

# Background Investigation Unit (BIU)

*Facility Child Abuse and Neglect (Trails) Request*



**COLORADO**  
Office of Early Childhood  
Division of Early Care & Learning

## Before Getting Started

*The form **MUST** be typed. Handwritten forms will be returned.*

- Use this form if you have a State of Colorado child care license number and need to request a child abuse and neglect background check (also referred to as a Trails request) for yourself or for an employee. If you do NOT have a State of Colorado child care license OR if you are an individual going through the adoption or foster care process (i.e., not going through an agency), please submit an [Individual Child Abuse and Neglect \(Trails\) Request form](#).
- **This request form generates ONE Results Letter.** Results from this request are released to the person/agency/facility requesting the background check, NOT to the person being checked.
- The child abuse and neglect background check process can take up to 30 business days, so please plan accordingly. Requests are processed in the order they're received
- **Adoption and Foster Care Only:** Only ONE request form and fee is required for adoption and foster care, however, both marriage partners must provide signatures to process the child abuse/neglect background investigation request. The Results Letter will list both marriage partners.
- A \$35 **NONREFUNDABLE** fee is required *for each Trails abuse/neglect background check request*. This fee only produces one results letter.
  - Include a check or money order with your request. Cash, credit card and e-check payments are not accepted. Submitting the incorrect fee will delay the processing of your request.
  - The check or money order must be payable to the CDHS, Background Investigation Unit (BIU).
- Child abuse/neglect background checks do not require fingerprint cards so please do not send these with your request form.
- Incomplete, handwritten, or unsigned child abuse/neglect background check request forms will be returned. If you have questions about which sections need to be completed or about how to complete a section, please call the Child Abuse/Neglect Background Investigation team at 303.866.2266. This is a monitored voicemail line. Calls are returned within two business days.
- Make a copy of your completed form prior to submitting and keep in your files. Mail your completed request and payment to:  
Colorado Department of Human Services (CDHS)  
Attn: Trails Background Investigation Unit (BIU)  
1575 Sherman Street, Garden Level  
Denver, CO 80203-1714
- For detailed instructions and information about what to expect next, please visit the Office of Early Childhood website: <http://www.ColoradoOfficeofEarlyChildhood.com>. Please click the "For Providers" tab, and then select "Background Checks." Finally, select the "Colorado-based Applicants: Child Abuse and Neglect Records Check" drop down menu.

**Request form begins on page 2.**

**You do not need to print the form in color OR mail the instruction page (pg. 1) back.**

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## Section A: Agency/Facility Information (REQUIRED)

Select the reason for your request (*only select one*):

Child Care  
Center

Preschool  
Program

School Age  
Program

Camp  
(Residential  
or Day)

Family Child  
Care Home

Adoption/  
Foster Care  
(*only one form per  
couple required*)

Group  
Home

Residential  
Child Care  
Facility (RCCF)

Day  
Treatment  
Center

Neighborhood  
Youth  
Organization

Guest Child  
Care

Substitute  
Placement  
Agency

Agency/Facility Name (*requesting the check*)

CDHS License Number (REQUIRED)

## Results Letter Release Information

Who should the Results Letter be sent to? Do NOT enter the information for the being checked. Only one copy of the Results Letter is sent to the person listed below. Results are not released to the person being checked. They are released to the agency/facility requesting the background check.

Street Address or P.O. Box

City

State

Zip Code

First Name

Last Name

Phone #

Email Address

## Section B: Person to be Checked (REQUIRED)

This is the person being checked - NOT the person/facility/agency requesting the background check. For adoption/foster care requests, enter information for one person here and information for the person's spouse in the next section.

First Name

Middle Name (*not initials*)

Last Name

Social Security #

Previous Names Ever Used (including maiden, middle, etc.) - List ALL. If none, please type "none."

Date of Birth (MM/DD/YYYY)

Sex (M, F, X)

Race/Ethnicity (White, Black, etc.)

Phone #

## Current Address

Street Address

City

State

Zip Code

Have you lived at your current address for 10 years or longer?

Yes

No

*TEN years of residence history (including temporary residence) is required.*

## Previous Address

*If you've lived in more places in the past 10 years than the space on this form allows, please provide additional residence history on a separate piece of paper and submit with your request form. Include your move-in and move-out dates.*

Street Address

City

State

Zip Code

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Move-In Date (Month, Year)

Move-Out Date (Month, Year)

### Section C: Spouse/Partner/Formal Spouse (REQUIRED)

Information about ALL current and previous spouses is required to complete the child abuse/neglect background check. Information for ANY parent of your children is also required and must be entered in the next section.

Are you currently married?

Yes

No

Have you ever been married?

Yes

No

If you answered YES to ANY of the questions above, you must provide information for your current spouse/partner AND each former spouse/partner. If you have more than one person to provide information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner/Formal Spouse First Name	Spouse/Partner/Formal Spouse Middle Name	Spouse/Partner/Formal Spouse Last Name	
Previous Names <u>Ever</u> Used (including maiden, middle, etc.) - LIST ALL. If none, please type "none."			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	*Social Security #

\*A social security number is ONLY required for current adoption/foster care spouses. Leave blank for all other request types.

### Section D: Child Information (Includes Adult Children) (REQUIRED)

Information for ALL children must be provided below. This includes adult children, adopted children and step children. Information for the other parent of your children is required and must also be entered below.

Do you have any children (including adult children, step children, etc.)?

Yes

No

Have you ever had guardianship of children that are not your own biological children (e.g., foster children)?

Yes

No

Have you ever lived in a home with any children that were not biologically yours (e.g., stepchildren, etc.)?

Yes

No

If you answered YES to ANY of the questions above you must enter information about the child and the other parent below.

- Enter the full middle name (an initial is not acceptable). If a child and/or other parent does not have a middle name, enter "NMN" (as in "no middle name") in the middle name column.
- If you have more children than the space below allows for, please provide the required information on a separate piece of paper and submit with your request form.

D.1. Enter each child's information below. This includes adult children.

#	Child's First Name	Child's Middle <u>Name</u> (not initials)	Child's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					

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3					
4					
<b>D.2. Enter information for the <u>other parent</u> of the children listed above. This is the parent that is <u>NOT</u> you.</b>					
#	Parent's First Name	Parent's Middle <u>Name</u> (not initials)	Parent's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

## Section E: Authorizations and Acknowledgements

### Signature of Person Being Checked - **REQUIRED**

*By signing below, I authorize the Colorado Department of Human Services (CDHS) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Human Services could result in criminal prosecution. I am also releasing the results of the Trails background check to the agency/facility listed on this form. I understand that the results are ONLY sent to the agency/facility and that I will not receive a copy of the results myself.*

Signature (Parent/Guardian signature required if under 18 years of age) (Do not type)

Date

### Current Spouse Signature (Required **ONLY** for Adoption or Foster Care)

*By signing below, I authorize the Colorado Department of Human Services (CDHS) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Human Services could result in criminal prosecution. I am also releasing the results of the Trails background check to the agency/facility listed on this form. I understand that the results are ONLY sent to the agency/facility and that I will not receive a copy of the results myself.*

Signature (Do not type)

Date