

# Background Investigation Unit (BIU)

*Individual Child Abuse and Neglect (Trails) Request*



**COLORADO**

Department of Early Childhood

## Before Getting Started

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

- Use this form if you need to request a child abuse and neglect background check (also referred to as a Trails request) but do **NOT** have a State of Colorado child care license, 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). If you have a State of Colorado child care license number or licensed by the Division of Child Welfare Provider Services Unit, please submit a [Facility Child Abuse and Neglect \(Trails\) Request form](#).
- **This request form generates ONE Results Letter.** Results from this individual request are released ONLY to the person listed in Section A. The individual being checked must fill out the form and sign the authorization in Section E.
- **Adoption and Foster Care:** The Results Letter will only list one marriage partner. Therefore, separate child abuse/neglect background investigation request forms and fees are required for each marriage partner (BIU Applicant).
- A **\$30 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, approved form of identification and check or money order to:

Colorado Department of Early Childhood (CDEC)  
Attn: Trails Background Investigation Unit (BIU)  
710 S. Ash Street  
Denver, CO 80246

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

**Approved forms of identification** are as follows: Driver's License, Passport, State-Issued Identification Card, Military Identification Card, Social Security Card, or Birth Certificate.

- **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 Colorado Department of Early Childhood website: [cdec.colorado.gov](http://cdec.colorado.gov). Please click the "For Providers" tab, and then select "Background Checks." Finally, select the "Child Abuse and Neglect Records Check: Colorado-Based and Out-of-State Applicants" drop down menu.

**Request form begins on page 2**

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## Section A: Results Release of Information (SECTION REQUIRED)

### Who should the results letter be sent to?

Results from this request will be released to the person/agency/facility listed below. This request and fee only produces one result letter.

Agency/Facility/Business Name (if applicable) Office of Licensure & Accreditation		Email Address (REQUIRED): dsscscs@state.sd.us		
First Name (REQUIRED) Kyli		Last Name (REQUIRED) Klinger		
Mailing Address 700 Governors Dr	City Pierre	State SD	Zip Code 57501	Phone # 605-773-3612

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

Adoption     Foster Care     Court Appointed Special Advocate     Employment     Volunteer

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

\*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 #
BIU Applicant Email Address			
<b>Current Address</b>			
Street Address	City	State	Zip Code
Have you lived at your current address for 10 years or longer? <i>TEN years of residence history (including temporary residence) is required.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Previous Address</b>			
<i>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.</i>			
Street Address	City	State	Zip Code
Move-In Date (Month, Year)	Move-Out Date (Month, Year)		
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 (SECTION 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) (SECTION 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 stepchildren. 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 Early Childhood (CDEC) 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 Early Childhood could result in criminal prosecution. I further authorize the release of the results of the Trails child abuse and neglect background check to the person/agency/facility listed in Section A of this form.*

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

**Date**

*Print Name (Parent/Guardian if under 18 years of age)*

**\*Please be sure to attach a copy of your approved form of identification to avoid any delays.**