Mitchell E. Daniels, Jr.
Governor

Edwin G. Buss
Commissioner

CAMP SUMMIT BOOT CAMP
2407 North 500 West • LaPorte, IN 46350
Phone: (219) 326-1188 • Fax: (219) 326-9218

Cecil K. Davis
Superintendent

TO: Parents/Guardians

FROM: Cecil K. Davis, Superintendent

RE: Parent/Guardian Orientation Package

Please find enclosed Camp Summit's orientation package, which includes the following:

A. Letter explaining Camp Summit's program.
B. Staffing Invitation to family letter.
C. Indiana Trafficking Law Orientation Information Sheet
D. Juvenile Code of Conduct Orientation Information Sheet
E. Personal Property, Mail, Telephone, Commissary & Temporary Leave Procedures
F. Initial visitation letter with (4) Applications for Visiting Privileges forms.
***ONE FORM PER PERSON PLEASE ! YOU MUST ALSO HAVE EACH PERSON OVER THE AGE OF 16, COMPLETE A CRIMINAL HISTORY BACKGROUND CHECK FORM (4) ARE ENCLOSED, AND A LEGIBLE COPY OF THEIR DRIVER'S LICENSE/ID MUST ALSO BE ENCLOSED, OR YOUR VISITATION APPROVAL WILL BE DELAYED.**
G. A map to Camp Summit/Public transportation information.
H. Parent/Legal Guardian Expectation Forms (complete and return).
I. Immunizations Request
J. F.E.R.P.A. Letter (Education)

Please *DO NOT* submit any of the above paperwork to your son, or to your son's Psychiatric Social Service Specialist, send it directly to Beth Poortenga, Secretary), in the enclosed envelope.

CHECKLIST OF FORMS TO COMPLETE & RETURNED, A.S.A.P.

- ☐ Parent/Legal Guardian Expectation Forms
- ☐ Application for Visiting Privilege Forms
- ☐ Background Check forms for persons over the age of 16
- ☐ Legible copy of ID /Driver's License all persons over the age of 16

CKD:bvp 8-3-09

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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 himself 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 intake counselor Mr. John Harvil. I look forward to seeing positive changes for him and his successful return to his home and community.

Sincerely,

Cecil K. Davis, Superintendent

CKD:bvp 6-15-09

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Cecil K. Davis
Superintendent

This is a Boot Camp Program designed as part of a comprehensive approach to bring about behavioral change. It is highly structured, intensive treatment approach, wherein youths are challenged individually, encouraged and supported by their peers and the staff. Emphasis is placed on group cohesiveness, team building, leadership development and accountability. All efforts are directed toward returning youth to their community, prepared to achieve their potential and behave as responsible members of their community.

The program includes a full day of education, physical fitness, health issues, teambuilding, life skills, limited vocational training, family counseling, group and individual counseling services. Through these programs the youth will develop coping skills to more effectively deal with behavioral problems, substance abuse, and family conflicts.

All of our young men will be expected to successfully complete all requirements of the program prior to assignment to an After-Care program. The program will consist of three phases and each phase will require a degree of achievement before progressing to the next level.

If you have any concerns or questions, please contact your son's counselor_____, or the program director Mr. John Harvil.

Rev.6-15-09:bvp

Cecil K. Davis, Superintendent

EOE

INDIANA DEPARTMENT OF CORRECTION
JUVENILE SERVICES DIVISION

JUVENILE CODE OF CONDUCT ORIENTATION INFORMATION SHEET

The Juvenile Services Division has rules and regulations in order to encourage students to respect the rights of others. The Juvenile Code of Conduct establishes rules for students, procedures for staff and consequences that may occur for rule violations, and an appeal procedure. This information is contained in the Juvenile Code of Conduct Operational Procedure 03-02-101. A copy of these procedures are available in each housing unit. The following information explains the basic rules and how they are resolved.

INFORMAL RESOLUTION

Minor misbehaviors/violations (using profanity, immature behavior, not completing chores or assignments properly, improper dress, failure to turn in schoolwork, laundry rule violations, etc.) will be dealt with immediately by staff on duty.

APPENDIX 1

MINOR VIOLATIONS

Making insulting, disrespectful, or derogatory remarks, gestures, or acts to or about any person.

Misrepresentation or lying to staff.

Careless misuse of any machinery, tools, equipment or property.

Horseplay: Wrestling, rough contact, or roughhousing between youths that rises to the level of an incident but is not considered assault by staff. *For purposes of PbS data collection horseplay is reported and counted as an incident only when it results in injury, isolation/room confinement, or restraint.*

Out-of-place within the facility or a work study program.

Failure to follow facility guidelines and rules.

Arguing: involved in a heated discussion, staff is able to neutralize.

Loaning, borrowing, or trading any property without staff permission.

MINOR VIOLATION SANCTIONS

Verbal warning, discussion with staff/counselor.

Room confinement or Isolation (cooling off period) 15-60 minutes. Student must be visually checked every fifteen (15) minutes. For purposes of PbS all Isolations and Room Confinements must be counted as an incident if it is the result of a disciplinary sanction.

Extra work, not to exceed four (4) hours for a single rule violation and a maximum of four (4) hours extra work in a twenty-four hour period; and/or,

Loss of specified privileges - maximum of 24 hours.

Requiring a written page report and/or verbal report related to the behavior/violation followed by discussion with the staff member imposing the sanction.

Requiring a written and verbal apology to the person offended, followed by discussion with the person offended.

Contract for specific behavior change.

Student discussion with staff and peers.

Restitution.

Loss of one (1) off-grounds recreational activity.

APPENDIX 2

MAJOR VIOLATIONS

Class A:

Assault:
Any instance in which a student or a staff member is involved in a physical conflict with another individual(s), even if no one is injured. Including any staff person, contractors and volunteers. This includes unprovoked and provoked attacks and sexual assaults. Distinctions should be made between assaults and fights where fights are defined as mutually instigated attacks.

Criminal Act:
Violation(s) of any state or federal law.

Fighting
A mutually instigated assault between two or more students

Escape/Walk-Away/ AWOL:
Planning, attempting or succeeding to flee from custody or supervision of a facility, training school, detention center, from someone assigned to supervise the student, and the unlawful departure of a student from a facility or from custody while being transported, or failure to return to the facility while on leave.

Rioting:
Encouraging, directing, commanding, coercing or signaling one or more other persons to participate in a disturbance to facility order caused by a group of two (2) or more students which creates a risk of injury to persons or property, participating in such a disturbance or remaining in a group where some members of the group are participating in such a disturbance.

Trafficking:
Engaging in trafficking (as defined in IC 35-44-3-9) with anyone who is not an student residing in the same facility.

Sexual Act with a Visitor:
Contact of a sexual nature by a student with a visitor including: contact between the penis and the vagina or the penis and the anus including penetration, however slight; contact between the mouth and the penis, vagina or anus; or, penetration of the anal or genital opening of a visitor by a hand, finger or other object. (Does not include kicking, punching or grabbing the genitals when the intent is to harm or debilitate rather than to sexually exploit.)

Sexual Act with Another Student:
Contact of a sexual nature by a student with another student including: contact between the penis and the vagina or the penis and the anus including penetration, however slight; contact between the mouth and the penis, vagina or anus; or, penetration of the anal or genital opening of another offender by a hand, finger or other object. (Does not include kicking, punching or grabbing the genitals when the intent is to harm or debilitate rather than to sexually exploit.)

Sexual Act with Staff:
Contact of a sexual nature by a student with a staff person including: contact between the penis and the vagina or the penis and the anus including penetration, however slight; contact between the mouth and the penis, vagina or anus; or, penetration of the anal or genital opening of a staff person by a hand, finger or other object. (Does not include kicking, punching or grabbing the genitals when the intent is to harm or debilitate rather than to sexually exploit.)

Threatening/Intimidating:
Committing an act (verbal or non verbal) which threatens or causes physical injury to another person.

Destruction of Property:
Willful or malicious destruction or damaging or altering state property or property of others.

Theft:
Possessing or taking of property belonging to others without owner's knowledge.

Fleeing/Resisting:
Fleeing or physically resisting a staff member in the performance of his/her duty.

Abusive Sexual Contact with Staff:
Contact of a sexual nature with a staff person which includes intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person. (Does not include kicking, punching or grabbing the genitals when the intent is to harm or debilitate rather than to sexually exploit.)

Abusive Sexual Contact with Visitor:
Contact of a sexual nature with a visitor which includes intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person. (Does not include kicking, punching or grabbing the genitals when the intent is to harm or debilitate rather than to sexually exploit.)

Abusive Sexual Contact with Another Student:
Contact of a sexual nature with another student which includes intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person.) (Does not include kicking, punching or grabbing the genitals when the intent is to harm or debilitate rather than to sexually exploit.)

Sexual Conduct:
Engaging in any of the following:

1. Sexual intercourse, as defined in these administrative procedures, with the consent of the other person.
2. Sexual contact, as defined in these administrative procedures with the consent of the other person.
3. Requesting, hiring or telling another person to have sexual intercourse or sexual contact.
4. Exposing his/her own intimate parts to another person for the purpose of sexual arousal or gratification.

5. Having contact with or performing acts with an animal that would be sexual intercourse or sexual contact if with another person.
6. Clutching, fondling or touching the student's own intimate parts for the sexual arousal of the student or others, whether clothed or unclothed, while observable by others.

Class B:

False Reporting:
Giving false/inaccurate information, which could be damaging to others or create a major disruption to the routine operations of the facility.

Failure to comply:
A student's refusal to obey facility rules or staff directions that results in an unsafe environment, and rises to the level of an incident.
** An incident is defined as: an event or crisis that may compromise the safety and security of staff and students and requires staff response and written documentation.

Contraband/Prohibited Property:
Any item(s) introduced or found in the facility, including improperly possessed drugs (whether illegal or legal) and weapons, that are expressly prohibited by those legally charged with the responsibility for the administration and/or operation of the facility.

MAJOR VIOLATION SANCTIONS

Class A:

Loss or limitation of privileges – not to exceed four (4) weeks maximum;

Segregation – three (3) days sanction for major conduct violation; not to exceed five (5) days total for multiple offenses.

Change in assignment or status;

Extra work, not to exceed four (4) hours for a single rule violation and a maximum of four (4) hours extra work in a twenty-four hour period; and/or,

Restitution.

Class B:

Loss or limitation of privileges – five (5) days maximum;

Segregation – None;

Change in assignment or status;

Extra work, not to exceed four (4) hours for a single rule violation and a maximum of four (4) hours extra work in a twenty-four hour period; and/or,

Restitution.

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Cecil K. Davis
Superintendent

June 15, 2009

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
Mr. Harvil
Mrs. Gorbonosenko
Mrs. Briggs
Ms. Shreves
Mr. Cosich
Shift Supervisor's Office
Control Post
CP Window
Student Bulletin Boards
File

IC 35-44-3-9

Trafficking with an inmate or child

Sec. 9. (a) As used in this section, "juvenile facility" means the following:

(1) A secure facility (as defined in IC 31-9-2-114) in which a child is detained under IC 31 or used for a child awaiting adjudication or adjudicated under IC 31 as a child in need of services or a delinquent child.

(2) A shelter care facility (as defined in IC 31-9-2-117) in which a child is detained under IC 31 or used for a child awaiting adjudication or adjudicated under IC 31 as a child in need of services or a delinquent child.

(b) Except as provided in subsection (d), a person who, without the prior authorization of the person in charge of a penal facility or juvenile facility knowingly or intentionally:

(1) delivers, or carries into the penal facility or juvenile facility with intent to deliver, an article to an inmate or child of the facility;

(2) carries, or receives with intent to carry out of the penal facility or juvenile facility, an article from an inmate or child of the facility; or

(3) delivers, or carries to a worksite with the intent to deliver, alcoholic beverages to an inmate or child of a jail work crew or community work crew;

commits trafficking with an inmate, a Class A misdemeanor.

(c) If the person who committed the offense under subsection (b) is an employee of:

(1) the department of correction; or

(2) a penal facility;

and the article is a cigarette or tobacco product (as defined in IC 6-7-2-5), the court shall impose a mandatory five thousand dollar ($5,000) fine under IC 35-50-3-2, in addition to any term of imprisonment imposed under IC 35-50-3-2.

(d) The offense under subsection (b) is a Class C felony if the article is:

(1) a controlled substance; or

(2) a deadly weapon.

As added by Acts 1976, P.L.148, SEC.4. Amended by Acts 1977, P.L.340, SEC.67; Acts 1981, P.L.300, SEC.2; P.L.223-1996, SEC.1; P.L.183-1999, SEC.2; P.L.243-1999, SEC.2; P.L.30-2004, SEC.1.

IC 35-44-3-5

Escape; failure to return to lawful detention following temporary leave

Sec. 5. (a) A person, except as provided in subsection (b), who intentionally flees from lawful detention commits escape, a Class C felony. However, the offense is a Class B felony if, while committing it, the person draws or uses a deadly weapon or inflicts bodily injury on another person.

(b) A person who knowingly or intentionally violates a home detention order or intentionally removes an electronic monitoring device commits escape, a Class D felony.

(c) A person who knowingly or intentionally fails to return to lawful detention following temporary leave granted for a specified purpose or limited period commits failure to return to lawful detention, a Class D felony. However, the offense is a Class C felony if, while committing it, the person draws or uses a deadly weapon or inflicts bodily injury on another person.

As added by Acts 1976, P.L.148, SEC.4. Amended by Acts 1977, P.L.340, SEC.63; P.L.207-1986, SEC.1; P.L.17-1998, SEC.2; P.L.137-2001, SEC.11.

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Cecil K. Davis
Superintendent

TEMPORARY LEAVE PROCEDURES

Camp Summit Students will 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 shall meet with the student's counselor prior to the student being allowed temporary leaves. There must be a telephone (land line) in the home/placement where the student will be going for temporary leave, the phone must not be equipped with call forwarding, three way calling and call waiting, and must not be a "cellular" phone.

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 an 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. With approval from the Superintendent, an alternate person may be approved to pick up the student. The person must be over the age of 18 (eighteen) years of age, and have a valid driver's license. The parent must give written authorization by completing and returning the Authorization to Transport Form for the superintendent's signature.

The student's first T/L will be for twenty-four hours (24) and subsequent passes forty-eight (48) hours.

There will no temporary leaves granted the weekend prior to a student's final release.

Students ideally will be able to go on at least two (2) temporary leaves prior to final release. Curfew checks will be done between 10:00 pm 5:00 am by telephone or visit, while an student is on a temporary leave. If an student fails to answer one (1) of the curfew checks, the student will automatically receive a JCR (out of place) conduct report.

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.

We have established normal pick up times for our student population.

12 hr. leaves. Saturday or Sunday 8 am to 8 pm
24 hr. leaves. Saturday to Sunday 6 pm to 6 am the following day
48 hr. leaves. Saturday 6 pm to 6 am Monday

These hours should be our established norm any exception from this should be requested in writing to the superintendent.

During Growth Level IV students will be required to finalize their house hold rules and these expectations will be reviewed with the counselor and guardian prior to departing for temporary leave.

Students are required to complete the following on their **FIRST** 24 hour pass:

*Attend 1 AA/NA meeting and obtain a sponsor
*Obtain and submit a minimum of 2 job applications (if age appropriate)
*Complete a family meal with guardian feedback

Students are required to complete the following on their **FIRST** 48 hour pass:

*4 hours community service
*Attend 1 AA/NA meeting
*Follow up phone calls inquiring employment with parental documentation.
*Register in educational programming. Provide a copy of registration to your respective counselor.

Students are required to complete the following on their **SECOND** 48 hour pass:

*4 hours community service
*Attend 1 AA/NA meeting
*Obtain verification of educational status
*Obtain verification of employment
*All supportive documents you will forward to your respective counselor.

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

rev.6-25-09:bvp

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Cecil K. Davis
Superintendent

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. You may send your son money in the form of a **"money order"** ONLY 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 #.

rev: 6-25-09:bvp

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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, (ie; mother, father, guardian, brother, sister, grandparents) to be added to his pre-approved telephone calling list. Aunts, uncles, cousins, friends etc., are not allowed on an inmates calling list. Telephone numbers to appear on his offender telephone list will be given upon arrival at Logansport Juvenile Intake & Diagnostic Facility. Additions changes, corrections, deletions will only be allowed by written request and verified unless a parent/guardian moves or changes their telephone number, and advises your sons counselor. 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 and will only be collect.

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, outside of Indiana 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. You must have a "land line" in order for your son to be able to go on temporary leaves once he reaches the "transition (senior) phase" of the program, for curfew calls.

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

Students on LOP "Loss of Privilege's" are not allowed any telephone calls, during their length of time for loss of privileges. New intakes "recruit's" will be a allowed a 2 minute phone call on the first Friday evening of their arrival here, on the offender telephones and the call will be collect, if there is a collect call block, a supervisor will allow the student a 2 minute phone call at state expense. A (5) five minute phone call with our intake counselor Mr. John Harvil 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 above.

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.

You may not use a service called www.conscallhome.com as they are NOT compatible with our Correctional Billing Services, as well they use a call forwarding system, which is also not allowed.

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 p.m .to 8:00 p.m .and on Saturday and Sunday's from 8:00 a.m. – 8:00 p.m. 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: 8-3-09:bvp

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 oh "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

Mitchell E. Daniels, Jr.
Governor

Edwin G. Buss
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

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 sons shot records, if they are not received, your son will be required to received ten (10) shots all over again, 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 or Nurse Metzger

6-25-09:bvp

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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 implementing regulations for parents/guardians and students under 18 years of age and students over 18 years of age ("eligible students") and that they are entitled to certain rights with respect to a student's education records.

Sincerely,

Elizabeth Malstaff
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

PLEASE SUBMIT A LEGIBLE COPY OF YOUR ID OR DRIVERS LICENSE FOR VISITATION PURPOSES FOR ALL APPLICANTS AGE 16 AND OLDER, OR YOUR VISITATION APPLICATION WILL NOT BE APPROVED. BE SURE TO ALSO COMPLETE AND <u>SIGN</u> THE BACKGROUND CHECK FORM FOR ALL VISITORS OVER THE AGE OF 16.

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.

2. **Visitor List**: In order to visit an offender, the visitor must be on the offender's visitors' list. Only immediate family members may visit. 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 lift-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.

bvp:7-10-09

Mitchell E. Daniels, Jr.
Governor

Edwin G. Buss
Commissioner

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Cecil K. Davis
Superintendent

June 15, 2009

TO: All Parent/Guardian

FROM: Cecil K. Davis, Superintendent

RE: Criminal History Background Check

Effective June 1, 2009, all persons over the age of 16, intending to visit offenders at all Indiana Department of Correction Facilities, are required to fill out a Criminal History Background Check form before they can visit. Enclosed are four such forms, please make copies if more forms are needed.

Make sure that all boxes are filled out and that the form is signed, if not your visit will be delayed until the form is properly completed. Please return the completed form along with your visitation form application and Parent/Legal Guardian Expectations form.

CKD:bvp

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

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:	State ID No. & State of Issue or other approved ID No./Type #: State: Type:	Race
Date of Birth (MM/DD/YYYY):	Telephone Number with area code:	
Are you related to this offender? ☐ Yes ☐ 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? ☐ Yes ☐ No	*Have you ever been convicted of a felony? ☐ Yes ☐ No
*Are you on parole/probation? ☐ Yes ☐ No	*Do you have any pending charges against you? ☐ Yes ☐ No

*Have you ever been incarcerated in a penal facility in any state or any country? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No If 'yes": Relationship: _____ Offender DOC#: _____ Name:	Are you now or have you ever been a volunteer at an IN correctional facility? ☐ Yes ☐ No If "yes": Facility: _____ Volunteer Type:

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: ☐ Yes ☐ No	Signature of reviewing authority (Legible please):
Return To:	Facility Name & Address:	Attention Counselor of Housing Unit

CAMP SUMMIT BOOT CAMP
2407 NORTH 500 WEST
LAPORTE IN 46350

INDIANA DEPARTMENT OF CORRECTION

_____

Facility/Parole District/Central Office

_____

Reason For Background Check

By the person `s signature on this letter, he/she is aware of and has agreed to a criminal history check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in our determination of approval or denial of employment, volunteer and visitation that this information will only be shared on a need to basis.

Please **print** clearly and fill in with the correct information.

Last name	First	Middle	Maiden
Street Address	City	State	Zip Code
Address last five years	City	State	Zip Code
Date of Birth	State of Birth	Social Security number	Driver License Number
State of Driver License	Sex	Race	Weight
Height	Hair	Eyes	Felony conviction yes _or no_ If yes ,explain on back
Last Employer	Address	City	State

_____

Signature of Applicant

_____

Authorization Signature