



**SHERIFF & JAIL OPERATIONS DIVISION  
INDIANA DEPARTMENT OF CORRECTION  
JAIL INSPECTION REPORT**

COUNTY: **LaPorte**  
 DATE OF INSPECTION: **3/25/2021**  
 COUNTY NUMBER: **46**  
 JAIL STREET ADDRESS: **809 State Street**  
 CITY: **LaPorte**  
 ZIP: **46350**  
 SHERIFF: **John T. Boyd**  
 YEAR OF OFFICE (including prior terms): **7th year; 2nd term**  
 PHONE: **(219) 326-7700**  
 FAX: **(219) 324-6205**  
 E-MAIL: **[jboyd@lcsso.in.gov](mailto:jboyd@lcsso.in.gov)**

CIRCUIT COURT JUDGE: **Thomas Alevizos**  
 E-MAIL: **[talevizos@laporteco.in.gov](mailto:talevizos@laporteco.in.gov)**

SUPERIOR COURT JUDGE: **Jaime Oss**  
 E-MAIL: **[joss@laporteco.in.gov](mailto:joss@laporteco.in.gov)**

COUNTY COMMISSIONERS: **Richard Mrozinski**  
 E-MAIL: **[rmrosinski@laporteco.in.gov](mailto:rmrosinski@laporteco.in.gov)**

COUNTY COMMISSIONERS: **Sheila Matias**  
 E-MAIL: **[smatias@laporteco.in.gov](mailto:smatias@laporteco.in.gov)**

COUNTY COMMISSIONERS: **Joe Haney**  
 E-MAIL: **[jhaney@laporteco.in.gov](mailto:jhaney@laporteco.in.gov)**

COUNTY PROSECUTOR: **John Lake**  
 E-MAIL: **[jlake@laporteco.in.gov](mailto:jlake@laporteco.in.gov)**

YEAR JAIL BUILT/YEAR(S) ADDED OR RENOVATED: **1977, expanded 2003, old section rev. 2004**

DEATHS SINCE LAST INSPECTION:	<b>0</b> Natural
	<b>0</b> Suicide
	<b>0</b> Homicide

ESCAPES SINCE LAST INSPECTION:	<b>0</b> From the jail
	<b>0</b> From custody
	<b>0</b> Walk-away/did not return

Administration and Organization	Remarks
---------------------------------	---------

- |   |  |
|---|--|
| 1. Is there an Jail Administrator/Commander?  | <b>Yes</b> Captain Al Ott  |
| 1a. Telephone Number:                         | (219) 326-7700, Ext. 2287  |
| 1b. E-mail address:                           | <a href="mailto:aott@lcsso.in.gov">aott@lcsso.in.gov</a>         |
| 1c. Is there an Assistant Jail Commander?     | <b>Yes</b> Sgt. John Wilcher (Personnel)                         |
| 1d. E-mail address:                           | <a href="mailto:jwilcher@lcsso.in.gov">jwilcher@lcsso.in.gov</a> |
| 1e. Is there an 2nd Assistant Jail Commander? | <b>Yes</b> Sgt. Steve Oliver (Training)                          |

- 2. Was there an annual report of services prepared? **Yes**
- 3. Is there a manual of policies and procedures? **Yes**
  - 3a. Has it been reviewed by all employees? **Yes**
- 4. Has it been reviewed and updated in the last year by the sheriff or his/her designee? **Yes**
  - 4a. Date of review: Policies currently under legal review
  - 4b. Reviewed by: Captain Ott, Sgt. Wilcher & Sgt. Oliver
  - 4c. Liability Insurance Carrier: Bliss-McKnight

Fiscal Management	Remarks
-------------------	---------

- 5. Is there a written procedure for the handling of monies? **Yes**
- 6. Is there a written jail cost record? **Yes**
- 7. Have you had a State Board of Accounts audit? **Yes** 7/11/2019
- 8. Is there a written budget request prepared by the Sheriff? **Yes**
- 9. Is there a written inventory of county jail property? **Yes**

Training and Staff Development	Remarks
--------------------------------	---------

- 10. Is there a written training and staff development plan? **Yes**
  - 10a. Date of annual evaluation and revision: 02/28/2020 (on going)
  - 10b. Reviewed by: Captain Ott & Sgt. Oliver
- 11. Has each new jail officer received eighty (80) hours of orientation and training, at the jail, prior to job assignment? **Yes** 150 - 200 hours of on-the-job training
- 12. Has each new jail officer received forty (40) hours of certified training through the Law Enforcement Training Board during their first year of employment? **Yes** Six (6) new hires to be scheduled within one year of hire date
- 13. Has each jail officer received sixteen (16) hours of documented training this year and the Jail Commander twenty-four (24) hours of training for those subjects outlined in the **Yes**
- 14. Has each authorized employee been trained and qualified in the past year with weapons? **Yes**
  - 14a. Is this training documented? **Yes**
- 15. Has every employee authorized to use a weapon been trained in the use of deadly force? **Yes**
- 16. Did you request a training allowance in your budget? **Yes**
  - 16a. Was it approved? **Yes** If no, why not?

Management Information Systems and Inmate Records	Remarks
---	---------

- 17. Does the intake form contain all the required information? **Yes**
- 18. Are there proper records maintained on all inmates? **Yes**
- 19. Are population movement records properly maintained? **Yes**
- 20. Is there a written policy concerning jail incident reports? **Yes**
- 21. Is there a written policy regarding inmate records privacy? **Yes**
- 22. Is the inmate's medical record separate from the confinement record? **Yes**

<b>Physical Plant</b>	<b>Remarks</b>
-----------------------	----------------

- |  |                             |
|--|-----------------------------|
| 23. Is there a written plan for preventative maintenance?  | <b>Yes</b>                  |
| 24. Is it reviewed and/or updated annually?  | <b>Yes</b>                  |
| 25. Is there twenty (20) foot candles of light at desk level throughout the cell blocks at the time of inspection? | <b>Yes</b> 20.0 - 24.5 f/c  |
| 26. What was the cubic feet per minute of air flow movement on the day of inspection?                              | 327 - 1025 c/f/m            |
| 27. The noise level decibels at the time of inspection was:  | 54.4 - 60.6 dBA             |
| 28. The temperature at the time of inspection was:   | 67 - 69 degrees Fahrenheit. |
| 29. Was the clothing and bedding adequate for the prevailing temperature?  | <b>Yes</b>                  |
| 30. Was there both hot and cold running water in each cell at the time of inspection?                              | <b>Yes</b>                  |
| 31. Is there one toilet and one shower for twelve (12) inmates in the activity area?                               | <b>Yes</b>                  |
| 32. Is the inmate receiving and booking area outside the inmate living area?                                       | <b>Yes</b>                  |
| 33. Is the inmate receiving and booking area inside the secured perimeter?   | <b>Yes</b>                  |
| 34. Does this area have proper weapons lockers outside of the secured perimeter?                                   | <b>Yes</b>                  |
| 35. Does it have proper temporary holding space?   | <b>Yes</b>                  |

36. Are there fixed benches in ample supply for its capacity?	<b>Yes</b>	
37. Is there audio and visual communication in the temporary holding area?	<b>Yes</b>	
38. Are there available toilets, washbasins with hot and cold running water in the temporary holding area?	<b>Yes</b>	
39. Is there a booking area in the reception area?	<b>Yes</b>	
40. Is there a medical examination area in the reception area?	<b>Yes</b>	
41. Are there shower facilities in the reception area?	<b>Yes</b>	
42. Is there secure storage for the inmate's personal property in the reception area?	<b>Yes</b>	
43. Are there telephone facilities in the reception area?	<b>Yes</b>	
44. Are supply areas separate from inmate living and activity areas?	<b>Yes</b>	
45. Is there adequate secure storage space for all supplies and equipment?	<b>Yes</b>	
46. Are arsenals located outside the security perimeter of the inmate living and activity areas?	<b>Yes</b>	
47. Is there an area for inmates under special medical supervision?	<b>Yes</b>	No negative airflow cell.
48. Is there a special area for temporary detention of inmates under the influence of alcohol?	<b>Yes</b>	
49. Is there a special area for temporary detention of inmates that are violent, uncontrollable or self-destructive?	<b>Yes</b>	
50. Are the above two (2) areas equipped with audio-video monitoring?	<b>Yes</b>	
50a. Do inmates have access to a toilet and running water?	<b>Yes</b>	
51. Is there a bed for all incarcerated inmates?	<b>Yes</b>	
52. Total number of operational jail beds (elevated at least 12 inches off the floor and permanently installed) .	<b>367</b>	
53. Number of adult males incarcerated.	<b>215</b>	
a.) Average male inmate monthly population?	<b>252</b>	
54. Number of adult females incarcerated?	<b>26</b>	
a.) Average female inmate monthly population?	<b>40</b>	

- 55. Number of waived males less than 18 years old? **2**
- 56. Number of waived females less than 18 years old? **0**
- 57. Total inmate count on inspection day. **241**
  - 57a. Total inmates housed out of county **0**
  - 57b. Average inmate daily population **292**
- 58. Number of inmates sentenced to serve county time? **14**
  - 58a. How many of these are sentenced to a work release program? **2**
- 59. Is this an IDOC Holding Jail? **No**
  - 59a. Total number of beds identified for IDOC holding. **0**
- 60. Number of inmates being held for IDOC? **0** L6 Inmates
  - 60a. Annual average number of Level 6 inmates **0**
- 61. Number of sentenced inmates awaiting transfer to IDOC? **8**
- 62. Number of inmates being held for the US Marshal or I.C.E? **0**
- 63. Number of military prisoners? **0**

Commissary	Remarks
------------	---------

- 64. Did the State Board of Accounts approve your commissary policy? **Yes**
- 65. Is Commissary under supervision of the jail administrator or contractor? *Tiger Foodservice maintains commissary.*

Safety and Sanitation	Remarks
-----------------------	---------

- 66. Is cleaning equipment available to inmates daily? **Yes**
- 67. Is the jail inspected weekly by a designated official? **Yes**
- 68. Are written inspection reports maintained? **Yes**
- 69. Are insect and rodent inspections made weekly? **Yes**
- 70. Is there a licensed exterminator contract? **Yes** Hatfield Pest Control Services
- 71. Are plumbing fixtures functional? **Yes**
- 72. Are faulty plumbing fixtures repaired promptly? **Yes**
- 73. Are exits clearly marked, illuminated continuously and clear? **Yes**
- 74. Is there a written evacuation plan for emergencies? **Yes**

75. Are evacuation instructions in all living and working areas? **Yes**
- 75a. Is there documented quarterly fire evacuation drills? **Yes**
76. Has the Sheriff requested the Board of Health to inspect the jail annually? **Yes**
77. Has the Board of Health inspected the jail annually? **Yes**
- 77a. Has the Sheriff requested the state fire marshall to inspect the jail annually? **Yes** LaPorte Fire Department conducted inspection on 1/20/2021
- 77b. Has the state fire marshall inspected the jail annually? **No**
78. Is there a written policy concerning safety, sanitation and supply control? **Yes**

<b>Clothing and Personal Hygiene</b>		<b>Remarks</b>
--------------------------------------	--	----------------

79. Are suitable clothing, bedding and towels provided for the total inmate population? **Yes**
80. Are all inmates provided with shaving materials, bar soap, toothpaste and toothbrush? **Yes**
81. Do inmates shower upon admission to general population? **Yes**
82. Are inmates afforded the opportunity to shower at least three (3) times within every seven (7) days? **Yes**
83. Are haircuts available, upon request, at least every six (6) weeks? **Yes**
84. May inmates wear personal clothing to their trials? **Yes**

<b>Medical Care and Health Services &amp; Suicide Prevention</b>		<b>Remarks</b>
--	--	----------------

85. Is there a licensed physician responsible for medical screening and qualified for suicide screening and prevention services at the jail? **Yes** Quality Correctional Care. 24 hour medical services is provided. Dr. Tchapect is facility doctor
86. Are there written procedures for medical service delivery to inmates? **Yes**
87. Are these procedures approved by a physician? **Yes**
88. Are health care personnel licenses or certification on file with the Sheriff? **Yes**
89. Do jail security regulations apply to medical personnel? **Yes**
90. Are there adequate space, equipment, supplies and materials for medical services available? **Yes**

91. Are first aid kits available at the jail? **Yes** Maintained by QCC
92. Are first-aid kits inspected and refilled according to the responsible physician that is contracted by your jail? **Yes**
93. Are inmates medically screened upon admission? **Yes**
94. Has the doctor approved the medical screening form? **Yes**
95. Are all inmates in jail given a medical examination within fourteen (14) days? **Yes**
96. Is this medical examination given by a physician or his designee? **Yes**
97. Are inmates medical complaints collected daily? **Yes**
98. Are medical and mental health complaints responded to by medically and mental health trained personnel? **Yes**
99. Is there a physician available at least weekly to respond to medical complaints? **Yes**
100. Is twenty-four (24) hour emergency medical, dental care and psychiatric care available pursuant to a written plan and contract? **Yes**
101. Is there a written emergency medical plan? **Yes**
- 101a. Emergency evacuation of inmates **Yes**
- 101b. Use of an emergency medical vehicle **Yes**
- 101c. Use of one or more designated hospital emergency rooms or appropriate health facilities **Yes** LaPorte Hospital.
- 101d. Emergency On-call physicians and dentists services when the emergency health facility is not located in a near by community. **Yes**
- 101e. Security procedures that provide for the immediate transfer of inmates when appropriate. **Yes**
- 101f. Arrangements for emergency psychological services. **Yes** Quality Correctional Care.
102. Are all jail personnel first aid trained? **Yes**
103. Is one (1) person per shift trained in receiving screening? **Yes**
104. Is one (1) person per shift trained in CPR and/or AED? **Yes**
105. Is one (1) person per shift trained in common symptom recognition? **Yes**
106. Is one (1) person per shift trained to recognize symptoms of mental illness or retardation? **Yes**

107. Does jail refuse acceptance of an unconscious or critically injured person? **Yes**
- 107a. What is your BAC/BrAC cut off level for booking refusal? **Yes** *Inmates testing .25% B.A.C. must be screened by medical staff prior to intake.*
108. Are all injured inmates examined immediately by competent medical personnel? **Yes**
109. Is a written description of the injury prepared? **Yes**
110. Are photographs taken of the injury? **Yes**
111. Are prescribed medications given as per physician orders? **Yes**
112. Are all persons administering medication trained by the responsible physician? **Yes**
113. Are records of medication administered kept? **Yes**
114. Did the physician approve the record form? **Yes**
115. Is chronic care, convalescent care and medical preventive maintenance provided? **Yes**
116. Did the inmate medical file contain all information approved by a responsible physician? **Yes**
117. Is access to inmate medical records controlled by the responsible physician? **Yes**

Diet and Food Preparation		Remarks
118. Has the Sheriff established written policies and procedures concerning food, quantity and quality?	<b>Yes</b>	As of 1/2020, Tiger Foodservice maintains kitchen
119. Is discipline by means other than denial of food?	<b>Yes</b>	
120. Are meals served under supervision of the jail administrator or his designee?	<b>Yes</b>	
121. Is there always less than fourteen (14) hours between meals?	<b>Yes</b>	
122. Do inmates receive three (3) meals a day?	<b>Yes</b>	
123. Is at least one (1) meal each day cooked?	<b>Yes</b>	
124. Are menus prepared in advance?	<b>Yes</b>	
125. Are records retained of meals served?	<b>Yes</b>	

126. Have the meals been approved by a qualified dietician and reviewed every 2 years? **Yes** *Joyce Lamilla, RN, LD #1356 approved menus on 8/13/2020*
127. Are all food service areas and equipment inspected daily by administrative jail personnel? **Yes**
128. Is all stored food placed on racks off the floor? **Yes**
129. Is food covered while being transported to the inmate? **Yes**
130. Is the kitchen floor cleaned daily? **Yes**
131. Is the kitchen equipment cleaned daily? **Yes**
132. Are walls and vents clean? **Yes**
133. Has the jail administrator requested the local Board of Health officer to inspect the kitchen facilities? **Yes**
134. Does the local health officer or other qualified agency inspect it annually? **Yes** *LaPorte County Health Department conducted on 12/11/2020*
135. Are eating utensils sanitized after each use? **Yes**
136. Is kitchen equipment operational? **Yes**
137. Do you use inmates in the kitchen? **Yes**
138. Do kitchen inmates receive pre-service medical examinations? **Yes**
139. Do kitchen inmates receive daily visual examinations? **Yes**
140. Do kitchen inmates wear approved clothing for food handling? **Yes**
141. Are medical diets served when approved by the responsible physicians? **Yes**
142. Are religious diets served when accessible and authorized by the sheriff? **Yes**
143. Has the sheriff established, in writing, a control system to monitor and control food pilferage, misuse or spoilage? **Yes**

Security and Control	Remarks
----------------------	---------

144. Is there an established manual of policies for security and control? **Yes**

145. Is it accessible and reviewed by all jail personnel? **Yes**
146. Is it reviewed and updated annually and documentation provided? **Yes**
147. Have jail officers been trained consistent with the manual? **Yes**
148. Have pre and post training exams been administered? **Yes**
149. Have the results been made a part of the employee's records? **Yes**
150. Is there an extra set of jail keys securely stored? **Yes**
- 150a. Are security doors & security locks repaired promptly? **Yes**
- 150b. Are security doors and security locks functional? **Yes**
151. Are written reports prepared when a weapon is discharged by jail personnel? **Yes**
152. Are weapons restricted from designated areas? **Yes**
153. Do you use Oleoresin Capsicum (O.C.) and/or Taser? **Yes** O.C. and Taser
154. Is there a list of persons authorized to use Oleoresin Capsicum (O.C.) and/or Taser? **Yes** O.C. and Taser
155. Have they been trained in its usage? **Yes**
156. If a person is injured by a chemical agent, does he receive an immediate medical examination? **Yes**
157. Is there a communication control center? **Yes**
- 157a. Was it secured? **Yes**
158. Is there an audio communication system between the control center and the inmate living area? **Yes**
159. Is there an emergency generator? **Yes**
160. Is it functional? **Yes**
161. Is it tested weekly? **Yes**
- 161a. What day is it tested? **Wednesday, 0600**
162. Is security equipment sufficient to meet facility needs and stored in a secure readily accessible area? **Yes**

163. Are all doors on security perimeters kept locked? **Yes**
164. Do you prohibit a jail officer from entering a high security cell area without a back-up? **Yes**
165. Are contraband searches held? **Yes**
166. Are written reports made of items confiscated? **Yes**
167. Are inmates informed of their authorized articles? **Yes**
168. Are contact visitors and inmates searched? **No** Contact visits are prohibited
169. Are all inmates searched before leaving or returning to the jail? **Yes**
170. Is there a written policy concerning contraband, searches and seizures? **Yes**

Supervision of Inmates	Remarks
171. Is there sufficient jail personnel present in the jail to provide adequate 24 hour supervision of inmates?	*See Comment Section*
171a. How was your number of sufficient jail personnel established?	<i>Data-Driven Staffing Analysis conducted by (ISA) Bill Wilson, April 2016</i>
172. Is there personal observation of the inmate at least every sixty(60) minutes during lockdown hours at night?	<b>Yes</b>
173. Is this observation documented?	<b>Yes</b>
174. Is there written policy on male-female supervision by male-female staff?	<b>Yes</b>
175. Are privacy rights considered in this policy?	<b>Yes</b>
176. Are there written policies for segregation of inmates?	<b>Yes</b>
177a. Do jail officials review the status of the inmate at least once every seven (7) days.	<b>Yes</b>
177b. Does time spent confined or separated from the general population before determination of guilt credit toward	<b>Yes</b>
177c. Does the disciplinary segregation period exceed thirty (30) day for any single instance of disciplined conduct without review?	<b>No</b> Fifteen (15) days maximum
177d. Do jail officials maintain a permanent written record of activity in segregation areas?	<b>Yes</b>
178. Is each area of the jail visited by the Sheriff or his designee at least once weekly?	<b>Yes</b>
179. Is each area of the jail visited by supervisory staff daily?	<b>Yes</b>

180. Are these visits documented? **Yes**

181. Are inmates prevented from supervising or exerting control **Yes**  
or assuming any authority over other inmates?

<b>Inmate Rights</b>		<b>Remarks</b>
----------------------	--	----------------

182. Do inmates have access to courts? **Yes**

183. Do inmates have confidential access to attorneys? **Yes**

184. Do inmates have reasonable access to an adequate law **Yes**  
library, if operating pro se'?

185. Are all forms of discrimination of inmates forbidden? **Yes**

186. Do inmates have access to reading material (not **Yes**  
pornography)?

187. Do inmates have religious freedom where security is not **Yes**  
broken?

188. Is physical exercise available indoor? **Yes**

189. Is physical exercise available outdoor? **Yes**

190. Is refusal of recreation documented? **Yes**

191. Do you provide a list of all inmates, sentenced and **Yes**  
incarcerated, to the county clerk quarterly, as required by IC 3-7-  
46-6?

192. Is there a written inmate work assignment record? **Yes**

193. Is there a written grievance policy and procedure? **Yes**

194. Is it distributed to the inmates? **Yes**

195. Is there a written jail visitation policy and procedure? **Yes**

196. Is there a written jail telephone policy and procedure for **Yes**  
inmates?

197. Is there jail visitor registration? **Yes**

<b>Mail</b>		<b>Remarks</b>
-------------	--	----------------

198. Is there a written procedure governing inmate **Yes**  
correspondence?

199. Is mail unlimited in volume? **Yes**

- 200. May inmates correspond within the jail by mail? **Yes**
- 201. Do you forbid the opening or censoring of mail for government officials, courts, attorneys or news media? **Yes**
- 202. If mail is delayed, censored, or withheld, is the inmate given prompt notice? **Yes**
- 203. Is there a written record of this action? **Yes**
- 204. Are indigent inmates provided free writing supplies? **Yes**

Discipline		Remarks
------------	--	---------

- |  |            |  |
|--|------------|--|
| 205. Are there written rules of inmate conduct?                                | <b>Yes</b> |  |
| 206. Do they describe disciplinary actions to be taken?                        | <b>Yes</b> |  |
| 207. Do they describe the procedure to be followed?                            | <b>Yes</b> |  |
| 208. Are copies of rules distributed to inmates or posted in the living areas? | <b>Yes</b> | Kiosk access   |
| 209. Do you prohibit the use or physical force as a discipline?                | <b>Yes</b> |  |
| 210. Have personnel been trained as to inmate rules of conduct?                | <b>Yes</b> |  |
| 211. Have personnel been trained as to sanctions available?                    | <b>Yes</b> |  |
| 212. Are all disciplinary standards met?                                       | <b>Yes</b> |  |
| 213. Are disciplinary hearings provided for and held?                          | <b>Yes</b> |  |
| 214. Are these consistent with the standards?                                  | <b>Yes</b> |  |
| 215. Are there provisions for an appeal?                                       | <b>Yes</b> | Grievance Committee: Three (3) tier process starting with the Assistant Commander, Jail Commander or Sheriff |

Classification		Remarks
----------------	--	---------

- |   |            |  |
|---|------------|--|
| 216. Is there a written plan for classification of inmates? | <b>Yes</b> |  |
| 217. Are inmates with contagious diseases separated?        | <b>Yes</b> |  |
| 218. Are intoxicated inmates segregated?                    | <b>Yes</b> |  |
| 219. Are inmates experiencing drug withdrawal segregated?   | <b>Yes</b> |  |

220. Are inmates experiencing mental conditions segregated? **Yes**

Reception, Orientation. Property Control and Release	Remarks
--	---------

221. Are there written procedures governing reception and orientation? **Yes**

222. Is the inmate's personal property inventoried and securely stored? **Yes**

223. Is the inmate's money securely stored? **Yes** Inmate Trust Fund

224. Does the inmate sign for his property upon release? **Yes**

Jail Program Survey
---------------------

Have arrangements been made for the provision of special education services as needed? **Yes**

Does the jail provide GED or TASC services? **No** No funding at this time

Does the jail provide any substance abuse counseling services in the jail? **Yes**

Is smoking or tobacco based products within the jail prohibited? **Yes**

Does the county have a Community Corrections program? **Yes**

Is the Community Corrections program on the same grounds as the jail **No**

Is the Community Corrections program under the supervision of the Sheriff, County Judges or Contracted? **Community Corrections**

Other programs? **Substance Abuse Class, AA/NA Groups, Counseling, Foundations for Successful Living, Juvenile Education Coordination, La Porte Literacy Coalition, Moral Recognition Therapy Class, Spiritual Consultation & Women's Character Studies.**

COMMENTS SECTION
------------------

All essential posts are staffed daily authorize by the Jail Commander. Control room post is occupied 24/7. Jail officers are completing & documenting required visual checks every 60minutes. Jail had zero deaths or escapes since last inspection report.

**Accompanied by:**

John Boyd, Sheriff

Al Ott, Jail Commander

John Wilcher, Sgt., Asst. Jail Commander

**Inspected by:**

Chance Sweat

Executive Liaison

Indiana Dept. of Correction

Sheriff & County Jail Operations Division

Phone: (317) 232-5764

[csweat@idoc.IN.gov](mailto:csweat@idoc.IN.gov)

