



Foster Care Licensing

500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603

FCL 002 Guidance

Revised: 09.01.2023

Purpose of the FCL002

The FCL002 provides personal information regarding individuals who wish to work, reside, or volunteer at a licensed facility. The form allows FCL to affiliate the individual with the sending agency license and should be updated whenever there is a name or address change, or a change in role type or when the individual leaves the agency/licensed facility.

The FCL 002 is required for all individuals who are aged 10 years of age and older who works, resides, volunteers, or provides informal visitation for a family foster home. An individual's signature on the FCL002 authorizes Foster Care Licensing to complete name based KBI and CANIS checks and allows FCL to share the background results with the sending agency. Please allow 2 business days to upload the FCL002 to CLARIS.

Role Type by program:

- Family Foster Home Program
 - Foster Parent
 - Resident
 - Substitute/Informal Caregiver

- Group Boarding Home/Residential Center
 - Employment Candidate
 - Director/Program Administrator
 - Volunteer

- Child Placing Agency
 - Employment Candidate
 - Child Placement Agency Employee, no contact with Children
 - Volunteer



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Procedure

The FCL 002 must accompany the individual who is being printed or sent to DCF prior to printing. The FCL 002 will not be provided to the individual for signature by DCF. IF, the FCL 002 is not submitted prior to or at the time the prints are taken, there will be a delay in the requesting agency receiving results. DCF cannot share print results without the FCL002.

The Backgrounds Division completes the APS registry checks and sends the print abstract to FCL to review. FCL reviews KBI, CANIS, SOR and print abstracts. If there is a questionable offence found on the abstract. The abstract is sent to DCF legal for review when this happens add 3 business days to the timeframes below.

Reminder:

- **Livescan Prints:** 7-9 business days.
- **Ink Print Cards** 10-12 business days.

IF, there are no questionable offenses the FCL002 is stamped and sent to the requesting agency.

The sections below must be completed prior to sending to DCF:

- **Top Section** – are you adding a new affiliate, removing an affiliate, updating the affiliate name or address, or updating the affiliate role type – Completed by the requesting agency.
- **Section 1** Program Type and Role – Completed by the requesting agency.
- **Section 1.1** Reason for Removal – Completed by the requesting agency, when the affiliate of your license no longer, works, resides, or volunteers for your agency.
- **Section 2** Requesting Agency – Completed by the requesting agency.

- **Section 3** Individual [First Name, Middle Name Last Name], DOB, SSN etc. - Completed by the Individual
- **Section 3.1** Out of State Child Abuse Registry Check (OSCAR) – Completed by the individual
- **Section 4** Authorization/Certification – Completed by the individual