

Instructions for Colorado OOS Request

****Individuals are now required to complete the Colorado OOS Request online. This cannot be done by anyone but the individual. Please follow the instructions below.****

1. Please go to <https://decl.my.site.com/providerhub/s/licensing-pre-biu> and click “Get Started”.

Child Abuse and Neglect (Trails) Request Form : Public Users Only

Continue and start this form if you are not an CDEC licensed provider. If you are an CDEC licensed provider, you must log into the Provider Hub to submit a Trails Background form.

Alert: This public background form is for Non-CDEC HUB users only.

This form should only be submitted for the following groups:

1) Individuals not connected to a Colorado license number ([Individual Child Abuse and Neglect \(Trails\) Request Form](#)). This includes: out of state employment/volunteers and any other person who is not working for a Colorado licensed child care facility.

This online individual form must be completed and signed by the person to be checked. You can not request a check on behalf of someone else.

2) Facilities licensed through the Colorado Department of Human Service (CDHS) Provider Services Unit ([Facility Child Abuse and Neglect \(Trails\) Request form](#)). This includes: licensed adoption/foster care facilities, Group Homes, Day Treatment Facilities, etc. who are licensed through the Colorado Department of Human Services.

For CDHS Provider Services Unit request, please ensure that the correct signed and dated forms have been completed for all applicants prior to starting the online form. Links to the correct form are listed above.

Please note that there is a \$30.00 fee for each applicant checked. If you elect to pay by credit card or echeck, there will be an additional small processing fee charged by the 3rd Party Vendor.

Get Started

Section A

2. On the next page, you will select “Individual” and check that you certify. This is where you will need to add Kyli Hill’s information so results can go back to her at OLA. Select “**Employment**”. Please see information below.

*******PLEASE MAKE SURE RELEASE OF INFORMATION DETAILS IS KYLI HILL’S INFORMATION******* This should not be the individual’s information, otherwise the results will not go back to Kyli Hill.

* ☒ I certify all persons to be checked have downloaded and signed the authorization form, and that the form must be retained for records.

Results from this individual request will only be released to the person's name and email listed below.

Release of Information Details

* FIRST NAME Kyli	* LAST NAME Hill-OLA
* PHONE NUMBER 6057733612 <small>List number in 303-333-3333 or 303-333-3333 ext 4 format.</small>	* EMAIL dsscrs@state.sd.us <small>This is used for emailing results.</small>
* STREET ADDRESS 700 Governors Dr	* CITY Pierre
* STATE SD	* ZIP CODE 57501 <small>Zip Code must be in 12345 format.</small>

* Select the Reason for Your Request

☐ Adoption ☒ **Employment** ☐ Foster Care ☐ Volunteer

- The individual will need to upload proof of identity then click “Next”.

Identity Verification Documentation

Please upload proof of the Applicant Identity. The Department will only accept the following documents: Driver's License, Passport, State-Issued Identification Card, Military Identification Card, Social Security Card, Birth Certificate.

+New Attachment

Document Name	Document Type	Comments
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Currently no **attachment** records are present.

Section B

- Individual will click “NEW” that is next to **BIU Applicant** and the application will drop down. Individual will fill out all the information to the best of their knowledge.
- You will save that information, and another tap will pop up to enter in **Family Members**. If the individual doesn't have any family members living with them, they will click “**Next**” at the bottom of the page.

Section B: Person Being Checked

This application must be submitted in a single session. The application cannot be saved and returned to at a later time. You will not be able to access the form again if you close the tab or browser.

Only one applicant is allowed with the individual form.

Please enter all information for the applicant. You will be required to enter all family members once the applicant information is saved. Family members include: spouse, children, parents of children.



The family member count next to the applicant name will be shown as orange until all mentioned spouse, children, and other parents of children are included in the Family Members section. At this point, the family member count will turn green and you can move to the next section.

In the next section, you will be prompted to enter any alias or prior address information for the applicant.

BIU Applicant

New

test test

Family Member Count: 0/0

View

Edit

Delete



FIRST NAME

test

LAST NAME

test

DOES THIS PERSON HAVE A SOCIAL SECURITY NUMBER?

Yes

Family Members

New

Currently no "Family Members" records are present, please add Family Members record using the [New button](#) / [this link](#)

Section C

6. The individual will need to fill out **ALL** previous address's by clicking on "New".

Section C: Previous Address/Alias

This application must be submitted in a single session. The application cannot be saved and returned to at a later time. You will not be able to access the form again if you close the tab or browser.

BIU Applicant

If the Applicant (s) has Previous Address or Alias Information, it must be added. Expand the specific applicant using the dropdown to the right to open the applicant. Then, select the 'New' button under the applicant to add an alias or address. This must be done for each alias or address provided.

Please note, when this page is accessed the last applicant will already be expanded to include additional alias and address information.

test test ^

Previous Address/Alias

New

Currently no "Previous Address/Alias" records are present, please add Previous Address/Alias record using the [New button / this link](#)

< Previous

Next >

- The individual will need their full address as they are required fields.

New Information ×

Please enter all of the available information about the person to be checked:

* TYPE
Previous Address


Previous Address


* STREET ADDRESS

* CITY

* STATE
Select an Option

* ZIP CODE
Zip Code must be in 12345 format.

* MOVE-IN DATE 

* MOVE-OUT DATE 

Save

Cancel

< Previous

Next >

- Once all addresses are documented, click the “Next” button on the bottom of the page.

Section D

- The individual will need to authorize permission and sign their name by typing and sign in the box that pops up.

Section D: Authorizations/ Acknowledgements

This application must be submitted in a single session. The application cannot be saved and returned to at a later time. You will not be able to access the form again if you close the tab or browser.

SIGNATURE

Type your name in the field above and sign your name in the signature box below. If applicant is under 18 years of age, Parent/Guardian must type their name above and sign in the box below:

Clear Signature

Save

Cancel

< Previous

Next >

- After signing and clicking “Next”, the individual will need to review the information they entered by scrolling down.

Summary

- If everything is correct, click “**Print PDF**” and print. This form will need to be mailed to OLA, attention Kyli Hill. Click “Next” to go to the **Payment** screen.

I CERTIFY THAT ALL INFORMATION IS CORRECT, AND I AUTHORIZE PERMISSION TO RUN THE BACKGROUND CHECK.

Yes

SIGNATURE

test test

TODAY'S DATE

4/17/2025

Print PDF

Please print and save a copy of this application *for your records only*.

< Previous

Next >

Payment

12. The individual will click “**Mail in Check**”.

Payment

Please select your payment option below. Different information and instructions will appear after the method of payment has been selected.

☐ Pay with Credit Card OR eCheck Online

☒ Mail in Check

BACKGROUND CHECK REQUEST FEES

Persons to be checked (1)	\$30
\$30/person	
<hr/>	
Total	\$30

Submit Application

13. Individual will click “**Submit Application**”.

14. Please mail the PDF Report form to:

a. Office of Licensing Accreditation

Attn: Kyli Hill

700 Governors Dr

Pierre, SD 57501