



CONFLICT RESOLUTION INTERNSHIP OR PRACTICUM AGENCY AGREEMENT

State Form 54329 (R / 12-22)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This form is to be used for the purpose of conflict resolution when an Indiana Department of Child Services (DCS) employee is seeking an internship or practicum at an outside agency. This form is to be completed as follows:

1. The DCS employee will complete **Part A** and should document the DCS employee's direct manager or supervisor or designee's contact information and the contact information for the Executive Director of internship or practicum agency;
2. The Executive Director of the agency or designee will complete **Part B** and must sign this form to acknowledge the Executive Director or designee agrees to the terms of this agreement. The internship or practicum agency should keep a copy for their records;
3. The DCS employee must submit this form to the employee's direct manager or supervisor or designee for approval. The employee's direct manager or supervisor or designee will complete **Part C** and place in the employee's personnel file.

Note: See policy [GA-8 Employee Outside Internships and Practicum](#) for further guidance.

Part A (To be completed by DCS Employee.)	
Name of DCS Employee	Telephone number ()
Address of DCS Office (number and street, city, state, and ZIP code)	Email address
Name of DCS Employee's Direct Manager or Supervisor or Designee	Telephone number ()
Address of DCS Employee's Direct Manager or Supervisor or Designee (number and street, city, state, and ZIP code)	Email address
Name of Internship or Practicum Agency	
Name of Executive Director of the Internship or Practicum Agency or Designee	Telephone number ()
Address of Internship or Practicum Agency (number and street, city, state, and ZIP code)	Email address

Part B (To be completed by the Executive Director of the Internship or Practicum Agency or Designee.)	
<ol style="list-style-type: none"> 1. I understand that the individual named above is an employee with the DCS. 2. I understand that the individual named above has ethical responsibilities as an employee of DCS and the State of Indiana. 3. I understand that the individual named above may not work with any individuals who are known to be involved with DCS or their family members in any capacity (excluding receipt or payment of child support) due to a conflict of interest. 4. I understand that if any client or a member of their family is known to be involved with DCS in any capacity (excluding receipt or payment of child support), I will ensure that the DCS employee has no contact with that client. 5. I understand that the individual named above must and will report any instances of child abuse or neglect. 6. I understand that the individual named above will not release any confidential information about a DCS client or any client, unless ordered to do so by a court of law. 7. I understand that the individual named above may not release any information obtained in their course of employment with DCS. 8. I understand that I must report any potential conflict of interest regarding the individual named above to the DCS Employee's Direct Manager or Supervisor or Designee named above. 	
Signature of Executive Director of Internship or Practicum or Designee	Date (month, day, year)
Printed name of Executive Director of Internship or Practicum or Designee	

Part C (To be completed by the DCS Employee's Direct Manager or Supervisor or Designee.)	
DCS Employee's Direct Manager or Supervisor or Designee's approval determination for this agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of DCS Employee's Direct Manager or Supervisor or Designee	Date (month, day, year)
Printed name of DCS Employee's Direct Manager or Supervisor or Designee	