

# Background Investigation Unit (BIU)

*Facility Child Abuse and Neglect (Trails) Request*



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

## Before Getting Started

*Please type directly in this form. 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 or agency 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.
- Child abuse/neglect background checks do not require fingerprint cards so please do not send these with your request form.
- 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 or credit card 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).
- Incomplete, handwritten, or unsigned 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 Background Investigation Unit 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)
  - Division of Early Care and Learning
  - Attn: Trails Background Investigation Unit (BIU)
  - 1575 Sherman Street, Garden Level
  - Denver, CO 80203-1714
- If you are adding people to your license and have not contacted licensing about those changes, the BIU team cannot do that for you. Please contact your licensing specialist or call the Office of Early Childhood main phone line at 1.800.799.5876.
- For detailed instructions and information about what to expect next, please visit the Office of Early Childhood website: [www.ColoradoOfficeofEarlyChildhood.com](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.**

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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 <i>(only one form per couple required)</i>
Group Home	Residential Child Care Facility (RCCF)	Day Treatment Center	Neighborhood Youth Organization	Guest Child Care	Substitute Placement Agency

Agency/Facility Name ( <i>requesting the check</i> )	CDHS License Number
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## Results Letter Release Information

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

First Name	Last Name
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Street Address or P.O. Box	City	State	Zip Code
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## 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, you will enter information for one spouse here and information for the second spouse in the next section.*

First Name	Middle Name	Last Name	Phone #
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Previous Names Ever Used (e.g., maiden) - List ALL.

Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Social Security #
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## Residence History

*TEN years of residence history (including temporary residence) is required. If you've lived more places than the space below allows, please provide the required information on an additional piece of paper and submit with your request.*

### Current Address

Street Address	City	State	Zip Code
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Move-In Date (Month, Year)	Move-Out Date (Month, Year)
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<b>Previous Address</b>			
Street Address	City	State	Zip Code
Move-In Date (Month, Year)	Move-Out Date (Month, Year)		

## Section C: Spouse/Former Spouse/Parent of Children Information (REQUIRED)

Information about ALL current and previous spouses is required to complete the child abuse/neglect background check. Information for any parents of your children is also required.

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 enter each spouse/partner's information below. If you have more than one person to enter information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner First Name	Spouse/Partner Middle Name	Spouse/Partner Last Name	
Previous Names <u>Ever</u> Used (including maiden, middle, etc.) - LIST ALL.			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity	*Social Security #

\*A social security number is ONLY required for current spouses of adoption/foster care requests.

## 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.

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 each child's information below. 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.

#	First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					
5					

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## 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)**

**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**

**Date**