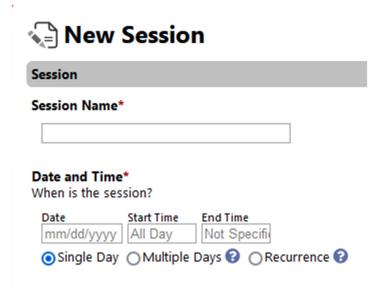
Session Information

Add Session Information

Session Name

Date and time the program takes place

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



Complete either the Self-Audit or Pre-Visit Questionnaire

elf Audit Form (In-Perso	on)		
premises or participating university is committed to efforts to protect minors. coordinators are required	in those progran the safety of mir Recognizing this d to complete the	safety of minors participating as sponsored or supported b nors and has continued to dev commitment, all camp directed self-audit form and keep it o mission and policy of the univ	y the university. The velop and enhance its ors and/or unit on file. The self-audit form
Do your participants regi	ster via the Ideal-	Logic Participant Registration	System?*
○ Yes ○ No			
Program Located On-Can	mpus Overnight S	tay*	
Yes No Commuter	linors		
Please enter the expected		rs for each age group listed.	Refresh
	d number of mino	rs for each age group listed. Recommended	
Please enter the expected			ॐ Refresh
Please enter the expected Age Range		Recommended	○ Refresh
Ages 0-5		Recommended 6:1	○ Refresh
Age Range Ages 0-5 Ages 6-8		Recommended 6:1 8:1	○ Refresh
Ages 0-5 Ages 6-8 Ages 9-14		Recommended 6:1 8:1 10:1	○ Refresh
Ages 0-5 Ages 6-8 Ages 9-14		Recommended 6:1 8:1 10:1	○ Refresh
Ages 0-5 Ages 6-8 Ages 9-14 Ages 15-18 Minor Total: 0 Minimum Age: 0 Maximum Age: 0 Have designated individu	Minors	Recommended 6:1 8:1 10:1	
Ages 0-5 Ages 6-8 Ages 15-18 Minor Total: 0 Maximum Age: 0 Maximum Age: 0	Minors	Recommended 6:1 8:1 10:1 12:1	
Ages 0-5 Ages 6-8 Ages 9-14 Ages 15-18 Minor Total: 0 Minimum Age: 0 Maximum Age: 0 Have designated individu training.* Yes Other	Minors	Recommended 6:1 8:1 10:1 12:1	s) and child protection

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

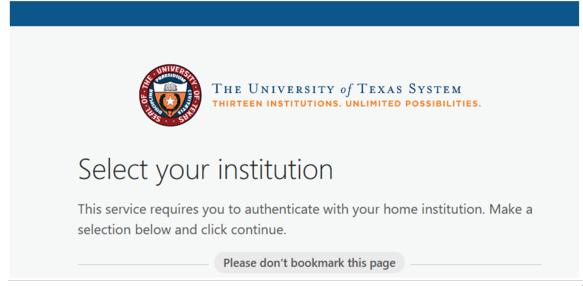
Camp Insurance

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.*

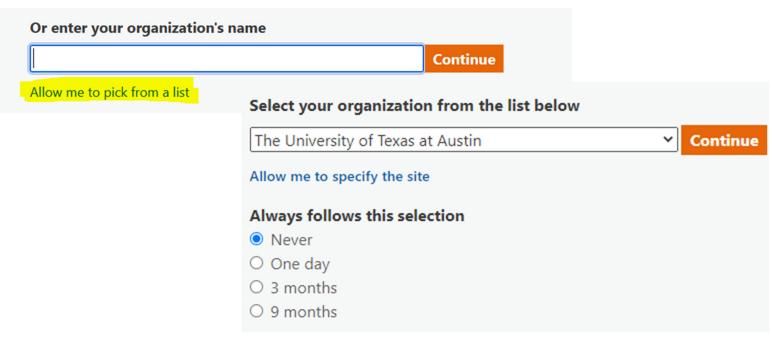
☐ I confirm I have filled out the insurance form.

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.

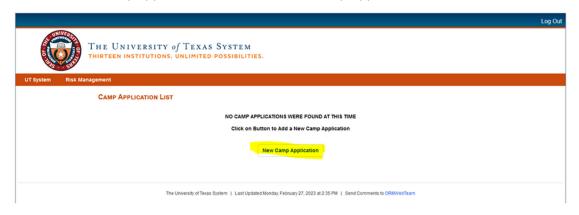


You will use single sign-on to log onto the camp insurance portal.

Sign in with your UT EID



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



Select the appropriate camp type for your program.

- Non-Sports
- Sports
- Online



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 O Non-Sports O Sports O Or



Department Mailing Address	Street/City/State/Zip			
Contact Name	≜ e.g. John Smith			
Contact Email	e.g. john.smith@email.co	om		
Contact Phone	e.g. 123-456-7890			
Effective Date of Coverage	e.g. 01/01/20;	Expiration Date of Coverage e.g. 01/31/	20:	
Age Range of Campers (Select all that apply)	□5-10 □11-14 □15-	–18 🗌 19 and up		
	ceive criminal background check s and independent contractors?	s on all Yes O No		
Do you have and enfor child molestation?	rce conduct standards regarding	sexual abuse and Yes O No		
Premium computation is subject to audit. Pren campers, staff and coaches. Pre	•	oletion of the camp to account for the ac oer Eligible x <u>Number of Camp Days</u> x Ra	•	articipating
Classification of Camper	Number Eligible	Number of Camp Days	Rate	Premium
Day Campers			\$0.42	\$0.00
Overnight Campers			\$0.67	\$0.00
Staff / Coaches			\$0.09	\$0.00
		Total Premium Due		\$0.00

When you complete the information hit the Submit button.

UT System Office of Risk Management requires t	ised: Balance due no later than 30 days after camp completion. imely payment of all deposits and audit premiums due. Failure to make timely ge and future eligibility to participate in the Camp Insurance Program.	payments may result in
Please list the facilities that have r	equested Additional Insured certificates. (Include name, address, city, sta	te and zip)
Name	e.g. University Gym	
Address	e.g. 12345 University Blvd	
City	Q e.g. Austin	
State	• e.g. TX	
Zip	♥ e.g. 78704	
Coverage territory is limited to the Unit By submitting this application to UT System Office of will be commun. Any person who, with the intent to defraud or kn	nutomatic; the policy is bound when you receive a certificate from the carried States of America, including its territories and possessions, Puerto Rich Risk Management, you are giving authority to bind coverage for your cated to the designated camp contact prior to binding coverage. Owing that he or she is facilitating a fraud against an insurer, submits an estatements is guilty of insurance fraud. Premium computation is subject to	co, and Canada. amp. Any application errors application or files claim
	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:
Subject: UTSYSCampForm_UTAUS_AprilCollegeProspectCamp - Submitted

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

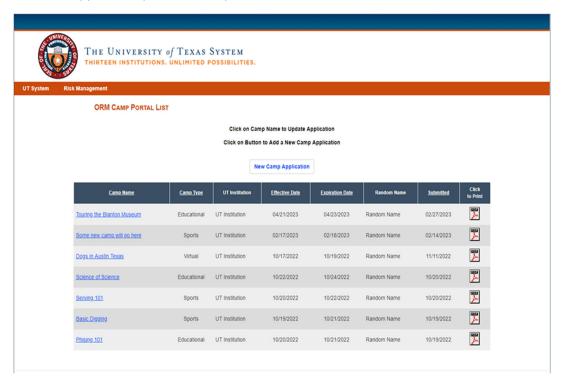
For further information, please contact please contact Ruth Maldonado in the Office of Risk Management.

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 F	orm for Special Ri	sk Accident &	Liability In	surance
	2023 - 2024 1	Non-Sports Camp Applic	ation for UT Owned	& Operated C	amps
PPLICATION DATE:	April 10, 2023				
	University of Texas System Boar	rd of Regents			
) UT Institution (e.g.	UT Austin, UT HSC Houston):	UT Rio Grande Valley			
Department (e.g. A	Dietics, Music):	UTRGV P-16 Outreach and T	esting Services		
*Account Number	to be charged: 31000652				
Name of Camp/Clir	UTRGV ECISO ST	EM Camp			
Description of Activ	The Edinburg CISC	Summer STEM Four-Day Camp	o is a program for 6th, 7th	and 8th-grade stud	ents enrolled in the ECISD Mother/Daughter or
Maling Address:	1201 W University	Dr. Edinburg, TX 78539			
	Street		City	State	Zp
Contact Name:	Cynthia Walls		E-mail Address:	cynthia wells01@c	trgv edu
Phone Number:	956-965-2080				
Effective Date of C	Nation 6000003		Famination D	ate of Coverage:	6/23/2023
			_		
Age Range of Cam	pens:5-10 _X	11-1415-17	18 and up		
	nd receive criminal beckground che				
255 6	m computation is subject to audit.	ing sexual abuse and child mole Premiums will be adjusted upon Premium calculation based on	completion of the camp	to account for the a	ctual number of participating campers, Premium.
9) Premiu	m computation is subject to audit. staff and coaches	Premiums will be adjusted upon Premium calculation based on	completion of the camp! Number Eligible x Numb	to account for the a er of Days x Rate =	Premium.
9) Premiu	m computation is subject to audit staff and coaches lassification of Camper	Premiums will be edjusted upon Premium calculation based on Number Eligible	completion of the camp Number Eligible's Numb Number of Days	to account for the a er of Days x Rate = Rate	Premium. Premium
9) Premiu	m computation is subject to audit. staff and coaches lassification of Camper Day Campers	Premiums will be adjusted upon Premium calculation based on Number Eligible 50	completion of the camp Number Eligible x Numb Number of Days	to account for the a er of Days x Rate = Rate \$0.42	Premium. Premium \$ 84.00
9) Premiu	m computation is subject to audit. staff and coaches. lassification of Camper Day Campers Overlight Campers	Premiums will be edjusted upon Premium calculation based on Number Eligible 50 0	completion of the camp: Number Eligible x Numb Number of Days 4	to account for the er of Days x Rate = Rate \$0.42	Premium \$ 84.00 \$ 0.00
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9) Premiu	m computation is subject to audit, soft and coaches tassification of Camper Day Campers Ovenight Campers Staff / Coaches	Premiums will be edjusted upon Premium calculation based on Number Eligible 50 0	completion of the campin Number Eligible x Numb Number of Days 4 0 4 Total Pres	to account for the are of Days x Rate = Rate \$0.42 \$0.67 \$0.09	Premium \$ 84.00 \$ 0.00 \$ 3.60 \$ 87.60
9) Premiu	m computation is subject to audit staff and coaches staff and coaches tassification of Camper Day Campers Overnight Campers Staff / Coaches	Premiums will be edjusted upon Premium calculation based on Number Eligible 50 0	completion of the campin Number Eligible x Number Number of Days A 0 4 Total Pre-	to account for the a er of Days x Rate = Rate \$0.42 \$0.67 \$0.09 mium Due	Premium \$ 84.00 \$ 0.00 \$ 3.60 \$ 3.60 \$ 87.60 power limit payments may result in
9) Premiu	m computation is subject to audit staff and coaches staff and coaches tassification of Camper Day Campers Overnight Campers Staff / Coaches	Prendums will be enjusted upon Premium calculation besed on Number Eligible 50 0 10 10 pulms timely payment of all de provenage and future eligibility in	completion of the campin Number Bigities Number Number of Days 4 0 4 Total Pre- positis and audit premium participate in the Cam	to account for the e er of Days x Rate = Rate 50.42 50.67 50.09 mium Due ums due. Failure t p Insurance Progr	Premium \$ 84.00 \$ 0.00 \$ 3.60 \$ 3.60 \$ 87.60 power limit payments may result in
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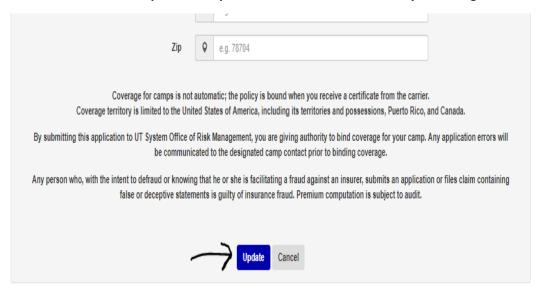
Update or Cancel Camp Insurance

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.



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.



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.

BI	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA' ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER. A	SURA	Y OR	NEGATIVELY AMEND, EX	TEND OR ALT	ER THE CO	UPON THE CERTIFICAT VERAGE AFFORDED B	E HO	E POLICIES
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IN	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED I	ANY CONTRACT BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPE	OT TO	WHICH THI
NSR LTR	TYPE OF INSURANCE	ADDU	SUBR	POLICY NUMBER	MW.DOW.	(MM/DD/YYYY)	LIMIT	8	
	GENERAL LIABILITY	Т					EACH OCCURRENCE	\$ 1,0	00.000.00
A	X COMMERCIAL GENERAL LIABILITY	L			04/26/2022	04/26/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 3	00,000.00
^	CLAIMS-MADE X OCCUR	X		HDGL003700680	04/26/2022	04/26/2023	MED EXP (Any one person)	\$	5,000.00
- 1		.					PERSONAL & ADV INJURY		00,000.00
	⊢						GENERAL AGGREGATE		00,000.00
	GENT, AGGREGATE LIMIT APPLIES PER:	1					PRODUCTS - COMPIOP AGG		00,000.00
_	X POLICY PROT LOC AUTOMOBILE LIABILITY	⊢	_				Participants Leagal Liability	\$ 1,0	00,000.00
- 1		1					COMBINED SINGLE LIMIT (Ea accident)	\$	
- 1	ANY AUTO ALL OWNED SCHEDULED AUTOS	1					BODILY INJURY (Per person) BODILY INJURY (Per accident)	1	
- 1	NON-OWNED	1					PROPERTY DAMAGE	\$	
- 1	HRED AUTOS AUTOS	1					(Per accident)	\$	
-	UMBRELLA LIAB OCCUR	+					EACH OCCURRENCE	1	
- 1	EXCESS LIAB CLAIMS-MAD						AGGREGATE		
	DED RETENTIONS	1					Population is	8	
	WORKERS COMPENSATION	-					WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED?	NIA					E.L. EACH ACCIDENT	\$	
		N/A					EL. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Sexual Abuse / Molestation	П		HDGL003700680	04/26/2022	04/26/2023	\$100,000.00 Per Occurrence \$300,000.00 Aggregate		
в	Accident Medical	1		BAP476171	04/26/2022	04/26/2023	\$ 25,000.00 Maximum Med		efit
							\$ 0.00 Deductble		
THE ABO	CREPTION OF OPERATIONS / LOCATIONS I VEW BELOW ENTITY IS ADDED AS ADD OVE NAMED INSURED DURING THE UNITED THE des: Trombone Workshop s: April 8, 2023	TION	AL IN	SURED ONLY TO THE RESP			OUT OF THE OPERATION	IS OF	THE
	RTIFICATE HOLDER			CA	ANCELLATION				
	iversity of Texas - Permian Basin 11 E. University Blvd. essa, TX 79761				SHOULD ANY OF	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
				AU	THORIZED REPRESE Jill Faulde				
	1								

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.

<u>Premium Rating Calculation:</u> 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	ß
			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 ofcoverage and future eligibility to participate in the Camp Insurance Program. **

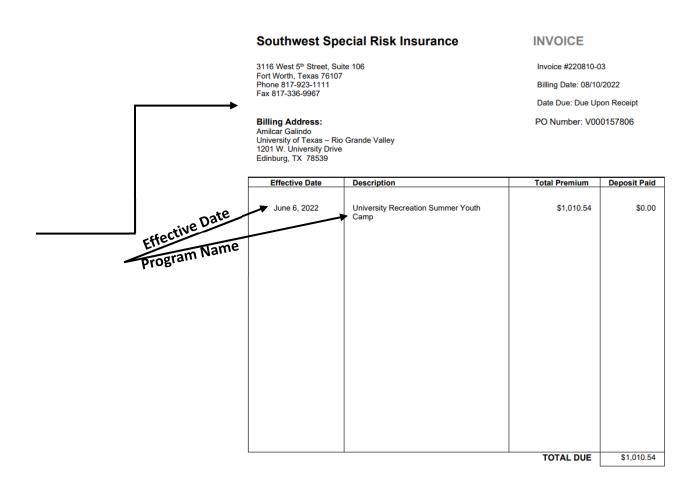
^{**} Invoices will be generated for the insurance premium due once the audit form has been filled out and completed by the camp director.

Invoice

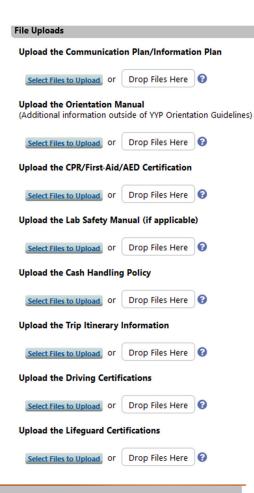
An invoice for the premium (based on the Audit form) will be sent to the designated **Contact Name** from Tammy Westbrook (<u>Tammy Westbrookoutlook.com</u>).

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.



Upload files to the appropriate file upload field.



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 (Ppdf (120KB)
By checking the box below you have read and understand the Program Emergency Plan policy.*
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?*

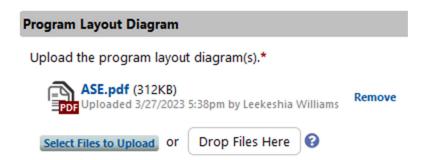
(C	1
(C	2
(C	3
(C	4

eunification Center Assign	nments	Complete the Dounification Contar Assignments
Enter the name of the person position in the reunification	on who is assigned to the parent/guardian check-in coordinator center.*	Complete the Reunification Center Assignments.
Enter the name of the back coordinator position in the	up person who is assigned to the parent/guardian check-in reunification center.*	
Enter the name of the perso	on who is assigned to the greeter position in the reunification center.*	
Enter the name of the back center.*	up person who is assigned to the greeter position in the reunification	
Enter the name of the perso	on who is assigned to the checker position in the reunification center.*	
Enter the name of the back center. *	up person who is assigned to the checker position in the reunification	
Enter the name of the person	on who is assigned to the runner position in the reunification center.*	
Enter the name of the back	up person who is assigned to the runner position in the reunification	
Enter the name of the pers	on who is assigned to the child support unit coordinator position in	
he reunification center.*	on who is assigned to the clind support unit coordinator position in	
		Complete the Assembly Information.
	Assembly Areas and On-Campus Info	
		needs to be evacuated, Camp Director, and/or oper authorities or UT Austin of the circumstances of of emergency.
	Enter the primary assembly area.*	
	Enter the primary assembly area.	
	Enter the secondary assembly area.*	
	Note: The Camp Director or Designated In Assembly Groups to the Secondary Assemb	dividual will be at the Primary Assembly Point directing bly Point if it is to be used.
	Enter all on-campus location(s) and addres	ss(es).*

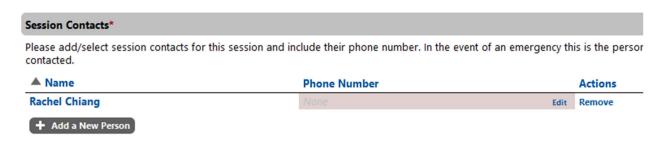
Complete the Program Administrative Personnel Section.

Program Admininstrative 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.



Session Contacts are the camp director.



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.

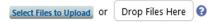
DO NOT MODIFY THE TEMPLATE FILE IN ANY WAY. JUST ADD YOUR DATA TO IT.

Your spreadsheet should have one row per person.

Download a Template Spreadsheet ▲ Data Field Sample Data Description John The first name of the user. Always required. First Last Doe The last name of the user. Always required. john.doe@test.ideal-logic.com User's email address. Required. Email Phone (Optional) 111-111-1111 User's work phone number. johndoe23 User's UT Username. Required. UT EID 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).

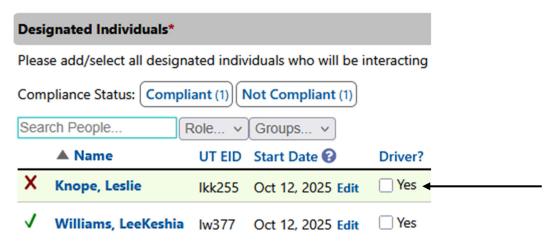


Once the designated individuals have been uploaded into the system it will tell you if they are compliant.



Drivers

Once you choose a rental vehicle or a 12-15 passenger van under the Designated Individual Section, there is a tab for drivers. Please check the box of any of your authorized drivers.

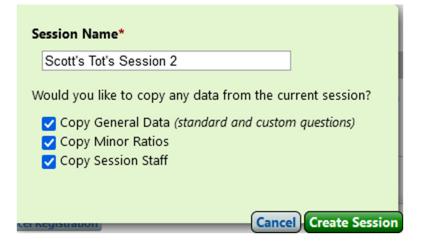


Adding Additional Sessions

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



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.



Scott's Tot's Session 2

Copy From Previous Session

You can copy from another session.

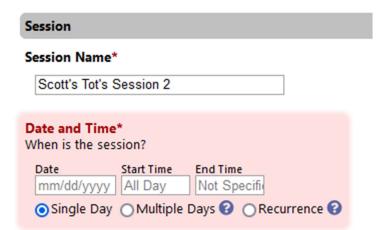
Would you like to copy from a previous session?

Yes ○ No

Copy From Previous Session ②

Settings imported from Scott's Tots Session 1.

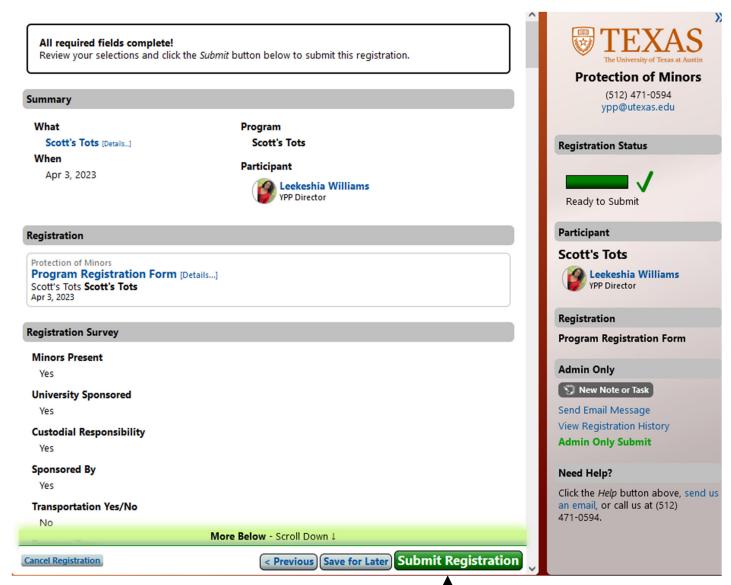
You must add the date of the program and the start and end times. After you have added your staff and completed the registration, follow the information in the Registration Submission Section.



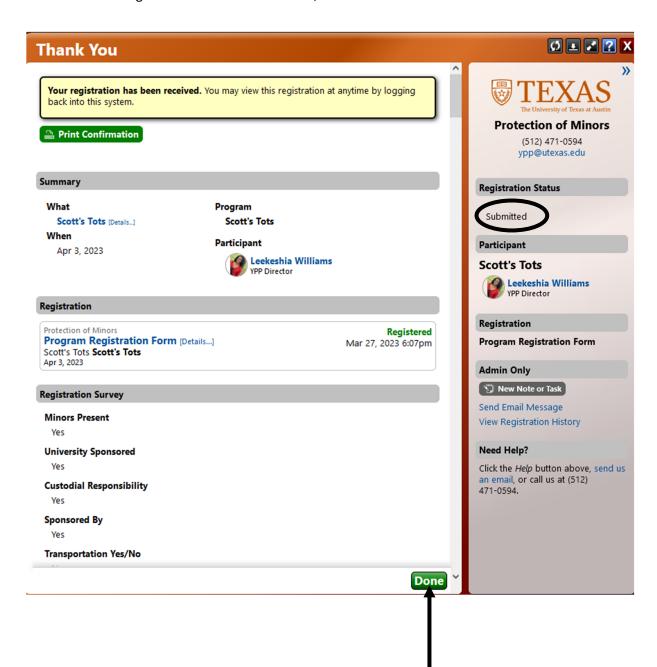
Registration Submission

Click Submit Registration

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



Once the registration has been submitted, click Done.



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.



Future Engineers Day Mar 29, 2025





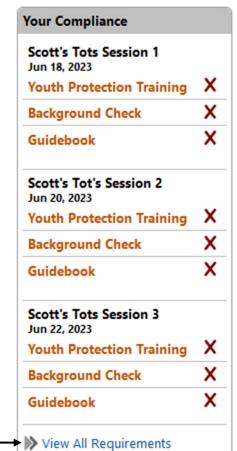
Not Compliant

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

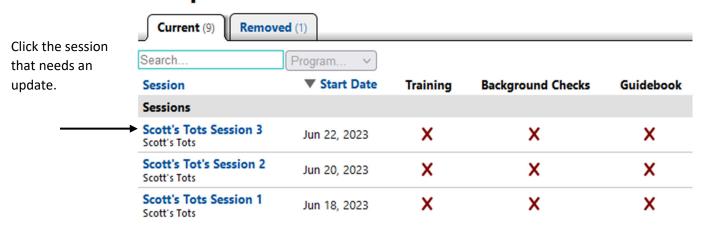
Hewan Abunei has not yet started this requirement.

Updating Compliance Registration After Submission

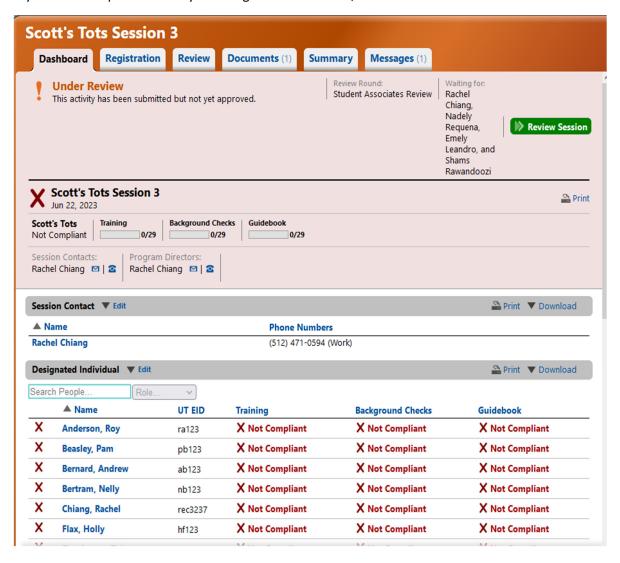
After you have submitted your compliance registration, you may be asked to make changes. On your dashboard, you will see Your Compliance. Choose View All Requirements, which will take you to your compliance registration.



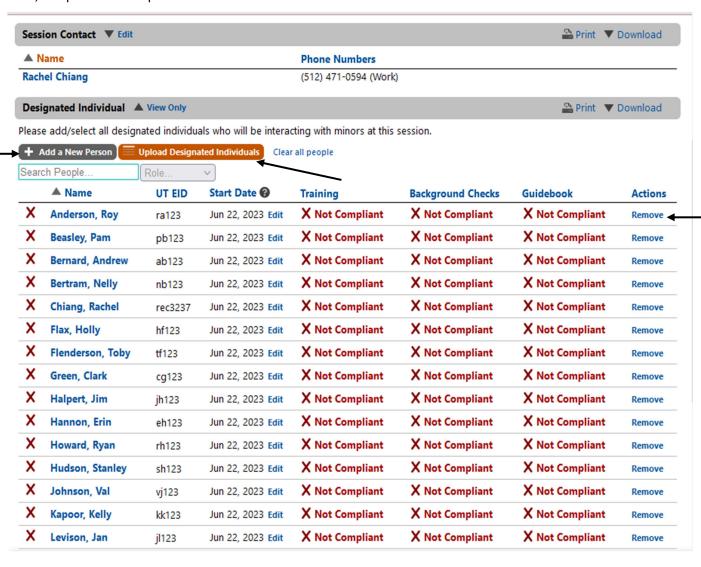
Compliance



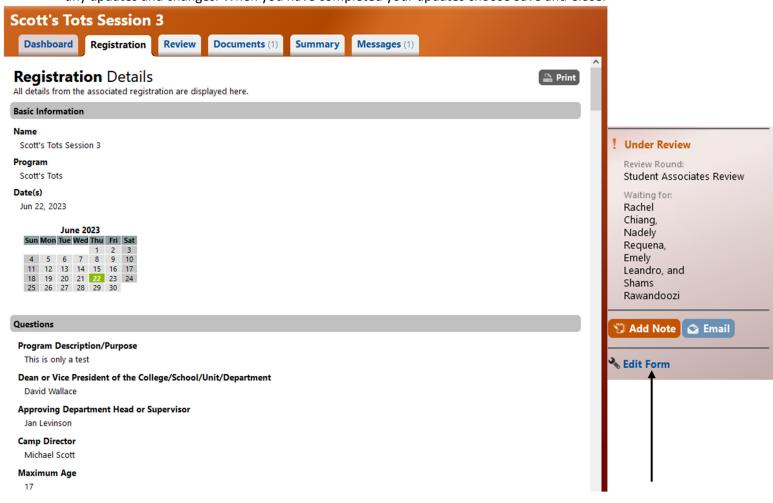
If you need to update or edit your designated individuals, click Edit.



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



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.



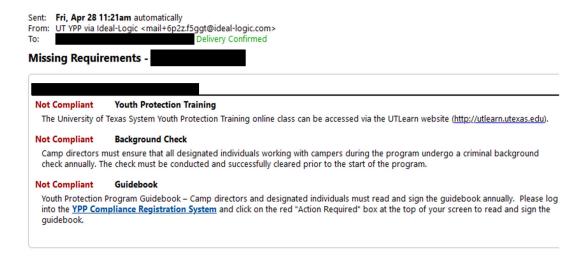
After choosing Save and Close, you will return to the Compliance Screen. If you have completed your edits, click Done Editing.

Compliance Current (9) Removed (1 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 X Jun 20, 2023 X Х Scott's Tots Session 1 Scott's Tots X X X Jun 18, 2023

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.

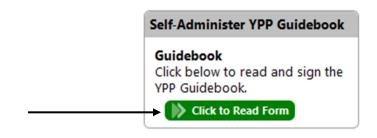
Please Note: Until all requirements have been met, your designated individuals will receive an email.



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



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



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: w377@eid.utexas.edu.

Claim Your Account

Click to Review Registrations



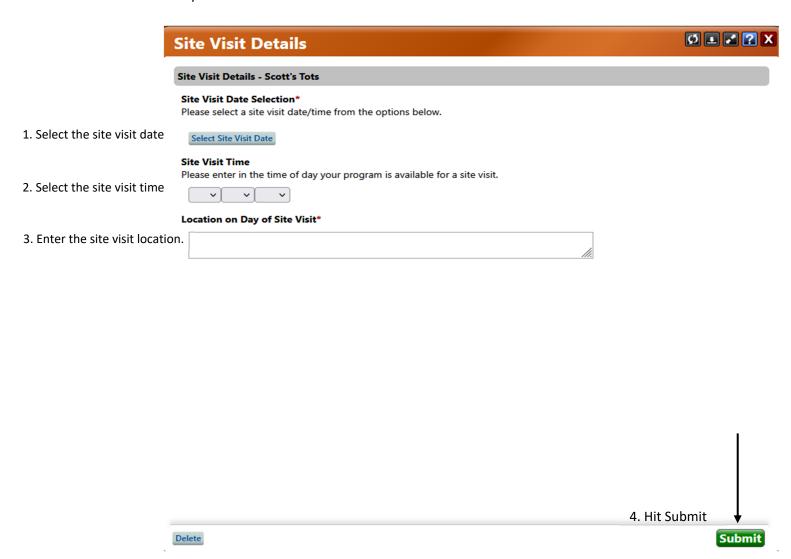
Sent from UT Youth Protection Program Office, a service of Ideal-Logic

fou 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

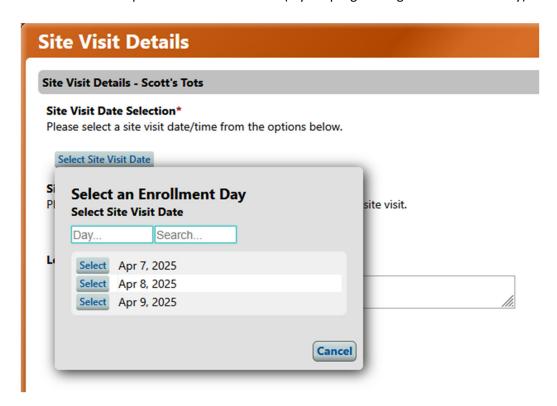
Once logged into the compliance registration system, there will be a red box. Click Start.



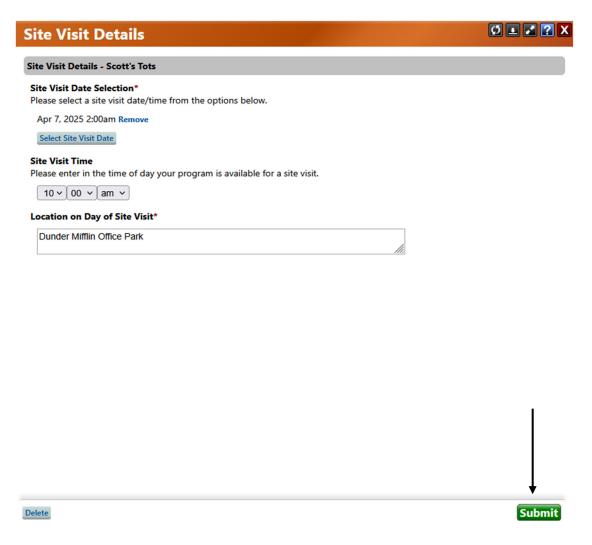
On the next screen you will enter the site visit details.



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



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

