
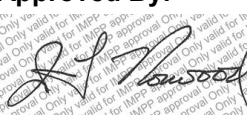


KANSAS DEPARTMENT OF CORRECTIONS

 Department of Corrections	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER	PAGE NUMBER
		03-117D	1 of 5
		STAFF SKILL DEVELOPMENT: Correctional Internship Program	
Approved By:  Secretary of Corrections		Original Date Issued:	10-31-18
		Replaces Version Issued:	N/A
		CURRENT VERSION EFFECTIVE:	

APPLICABILITY:	_ ADULT Operations Only	_ JUVENILE Operations Only	<input checked="" type="checkbox"/> DEPARTMENT-WIDE
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POLICY STATEMENT

The Department may offer internship programs and college students may be utilized as interns in facilities, programs, and offices. Interns shall be screened using a designated process and shall be approved by the appointing authority or designee prior to placement. All internships, including placements with contract service providers, shall be part of a university/college degree program. (4-APPFS-1C-05)

DEFINITIONS

Intern: A student participating in a compensated or non-compensated supervised work experience for which the individual may receive university/college credit.

PROCEDURES

I. General Requirements for Participation

- A. Student interns shall have completed or be participating in coursework in one of the following academic areas:
1. Corrections;
 2. Administration of Justice;
 3. Social Work;
 4. Sociology;
 5. Psychology;
 6. Counseling;
 7. Correctional Administration;
 8. Public Administration;
 9. Education;
 10. Business Administration;

11. Court Administration;
 12. Accounting;
 13. Nursing;
 14. Pre-Med;
 15. Information Systems; or,
 16. An appropriate major or relevant course of study for unique types of assignment (i.e., chaplaincy, personnel, attorney, paralegal, etc.).
- B. **ADULT**: Those considered for appointment to a corrections officer position must be at least 18 years of age.
1. **JUVENILE**: Those considered for juvenile corrections officer position must be at least 21 years of age.
- C. Students who are interested in participating in an internship with KDOC shall:
1. Submit a completed Internship Application (Attachment A);
 2. Submit a completed and signed Release of Information Agreement for Internship Applicants (Attachment B);
 3. Provide the supporting information that is requested, which may include:
 - a. a resume or curriculum vitae; and/or
 - b. a statement of interest or cover letter, which includes the area of interest and a preference for internship location.
 4. Individuals who are referred to KDOC after applying for internship via the Governor's internship program and web-based application, are not required to submit the KDOC application unless the additional information is needed.

II. Intern Approval Process

- A. KDOC staff who are contacted about an internship should advise potential interns to complete the internship application (Attachment A) and submit it to the designated representative or designee.
1. At correctional facilities, the designated representatives are the Human Resources Managers.
 2. For parole offices, the designated representatives are the Deputy Parole Directors.
 3. For Central Office, the designated representative is the Recruiter in the Human Resources division.
- B. When an application for internship is received, the designated representative or designee shall process the intern application which would include:
1. Requesting and receiving background check information.
 2. Notifying the appointing authority or designee of the request for internship and the results of the background check.

- C. Upon notification of an intern request and background information, the appointing authority or designee shall review the intern application and related information and make a determination about whether or not to approve the internship.
 - 1. Interns who are approved shall be referred for scheduling, training and supervision.
 - 2. Interns who are not accepted for an internship shall be notified in writing, including the rationale for disapproval.

III. Responsibilities of the Participating Facility/Unit/Office

- A. Each parole office, facility or organizational unit wishing to establish an internship program within a particular area of operation shall establish a plan for the use of interns. At a minimum, the plan shall include:
 - 1. the area of operation within which interns will be utilized;
 - 2. the position within the organization who will be responsible for supervising the intern(s);
 - 3. the intern's scope of work and the limits of the intern's authority;
 - 4. the intended outcomes of the internship experience; and,
 - 5. how the internship program will be evaluated.
- B. Each office, facility or organizational unit authorized to establish an internship program shall develop an individualized program plan for each intern.
 - 1. Such plans shall provide the intern with a variety of work experiences related to the position for which they are hired or assigned and maximum exposure to the functioning of the facility or organizational unit.
 - 2. Upon request, a written intern program plan shall be submitted to the university/college representative(s) involved for review and approval.
- C. Prior to receiving any work assignments, student interns shall receive orientation and training relevant to the position. (4-APPFS-1C-06) Orientation and training shall be in accordance with IMPP 03-104D and should include:
 - 1. A review of the office, facility's or organizational unit's mission;
 - 2. Office, facility or organizational unit policies and procedures relevant to the intern's role;
 - 3. Expectations for professional conduct including Employee Rules of Conduct and Offender Sexual Abuse Prevention/PREA, as indicated on the Intern Orientation and Training Checklist (Attachment D).
- D. As part of the orientation and training process, interns must sign the Internship Agreement Form (Attachment C). (4-APPFS-1C-07)
- E. The Intern Orientation and Training Checklist (Attachment D) shall be used to document the completion of basic intern training.
- F. If requested by the intern's college or university, the office, facility or organizational unit shall prepare a formal evaluation summary at the conclusion of the internship period for use by the university/college in arriving at a grade for the student intern.

IV. Responsibilities of the Participating College or University

- A. The participating university/college may promote the internship program by providing the appointing authority of the facility or organizational unit with a list of students and their telephone numbers, who have expressed an interest in participating in the internship program.
- B. A representative of the participating university/college may meet periodically with the student intern and/or designated supervisory staff member to assist in synthesizing the work experience with classroom instruction.
- C. The participating university/college shall determine the grade to be assigned to the student.

V. Responsibilities of the Student Intern

- A. At the request of the university/college intern supervisor, the student intern may be asked to prepare a summary of activity prior to the completion of the internship experience.
- B. The student intern shall be subject to all rules and regulations of the Department, facility, or unit where they are assigned.

VI. Documentation and Tracking of Interns

- A. The staff person responsible for processing intern applications as indicated in Section III.A. shall ensure that a file is created for each intern who is approved and serves an internship with the Department.
 - 1. The intern application and any related documents shall be retained in the file.
 - 2. The signed Internship Application form and documentation of training completed shall be stored in the file.
 - 3. If needed to facilitate the supervision of an intern, the intern's file may be transferred to any outlying office or area for the duration of the internship. Any shared files shall be returned to the designee after the internship has been completed.
- B. Application and documentation for interns who are not approved or are approved but do not serve as an intern, shall be retained but do not require individual files.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

4-APPFS-1C-03, 4-APPFS-1C-04, 4-APPFS-1C-05, 4-APPFS-1C-06, 4-APPFS-1C-07

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Internship Application	2 pages
B	Release of Information Agreement	1 page
C	Intern Orientation and Training Checklist	1 page
D	Internship Agreement Form	1 page

Internship Application

Name:

Address:

Email address:

Phone number:

Gender: Male Female

Date of Birth:

Social Security Number:

College/University:

Year in School: Sophomore Junior Senior Graduate student Law student

GPA:

Major: Minor:

Are you seeking academic credit for this internship? Yes No

Please describe what you hope to accomplish during your internship and the areas of interest you'd like to focus on:

Desired internship session:

- Spring (January – May)
- Summer (June – August)
- Fall (September – December)

Indicate the location where you are interested in participating in an internship:

- Adult Correctional Facility (specify) _____
- Kanas Juvenile Correctional Complex
- Parole Office _____
- Central Office _____

AVAILABILITY:

Availability:	<input type="checkbox"/> Daily	Days Available:	<input type="checkbox"/> M	<input type="checkbox"/> T	Start of Hours Available:
	<input type="checkbox"/> Weekly		<input type="checkbox"/> W	<input type="checkbox"/> Th	
	<input type="checkbox"/> Other		<input type="checkbox"/> Sa	<input type="checkbox"/> Su	End of Hours Available:
				<input type="checkbox"/> F	

References:

Provide the names and phone numbers of two persons who have known you for at least one year and who are not family members or spouses/partners:

Reference 1 _____

Reference 2 _____

HISTORY:

Have you ever been convicted of a crime? YES NO

- Misdemeanor
 Felony

If yes, provide conviction information and date(s):

Currently on Probation or Parole? YES NO

Type of Supervision: Probation
 Comm Corr Parole

Have you ever been employed in Corrections? YES NO

If yes, where?

Have you ever been an employee of the Kansas Department of Corrections? YES NO

If yes, where? _____

What was the name of your supervisor? _____

Have you ever been the victim/survivor of a crime committed by an offender in KDOC custody?

YES NO

If so, please provide the name of the offender, if known:

EMERGENCY CONTACT:

First Name:

Last Name:

Relationship:

Phone:

Signature

Date

Release of Information Agreement for Internship Applicants

As part of my application to be an intern for the Kansas Department of Corrections,
I, _____, authorize the Kansas Department of Corrections
to request and secure personal background information about me as part of the application and review process.
Agencies may disclose and give copies to the Kansas Department of Corrections any and all police records,
including the records of arrest, police reports, accident reports and records of convictions including both
misdemeanors and felonies which pertain to me and which they have in their possession.

I further authorize and consent to the disclosure and copying of any of the above records for delivery to the Kansas
Department of Corrections, solely for the purpose of my application as a corrections intern.

In consideration of such disclosure on the part of the above-named persons or facilities/offices, I hereby release
them from all and any liability arising there from and do relinquish, waive, claim or right I might have against them
arising from such disclosure and copying.

NOTICE: The giving of this authorization and release of information is a condition of the internship
program and any applicant who does not execute this release shall not be approved for
participation in the program.

Intern Applicant Signature

Date

Kansas Department of Corrections Internship Agreement Form

Acknowledgement of Risk and Agreement to Hold Harmless

I, _____, request permission to work as an intern in a correctional setting. I understand that there are significant risks involved in entering and working in a correctional facility or parole office and these risks have been adequately explained to me. I agree that, in return for the training and information provided to me, the permission to enter and work as an intern and the experience I will gain as an intern, I will hold harmless and indemnify the State of Kansas. Further, I hereby waive any claims of any nature that I may have against the State of Kansas or any of its employees for personal injury, property loss, or property damage arising from or in connection with my work as an intern.

Consent to Abide by Policies, Rules and Regulations

I, _____, agree to comply with all policies, rules and regulations of the Department of Corrections, including all security directives, and I understand that failure to comply can mean my internship may be curtailed, postponed or discontinued by the Department.

Consent to Honor Confidentiality of Offenders

I, _____, have been advised about and understand the Kansas Department of Corrections provisions regarding the confidentiality of information concerning offenders. During my internship or afterward, I will not use and/or disclose any confidential information concerning persons in the custody or under the supervision of the Secretary of Corrections, without prior written approval from the Warden, Superintendent, Parole Director or the Secretary.

Consent to Emergency Medical Care

I, _____, understand that in the event of any unforeseen medical or surgical emergency while on the grounds of any correctional facility, I may be subject to the emergency medical care or first aid assistance available at the facility until I can be removed safely to a civilian medical care facility.

Expectations for Professional Conduct

I, _____, agree to maintain professional conduct during my work as an intern. I will treat others respectfully and maintain a professional courteous demeanor at all times. I understand that contact with offenders must be based on professional reasons and should not include discussions of a personal nature or business or financial transactions. I will not engage in undue familiarity, sexual conduct or social activities with those under the custody and supervision of KDOC.

Intern Signature

Date

Witness

Date

