



Mitchell E. Daniels, Jr.
Governor

Bruce Lemmon
Commissioner

CAMP SUMMIT BOOT CAMP
2407 N. 500 W • LaPorte, Indiana 46350
Phone: (219) 326-1188 or (219) 874-9898 • Fax (219) 326-9218

Cecil K. Davis
Superintendent

Dear Parent/Guardian:

I am writing to encourage you to maintain contact with your son who is now living at Camp Summit Boot Camp. It is a fact that youth who have regular contact with significant persons such as parents, family members and friends are better focused and prepared upon their release.

Enclosed with this letter you will find information regarding your son's counselor, visitation procedures and times, and contact information for the facility. Please review this information carefully and feel free to contact your son's counselor if you have any questions. This facility offers a variety of times throughout the week for visitation.

While your son is at this facility he will have the opportunity to further his education, participate in treatment groups designed to help him address the problems that led to his commitment, and prepare for a successful return home. The staff here will provide many opportunities for your son to make positive changes, educational advancement, and preparation for his re-entry.

I invite you to work together with your son at treatment team, to set goals and actively participate by providing support and encouragement. This can be a difficult period for him and your family. By working through this together, his chances for success can be enhanced.

If at any time you have questions regarding his progress, or the facility, please contact his counselor, _____ or Program Director Laura Gorbonosenko.

Sincerely,

Cecil K. Davis, Superintendent

Please complete and return the following enclosed documents as soon as possible.

- 1. Parent/Guardian Expectation Forms**
- 2. Application for Visiting Privilege Forms for all visitors**
- 3. Legible copy of ID/Driver's License for all persons over 16 years of age**
- 4. Legible copy of Birth Certificate for all persons under 16 years of age**



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Cecil K. Davis
Superintendent

April 6, 2011

TO: ALL Parents, Guardians & Students
Camp Summit Boot Camp

FROM: Cecil K. Davis, Superintendent
Camp Summit Boot Camp

RE: Approval to Bring Items to Camp Summit Boot Camp

Effective immediately, in order for items to be brought to students at Camp Summit Boot Camp the following advance approval procedure must be adhered to:

- Student will submit a written request to the Superintendent seeking approval for item(s) to be brought into the facility. This request must specify item(s) to be brought in (generally limited to gym shoes, black or white, (including brand name of shoes), prescription eyewear, who is bringing the item(s), and when they will be brought in.
- In the absence of the Superintendent the Acting Superintendent will handle;
- Superintendent's action will be made in writing and communicated to the student in advance of the visit. Requests should be submitted by Thursday noon, prior to the anticipated visit. Superintendent's action will be placed in the control post until the visit, and following the visit maintained with the student property inventory once same is updated.

Cc: Cmdr. Galipeau
Mrs. Gorbonosenko
Mrs. Spoor
Mrs. Powalski
Mrs. Harrison
Mrs. Viou
Mrs. Collins
Mr. Cosich
Shift Supervisor's Office
Control Post
CP Window
Student Bulletin Boards
File

**CAMP SUMMIT BOOT CAMP
PERSONAL PROPERTY, COMMISSARY & STUDENT MAIL PROCEDURES**

Personal Property Guidelines

Students may retain a Bible, letters, pictures (NO POLAROIDs), and prescription eyeglasses. Other necessities are provided by the facility. Students are not allowed to receive material of any kind printed from the internet, stamps, pre-stamped envelopes, stickers or any type of "musical" cards.

Commissary

There is **NO** commissary at Camp Summit, all food, hygiene & clothing items will be provided by the facility.

Mail Procedures

Camp Summit Students will be allowed to mail (2) two letters per week at State expense (3) three per week (at state expense), if they have a "collect call block". Students will receive paper & envelopes on Sunday evenings.

Students may send and receive an unlimited amount of mail in any language. However any amount over the 2 or 3 letters at state expense will be the responsibility of the offender. Monthly their trust fund account will be charged .45 for the cost of a 1st. class stamp and for the cost of the envelope and additional paper. **ONLY** approved visitors on his visiting list may send the offender money in the form of a "money order" addressed to his name and his DOC # to:

Name/DOC #
Camp Summit Boot Camp
2407 N. 500 W.
LaPorte, IN 46350-9765

Outgoing mail is dispatched daily Monday – Friday exception of Holidays. Incoming mail is received Monday through Saturday (excluding holidays). Mail call will normally be held after the evening meal. ALL offender mail being sent from the facility will be scanned by staff and initialed, as well as stamped with the DOC return address stamp, listing the offenders name & DOC #.

TEMPORARY LEAVE PROCEDURES

Camp Summit Students may be eligible for Temporary Leaves upon promotion to Transition Level I, (Senior Phase). Parents/guardians must have returned their Parent/Guardian Expectation form and the Placement Confirmation /Home Evaluation must have been completed and approved, by the field agent prior to the student being allowed a temporary leave. Student's behavior and program participation must be deserving of a temporary leave. Students must also be in good standing in the program, and not have a major conduct violation the week prior to the temporary leave.

The student's parent/guardian must have consistent participation throughout the student's program and have at least one face to face meeting with the student's counselor prior to the student being allowed temporary leaves. In addition all required documentation that is enclosed in this packet must be completed and received prior to the student going on a T.L.

Students must submit their request for a temporary leave to their counselor or the shift supervisor, Thursday's by 12:00 p.m. of the week before they are requesting a temporary leave. If a student does not go on his T.L. any particular weekend, that same (approved) T.L. will be used the following weekend. Parents should contact the facility on Friday's prior to picking up their son, to make sure their son is still eligible for his T.L. that weekend, and to make sure he has not received any disciplinary actions.

The student's temporary leaves will be for eight (8) hours and the student and his family must stay within LaPorte County. Students ideally will be able to go on two (2) temporary leaves while on transition phase and one (1) on release phase. There will be no temporary leaves granted the weekend prior to a student's final release.

Any student receiving medication will be give a sufficient amount for his temporary leave and is expected to continue taking it as prescribed. Students returning from a temporary leave will be strip-searched, and the T/L sponsor must remain at the facility until it has been completed. Students will also be subjected to a urinalysis/drug screening upon returning to the facility from a temporary leave. Students must return to the facility in the same clothing they left with.

Our normal pick up times for students are Saturday or Sunday 8 am to 8 pm. Students are to return to the facility within the eight hour time period and no later than 8 pm.

Students are required to complete the following on their **First** 8 hour pass:

1. Obtain 2 job applications (parent provided)
2. Complete house rules
3. Provide proof that student is accepted to an education program
4. Complete guardian feedback sheet

Students are required to complete the following on their **Second** 8 hour pass:

1. Obtain 2 job applications (parent provided)
2. Provide proof of all medical follow up appointments
3. Complete guardian feedback sheet

Students are required to complete the following on their **Final** 8 hour pass:

1. Complete guardian feedback sheet

Any exceptions must be made by request of the student's counselor and approved by the Superintendent or designee.

Graduation Requirements

Satisfactory completion of all the following:

1. Successfully Pass Recruit Handbook Post Test
2. Complete the requirements for Life Skills Group
3. Complete the requirements for Substance Abuse Education Group
4. Complete the requirements for Restorative Thinking Group
5. Completion of Relapse Prevention and Career Plan
6. Completion of all educational requirements including TABE Testing
7. Completion of at least one family session with counselor (must be face to face)
8. No major disciplinary action within the last 2 weeks prior to graduation
9. Points must be above a 90% prior to leaving
10. Completion of 8 hours of Community Service (must be for a non-for-profit)
11. Obtain and complete 4 applications
12. Provide documentation on official letterhead that you are accepted into a High School, College, Vocational, Apprenticeship, or GED program along with the start dates for the semesters/trimesters
13. Provide documentation of all medical follow up appointments

VISITATION RULES

1. **Identification:** All visitors who are 16 years old or more shall be required to show a picture identification. All visitors must present valid identification each time they visit.

The only forms of identification accepted by the DOC are:

- a valid driver's license from the state of residence
- a valid photo identification card from the state of residence
- a valid photo military identification card (active duty only)
- a valid passport.
- ID may be emailed to bpoortenga@idoc.in.gov
(include offenders name & DOC #)
- Persons under the age of "16" must provide a valid copy of their birth certificate, when applying for visitation with a valid visitation form.

2. **Visitor List:** In order to visit an offender, the visitor must be on the offender's visitors' list. Only family members may visit, mother, father, brother, sister, grandparent, aunts, uncles, and legal guardians including those with a "step" or "half" or adoptive relationship. Family members residing in the student's household may be considered. All visitors must be on the pre-approved visitor list.
3. **Liability:** Visitors enter the Department of Correction facilities at their own risk. The Department of Correction will assume no liability for any injuries or damage or loss of property as a result of a person entering a visiting area or any other area of the facility.
4. **Searches:** All visitors entering a Department of Correction facility shall be minimally subject to a frisk search by staff which shall include the breast and groin area being physically searched. With the visitor's consent this search may be conducted by staff of either gender. Additionally, visitors entering visiting areas shall be subject to additional searches using metal detectors and ion scanning equipment. Specially trained search dogs (K-9s) may be used as a part of the search process both prior to a visitor entering the visiting area and in the actual visiting room during visits. Any person refusing to be searched at any time shall not be permitted to enter the facility and a visit may be terminated if a visitor refuses to be searched or contraband prohibited properties are found on the visitor or in the visitor's property. If a visitor does not wish to be searched either by hand or by using other means, the visitor should not attempt to enter a Department of Correction facility.
5. **Registration:** Visitors must register with staff prior to entering the visiting area. Visitors will be required to sign the entry log and be approved for the visit before they will be allowed to enter the visiting area.

6. **Children:** Visitors under the age of 18 years of age must be accompanied by their parent or legal guardian at all times while on facility grounds. Children shall not be left alone at any time while on facility grounds. Parents or legal guardians shall be responsible for the behavior of their children and a visit may be ended if the children become disruptive.

7. **Dress Standards:** Visitors shall wear clothing that poses no threat to the security, custody or maintenance of order at the facility. The following standards must be met:
 - Undergarments must be worn at all times
 - Shoes must be worn, except for infants who are carried
 - Tight fitting, such as stirrup, lycra pants, or leggings shall not be worn
 - Dresses, skirts, or shorts must be no shorter than two (2) inches above the knee and not have deep slits
 - Halter or tank tops, tube tops, sheer, or see-through, or low-cut clothing is not permitted
 - All visitors must wear a shirt/blouse with sleeves
 - No jewelry except a wedding band or set, may be worn in the visitation area
 - Hats or other head coverings are not permitted, except as required by religious beliefs,
 - No heavy coats or sweaters will be permitted in the visiting area

8. **Items Not Permitted:** Visitors shall not be permitted to possess or carry the following items into the visiting area: Firearms, weapons, knives, ammunition, narcotics, medication (unless the medication is life-saving or life-sustaining, such as nitroglycerin pills, oxygen bottles, bee sting kits, inhalers etc.), controlled substances alcoholic beverages, marijuana, tobacco and tobacco related items, cameras, video and audio recording equipment and electronic devices, including but not limited to: cameras, cellular phones, pagers, blackberries, radios, tape recorders, etc. Visitors may not carry anything into the visiting area except one (1) clear, plastic baby bottle and/or pacifier and one (1) diaper. Visitors are not allowed to bring any items to the student while here.

9. **Ex-Offenders:** Visitors shall be asked whether they are or have been committed to Department of Correction. Visitors who are on parole probation or under the supervision of a court shall not be permitted to visit an offender with the prior approval of the Superintendent of the facility and the supervising Parole Agent, Probation Officer, or Court Officer.

10. **Department of Correction Employees:** Visitors shall be asked whether they are current or past employees of the Department of Correction. Current employees of the Department of Correction must have the prior approval of their agency head (Superintendent, Parole District Supervisor, etc.) and the Superintendent where they to visit before visiting with any offender.

Previous employees who have been terminated from their employment with the Department or who resigned prior to being terminated while under investigation for violating a Department procedure shall not be permitted to visit any offenders.

11. **Contact Between Offenders and Visitors:** Offenders may embrace (hug) and kiss at the beginning and at the end of the visit. Small children may be permitted to sit on the lap of the visitor or the offender. Any improper contact between an offender and visitor shall be grounds for stopping the visit immediately and possible restrictions on the visitor's ability to visit the offender. Offenders are to keep their hands above the table in the visitation room and in view of the monitor at all times. If this becomes a problem the monitor will tactfully insist the student keep their hands placed on the table. Offenders must remain in the visitation room unless an escort can be arranged. Visitors may leave briefly for reasonable cause. Offenders will be strip searched upon completion of a visit.
12. **Trafficking:** The giving or receiving of any item(s) to/from an offender without the prior approval of staff shall be considered trafficking. Visitors caught trafficking with offenders shall be subject to arrest and criminal prosecution and the permanent denial of visits with any offender under the jurisdiction of the Department of Correction. With permission of Superintendent, your family may bring prescription eyeglasses and new pair of tennis shoes, they must be solid black or solid white, (a request must be submitted to the Superintendent by the offender prior to the family bringing in these items)
13. **Termination of Visits:** The Superintendent of the facility or staff designated by the Superintendent may terminate a visit at any time if they believe that ending the visit is in the best interests of the safety and security of the persons involved.
14. **Suspension of Visiting Privileges:** The Superintendent of the facility may temporarily or permanently suspend a person's visiting privileges for violation of these rules, violation of Department of Correction or facility procedures, or if it is in the best interests of the safety and security of the facility or persons involved. In cases where a suspension is for 60 days or more, the visitor shall not be permitted to visit any offender or Department facility until the suspension has been lifted. Visitors shall be notified in writing of any suspension of visiting privileges and shall be permitted to appeal the suspension to the appropriate Executive Director of Juvenile Services.



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Cecil K. Davis
Superintendent

TO: Parents/Guardians

FROM: Nurse Supervisor

Subject: Immunizations

We are required to have a copy of your son's school immunization (shots) records for our files. Sometimes this information is not made available in their DOC packet. We will try to retrieve this information from your son's school, but it is not always received.

It is the parent/guardian's responsibility to see that we receive this information within 20 days of your son's arrival at our facility.

Please forward at your earliest convenience your son's shot records, if they are not received, your son will be required to receive 10 shots that he should have received prior to enrolling in school.

Please mail or fax a copy of this information to the following address:

Nurse Metzger
Camp Summit
2407 N. 500 W.
La Porte, IN 46350-9765
Ph: 219-326-1188 Ext. #223
Fax: 219-326-9218

Any questions, please contact Nurse Metzger



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Cecil K. Davis
Superintendent

CAMP SUMMIT OFFENDER TELEPHONE SYSTEM

Dear Parent/Guardian:

Your son must submit a request for immediate family members only, (mother, father, guardian, brothers, sisters, grandparents, aunts, and uncles) to be added to his pre-approved telephone calling list. Your son will provide a list of telephone numbers he would like on his approved list while he is at Logansport Juvenile Intake & Diagnostic Facility. Additions changes, corrections, and/or deletions will only be allowed by written request, unless you (parent/guardian) move or changes your telephone number and advises your son's counselor of the change. Your son will choose a four (4) digit pin # to use along with his DOC # to be used for making all calls. Calls can be made in English or Spanish. All calls made through the phone system are collect calls.

Your son will only be able to call these pre-approved telephone numbers once a week. He can call "cell" phone numbers, but a pre-paid account will need to be set up by calling 800-844-6591. If you have an out-of-state telephone number he may not be able to call collect due to 3rd party billing. You may need to set up a pre-paid account for out-of-state calls. If there are any issues with your son calling you collect, call 888-241-1290 Correctional Billing Services. DO NOT call your "local" telephone company, they do not do the billing.

Telephones calling hours are from 6:00 pm to 8:00 pm Monday – Friday and 8:00 am to 8:00 pm on Saturday and Sunday. Students will have the opportunity to sign up for a specific call time on Saturday morning from 6:00 am to 8:00 am. Telephone calls cannot exceed a 10 minute limit for Cadets and a 15 minute limit for Seniors.

Students on "Loss of Privilege" are not allowed any telephone calls during their length of time for loss of privileges. New intakes "recruit's" will be allowed a 2 minute phone call on the first Friday evening of their arrival here on the offender telephones. If there is a collect call block, a supervisor will allow the student a 2 minute phone call at state expense. A 5 minute phone call with our intake counselor Laura Gorbonosenko be given sometime during their 2nd week here, at state expense. Beginning their 3rd week they will be on the regular 1 call/week schedule.

If you have a "collect call block" or an out of state telephone number, please read the enclosed information from AT&T Offender Calling Services with a toll free number to contact "Budget Connections" about billing issues and blocked calls to see if you can have the "collect call block" lifted from your phone or you may be able to set up a pre-paid account in which your son will ONLY be able to call the telephone number listed with this pre-paid account. This phone number must be pre-approved and on his telephone calling list prior to setting up a pre-paid account. If your son has problems calling, he has been advised to complete an offender telephone problem form and turn it in to me for clarification.

Please see additional information on how to "Avoid Disconnection" while speaking to your son on an offender telephone.

The use of **ANY** telephone calling features, such as **THREE WAY CALLING, CALL WAITING, OR CALL FORWARDING**, are **NOT** allowed to be used while receiving a telephone call from an offender telephone. Your telephone calling privileges may be suspended and/or further disciplinary action may be taken against the offender if calls are forwarded or other unauthorized parties are able to speak to the offender.

You may not use a service called www.conscallhome.com as they are not compatible with our Correctional Billing Services.

OFFENDER TELEPHONE HOTLINE system is installed on all offender telephones at all Juvenile Correctional facilities. Offender are able to dial #22 (when offender telephones are on) Monday – Friday from 6:00 pm to 8:00 pm and on Saturday and Sunday's from 8:00 am – 8:00 pm Offenders must sign-up at the Command Post to use the offender telephones.

If you have any further questions, please contact me.

Beth V. Poortenga, Custody & Programs Secretary
Camp Summit Boot Camp
219-326-1888 ext. #229

rev: 6-6-11:bms

AT & T OFFENDER CALLING SERVICES

Billing Issues and Blocked Calls:

AT & T Introduces Budget Connections to answer your questions about billing issues and blocked calls.

Budget Connections 1-888-241-1290 (voice)
P.O. Box #701028 1-888-705-4402 (fax)
Dallas, TX 75370-1028 budgetrequests@t-netix.com (e-mail)
Mon.- Fri 8:00 am. to 10:00 pm (Eastern Time)
Sat. 10:00 am. to 6:30 pm (Eastern Time)

Account Limits

There are limits placed on the dollar amount charged to a particular telephone number. These limits may be imposed on a daily, weekly or monthly basis. The current limits start at \$150 per week with a maximum of \$300 per month.

Notification will be provided to the offender and called party prior to activating a limit block. If you hear a message indicating a limit block, the called party must contact Budget Connections or the call will be blocked.

Account limits may be increased for 1) Good credit and payment history, 2) Accurate billing address, or 3) Pre-payment in the dollar amount the called party requests

To review or increase your limits, call Budget Connections.

HOW TO AVOID DISCONNECTION!

Failure to comply with the following, by the offender or called party, could cause calls to be disconnected:

- DON'T attempt to make a "3-way call".
- DON'T try to transfer the call.
- DON'T put the offender on "hold".
- DON'T use or answer "call waiting".
- DON'T use cellular phones, unless you have an account set up for them.
- DON'T use "cordless" phones.
- DON'T press numbers on the touch tone pad during the call (on the inmate or called to the phone).
- DON'T stop the conversation for any length of time or yell during the conversation, both may result in disconnect.

- CALLED PARTY: DON'T press "5" unless you want to block your number from being called by any offender.

If the called party has any billing questions or if the called party's number is blocked – other than by the facility, call:

888-241-1290

OFFENDER CELL PHONE CALLING INFORMATION

DID YOU KNOW??????

Because of the changes in calling patterns used by the friends and family members of our inmates, the Indiana Department of Correction has put into place a system that will allow friends & family members to receive calls from incarcerated persons from any Indiana Department of Correction facility on their cell phone. This new feature is now available.

If you wish to set up an account to receive calls on your cell phone, we have made the Advance Connect custom calling program available to you.

CELL PHONE ACCOUNT ACTIVATION

Advance Connect is a traditional prepaid, easy-to-use way of communication for friends and family members of inmates. By establishing a prepaid Advance Connect account, you do not have to worry about calls being blocked by your local carrier.

Advance Connect allows you to establish a prepaid collect account directly with Correctional Billing Services. Once established, you can then prepay using the UPS, the CBS E-pay option (check or credit card), or at nationwide electronic payment locations such as Western Union, for the collect calls you receive on your cell phone.

To open an AdvanceConnect account today call: **800-844-6591**

SECURUS Technologies GTL



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Cecil K. Davis
Superintendent

Dear Parent/Guardian or Eligible Student:

The enclosed copy of the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) is for your information. It explains the regulations for parents/guardians and students under 18 years of age and students over 18 years of age ("eligible students"). Students who are 18 years of age and over are entitled to certain rights with respect to their education records.

Sincerely,

Dr. Peter Agba
Education Supervisor

Dear Parent/Guardian or Eligible Student:

This is to advise you that pursuant to the Federal "Family Educational Rights and Privacy Act of 1974" (FERPA), and its implementing regulations parents/guardians and students under 18 years of age and students over 18 years of age ("eligible students") are entitled to certain rights with respect to a student's education records. These rights are set forth below:

1. Parents/Guardians and eligible students have a right to inspect and review the student's education records defined by law to include those records, files, documents, and other materials which contain information directly related to the student and are maintained by the facility. A parent/guardian or an eligible student shall make a request for access to that student's education records, in writing to the Supervisor of Education of the school at which the student is in attendance. Upon receipt of such request, arrangements shall be made to provide access to such records within a reasonable period of time, but in any case, not more than forty-five (45) days after the request has been received.
2. Parent(s)/guardian(s) and eligible students are also entitled to challenge the contents of such records, to ensure that they are not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, and to ask for the correction or deletion of any such inaccurate misleading, or otherwise inappropriate data contained therein. Parents/guardians and eligible students are also entitled to notice of any decision by the school not to amend a student's education records as requested by the parent/guardian or eligible student, and of their right to a hearing regarding the school's denial of a request for such an amendment. Any questions concerning the procedure to be followed in making a challenge and/or requesting a hearing should be directed to the

Director of Education
Indiana Department of Correction
IGCS #334
302 W. Washington Street
Indianapolis, IN 46204

3. Parents/guardians and eligible students have a right that student education records, and any material contained therein which is personally identifiable, are confidential and may not be released or made available to persons other than parents/guardians or eligible students without the prior written consent of such parents/ guardians or eligible students except-
 - a. As directory information unless the parent/guardian or eligible student objects by October 1 of each school year. School student directory information includes name, address, telephone listing, date and place of birth, and the name of the educational agency or institution previously attended by the student.

Parents/Guardians and eligible students may refuse to let the school designate any or all of the above information about the student as directory information. To refuse the inclusion of the information listed above a parent/guardian or eligible student may inform, in writing, the supervisor of education of that refusal.

b. Upon request, this School shall disclose educational records without the parents/guardians' or eligible student's consent to officials of another school district in which a student intends to enroll. This school will not notify you of its intention to forward educational records upon request.

c. To individuals employed by the School or the Indiana Department of Correction either as an administrator, supervisor, instructor, or support staff member including health or medical staff, custody personnel, IDOC employees when acting upon the behalf of the Department in the discharge of statutory duties and responsibilities, and individuals with whom the School has contracted to perform a special task (i.e., the school attorney, auditor, medical consultant or therapist) who have a legitimate educational need for access to such records. A legitimate educational need for any of these individuals to access a student's records without prior written consent of a parent/guardian or eligible student will be deemed to exist only when it can be shown that such access and disclosure is necessary and in accordance with the individual's job duties and/or responsibilities whether statutory or contractual, or

d. As otherwise expressly permitted by law.

4. Parents/guardians and eligible students have a right to obtain a copy of the school's policy and accompanying regulation pertaining to the confidentiality of student education records. A copy of said policy and regulation may be obtained from the Supervisor of Education of the school at which the student is in attendance.

If you feel that your rights under the "Family Educational Rights and Privacy Act of 1974" have been abridged as a result of alleged failures by the Indiana Department of Correction to comply with the requirements of FERPA, you may file a complaint with the

U.S. Department of Education
Family Policy Compliance Office, 600 Independence Avenue, S.W.
Washington, D.C. 20202-4605.

Yours truly,

Kelly Pulliam,
Education Supervisor

**INDIANA DEPARTMENT OF CORRECTION
JUVENILE SERVICES DIVISION
PARENT/LEGAL GUARDIAN EXPECTATIONS**

Parent/Legal Guardian Name: _____

Student Name: _____ DOC#: _____

As a parent/legal guardian of a student at this facility, your interest and involvement in his/her program is very valuable. The following information explains what will be expected of you while your child resides at this facility. Your initials in the spaces provided below indicate your understanding of each provision.

Communication

_____ You are expected to keep your child's primary service provider and field agent updated about any changes in the home (ex: change of address, marriage, divorce, arrests, change of employment, change in residents living in the home, etc.).

_____ You are expected to maintain contact with your child while he/she is residing at this facility (phone calls, visits, mail).

_____ You are expected to communicate openly and honestly with the staff of this facility, the field agents, and community service providers regarding any issues related to your child.

_____ You should expect notification from the facility if there are any significant changes in your child's program such as transfer to another facility, medical emergency, etc.

_____ You are expected to assist the field agent in completing the Family Questionnaire.

Visitation

_____ You are expected to know and follow all rules of visitation.

_____ You are encouraged to visit on a regular basis.

_____ You are expected to arrive on time for visitation

_____ You are expected to have all visitors complete a visitation application and return the completed applications to the facility

_____ You are expected to be aware of the trafficking laws which apply to this facility and you are expected to follow those laws.

Treatment

_____ You are invited and encouraged to attend designated treatment team meetings related to your child.

_____ You are expected to attend and participate in counseling, if recommended by the treatment team or field agent.

_____ You are expected to positively support and encourage your child in completing his/her treatment program.

_____ You are expected to be aware of the components of the Case Management System and the requirements that will be placed on your child to earn release.

_____ You are expected to understand that your child's length of stay is indeterminate and that he/she will be released only when he/she has met the requirements of the IGP/ITP, (if applicable).

Temporary Leaves (if applicable)

_____ You are expected to know and follow the rules of temporary leaves.

_____ You are expected to ensure that your child follows the temporary leave rules.

_____ You are expected to assist your child in completing his/her goals for the temporary leave.

_____ You are expected to assist your child in preparing for his/her release.

_____ You are expected to be on time when picking up and returning your child for the temporary leave.

_____ You are expected to ensure that there is no criminal activity or illegal substance use in the home while your child is on temporary leave.

_____ You are expected to be aware that even while your child is on a temporary leave, he/she is still a ward of the state and will be held accountable for his/her actions while on temporary leave.

Release

_____ You are expected to ensure that your child follows the rules of his/her release and report any rule violations.

_____ You are expected to ensure that your child actively participates in any programs he/she is assigned to as a part of release.

_____ You are expected to participate in any release programs as recommended by the primary service provider, field agent or community service provider.

_____ You are expected to positively support your child in his/her achievement of release expectations.

_____ You are expected to ensure that there is no criminal activity or illegal substance use in the home once your child has been released.

By initialing by each of your expectations, you are indicating your understanding of that expectation. You agree to abide by these expectations and understand that by not cooperating you could jeopardize the placement of your child in your home.

Parent/Legal Guardian Signature

Date

Witness Signature

Date



INDIANA DEPARTMENT OF CORRECTION

Application for Visiting Privileges

State Form 14387 (R2/7-08)

INSTRUCTIONS – 1. Please Print 2. All spaces must be completed 3. Sign the application 4. Return application to the offender's counselor as indicated at the bottom of this document 5. Do not attempt to visit until the offender notifies you that your application was approved 6. Submit legible copy of photo ID (16 & older) 7. Children 15 & under must submit a legible copy of their birth certificate. 8. A separate application must be submitted for each applicant, including children.

Offender Information	Offender Name:	DOC Number

The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and YOU (or parent/guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send to you a copy of the rules for visitation. We DO NOT give out this information by telephone.

Applicant's Name: Last, First, Middle	Current Address (Must match ID Used)	
Driver's License Number & State of Issue #:	State ID No. & State of Issue or other approved ID No./Type #:	Race
Date of Birth (MM/DD/YYYY):	Telephone Number with area code:	
Are you related to this offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If related, how (must be immediate family)?	

Immediate family limited to mother, father, siblings, spouse, children, grandparents, grandchildren, including those with "step", "half", or adoptive relationships, aunt, uncle and those persons with the same relationship to the offender's spouse. Immediate family and 2 friends, up to a maximum of 12 persons will be allowed on the offender's contact list.

Applicant under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you ever been incarcerated in a penal facility in any state or any country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list where and why here. Where: _____ Why: _____ (Attach additional sheet if necessary)	

If the response to any question above marked (*) is "yes", you must submit a special request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole/probation, you must also submit written approval from your Parole/Probation Officer.

Are you currently or formerly an employee of the Indiana Department of Correction or any Correctional facility in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give the location and the last date of employment: Location: _____ Last Date Employment: _____	
Are you on any other offender's visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Relationship: _____	Are you now or have you ever been a volunteer at an IN correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Facility: _____ Volunteer Type: _____
Offender DOC#: _____	
Name: _____	

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By your signature below you are indicating that:

- You have read, understand and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility.
- You understand that you, your property and your vehicle while on Department of Correction grounds are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment and/or search dogs. You WILL be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility.
- You understand that a criminal warrants check will be performed on you before you are allowed to visit
- You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items or electronic devices, including cellular telephones, pagers or other communication devices is strictly prohibited. Medication and money/currency may only be possessed in accordance with Department rules.
- You understand that visits are monitored and videotaped.
- You certify that all of the information provided on this application is true, correct and as up to date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc..

Applicant's Signature:		Date (MM/DD/YYYY):
Signature of Parent/ Legal Guardian (if under 18):		Date (MM/DD/YYYY):
FOR OFFICE USE ONLY	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (Legible please):
Return To:	Facility Name & Address:	Attention Counselor of Housing Unit



AUTHORIZATION FOR MINOR CHILD TO VISIT

State Form 48965 (6-98)

TO: SUPERINTENDENT

FACILITY: Camp Summit Boot Camp

OFFENDER: _____ NUMBER: _____

NAME OF MINOR CHILD(REN) AND AGE

This document authorizes that the above-named child(ren) is (are) authorized to visit the above-named offender who is related to them as _____. As the parent/legal guardian of this/these child(ren),

I hereby authorize the child(ren) to accompany the following person during this visit: _____
(Relationship) _____

I am fully aware that the above-named offender is housed in a correctional facility and that any visits will occur within the correctional facility and in accordance with the facility's offender visitation procedures.

Signature of Parent/Legal Guardian

Date

Printed name of Parent/Legal Guardian

Before me, a Notary Public, in and for said County and State personally appeared, _____,
who acknowledged the truth of the statements in the foregoing affidavit on this _____ day of _____, 20_____.

Signature of Notary Public

County of residence

Printed name of Notary Public

Commission expiration date