

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO
Office of Early Childhood
Division of Early Learning Licensing
& Administration

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 are not licensed by the Division of Child Welfare Provider Services Unit, 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.
- **Adoption and Foster Care:** A TRAILS child abuse and neglect request is required for each individual being checked (BIU Applicant).
- A **\$35 NONREFUNDABLE** fee is required *for each Trails abuse/neglect background check request*. This fee only produces **one** results letter for each individual being checked (BIU Applicant).
 - If you choose to submit a credit card or e-check payment, you must submit your request online.
 - If you choose to submit your request online and pay by check, you must mail in your check or money order with a copy of your confirmation APP#.
 - If you choose not to submit your request online, you must mail your completed request and check or money order to:

Colorado Department of Human Services (CDHS)
Attn: Trails Background Investigation Unit (BIU)
1575 Sherman Street, Garden Level
Denver, CO 80203-1714

REQUIRED: Prior to submitting your request online or by mail, a copy of this completed request must be kept in your file.

- **If you choose to mail in a request and/or manually submit a paper check or money order, this will delay processing of your request, so please plan accordingly.** Requests are processed in the order they're received.
- 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.
- Child abuse/neglect background checks do not require fingerprint cards so please do not send these with your request form.
- 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/Requestor 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
Group Home	Residential Child Care Facility (RCCF)	Day Treatment Center	Neighborhood Youth Organization	Guest Child Care	Substitute Placement Agency

Results Letter Release Information

Who should the Results Letter be sent to? Do NOT enter the information for the person 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.**

Agency/Facility Name (requesting the check)		CDHS License Number (REQUIRED)			
Street Address or P.O. Box			City	State	Zip Code
First Name (Requestor)	Last Name			Phone #	
Email Address (REQUIRED)					

Section B: Person to be Checked (BIU Applicant) (REQUIRED)

This is the person being checked - NOT the person/facility/agency requesting the background check.
If any boxes do not apply or are unknown, please leave those boxes blank.

First Name	Middle Name (FULL NAME)	Last Name	Social Security #		
Previous Names <u>Ever</u> Used (including maiden, middle, nicknames, etc.) - List ALL.					
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
Move-In Date (Month, Year)			Move-Out Date (Month, Year)		

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Section C: Spouse/Partner/Former Spouse (REQUIRED)

If any boxes do not apply or are unknown, please leave those boxes blank.

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/Former Spouse First Name	Spouse/Partner/Former Spouse Middle Name (FULL NAME)	Spouse/Partner/Former Spouse Last Name
Previous Names <u>Ever</u> Used (including maiden, middle, nicknames, etc.) - LIST ALL		
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)

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

If any boxes do not apply or are unknown, please leave those boxes blank.

Information for ALL children must be provided below. This includes all living and deceased 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 other children not referenced above? 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 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> (Full Name)	Child's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

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D.2. Enter information for the other parent of the children listed above. This is the parent that is NOT you. If any boxes do not apply or are unknown, please leave those boxes blank.

#	Parent's First Name	Parent's Middle <u>Name</u> (Full Name)	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.

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

Date