

CPS Checklist

This checklist is a tool to use when reviewing cases and case status determinations.

The checklist guides you through important considerations, including jurisdiction, acts and failures to act, culpability, and exclusions.

Please refer to the accompanying guide, which includes instructions and definitions for easy reference.

Case Information	Jurisdiction	
Case Name:	Did alleged abuse occur in this county?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assigned to:	Address:	County where abuse occurred:
		County Contact Information:
Supervisor:		Notification of allegations made: <input type="checkbox"/> Yes Date:
Other identifying information:		Notes regarding steps taken:
Perpetrator		Notes regarding Perpetrator:
Does the person who allegedly committed the suspected abuse meet the definition of perpetrator?		
For an act? <input type="checkbox"/> Yes <input type="checkbox"/> No	For a failure to act? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Definition: Is It Child Abuse?		
Does the act or failure to act meet the definition of child abuse, categorized by one of the types enumerated in CPSL?		
Type of Child Abuse	Documentation/Description	Dates
<input type="checkbox"/> (1) Causing bodily injury to a child through any recent act or failure to act	<input type="checkbox"/> Injury: <input type="checkbox"/> Impairment: <input type="checkbox"/> Caused substantial pain:	Recent act? <input type="checkbox"/> Within two years of date of report Date of injury: Date of report:
<input type="checkbox"/> (2) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act	Act constituting abuse:	Date of incident: Date of report:
<input type="checkbox"/> (3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act	Psychological condition: Doctor or psychologist:	Date condition identified: Date of report:
<input type="checkbox"/> (4) Causing sexual abuse or exploitation of a child through any act or failure to act	Act causing abuse/exploitation:	Date of incident: Date of report:

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Definition: Is It Child Abuse? Does the act or failure to act meet the definition of child abuse, categorized by one of the types enumerated in CPSL?		
Type of Child Abuse	Documentation/Description	Dates
<input type="checkbox"/> (5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act	Act creating likelihood of injury:	Date of incident: Date of report:
<input type="checkbox"/> (6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act	Act creating likelihood of abuse/exploitation:	Date of incident: Date of report:
<input type="checkbox"/> (7) Causing serious physical neglect of a child	Act which caused serious physical neglect:	Date of incident: Date of report:
<input type="checkbox"/> (8) Engaging in any of the following recent acts: <ul style="list-style-type: none"> <input type="checkbox"/> Kicking, biting, throwing, burning, stabbing or cutting in a manner that endangers the child <input type="checkbox"/> Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement <input type="checkbox"/> Forcefully shaking a child under one year of age <input type="checkbox"/> Forcefully slapping or otherwise striking a child under one year of age <input type="checkbox"/> Interfering with the breathing of a child <input type="checkbox"/> Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement <input type="checkbox"/> Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known: (A) Is required to register as a Tier II or 	Additional documentation or description:	Recent act? <input type="checkbox"/> Within two years of date of report Date of incident: Date of report:

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<input type="checkbox"/> (9) Causing the death of the child through any act or failure to act	Documentation:	Date of death: Date of report:
<input type="checkbox"/> (10) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102)	Act engaging a child in a severe form of trafficking in persons or sex trafficking	Date of incident: Date of report:

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Standards of Culpability Did the perpetrator act:		
<input type="checkbox"/> Knowingly Notes:	<input type="checkbox"/> Intentionally Notes:	<input type="checkbox"/> Recklessly Notes:
Exclusions to Substantiation of Child Abuse Check any applicable exclusion below		
<input type="checkbox"/> Environmental factors		
<input type="checkbox"/> Practice of religious beliefs		
<input type="checkbox"/> Use of force for supervision, control, and safety		
<input type="checkbox"/> Rights of parents		
<input type="checkbox"/> Participation in events that involve physical contact with a child		
<input type="checkbox"/> Child-on-child contact		
<input type="checkbox"/> Defensive force		
Notes regarding applicable exclusion:		
Recommended Disposition Based upon foregoing information, this report is:		
<input type="checkbox"/> Indicated		
<input type="checkbox"/> Founded		
<input type="checkbox"/> Unfounded		